

Minutes of the Members' Council meeting held on 3 February 2017

Present:	Ian Black	Chair of the Trust
	Bob Clayden	Public – Wakefield
	Jackie Craven	Public – Wakefield
	Andrew Crossley	Public – Barnsley
	Adrian Deakin	Staff – Nursing
	Claire Girvan	Staff – Allied Health Professionals
	Nasim Hasnie	Public – Kirklees
	John Haworth	Staff – Non-clinical support
	Carol Irving	Public – Kirklees
	Bob Mortimer	Public – Kirklees
	Jules Preston	Appointed – Mid Yorkshire Hospitals NHS Trust
	Daniel Redmond	Public – Calderdale
	Phil Shire	Public – Calderdale
	Jeremy Smith	Public – Kirklees
	Hazel Walker	Public – Wakefield
	Peter Walker	Public – Wakefield
	David Woodhead	Public – Kirklees
In attendance:	Tim Breedon	Director of Nursing and Quality
	Mark Brooks	Director of Finance and Resources
	Laurence Campbell	Non-Executive Director
	Rachel Court	Non-Executive Director
	Alan Davis	Director of HR, OD and Estates
	Charlotte Dyson	Non-Executive Director
	Julie Fox	Deputy Chair
	Ashley Hambling	HR Business Manager
	Carol Harris	BDU Director, Forensic and Specialist Services
	Chris Jones	Non-Executive Director
	Emma Jones	Integrated Governance Manager (author)
	Dawn Stephenson	Director of Corporate Development
	Karen Taylor	BDU Director, Calderdale and Kirklees
	Rob Webster	Chief Executive
	Salma Yasmeen	Director of Strategy
Apologies:	<u>Members' Council</u>	
	Shaun Adam	Public – Barnsley
	Marios Adamou	Staff – Medicine and Pharmacy
	Garry Brownbridge	Staff – Psychological therapies
	Jessica Carrington	Appointed – Wakefield Council
	Trudi Enright	Public – Calderdale
	Michael Fenton	Public – Kirklees
	Stefanie Hampson	Appointed – Staff side organisations
	Andrew Hill	Public – Barnsley (Lead Governor)
	Chris Hollins	Public – Wakefield
	Sarah Kendal	Appointed – University of Huddersfield
	Ruth Mason	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Chris Pillai	Appointed – Calderdale Council
	Sean Rayner	BDU Director, Barnsley and Wakefield
	Caroline Saunders	Appointed – Barnsley Council
	Richard Smith	Appointed – Kirklees Council
	Gemma Wilson	Staff – Nursing support
	<u>Attendees</u>	
	Adrian Berry	Medical Director / Deputy Chief Executive
	Kate Henry	Director of Marketing, Communication and Engagement

MC17/01 Welcome, introductions and apologies (agenda item 1)

Ian Black (IB), Chair of the Trust, welcomed everyone to the meeting including the new Director of Strategy, Salma Yasmeen. Apologies were noted as above.

MC17/02 Declarations of interest (agenda item 2)

There were no declarations over and above those made in April 2016 or subsequently.

MC17/03 Minutes of the previous meeting held on 4 November 2016 (agenda item 3)

The Members' Council **APPROVED** the minutes from the meeting held on 4 November 2016. The action log was **NOTED**, action points from previous meetings had been addressed.

MC17/04 Chair's report and feedback from Trust Board (agenda item 4)

Chair's report and feedback from Trust Board

IB began his remarks by reporting that the Care Quality Commission (CQC) had recently inspected the Trust as part of a CQC well-led review which included meetings with Governors and attendance at the Trust Board meeting on 28 January 2017. Their feedback is due in 50 working days. IB reported that at the Trust Board meeting the Board spent time talking about risk especially around the revisions to the Trust's Risk Management Strategy, as well as a focus on performance and finance risks which will be discussed further under agenda items 5 and 6. IB commented that attendance by Governors at Trust Board meetings was one of the best ways to discharge their duties of holding the Non-Executive Directors to account.

He also stated that the Governor annual reviews were being arranged and should be completed in the next two months. He will subsequently report to the Members' Council on common themes.

Chief Executive comments

Rob Webster (RW) began his remarks by commenting that the Trust focuses on three areas in parallel – delivering safe and effective services every day, planning for the next two years so we can continue to deliver services, while supporting people throughout to live well and to their full potential in their communities. As a foundation trust, with our staff as members, we are owned by the staff and accountable to the public. Through the Membership Strategy, which will be discussed under agenda item 10, we want to increase the level of engaged members rather than the numbers, the insight of the Members' Council and our membership will help us shape the Trust's strategy.

RW commented that every day there was a story in the news about the NHS relating to finances or quality. The Trust sees them as two sides of the same coin and the focus should be on what are we doing that adds value. The CQC carried out inspections in 2016 and rated services as 70% green but overall needing improvement. As part of their re-inspection and the undertaking of a well-led review, they have looked at 14 services. To date we have had one final report rated as good, two draft reports rated as good, another four are yet to be received. Informal feedback on the well-led review is due next week. Generally the CQC have said that the Trust services are getting better and that we have some exceptional staff who have the right attitude and take ownership of areas to improve.

Bob Mortimer (BM) commented that he took part in a meeting of Governors with the CQC where they were able to put their view forward. IB commented that a formal response to the review should be received from the CQC before the next Members' Council meeting and would be included for consideration at the Members' Council Coordination Group.

Action: Ian Black / Andrew Hill

MC17/05 Update on Trust's performance (agenda item 5) and Integrated performance report Quarter 3 2016/17 (agenda item 6)

Tim Breedon (TB) outlined the quality highlights in relation to Quarter 3:

- CQUINS (quality indicators) – if not achieved there is both a financial risk of £0.5m and a reputational risk around the quality of our services which remains most important to us.
- Medicine omissions – risk where people refuse medication with plans in place to address this issue.
- Mental health clustering – information is now being recording on RiO which is showing improvement.
- Flu vaccinations – excellent performance with 75.5% of front line staff vaccinated compared to 33% last year assisted by better communications of the benefits of being vaccinated for our service users and staff.
- Safer staffing – fill rates are set an appropriate level with an escalation process in place if registered nursing falls below 80% on a ward and when overall staffing levels fall below 90%. No wards fell below a 90% overall fill rate in December 2016.
- CQC action plan 'must dos' and 'should dos' – items that were due for completion by end December 2016 have been completed. Services have been re-inspected by the CQC. Draft reports will be checked for factual accuracy then published by the CQC.
- Patient Experience Friends & Family Test – there is still a significant amount of work to do around Child and Adolescents Mental Health Services (CAMHS) however other services are rated well.
- Incident reporting –no never events however a slight increase in serious incidents (SIs). SIs are investigated in a rigorous manner and positive feedback was received from CQC about our processes.

Phil Shire (PS) asked what work is being done around suicide rates. TB commented that in relation to the suicide rates, those within the Integrated Performance Report are where there has been contact with the Trusts services, however there is a larger group of approximately 70% across the Trust's footprint who have not had contact with the Trust and discussion was happening as part of the Sustainability and Transformation Plans, with commissioners, and with the Coroner about accessing some further details on that data so that particular areas could be focussed on.

Mark Brooks (MB) outlined the key performance indicator highlights in relation to Quarter 3:

- In relation to compliance under the NHS Improvement (NHSI) Single Oversight Framework, the Trust was currently rated as 2 (requiring targeted support) due to the CQC rating of requires improvement and the high agency spend.
- NHSI access standards were green on all measures for the last two quarters with one exception being IAPT – proportion of people completing treatment who move to recovery which is at 47.9% which is under the threshold of 50%.
- Finances were showing a net surplus of £0.7m, which is below plan. The main area of spend is out of area beds.
- Agency spend year to date is £7.6m against a target of £5.1m with a forecast of close to £10m by year end.

- Cash balance of £26.1m which is below plan.
- Capital expenditure of £7m, with the hubs in Pontefract and Wakefield now open and the Fieldhead re-development underway.
- 96% of supplier invoices were paid within 30 days.
- The Trust Board remains committed to achieving the control total with an expected surplus of £0.5m, but accepted this will be very difficult to achieve, with key risks around out of area beds, CIP achievement, redundancy costs, service retention, and CQUIN income.

PS asked what had contributed to the overspend on agency. Alan Davis (AGD) advised that some of the overspend was due to the shortage in special grade Doctors and nationally there is a shortage of qualified nurses. Work was taking place with university's and other Trusts on how this can be addressed. Adrian Deakin (ADe) commented that the acuity on a lot of the wards was increasing and it was important to make sure that patients and colleagues were safe which is one of the reasons why agency staff were used to cover the staff shortages when bank staff were not available to make sure we are providing a safe service.

BM asked who pays for the treatment of patients from areas not covered by the Trust. MB advised that when the Trust places a patient out of area they pay for that placement and the same works in reverse. IB commented that work was taking place across West Yorkshire to try to ensure patients don't have to travel out of that wider area.

MC17/06 Operational Plan 2017/18-2018/19 (agenda item 7)

IB reported that the summary version of the Operational Plan 2017/18-2018/19 approved by Trust Board on 20 December 2017 had been provided to Governors and the summary and full version were available on the Trust's website.

MC17/07 Quality Account – Mandated & Local indicators (agenda item 8)

TB introduced the paper and highlighted that as part of the quality account process for 2016/17 there was a requirement for the Trust's External Auditors to test data on two mental health mandated key performance indicators and one local indicator.

The Members' Council Quality Group recommended that the two mandated indicators be:

- People on Care Programme Approach (CPA) who are followed up within 7 days of discharge, as this was not tested last year, and
- Delayed Transfer of Care, as this was tested last year and there were minor issues.

The Members' Council Quality Group recommended that the local indicator for testing be:

- The reduction in referrals through partnership working with tier 2 Child and Adolescent Mental Health Services (CAMHS), for Kirklees CAMHS.

It was RESOLVED to APPROVE the recommendations from Members' Council Quality Group.

MC17/08 Staff Wellbeing Survey (agenda item 9)

AGD introduced the presentation highlighting the importance of keeping a healthy workforce. Part of engaging with the workforce was through the staff wellbeing survey with over 2,000 members of staff completing the survey in 2016. The presentation would provide an overview of the work that has taken place and engagement with our staff.

Ashley Hambling (AH) presented an overview of the results of the 2016 survey and highlighted:

- Regular surveys since 2009 with Robertson Cooper as part of the Trust's commitment to improving workplace well-being, resilience and engagement.
- Focus on prevention of ill health and accessible support services.
- Key national focus including CQUINs for improving well-being.
- Model of wellbeing Robinson Cooper use has 6 essential areas of wellbeing, health, psychological wellbeing, engagement and commitment, which when added together impacts on how people, teams and services perform.
- Equality and Diversity questions included in 2016.
- Highest response rate since 2009 with results showing improvement since 2015 in a number of areas. Most staff feel this is a good place to work, but there are clearly some pressures e.g. service change, technology.
- Positives include good relationship with line managers, perceptions of working hours, satisfaction with variety of work.
- Some variation in results across the Trust.
- Next steps will include a further survey in April/May 2017, targeted advice/support for service areas, toolkit for managers on improving workplace well-being, continued promotion of the prevention of ill health and the support services available

Ade commented that in the meeting he attended with the CQC about the Quality Accounts the discussion actually centred more around the wellbeing of staff within ethnic minorities and asked what the Trust is doing to address this. IB commented that it has been discussed at the Equality and Inclusion Forum as through the staff wellbeing survey a number of areas were identified where staff from BAME responded differently to other staff. A BAME staff network has been set up to focus on those areas and a potential update to the Members' Council on those areas would be included for consideration at the Members' Council Coordination Group.

Action: Ian Black / Andrew Hill

RW commented that a lot of work is being undertaken around the national survey and that in the staff survey last year, it showed that staff in this organisation felt more likely to be bullied or harassed by a member of the public. In general the number of attacks on staff was increasing and it is important for the Trust to communicate that this is not acceptable and further support staff.

Claire Girvan (CG) asked if the data was looked at in terms of themes and by work group. AH commented that it can be analysed at various levels, as an example work had recently taken place with medical colleagues as the level of staff engagement was identified as being lower in these groups. RW commented that focus groups had been established within individual services and staff groups to work towards making a difference and providing feedback to staff. In a recent engagement survey 83% of staff felt they were well communicated with in comparison to 57% in 2015 and we need to continue to build on that.

Nasim Hasnie (NH) asked what the increased response rate was to the survey. AH advised that there was roughly a 10% increase in the response rate, with overall just under 50% of staff who completed the staff survey in comparison to 40% who complete the national NHS survey.

MC17/08 Membership strategy (agenda item 10)

Dawn Stephenson (DS) introduced the paper which is a strategy received for approval of the Members Council. As a Foundation Trust we are accountable to our members and this strategy together with our Communication, Engagement and Involvement Strategy will enable local people and our staff to have a sense of ownership of the Trust; a greater say in how services are provided; and ensuring the Trust is accountable to those communities and that services take account of local need. This strategy recognises the huge potential of our membership to empower people in local communities; influence service development through effective involvement and working together; and add value to the local delivery of health care.

A small subgroup have reviewed the strategy and considered how two way communications, engagement and involvement with members can be improved; how the benefits of membership can be communicated including the role of governors and Members Council; how we can increase the number of active engaged and involved members, representative of the communities we serve; and how Members Council can contribute to developing and implementation of the strategy

The draft Membership Strategy objectives are:

- We will build and maintain membership numbers to meet our annual plan targets ensuring membership is representative of the population the Trust serves
- We will communicate effectively and engage with members, maintaining a two-way dialogue and encouraging more active involvement
- We will develop an effective and inclusive approach to give people a voice and opportunities to contribute to the organisation, our services and plans for the future

For each objective, we need to identify where are we now, what do we need to do, and what does success look like as well as delivery and outcome measures.

Julie Fox (JF) suggested a change to the first objective to say “meet and exceed our annual plan targets” to show that we continue to strive for more.

CG commented that the subgroup discussed the importance of engaging members and encouraging them to stand for election when seats become available. John Haworth (JH) commented that there also needs to be a focus on how we are going to create the dialogue and also build on communications with staff members.

PS asked how Governors could better engage with the membership. BM commented that there used to be community meetings which involved Local Authorities and other organisations and could provide a way for Governors to bring back information to the Members' Council. DS advised that an area of focus would be how support could be given to Governors to be more interactive with the membership including staff work areas. IB commented that this could be consideration at the Members' Council Coordination Group ready for the induction of new Governors from 1 May 2017.

Action: Dawn Stephenson

IB asked how we could encourage young members to stand for election. DS commented that work could be done with the volunteering team, as all volunteers are members of the Trust. Carol Harris (CH) commented that young people are also now being asked to be a part of interview panels for positions within the Trust. Carol Irving (CI) commented that careers could be a good area to involve as there are a lot of young careers. DS commented that a lot of members are careers and it could be built into the work the Trust already does with young careers.

Action: Dawn Stephenson

It was RESOLVED to APPROVE the draft objectives and for the development of the mapping and action plan to continue with the subgroup prior to the review of the strategy by the Executive Management Team and Trust Board and approval by the Members' Council in April 2017.

MC17/10 Review and approval of Trust Constitution (agenda item 11)

DS introduced the paper and advised that a review of the Constitution and Scheme of Delegation had taken place, checking the cross references with other documents and making it easier to read. The proposed amendments had been considered by a subgroup of the Members' Council, the Executive Management Team (EMT) and the Audit Committee who supported its approval. The updated Constitution and Scheme of delegation were reviewed and discussed by the Trust Board at their meeting on the 31 January 2017 who approved the amendments and subject to:

- The Executive Management Team requested a further review of Scheme of Delegation in the next quarter.
- Audit Committee requested that we work with the Communications team on different ways of communicating Board messages and meeting dates; the removal of Sections 27 Trust Board – appointment of initial chair and initial other non-executive directors and 30 – Trust Board – appointment and removal of initial Chief Executive as they are no longer applicable, and that the abbreviations within the Scheme of Delegation be expanded.

DS also commented that Bob Clayden had identified some typographical errors in the Model Election Rules which would be amended along with the incorporation of the Trust's new branding.

It was RESOLVED to APPROVE the changes to the Trust's Constitution and Scheme of Delegation.

MC17/11 Feedback from Annual Members' Meeting 2016 (agenda item 12)

Andrew Hill (AH) as Lead Governor introduced the paper which included themes from the feedback received after the Annual Members' Meeting in November 2016, with suggested improvements for the event in 2017.

The Members' Council discussed that while the format of the event was good engagement was important to assist attendance including promoting the benefits of attending. It was important that engagement was a key element of the membership strategy.

JH asked if the presentation from the Annual Members' Meeting could be made publically available on the Trust's website.

Action: Dawn Stephenson

RW commented that in 2016 there were several events held in succession including engagement around the strategy refresh, volunteers, staff awards, and the Annual Members' Meeting and there may be a way that some of these event could be incorporated in 2017.

It was RESOLVED to RECEIVE the update.

MC17/12 Trust Board appointments (agenda item 13)

MC17/12a Non-Executive Director recruitment (agenda item 13.1)

IB introduced the paper highlighting that the role of the Nominations Committee was to ensure the right composition and balance of the Board and to oversee the process for appointing the Chair and Non-Executive Directors, Deputy Chair/Senior Independent Director and the Lead Governor. The Committee met on 13 December 2016 to consider the approach and process to recruit a Non-Executive Director to replace Jonathan Jones whose term ended in December 2016. The Committee felt there were two prime considerations in the appointment of a new Non-Executive Director; replacement for Jonathan Jones and the diversity of the composition of Trust Board. The Committee agreed for recruitment to be paused due to the changes taking place in Executive Directors' portfolios and the end to Julie Fox's second term on 31 July 2017 to allow for the recruitment process for both Non-Executive Directors in Summer 2017. The timescales were included in the paper. This meant that the Trust Board will plan to have one less Non-Executive Director (but still remain within our Constitution) for the period 1 January 2017 to 31 July 2017 inclusive. An update would be provided at the next Members' Council meeting.

It was RESOLVED to RECEIVE the update.

MC17/13 Members' Council business items (agenda item 14)

MC17/13a Members' Council elections (agenda item 14.1)

DS introduced the paper highlighting that when the Trust was working towards Foundation Trust status, a decision was made by Trust Board to stagger the terms of office for the Governors elected in the first elections to the Members' Council to ensure that not all left at the same time. The Trust, therefore, holds elections every year during the spring for terms of office starting on 1 May each year. The Electoral Reform Services (ERS) will be managing the process for the Trust which for publicly elected governors, will be a mix of paper and electronic options and for the two staff seats the process will be digital for both the nominations and election stages. Nominations opened on 2 February 2017 and will close on 2 March 2017 and voting will open on 23 March 2017. In relation to the public seats available there is a role for governors to talk to people who might be interested in putting themselves forward for election or to let the Trust know if they think someone would be worth approaching. In relation to the staff seats available, for the social care staff working in integrated teams, work was taking place with BDUs to engage with these Local Authority staff to encourage them to nominate for election.

CG asked for a review around how staff are allocated into professional groups. DS commented that the allocation was set up when the constituencies were established and she would work with Human Resources around these to ensure they were still accurate.

Action: Dawn Stephenson / Alan Davis

RW asked how younger people could be engaged with to promote the opportunity to stand for election. CJ commented the benefits of being a Governor could be outlined for engagement with schools and sixth forms. CG advised that she was attending a careers fair at a sixth form and would be able to take some information on membership with her.

Action: Dawn Stephenson

Jules Preston (JP) suggested that the Trust may want to consider a separate constituency for younger people. DS commented that it could be discussed further by the subgroup.

Action: Dawn Stephenson

PS asked what was being done to try to fill the vacant seat for the Rest of South and West Yorkshire. DS advised that she had requested that ERS look if there was an alternative way within the election rules to use a nominee from one of the other public seats.

The election timeline was provided.

It was RESOLVED to RECEIVE the update.

MC17/14 Closing remarks and dates for 2017 (agenda item 15)

The next meeting will be held in the morning of 28 April 2017 at the Barnsley Football Club, Oakwell Stadium, Grove Street, Barnsley, S71 1ET.

PS asked if an update on the Sustainability and Transformation Plans (STPs) could be provided. RW advised that the STPs were submitted in October 2016 for West Yorkshire and South Yorkshire and the focus was now on plans for delivery over the next two years. There will be 44 local plans with an overarching plan published and a suggestion that there will also need to be local implementation plans. IB commented that a further update on the STPs to the Members' Council would be included for consideration at the Members' Council Coordination Group.

Action: Ian Black / Andrew Hill

In his closing remarks, IB commented that before the next Members' Council meeting there would be several meetings that Governors would be involved in including the Nominations Committee, Members' Council Quality Group, Members Council Coordination Group, and the Membership Strategy subgroup and that the Trust Board was always looking for involvement from Governors at meetings to help drive the Trusts agenda. He would pick up this item specifically at all upcoming MC annual reviews.

Signed



Date 28 April 2017