

**APPROVED MINUTES OF THE FOUNDATION
 TRUST COUNCIL OF GOVERNORS MEETING HELD AT 4:30 PM ON THURSDAY 24
 JANUARY 2019 IN THE BOARDROOM, HUDDERSFIELD ROYAL INFIRMARY**

PRESENT:

Philip Lewer Chair

Publicly Elected Governors

Brian Moore	Public Elected - Constituency 8
Christine Mills	Public Elected - Constituency 2
Dianne Hughes	Public Elected - Constituency 3
Jude Goddard	Public Elected - Constituency 1
Rosemary Hedges	Public Elected - Constituency 8
Sheila Taylor	Public Elected - Constituency 2
Stephen Baines	Public Elected - Constituency 5
Lynn Moore	Public Elected - Constituency 7

Staff Governors

Linzi Smith	Staff Elected - Constituency 11
Dr Peter Bamber	Staff Elected – Constituency 9
Sian Grbin	Staff Elected – Constituency 13

Stakeholder Governors

Helen Hunter	Healthwatch Kirklees
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IN ATTENDANCE:

Karen Heaton	Non-Executive Director
Helen Barker	Chief Operating Officer
Gary Boothby	Executive Director of Finance
Suzanne Dunkley	Executive Director of Workforce and OD
Amber Fox	Corporate Governance Manager (minutes)
Jackie Murphy	Chief Nurse
Victoria Pickles	Company Secretary
Owen Williams	Chief Executive
Andrea McCourt	Head of Governance and Risk
Mandy Griffin	Managing Director – Digital Health
Anna Basford	Director of Transformation and Partnerships

01/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Alison Schofield	Public Elected - Constituency 7 / Lead Governor
Annette Bell	Public Elected - Constituency 6
Brian Richardson	Public Elected - Constituency 5
John Richardson	Public Elected - Constituency 3
Paul Butterworth	Public Elected - Constituency 6
Felicity Astin	University of Huddersfield

Chris Reeve	Locala
Nasim Banu Esmail	Public Elected - Constituency 4
Salma Yasmeen	South West Yorkshire Partnership NHS FT
David Birkenhead	Medical Director
Richard Hopkin	Non-Executive Director
Andy Nelson	Non-Executive Director
Alastair Graham	Non-Executive Director
Linda Patterson	Non-Executive Director
Phil Oldfield	Non-Executive Director

02/19 WELCOME & INTRODUCTIONS

The Chair welcomed governors, colleagues from the Board of Directors and staff colleagues to the meeting. Introductions were made around the table for the new governors.

03/19 DECLARATIONS OF INTEREST

There were no declarations of interest. The Chair reminded the Council of Governors and staff colleagues to declare their interest at any point in the agenda.

04/19 MINUTES OF THE LAST MEETINGS HELD 18 OCTOBER 2018

The minutes of the previous minutes held 18 October 2018 were approved subject to approval by the governors to an amendment made by Sian which is highlighted below;

Brian Moore raised a concern about the **privacy** of the Closed Facebook Group for governors **and he felt that all Trust business should happen on site. This was seconded by John Richardson and Christine Mills. Those who spoke out in favour of it in the meeting were Peter Bamber, Linzi Smith and Rosemary Hedges. Brian Richardson, Paul Butterworth and Stephen Baines also commented after the meeting they found the page useful.** Sian Grbin explained that the page should be private **i.e confidential** as it is by invitation only and a platform for governors to talk in private.

05/19 MATTERS ARISING / ACTION LOG

The action log was reviewed and updated accordingly.

Management of Complaints – This action turned green (complete) as the meeting had been arranged; however, feedback received from Paul Butterworth highlights the complaints target has not reached a 95% performance rating. Therefore, he asked that this action remains ongoing as the performance has not improved.

06/19 CHAIR'S REPORT

Chair Appraisal Process

The Chair reported that the Chair Appraisal Process is due to start, and the governors will receive a form to submit their feedback. The proposal will be

explained and led by the Lead Governor. Brian Moore offered to support this process which he supported last year as Lead Governor.

As part of this process, the Chair has listed all the meetings and business he has been involved in since he started the Trust. Governors can comment or challenge this as part of the appraisal process.

Formal Meeting Attendance Register

The formal Council of Governors attendance register to cover the period from 1 April 2018 – 21 March 2019 was circulated for information.

Governors/Non-Executives Informal Workshop – 14 February 2019

The next Governors and Non-Executive Directors informal workshop is scheduled on Thursday 14 February 2019. The Governors were asked to bring any agenda items to our attention as soon as possible to plan for this workshop.

07/19 PERFORMANCE AND STRATEGY

a. Performance Report

The Chief Operating Officer reported a positive position for November 2018, the main highlights from the report were:

- All domains are in the green
- Emergency Care Standard achieved over 90% in November and reached 90% in December, CHFT are in the top 3rd nationally and have two of the busiest A&E's in the region (top 20%) – this is a good picture considering staffing is challenging
- Cancer – achieved all targets in December 2018; however, it will be a challenge to achieve the 62-day cancer referral target in January
- Delivering planned waiting list on referral to treatment (RTT)
- Mortality remains in a good position
- Diagnostic capacity is a challenge, particularly in cardiology due to a shortage of workforce. The Trust is looking at alternatives and have invested in training our own which is a two-year training programme
- Infection, Prevention and Control is in a good position. The Infection Control team decanted and deep cleaned all wards which will continue going forward
- Stroke – positive performance, weekly monitoring in place, only 1 area is less than a B in the national performance
- Overall good performance in the last quarter of the year with lots of hard work from colleagues

The Chief Operating Officer explained the Stroke Sentinel National Audit Programme is about ensuring patients are getting the correct level of input and a stroke bed. There are 16 categories which are scored between A - E. The Trust are aiming to achieve all A's.

Sian Grbin highlighted the short staffing issues and wanted to understand why the indicators for workforce show green on the report. The Chief Operating Officer will pick this up with Sian separately.

Peter Bamber highlighted concern around diagnostic capacity being a challenge. The Executive Director of Finance confirmed this is not in relation to doctors, the shortage refers to technicians e.g. echo-cardiogram. Peter asked how the Trust can make these vacancies more attractive. The Trust is working closely with the cardiologist team with Working Together to Get Results meetings taking place, alongside a weekly meeting and the Trust is looking at training nursing colleagues. The cardiology shortage is a national problem across West Yorkshire. The primary percutaneous coronary intervention (PCI) service is all in Leeds.

Rosemary Hedges highlighted the good news in the community division whereby the Calderdale CCG confirmed their intention to build an alliance contract with their existing contractual providers. Rosemary asked if these staff would remain under our employ on these arrangements and are not at risk of transferring to another organisation. The Chief Executive confirmed this is not another wholly owned subsidiary and is an opportunity to work with other providers e.g. SWYFT, Locala, GP Federations etc. The Trust aim to play a leading role in this arrangement.

Brian Moore pointed out the agency overspend in November of £1.43m against plan. The Executive Director of Finance re-assured the Council that agency spend is under plan year to date (YTD) and is forecasting under plan at year end.

The Chief Executive explained the Trust reviewed the three top elements (Emergency Care Standard, RTT, cancer 62 days) over the last two years and current years to understand where the Trust ranks nationally. CHFT is in the top five in the country. The Trust is working to a high standard and expect to be in the top 10 in the current year. This data will be shared once available.

The Company Secretary highlighted an email from Paul Butterworth which raised the complaints target of 95% has not been achieved and YTD is only 40%. The Chief Nurse responded that the Trust is trying to focus efforts into achieving an improved response time. Historically, the Trust has never been near the target due to the complexity of complaints, which raises the question how realistic the target is. The Trust is performance managing the responses, supported by the Head of Governance and Risk, in order to achieve a quality response in a timely fashion. The Chief Nurse and Chief Operating Officer are meeting with Divisions to understand how to best support them and where improvements can be made. The Chief Nurse has seen a much-improved quality of complaint response letters.

Sian Grbin pointed out the number of closed complaints has improved to 63%. Effort has been made to close long-standing complaints in a timely fashion. The Head of Governance and Risk explained the timeframe of complaints depends on

the severity and complexity of complaint e.g. 25 days or 40 days if complex.

The Trust has started sending out surveys to understand the experience of the complainant.

Peter Bamber asked how CHFT compares with other Trusts. The Head of Governance and Risk explained national benchmarking data is available; however, there is no national target for responding to complaints. A 'Go See' visit took place to Morcambe Bay where their target to close complaints was 60 days. The nature of complaints is very different which makes it difficult to benchmark across specialties.

Helen Hunter from Healthwatch Kirklees explained they deliver the NHS complaints advocacy service and offered to share learning to improve the Trust's processes. The Chair welcomed this and thanked Helen for offering this support.

The Chief Executive re-iterated the challenge with the complexity of complaints as they can involve more than one organisation and/or GP Practice.

b. Financial Position and Forecast – Month 8

The Executive Director of Finance summarised the key points from the Month 8 position;

- YTD deficit is £29.3m, in line with plan
- Month 9 shows a slight improvement
- Overspend by £43m, on track to deliver
- CIP achieved in the year to date is £9.40m against a plan of £9.88m, a £0.48m pressure, there is risk within plan relating to material CIP schemes of £1m, the Trust are working on further cost control with divisions to hit this plan
- Session with the governors in relation to next year's plan has taken place
- National Press – additional money is going into acute providers to improve their deficit position, if the Trust accept, there will be a £10m deficit for next year; however, this will require a savings challenge to be agreed and this will be brought back to the Board for approval

Peter Bamber asked what it means if the Trust can accept the control total. The Executive Director of Finance explained the Trust chose not to accept the control total for 2018/19 and would not accept for 19/20 if it is an unrealistic plan. The reality now is a much more favorable proposition and the Board are working through understanding the savings challenge. Peter Bamber highlighted that this will come with conditions. The Executive Director of Finance clarified there are fewer conditions than in previous years on this money and new guidance suggests it's about delivering the money.

The position in 19-20 could be a £10m deficit after £27m of additional support funding. Rosemary Hedges asked how the Trust will move from £43m deficit to a £10m deficit. The Executive Director of Finance explained the monies referred

to a marginal rate admissions tariff plus 2 tranches of sustainability funding. The Executive Team are proposing this at the Finance and Performance Committee this month.

The Chief Executive stated the Trust is approaching £60M of CIP achieved over the last 4 years and the ability to reduce CIP is more challenging.

Rosemary Hedges asked for clarity on the Aligned Incentive Contract. The Executive Director of Finance explained this is a fixed value contract, with some thresholds. Income is still monitored the same as through the payment by results methodology. The Aligned Incentive Contract allows the Trust to deliver care in appropriate pathways and see patients in a different way. Rosemary felt nervous around the word 'incentive'. The Executive Director of Finance confirmed it is incentivised to only see patients that need care or in an improved way e.g. digitally. Rosemary asked what if demand outstrips the budget and asked if there may be restrictions. The Executive Director of Finance responded that the system would work together to address this demand and that the contract allowed the system to provide care differently, potentially at a lower cost.

The Chief Executive described the Integrated Care System (West Yorkshire and Harrogate Health and Care Partnership) which allows Trusts to support one another with demand and capacity. This aligns with the long-term plan.

Sian Grbin asked if the Trust won't get income for community-based settings. The Chief Operating Officer described the Nursing Home Facilities that are in place. The costs are cheaper in the community than the acute organisation and CHFT now have a lower number of delayed discharges as a result of these beds in the community. The Trust is paying for the first few days of this process through its agreed contract values and not having income reduced by having less patients in CCHFT beds. The process is working well and is safer for patients, this is identified by reviewing re-admissions, quality of discharge and attending visits with the District Nursing team.

Stephen Baines commented on the 1.5-3.5% debt charges (£15m borrowings) and capital loans of 2.1%. The Executive Director of Finance stated the new debt would be 1.5% if the Trust accepted the new control total and if financed at the new rate, the Trust would see a £700k benefit.

c. Q2 Update on the Quality Priorities

The Head of Governance and Risk provided an update on the areas of improvement work for Q2 (July – September 2018). This information was shared at the Board of Directors in November 2018.

SAFE – Improving outcomes through recognition, response and prevention of deterioration in patients

EFFECTIVE - Improving Timely and Safe Discharge (right patient, right place, right time)

EXPERIENCE – End of Life Care

The stranded patient metric and long stay metric are now part of the SAFER Programme measures and twice weekly Multi Agency Discharge Events have been introduced with senior colleagues from partner organisations to review discharges. Sian Grbin asked if delayed discharges are due to tertiary care. The Chief Nurse explained the bigger delays of transfer of care are patients waiting to go to nursing homes, care homes and the Trust is working in a more disciplined way to improve this.

The Head of Governance and Risk presented the quality priorities shortlist for next year. Information will be circulated in the newsletter and members will be asked to vote 1 out of each category to focus on next year. At the Council of Governors Workshop in December, Andrea McCourt gave a presentation on the quality priorities where they were shortlisted from 9 to 6.

The Company Secretary explained that new guidance for Quality Accounts mandates the indicator that external audit will review this year and states that they will mandate the governor select indicator to be mortality. Nationally, the guidance wants Trusts to select the mortality rate indicator; however, the Trust were already in the process before the guidance came out and the wider membership will choose.

[Following the meeting External Audit confirmed that this relates to indicators and not priorities. These are two separate elements to the Quality Account. The Governors have selected the priorities. The mandate relates to the indicator.]

08/19 UPDATE ON RECONFIGURATION

The Director of Transformation and Partnerships provided an update on reconfiguration and the indicative timeline.

The Chief Executive reported a meeting has requested by Jenny Shepherd, Chair of Calderdale and Kirklees 999 Call for the NHS and will include the Chair of North Kirklees Support the NHS, Chair of Hands Off HRI and Chair of Huddersfield Keep Our NHS Public. The Chief Executive explained the same presentation provided today will be presented to the above colleagues and scrutiny and colleagues can share this information.

Stephen Baines stated as this is not a PFI project and lifetime costs are built into the revenue budget, in 10 years the building could fall to disrepair without routine maintenance. The Executive Director of Finance stated it is public dividend capital funding with a requirement to create a depreciation fund.

Rosemary Hedges asked for clarity on the A&E model as only one will receive blue light ambulances and that this should be clearer in the presentation. The Director of Partnerships and Transformation confirmed both sites will have consultant led service and 24/7 anaesthetic cover and A&E will be equipped for walk-ins. The proposal states patients who require a 'blue light' ambulance and likely admission to an acute hospital will go straight to Calderdale Royal Hospital or another tertiary centre.

Rosemary asked if this balances the budget earlier than expected, will the two hospitals continue functioning. The Director for Partnerships and Transformation explained it is difficult to see the future, the proposal is to maintain two hospital sites; however, there are challenges on the HRI site with the building and there are alternate models being proposed for Kirklees by the Local Authority.

The Chief Executive added over the last 4-5 years, there has been consolidation of cardiology and respiratory to CRH and elderly medicine moved to HRI. The long-term question is where services are provided. He anticipates the conversation in five years' time about what happens at patient homes will be very different. An application is currently being trialled regarding physio recovery.

Peter Bamber raised concern with the shortage of doctors, nurses, midwives, and therapists. He questioned the ability to have enough A&E doctors and asked what the reasoning was to have two A&E's that required A&E doctors and anaesthetists. Jude Goddard and Lynn Moore agreed with Peter. Peter highlighted the importance of 'right place, right time' rather than the closest. The Chief Executive noted the original proposal addressed this scenario and talked about a new build; however, the Secretary of State asked for an alternative. The Director of Transformation and Partnerships explained the staffing at Calderdale was not affected and additional staff have been recruited to keep the HRI site.

The Trust will report back following the meetings that take place.

09/19 CAR PARKING CHARGES

Brian Moore stated the minutes from the Board of Directors in November approved and implemented the car parking charges increase. He referenced the minutes from the Council of Governors meeting in October where a long discussion was held and a significant number of Governors had expressed that they felt no increases should be made.

The Governors views were collated and made known at the Board meeting. Brian felt this was a tick box exercise and the only comment made at the Board of Directors was from Paul Butterworth.

The Chair challenged this and confirmed there was discussion at the Board, stating

the strong views that were expressed by the governors. The Company Secretary had shared a summary of all the governor's views with all Board members. The consensus was the governors were not in agreement. This was announced at the start of the meeting and can be echoed by Paul Butterworth who was in attendance.

Peter Bamber disagreed and explained there was not a unanimous view from the governors as there was a complexity of views between public and staff parking. Peter added it is not easy to summarise what the governors felt and questioned if it is normal to minute the governor's views at the Board.

Sian Grbin felt if the governor's views were considered and consulted upon, this should have been noted in the minutes. The Board acknowledged they received the comments from the governors at the Board meeting.

Peter Bamber asked Brian for clarity of his concern. Brian confirmed if the governor's views were written in the minutes it wouldn't be raised as a concern as they were reported. The Company Secretary suggested a solution to report the feedback at the next Public Board meeting as part of the Chair's report which will be included in the minutes. This was agreed and will be on the next Public Board agenda.

Action: Corporate Governance Manager

The Chair thanked Brian for bringing this matter of concern up. Veronica Maher added there is a difference between announced and discussed. The Company Secretary confirmed the Chair said, 'the governors have expressed their thoughts and have made strong views, can you confirm you've received a copy of these?'

Lynn re-iterated her concern around car parking for disabled people in that they would never receive the 30 minutes free. She also felt there should be notices in clinics in relation to the flexibility of parking charges if a clinic overruns.

10/19 COUNCIL OF GOVERNORS REGISTER – RESIGNATIONS / APPOINTMENTS

The Council of Governors Register was shared for information. Linzi Smith highlighted there are only three staff governors out of six and asked how the Trust can recruit more. The Company Secretary explained as part of the Election Process for this year, the Trust are asking Sian, Peter and Linzi to help encourage others to promote the vacant staff seats. The election this year will be much more targeted where the vacancies are.

Sian Grbin previously tried to get staff interested; however, the feedback is that they don't have time and it won't make a difference. The Company Secretary confirmed this will be addressed in the marketing. Lynn Moore added staff should have protected time to be a staff governor.

11/19 DRAFT ELECTION TIMETABLE 2019

The draft election timetable for 2019 was shared for information.

12/19 NEW CONSTITUENCY NAMES

The Company Secretary stated the election process is entirely independent, undertaken by Electoral Reform Services (ERS). ERS suggested the Trust change the constituencies from numbers to names to make them easier to understand.

OUTCOME: The Council of Governors **APPROVED** the new constituency names.

13/19 REVIEW ANNUAL COG MEETINGS WORKPLAN

The Council of Governors meetings workplan for 2019 was shared for information.

14/19 UPDATES FROM SUB-COMMITTEES

Quality Committee

The Chief Nurse reported there have been four never events reported where a patient was connected to air rather than oxygen, no harm has arisen from these cases. One of these cases was a legacy case following a review. The Trust are acting accordingly to prevent an event in future. Sian Grbin supported this and confirmed all air ports have been removed on the Children's ward with the exception of one in the sister's office and laminated signs are on the nurses' station.

15/19 ANY OTHER BUSINESS

Brian Moore suggested that future Council of Governors meetings are scheduled at an earlier time. The agreement was the private session between Governors and the Chair will start at 2:00 pm and the public Council of Governors meeting will start at 3:30 pm.

Action: Corporate Governance Manager to change times of future meetings

Brian Moore informed the Council of Governors Vicky Pickles is leaving and this is her last Council of Governors meeting. Brian formally thanked Vicky on behalf of the Council of Governors for all her help which was greatly received. Brian is sorry to see Vicky leave and expressed she deserves a heartfelt thanks for all the work she has done since taking over from Ruth Mason. The Council of Governors wishes Vicky well in her new role.

DATE AND TIME OF NEXT MEETING

Thursday 11 April 2019, 4:30 – 6:30 pm in the Large Training Room, Learning Centre, Calderdale Royal Hospital.

The Chair formally closed the meeting at 19:00 pm and invited attendees to the next meeting.