

**Minutes of the Calderdale & Huddersfield NHS Trust Board of Directors and Membership Council Members Annual General Meeting held**

**on Thursday 15 September 2016 at 6.00 pm in the Lecture Theatre, Learning Centre, Calderdale Royal Hospital**

**PRESENT**

**Speakers**

Mr Andrew Haigh, Chairman

Mr Wayne Clarke, Publicly Elected Member-Deputy Chair/Lead MC

Mr Keith Griffiths, Director of Finance

Mrs Clare Partridge, Engagement Lead – KPMG External Auditors

Mrs Lindsay Rudge, Deputy Director of Nursing

Mr Owen Williams, Chief Executive

Others present:

**Board of Directors**

Dr David Anderson, Non-Executive Director

Mrs Helen Barker, Chief Operating Officer

Dr David Birkenhead, Executive Medical Director

Mr Richard Hopkin, Non-Executive Director (part)

Dr Linda Patterson, Non-Executive Director

Mr Ian Warren, Executive Director of Workforce and OD

Mrs Jan Wilson, Non-Executive Director

Mrs Victoria Pickles, Company Secretary

**Membership Council**

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| Mr Stephen BainesMrs Nasim Banu EsmailMrs Rosemary HedgesMrs Dianne HughesMrs Katy ReiterMrs Veronica MaherMr Peter MiddletonMr Brian MooreMrs Lynn MooreMrs Jennifer BeaumontMr Brian RichardsonMr George Richardson (part)Mrs Di WharmbyMr Bob Metcalfe |  |  |

1. **CHAIR’S OPENING STATEMENT AND INTRODUCTIONS**

The Chairman opened the meeting by welcoming people to Calderdale Royal Hospital. He introduced the speakers and noted that other members of the Board of Directors and Membership Councillors were also present in the audience. The Chairman highlighted the Information Technology Developments showcase given by the Health Informatics team both and, on behalf of the Board and Members thanked staff for their support.

1. **APOLOGIES**

Apologies were received from:

**Board of Directors**

Mr Brendan Brown, Executive Director of Nursing

Mrs Karen Heaton, Non-Executive Director

Mrs Lesley Hill, Director of Planning, Performance, Estates & Facilities

Mr Philip Oldfield, Non-Executive Director

Prof. Peter Roberts, Non-Executive Director

**Membership Council Members**

Mrs Annette Bell

Mrs Charlie Crabtree

Mr Grenville Horsfall

Mrs Michelle Rich

Ms Kate Wileman

Mr David Longstaff

Mrs Sharon Lowrie

Dr Cath O’Halloran

Mrs Dawn Stephenson

Mrs Chris Bentley

Mrs Eileen Hamer

Dr Mary Kiely

Mrs Linda Salmons

1. **ANNUAL REPORT 2015/16**

The Chairman reported that 2015/16 was a challenging year for the Trust. The national deficit was £2.45 billion and the Trust deficit stood at £20 million. He explained that the Trust had worked hard, in liaison with the regulators, to deliver high quality services both in hospital and the community with targets being maintained in the majority of areas.

The Chairman reported some of the key things that had happened during the year including the launch of a monthly Star Award to recognise and celebrate the achievement of Trust staff. He also highlighted the Care Quality Commission inspection in March which had shown some good care across both acute and community settings yet also highlighted areas for improvements and this work has been underway since their visit in March.

The Chairman commented that the NHS financial position is challenging and will continue to be in the future. NHS organisations will face difficult choices and that locally this has been seen in the Right Care, Right Time, Right Place (RCTP) consultation. Colleagues from the Trust had spent a lot of time with CCG colleagues talking to the public, patients and service users about the proposed changes and that the CQC inspection report findings supported the case for change.

The Chairman reported that this was the ninth year when the Board of Directors and Membership Council had come together at a joint Annual General Meeting, alternating sites between Huddersfield and Halifax each year to present the Annual Report and Accounts, to report on the work of the Membership Council and to present the results of the recent Membership Council elections.

1. **ANNUAL ACCOUNTS – APRIL 2015 TO MARCH 2016**

Keith Griffiths, Executive Director of Finance presented the Annual Accounts, full details of which were available in the Annual Report. It was noted that the details of these had been discussed at the Board of Directors Meeting and these were approved as a correct record.

The key areas were noted:

 **Financial Context**

The Executive Director of Finance explained that over the year the Trust had seen:

* 122,000 inpatients – elective, non-elective and day cases
* 441,000 outpatients
* 147,000 A&E attendances

In addition the Trust has a turnover of £350m, the majority of which is spent on staffing with 5,909 colleagues employed by the Trust. There is property and equipment over two hospital sites with a combined value of £218m. The Trust is required to make efficiency savings, driven by tariff against a challenging financial and operational landscape.

**The Trust’s Performance in 2015/16 compared to 2014/15:**

* 5% more non elective inpatients were treated
* 3.5% more activity was seen in A&E
* This put pressure on the Trust’s capacity to deliver planned elective activity
* Savings/efficiency gains worth £18m were delivered.

**2015/16 Financial Performance**

 **Plan Actual**

Income and Expenditure (excl. exceptional items) (23.0) (21.0)

Capital Expenditure 20.7 20.2

Cash Balance 1.9 1.9

Continuity of Service Risk Rating 2 2

Unqualified Audit Opinion √ √

**Key Financial Pressures**

* Bed capacity linked to system resilience issues and the closure of capacity in community
* High levels of clinical staffing vacancies and national recruitment pressures driving high levels of agency staffing costs

**Efficiency Savings Achieved**

Procurement £1.4m

Administrative and management £2.2m

Clinical productivity £2.5m

Clinical workforce £3.2m

Non clinical and clinical income £5.6m

Estates & facilities systems £1.2m

Divisional budgetary control £1.9m

Total savings achieved £18m

**The Future**

The Executive Director of Finance explained that the NHS faces unprecedented financial challenges both locally and nationally. Locally the Trust has an increased demand for services which will require closer joint working with other organisations across West Yorkshire and modernisation of both technology and the estate. He concluded that there were no short term solutions to CHFT’s financial deficit.

1. **QUALITY REPORT**

Lindsay Rudge, Deputy Director of Nursing presented the Quality Report. The presentation highlighted the quality priorities for 2015/16 and their progress:-

* Improving Sepsis – partially achieved
* Ensuring intravenous antibiotics are given on time – partially achieved
* Improving the discharge process - complete
* Better food – complete

She reported that work which had been undertaken throughout the year included:-

* Safety Huddles - a multi-disciplinary programme aimed at reducing falls.
* Technology supporting care – ‘Nervecentre’ roll-out to detect when a patient’s condition is deteriorating
* Hospital Out of Hours Programme
* Visit by CQC Inspectors – overall rating “Requires Improvement”
* Development of a new Community Division

Joint work with the Membership Council to address patient experience feedback included:-

* Reduce Noise at Night – introduction of soft closing bin lids. Research study commenced on Ward 1, HRI
* Community – Time arranged to meet the midwife – increased number of community drop in clinics
* Not many menu choices – updated menus reviewed every 4 weeks. Additional options and special diet menus available
* Care and residential homes required more information around falls prevention and mental health guidance – The QUEST multi-disciplinary team have developed advice sheets for homes.

The Trust had also been successful in receiving a patient safety award for the Dementia team’s work and this was being further developed within the Trust. It was noted that the CQC had commented on this work and acknowledged it as an example of good practice.

Finally, she highlighted that ‘Compassionate Care’ was a key motivator for all Trust colleagues and that the legacy of the late Dr Kate Granger who introduced “Hello my name is …” would be continued throughout all departments.

1. **EXTERNAL AUDIT OPINION ON ANNUAL REPORT/QUALITY ACCOUNTS**

Clare Partridge, Engagement Lead from KPMG gave a presentation outlining the work undertaken by the external auditors on the Annual Report and Accounts and the Quality Accounts. She explained the three areas focussed on within the Audit were:-

* Use of resources
* Financial Statements Audit
* Quality Accounts

**Use of Resources**

The Engagement Lead explained that the audit had concluded that the Trust had adequate arrangements to secure economy, efficiency and effectiveness in its use of resources with the following exceptions:-

* The Trust provided evidence that progress has been made against the enforcement undertakings issued in January 2015, and therefore arrangements were in place to secure value for money through responding to the enforcement undertakings. However the undertakings and modifications of the licence remained in place at the date of the report.
* Additionally, the Trust’s strategic and turnaround plan still forecasts the Trust to be in deficit and reliant on Secretary of State external financial assistance beyond 2016/17.

**Financial Statements and Annual Report**

It was noted that within the financial accounts there had been one unadjusted audit difference and a number of minor presentational changes had been made but no recommendations were raised. There were no adjusted audit differences.

No inconsistencies had been found between the content of the Annual Report and Accounts. The Annual Governance Statement was found to be consistent with the financial statements and complied with relevant guidance.

**Quality Accounts**

A clean limited assurance opinion had been issued on the content of the Quality Report which could be referenced to supporting information and evidence provided. This represented an unmodified audit opinion on the Quality Report. It was noted that feedback from Calderdale Council Overview and Scrutiny Committee had been requested but not received.

Two mandated indicators had been tested:

* % of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the report period; and
* % of patients with a total time in A/E for 4 hours or less from arrival to admission, transfer or discharge.

A clean limited assurance opinion was given on the presentation and recording of the A&E Indicator data. It had not been possible to provide a limited assurance opinion on the incomplete pathways indicator due to issues with accuracy of data, specifically in relation to the validation checks undertaken.

No issues were identified in the testing of the local indicator ‘complaints closed within target time’, as selected by the Membership Council.

Two recommendations were made in relation to improvement of processes in place.

1. **FORWARD PLAN**

Owen Williams welcomed everyone and thanked staff, volunteers and Membership Councillors for their work and commitment in caring for patients. He also wished to thank the Board of Directors for their commitment and challenge over the past year throughout the reconfiguration of services consultation.

Looking ahead the Chief Executive reported that the Trust would continue to use the 4 pillars of behaviour to achieve compassionate care:

* we put the patient first
* we work together to get results
* we do the must do’s
* we go see

The Chief Executive set out the key areas of work for the Trust over the next year:

* Reconfiguration – he explained that commissioners would be make a decision on whether or not to progress to the next stage with proposals around the future configuration of hospital services in October.
* West Yorkshire – the Trust is a key participant in the work across West Yorkshire to develop a Sustainability and Transformation Plan. These were also being impacted upon by national discussions around the financial challenges in the NHS.
* Electronic Patient Record (EPR) – the Trust would implement a whole new EPR which would be key to ensuring better patient care and help to provide efficient services in the future.
* Care Quality Commission – The Trust’s ambition was to keep improving services and to deliver the actions which had been developed following the inspection.

The Chief Executive shared a patient story which highlighted the care of a suicidal patient visiting the area who had been inappropriately admitted to the Trust. He highlighted the need to ensure that patients are treated in the right place, at the right time, by the right person to ensure complete compassionate care.

The Chairman thanked everyone for their contributions and reinforced that it was clear that this current year was going to be just as challenging as 2015/16.

1. **ELECTION RESULTS AND APPOINTMENTS**

The Chair reported that the second half of the meeting would concentrate on the Membership Council AGM.

**a. Council Members**

The Chairman reported the results of the elections run by the Electoral Reform Services on behalf of the Trust over the period 7 June to 22 August 2016. This had resulted in six public membership council appointments (Veronica Maher, Katy Reiter, Dianne Hughes, Nasim Esmail, Stephen Baines and Michelle Rich) and three staff membership council appointments (Nicola Sheehan, Linda Salmons, Charlie Crabtree).

It was noted that Peter Middleton had been appointed as Deputy Chair/Lead Governor to take over from Rev Wayne Clarke. The Chair thanked Wayne for his support as Membership Councillor for the past three years and latterly as Deputy Chair/Lead Governor for the Membership Council since 2015.

The Chairman extended a welcome to the newly elected and re-elected members along with Grenville Horsfall who had agreed to stay on for another year on the Reserve Register.

All these appointments could be seen on the Register of Members which was available within the packs. The ballot turnout rates this year was around 15% which was comparable to other trusts.

The Chairman wished to thank the other retiring members who included:- Mrs Jennifer Beaumont, Avril Henson, Julie Hoole, Kenneth Batten in addition to Chris Bentley who had been on the Reserve List. Two Stakeholder representatives had also ended their tenures – Prof John Playle and Cllr Naheed Mather.

**b. Board of Directors – Non Executive Directors**

The Chairman reported that the Nomination and Remuneration Sub Committee (Membership Council) had met on the 21 July 2016 to consider the two Non- Executive Directors whose tenures were due to expire this year. The Committee had agreed that the tenures of Dr Linda Patterson and Mr Phil Oldfield should be extended for a further three year period.

Those present formally ratified the aforesaid appointments and the Chairman introduced and welcomed the new members of the Membership Council.

1. **MEMBERSHIP COUNCIL UPDATE – OVERVIEW OF THE MEMBERSHIP COUNCIL CONTRIBUTION DURING 2015/16**

Rev Wayne Clarke, Deputy Chair gave an overview of the work of the Membership Council during 2015/16. This included:-

* + Development of plans for the Trust, particularly through the Divisional Reference Groups
	+ Participation in training and development opportunities including Induction, individual training and development days.
	+ Oversight and holding to account of the Board of Directors through:
* Chairman’s One to One Meetings
* Attendance at full Membership Council meetings and AGM
* Attendance at Board of Directors Meetings.
* Attendance of Council members on a wide range of sub committees such as Nomination and Remuneration, Organ Donation, Quality, Finance and Audit, Workforce, EPR and Charitable Funds.
* Joint workshops with the Membership Council and Board of Directors
* Involvement in interview panels
* Development of Patient Information Leaflets
* Awards panels for the Trust’s Celebrating Success.
* Selection of indicators and oversight of the Quality Accounts.

Additional work undertaken by the Membership Council in 2015/16 included:-

* Participation in Theatre Action Week to improve theatre use and increase efficiency
* Involvement in the Integrated Transport Review to assess the efficiency of hospital and community resources
* Views on designing the best possible signage and way-finding techniques for patients through our hospitals
* Participation in the Trust’s sustainability strategy
* Participation in familiarisation tours around specific areas of the Trust
* Work with Clinical Commissioning Groups to help design the Right Care, Right Time, Right Place public consultations
* Being a focus group for the Care Quality Commission inspection to the Trust
* Attending sessions on the Future State Validation on how EPR would affect the patient experience.

In conclusion Rev Wayne Clarke wished to thank the Membership Office for their help and support throughout the year.

1. **QUESTIONS AND ANSWERS**

The Chairman gave opportunity for those present to raise any general questions of the Board or Membership Council.

**Question 1**

Could the Trust be described as having a “good” year when HSMR and complaints rates were up?

The Chairman responded that the Trust’s mortality rates were considered at each Board meeting as it remains a concern. He highlighted that a lot of work had been done to understand the reason behind the figures and that this would continue. This had included an independent review of mortality. In relation to complaints he commented that it was important people that people felt able to raise issues about services and make a complaint so that the Trust could learn from any case where a patient and their family had not been totally happy with their care. He said expectations are very high and that all complaints were investigated and responded to.

**Question 2**

Whether one of the testimonials in the consultation document was valid and that it had been submitted by the Trust to the CCG without consent.

The Chairman responded that this issue would be investigated as a complaint and formal response provided.

**Question 3**

What is the impact of the Government’s decision to cease nurses’ training grants?

The Deputy Director of Nursing Lindsay Rudge said that the Trust works closely with the University and that there would be plans in place for when the new system comes in in 2017/18. She said there are strong recruitment and retention policies in place and we would be trying to ensure the change was not detrimental to how we operate.

**Question 4**

Is the Trust affected by expensive drug costs?

The Executive Director of Finance and Chief Executive said that like all other Trusts, CHFT is affected by expensive drug costs but the more we use the cheaper they become.

**Question 5**

What is the impact of rising clinical negligence costs?

The Executive Director of Finance said that the pay outs often relate to historical cases and that he expected pay outs to rise again. The Chief Executive said it was important we try to support families so they do not feel as though litigation is their only route of action.

**Question 6**

If the CCG plans to reduce A&E attendances will that mean a reduction in income for the Trust?

The Chief Executive responded that as the Trust is also a community provider, there would be an opportunity to increase community income as more care is provided outside of hospital. The Trust is also working closely with GP Federations to provide joined up care in community. He said nationally there is the desire to reduce the number of patients.

Membership councillor Peter Middleton commented that over the last 20 years, life expectancy has increased by up to four years and that is due to excellent NHS care. He wanted to thank everyone working in the Trust.

1. **DATE AND TIME OF NEXT MEETING**

It was noted that a provisional date had been set for the next Annual General Meeting - Thursday 14 September 2017. The time and venue would be confirmed nearer the date.

The Chairman closed the formal meeting at approximately 7.15 pm.

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