

Minutes of the Members' Council meeting held on 2 February 2018

Present:	Angela Monaghan Shaun Adam Neil Alexander Bill Barkworth Bob Clayden Jackie Craven Adrian Deakin Claire Girvan Lin Harrison Nasim Hasnie Carol Irving David Jones Ruth Mason Chris Pillai Caroline Saunders Phil Shire Richard Smith David Woodhead	Chair Public – Barnsley Public – Calderdale Public – Barnsley Public – Wakefield Public – Wakefield Staff – Nursing Staff – Allied Health Professionals Staff – Psychological therapies Public – Kirklees Public – Kirklees Appointed - Wakefield Council Appointed – Calderdale and Huddersfield NHS Foundation Trust Appointed – Calderdale Council Appointed – Barnsley Council Public – Calderdale Appointed – Kirklees Council Public – Kirklees
In attendance:	Dr Adrian Berry Tim Breedon Mark Brooks Rachel Court Charlotte Dyson Ashley Hambling Carol Harris Emma Jones Kate Quail Sean Rayner Karen Taylor Rob Webster Salma Yasmeen	Medical Director Director of Nursing and Quality Director of Finance and Resources Non-Executive Director Deputy Chair / Senior Independent Director Human Resources Manager BDU Director, Forensic and Specialist Services, Calderdale and Kirklees Company Secretary (author) Non-Executive Director BDU Director, Barnsley and Wakefield Director of Delivery Chief Executive Director of Strategy
Apologies:	<u>Members' Council</u> Marios Adamou Andrew Crossley Stefanie Hampson Tina Harrison John Haworth Debika Minocha Jules Preston Jeremy Smith Gemma Wilson	Staff – Medicine and Pharmacy Public – Barnsley Appointed – Staff side organisations Public – Kirklees Staff – Non-clinical support Public – Wakefield Appointed – Mid Yorkshire Hospitals NHS Trust Public – Kirklees Staff – Nursing support
	<u>Attendees</u> Alan Davis Laurence Campbell Kate Henry Chris Jones	Director of HR, OD and Estates Non-Executive Director Director of Marketing, Communication and Engagement Non-Executive Director

MC18/01 Welcome, introductions and apologies (agenda item 1)

Angela Monaghan (AM), Chair, welcomed everyone to the meeting. Apologies as above were noted. AM advised that Sarah Kendal had retired from the Members' Council as the appointed member for the University of Huddersfield, as she had left her post at the University. AM advised that she was awaiting confirmation from the University of the new appointee.

AM informed the Members' Council of the sad news of the passing of Bob Mortimer, public governor for Kirklees. Bob was a member of the Members' Council Coordination Group, Members' Council Quality Group, and was a regular attendee at Trust Board meetings held in public. Those in attendance observed a minute's silence in memory of Bob Mortimer. AM advised she would send a condolence letter on behalf of the Members' Council to Bob's family.

Action: Angela Monaghan

MC18/02 Declarations of interest (agenda item 2)

There were no further declarations over and above those made in the annual return in April 2017 or subsequently.

MC18/03 Minutes and actions of the previous meeting held on 3 November 2017 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes from the meeting held on 3 November 2017. There were no actions arising.

MC18/04 Chair's report and feedback from Trust Board and Chief Executive's comments (agenda item 4)

Chair's report and feedback from Trust Board

AM highlighted the following:

- The Trust undertook an internal recruitment process recently for a new Medical Director on the Trust Board with final interviews conducted yesterday. Thank you to governors, service users/carers, and staff who were involved in that process. Notification will be sent to governors shortly confirming the appointment.

Action: Angela Monaghan

- Today is the opening for this year's Members' Council election with five staff and five public seats available. Nominations will close on 2 March 2018. The Trust would encourage all public and staff members to put themselves forward for election and we will be asking governors to also encourage people.
- An engagement event for Governors and NEDs will take place on 5 February 2018 in relation to the West Yorkshire Mental Health Services Collaborative (WYMHSC), with a further event scheduled for the West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) (formerly the Sustainability and Transformation Partnership (STP)) on 2 March 2018. There will also be an engagement event in relation to the South Yorkshire and Bassetlaw Integrated Care System (SYBICS) (formally Sustainability and Transformation Partnership (STP)) in July 2018. Details will be provided once confirmed.

Action: Emma Jones

- Equality Delivery System (EDS2) workshops are scheduled in each of our places for the wider community to engage with the NHS about how well they are doing with their equality duties. Wakefield dates have been confirmed and Wakefield governors have

been invited. Information to follow for Calderdale and Kirklees once confirmed by the CCGs. Barnsley has a different approach, with the date to be confirmed.

- One to one meetings are being arranged with all governors as part of introduction and annual review.
- As part of her induction as Chair, AM is prioritising meeting people and building relationships, both internally and externally. This includes visiting services, meeting staff and meeting other health and care providers. Engagement is important at every level as we move towards collaborative working arrangements,
- AM highlighted the following from the Trust Board meeting on 30 January 2018:
 - A minute's silence was held to remember Bob Mortimer.
 - As it was a Business & Risk meeting the focus was on business developments and collaborative work we are doing under the WYHHCP and SYBICS. As part of the private session there were presentations from partners on accountable care developments in Calderdale and Wakefield and a draft MOU for the WYHHCP.
 - The Board meeting began with a service user story regarding psychiatric intensive care services. It is important that when things don't go right that we learn from the process.
 - Key risks were discussed such as the waiting times and access to services, particularly Child and Adolescent Mental Health Services (CAMHs), impact on our financial viability due to the tendering of services, which impacts both income and staff turnover, recruitment and retention. There is significant work taking place to mitigate these risks.
 - Performance and finance was discussed, which will be covered later in the agenda under item 6 - Integrated Performance Report.
 - Governance items such as agreeing what can be discussed in private. Our explicit intent is we aim to discuss all matters in public unless there is a strong reason not to.

Neil Alexander (NA) commented that he attended the Trust Board meeting and was impressed with Non-Executive Directors' (NEDs) probing questions. He was also impressed with the service user story as it showed clearly the problems and issues faced and was really helpful to be honest about problems faced by people. He added that the meeting was really complex and he was impressed with the way that the Board addressed the issues.

Claire Girvan (CG) asked how service user stories were selected. Carol Harris (CH) advised that this particular story arose when talking to services. It initially started with the Trust wanting to talk to commissioners about out of area beds and a letter received from the service user. A lengthy discussion was had with the service user and their partner who consented to it being used. AM added that when the agenda is set for Trust Board they try to link the story to what was being discussed at Board. AM asked governors to advise if there were any service user stories that they think the Board should hear. Rob Webster (RW) added that the Members' Council Quality Group could potentially pick the stories in the future.

Action: Tim Breedon

Lin Harrison (LH) commented that it was encouraging to hear that the Board was discussing the risk around recruitment and retention, as one of key issues she hears on the ward is in relation to workforce. AM advised that workforce issues were also discussed by the Clinical Governance and Clinical Safety Committee, and Remuneration and Terms of Service Committee, as well as the Trust Board. It was important to acknowledge the national shortages and pressure and hot spots. An example is that neighbourhood nursing was currently delivering 20% more than they are commissioned to do. If staff need support they can access it through the Trust's #allofus wellbeing programme.

AM advised that future Chair's reports to Members' Council would be a paper circulated prior to the meeting.

Action: Angela Monaghan

Chief Executive's comments

RW highlighted the following:

- Bob Mortimer was also a sportsman, playing cricket, football, and refereeing as well. Barnsley Football Club (BFC) where the meeting is held today is of special significance as we have a strong relationship with BFC. Part of our mission to help people reach their potential and live well in their community might be to assist people to attend the football. BFC asked the Trust to work with the fans to help them still come if they have dementia and they are now a dementia friendly club. This summer in Barnsley there will be the EASI World Cup. The European Association for Sport and Social Integration (EASI) tournament are looking for volunteers or support for the football tournament. If you would like more information speak to the Membership Office.
- AM has described a lot of what the organisation is doing. As a Foundation Trust we are owned by our staff and accountable to the public. There are three questions I ask myself every day:
 - Are services running well today and are they safe?
 - How are we going on with bids, tenders and changes?
 - What is the plan for the future, to ensure a sustainable set of services, help people reach their potential and live well in their community?

As part of our Strategy presented at the Trust Board meeting on 30 January 2018, our ambition is to be:

- a regional centre of excellence for specialist & forensic mental health; and for Learning Disability Services
- a strong partner in mental health service provision across West Yorkshire and South Yorkshire integrated care systems
- a host or partner in four local accountable care partnerships – Barnsley, Calderdale, Kirklees, Wakefield
- an innovative organisation with co-production at its heart, building on Creative Minds, Recovery Colleges, Mental Health Museum (MHM) and Altogether Better

CG commented that staff resilience was important, recognising their wellbeing when under pressures and frustration when not being able to deliver services in line with their skills. RW commented that resilience was important and the Trust has a wellbeing programme #allofus. It was also important for the Trust to continue to consider the cumulative effect of staff working under pressure and the ability to recruit to specialist positions.

NA commented that as he was not a staff governor he felt he did not always have insight into the strategic direction of the Trust, for example where we were successful and unsuccessful with tenders. RW advised that strategy was discussed in further detail at Trust Board meetings. Staff also receive a copy of The Brief each month which sets out the national and local context for the Trust which could be circulated to governors.

Action: Emma Jones

Carol Irving (CI) commented that it was important to ensure the Trust did not dilute the quality of services that are changing. RW commented that the Trust always tried to ensure it meets national standards and guidelines and where possible exceed them. The Trust has to deliver against a commissioning framework. As an organisation that wants to be outstanding, quality is important. Jackie Craven (JC) added that working across different

areas with different commissioners and different working relationships had challenges. RW commented that the Trust was commissioned by four Clinical Commissioning Groups (CCGs), with 11 commissioners under the West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) and six in South Yorkshire and Bassetlaw Integrated Care System (SYBICS), plus NHS England, local authorities and schools. They have different populations and also different services they commission. Relationships can differ based on a number of factors and the Trust always tries to have good relationships with everyone, focusing on collaboration and the best outcomes for service users.

Nasim Hasnie (NH) commented that over his time on the Members' Council, he and Bob Mortimer had raised issues with regard to actual situations versus perception in Kirklees, including differences in assessments and the availability of consultants to address waiting lists. NH asked if funding had impacted the assessment of young children in relation to autism. RW advised that the Clinical Governance and Clinical Safety Committee received reports at each meeting in relation to waiting lists which was improving although there are still significant waiting lists. For several years there had been a mismatch in demand and the number of people available to do the assessments. In each of the places, there was a plan being developed, with Wakefield recently able to assess 300 children who were on the wait list due to changes in the way assessments are conducted. Kirklees has seen some reduction too as there is a new model in place and it was hoped this would also happen in Calderdale and Barnsley. It is a priority area for addressing and it is also important that once that assessment has taken place that the support is available to meet the diagnosis.

MC18/05 Members' Council business items (agenda item 5)

MC/18/05a Quality Account – Mandated and local indicators (agenda item 5.1)

Tim Breedon (TB) reported that each year the Trust was required to publish a Quality Account and report on a number of indicators. Two of these indicators are mandated and since the writing of the paper had now been confirmed as early intervention in psychosis (EIP) and inappropriate out-of-area placements for adult mental health services. The Members' Council Quality Group discusses what would be the appropriate local indicator for review and this was recommended to be in relation to waiting times in Child and Adolescent Mental Health services (CAMHs). Since the Members' Council Quality Group discussion, work has taken place on what could be measured and a proposal will be presented to the Members' Council Quality Group on 7 February 2018 for approval.

CG commented that it felt like the right local indicator as the waiting times in CAMHs had been raised consistently as a concern.

Bob Clayden (BC) commented that there was discussion on BBC Radio 4 in relation to early intervention on psychosis. TB advised that guidance had just been received from NHS Improvement in relation to the measurement of the mandated indicators.

NA asked if there was a list of possible local indicators to choose from. TB advised that the Members' Council Quality Group discussed possible indicators and that CAMHs was the most obvious choice as a result of the discussion.

It was RESOLVED to:

- **NOTE the mandated indicators; and**
- **APPROVE the local indicator, as recommended by the Members' Council Quality Group.**

MC/18/05b Members' Council Groups - Terms of Reference (agenda item 5.2)

Emma Jones (EJ) reported that the Members' Council Coordination Group Terms of Reference (TOR) had been updated to further clarify the duties of the Group and reflect their current membership. Minor amendments had also been made, including updating the Trust's branding and ensuring consistency with other TOR. The Members' Council Quality Group TOR were currently being reviewed and were due to come to the next Members' Council meeting in April 2018.

It was RESOLVED to APPROVE the changes to the Members' Council Coordination Group Terms of Reference.

MC/18/05c Members' Council elections 2018 (agenda item 5.3)

EJ reported 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) manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. Elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution. The timetable for the election was included in the paper with nominations open from 2 February 2018 to 2 March 2018.

Phil Shire (PS) commented that the public seat for the Rest & South and West Yorkshire had been vacant for some time. EJ commented that this seat was eligible for members who lived in the area covered by Doncaster Metropolitan Borough Council, Rotherham Metropolitan Borough Council, Sheffield City Council, Bradford Metropolitan District Council and Leeds City Council. Work was taking place with the Communications team to further promote the vacancy through social media and with stakeholders within these areas.

AM reminded governors that 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 her know if they think someone would be worth approaching. EJ also asked governors to let her know if they had any ideas of how the Trust could further promote the vacancies.

It was RESOLVED to RECEIVE the update.

MC/18/05d Feedback from Annual Members' Meeting 2017 (agenda item 5.4)

Jackie Craven (JC) reported that positive feedback had been received in relation to the Annual Members' Meeting (AMM) in 2017. JC commented that there had been a good discussion by the Members' Council Coordination Group in relation to plans for the AMM in 2018 and asked governors to provide any further feedback to assist in the planning. AM added that the AMM could not be held before the Annual Report and Accounts are laid before parliament in July. It was recommended that the meeting be held again in September at a similar time of day which would avoid the holiday period. The location of the AMM is by rotation and this year would be in Calderdale.

The Members' Council discussed that it was important that the venue was accessible by public transport and parking and for the disabled as the toilets at the previous venue were not located on ground level.

It was RESOLVED to RECEIVE the update.

MC18/06 Integrated performance report Quarter 3 2017/18 (agenda item 6)

Charlotte Dyson (CD), as Chair of the Clinical Governance and Clinical Safety Committee, gave a presentation of the key issues from the Trust's Integrated Performance Report. The full report for month 9 2017/18 is available on the Trust website. CD highlighted the following:

- Pressures in system, but the Trust was performing well against most targets.
- Children and Young People (16 and above) in adult wards - above the threshold of zero. This is something we do not want to see happen, and only takes place if it is the least worst option for that person with assurance that appropriate governance is in place to minimise and manage the risks
- Out of area beds (OOAB) - continued pressure in the system, where service users have to go out of area. This is an area of focus of the Trust Board for it to be minimised as much as possible and some improvement was being seen.
- Information Governance (IG) confidentiality breaches - important that information is not sent to incorrect addresses.
- CQUIN - 2.5% of income comes from quality indicators agreed with commissioners. This year 0.5% was held back and NHS Improvement have now agreed that this will be provided.
- Agency spend - good progress was being made with a 41% lower spend than this time last year.
- Cost improvement programme (CIP) - delivery and efficiencies was showing good progress, although behind plan by £0.6m.
- Safer staffing fill rates - green for the fourth consecutive month. TB added that numbers change from district to district and, while the numbers were good overall, there are some areas of pressure. Sometimes, to maintain the right ratios, the skill mix may need to be diluted e.g. instead of a Nurse we might use a Healthcare Assistant. The Trust continues to follow professional guidance in relation to safer staffing.
- Patient experience - one of the measures is through the Friends and Family Test.
- Incidents - a large number reported, however a safe culture supports the resorting of incidents and there was a low number of red RAG-rated incidents.
- Single oversight framework - while the Trust's overall rating by the Care Quality Commission (CQC) is good, there is risk in financial performance where the Trust is rated in segment 2, which represents targeted support by NHS Improvement. Approximately 40% of NHS Trusts are within this rating.
- Improving Access to Psychological Therapies (IAPT) - was showing significant progress. Sean Rayner (SR) added that there had been a dip on two indicators in Barnsley with the commissioner giving the Trust a contract performance notice. The Trust worked with the commissioner to develop an action plan for the national Intensive Support Team (IST) and the contract performance notice has now been lifted. AM added that the IST had visited in Kirklees and the initial verbal feedback was positive, stating that they were delivering a high level of service despite relatively low levels of commissioner funding.
- #alofus - wellbeing campaign for staff.
- Appraisal completion - ahead of 95% target across the Trust for Mental Health Act and Mental Capacity Act (MHA/MCA) training.
- Finance - £551k surplus year-to-date, but underlying position is a deficit for each of the last four months. Main issues are out of area beds, reduced income and cost improvements. Year-end control total target of £1m surplus is at risk, with a high degree of focus required to meet it. Cash balance is reasonable at £22m, but partly due to timing of capital expenditure. Continued dialogue with NHS Improvement as the Trust's regulator regarding the financial position.

BC commented that under the Friends and Family Test if people did not recommend the local service where could they be recommended to? CD commented that an important part of why the feedback is sought is so the Trust can learn and improve.

JC asked if the Trust receives Friends and Family Test feedback in relation to Autism Spectrum Disorder (ASD) services in Wakefield provided by Mid Yorkshire Hospital NHS Trust (MYHT). CH advised that MYHT provide the service for young people under 14, with over 14 provided by the Trust. Feedback was received in relation to the whole service.

NH asked in relation to sickness absence rates whether there was a further breakdown of figures showing how many people were on repeated or long term absence. Ashley Hambling (AH) advised that 75% were long term sickness of four weeks or more. A lot of work was taking place to support people to return to work and also to assist so that they did not go on sick leave.

BC asked who provided the Trust's Occupational Health service. AH advised that they were staff employed by the Trust and that the Trust also provides the service across Leeds & York Partnership NHS Foundation Trust as a shared service.

NH asked what work had taken place which had reduced the agency spend. MB advised that the Trust had tendered for locum medical staff, which led to a reduction through rate reduction, and also partly due to recruitment into vacant roles which were being filled previously through the use of agency staff.

CI advised that she had met recently with the manager of Improving Access to Psychological Therapies (IAPT) in Kirklees to talk through some issues raised by the public, such as the number of people attending a clinic. CH commented that she was aware that workshops were offered for groups of people but she was not aware of clinics being offered in this way. CI commented that she was unsure if people were aware that they could ask for a one to one appointment rather than in a group. TB commented that there could be benefits of dealing with situations in large groups, however this matter could be looked at further by the Members' Council Quality Group.

Action: Tim Breedon

CG asked whether the centralisation of training budgets had seen a reduction in spend. Feedback from staff was that they were not being granted their applications so they did not feel it was worth applying for training. LH commented that she had received similar feedback from colleagues. Mark Brooks (MB) advised that there had been an increase in spend compared to previous years. AH advised that the Head of Learning and Development was reviewing the figures including the number that applied compared with those that were granted.

MC18/07 2018/19 Annual Plan (agenda item 7)

MB gave a presentation in relation to the annual plan for 2018/19, highlighting the following:

- Formal guidance on annual planning for 2018/19 was not yet available nationally, expected very soon.
- Would include some additional funding to the NHS (£1.6bn), unclear how this will be allocated
- Would also include some additional capital funding, most likely to be allocated through Sustainability and Transformation Partnerships (STPs)

- Unprecedented level of challenge and financial risk going into 2018/19 which includes:
 - NHS pay awards.
 - Agenda for Change pay increases as staff progress through pay scales.
 - Non-recurrent savings.
 - Loss of or reduced income, with the Trust working with different commissioners who have different objectives. The recent change to Barnsley Intermediate Care meant a loss of income for the Trust.
 - Capital changes/depreciation
 - Cost pressures such as the clinical negligence scheme, which puts some costs up by 35%, and Microsoft licenses, which used to be funded nationally.
- Impact of the above needs to be off-set by efficiency savings.
- Important where spikes in demand for services become sustained we need to be able to demonstrate it to discuss potential payment by our commissioners.
- Currently projecting a sizeable deficit next year.
- In constant dialogue with NHS Improvement as the Trust's regulator regarding the financial position.
- Consideration is always given to balance between quality and finance

MC18/08 Closing remarks and dates for 2018 (agenda item 8)

As part of her closing remarks, AM reminded the Members' Council that the NHS is facing really challenging times and that it was going to get tougher. Resilience was important and the Trust knows that staff are working hard and are going to be asked to work harder. She commented that she is hoping that when the Trust receives its share of the £1.6bn from the government, that it was a fair share for our communities.

AM reminded the Members' Council of the future meeting dates:

- Friday 27 April 2018, morning meeting, Textile Centre, Huddersfield
- Friday 27 July 2018, afternoon meeting, Elsie Whiteley, Halifax
- September 2018, annual members' meeting, date and venue to be confirmed
- Friday 2 November 2018, morning meeting, Large conference room, Wellbeing & learning centre, Fieldhead, Wakefield

Signed:



Date: 27 March 2018