

**MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD ON
WEDNESDAY 4 JULY 2018 IN THE BOARDROOM, SUB-BASEMENT, HUDDERSFIELD
ROYAL INFIRMARY**

PRESENT:

Philip Lewer

Chair

PUBLIC ELECTED GOVERNORS

Alison Schofield

Public Elected – Constituency 7 (+ carer)

Brian Moore

Public Elected – Constituency 8 /Lead Governor

Dianne Hughes

Public Elected – Constituency 3

Kate Wileman

Public Elected – Constituency 4 (Reserve Register)

Rosemary Hedges

Public Elected – Constituency 1

Stephen Baines

Public Elected – Constituency 5

Paul Butterworth

Public Elected – Constituency 6

STAFF ELECTED GOVERNORS

Dr Peter Bamber

Staff Elected – Constituency 9

Linzi Smith

Staff Elected – Constituency 11

Sian Grbin

Staff Elected – Constituency 13

STAKEHOLDER GOVERNORS

There were no stakeholder governors present at the meeting.

IN ATTENDANCE:

David Anderson

Non-Executive Director/SINED

Helen Barker

Chief Operating Officer

Gary Boothby

Executive Director of Finance

Amber Fox

Corporate Governance Manager

Lesley Hill

Executive Director of Planning, Estates & Facilities

Alison Wilson

General Manager, Estates

Victoria Pickles

Company Secretary

Alastair Graham

Non-Executive Director

Lindsay Rudge

Deputy Chief Nurse

Owen Williams

Chief Executive

Lisa Williams

Assistant Director of Service Development

Sharon Appleby

Transformation Programme Manager

Mandy Griffin

Managing Director, Digital Health

APOLOGIES FOR ABSENCE WERE RECEIVED FROM:

Jackie Murphy

Chief Nurse

Anna Basford

Director of Transformation and Partnerships

Veronica Maher

Public elected – Constituency 4

David Birkenhead

Executive Medical Director

Suzanne Dunkley

Executive Director of Workforce and OD

Chris Reeve

Nominated Stakeholder - Locala

Brian Richardson

Public elected – Constituency 5

Lynn Moore

Public elected – Constituency 7

1. WELCOME AND INTRODUCTIONS

The Chair opened the meeting and introductions were made around the table.

2. Digital Health Stabilisation and next steps

The Managing Director for Digital Health presented the story on Digital Health and what the future state will look like. Calderdale & Huddersfield NHS Foundation Trust went live with the Electronic Patient Record 14 months ago and Bradford Teaching Hospitals NHS Foundation Trust went live 9 months ago.

There were 99 items on the stabilisation plan and all but one has been resolved. These were the little 'niggles' and there remain some bigger areas to address.

The Trust has agreed their forward relationship with Bradford. This includes the current projects to make the EPR function better and address the fractured work flows. The key ambition is to become a UK reference site for Cerner. The business as usual team are now in place that look after the Core EPR, this is a shared resource with Bradford. The Electronic Patient Record has transformed the way care is delivered and a Digital Health Team was implemented on 4 June 2019 with training and change resources and this team will focus on re-education. One element outstanding from the stabilisation plan is the regular day attender which is being built next week.

An EPR upgrade is scheduled for early next year and in addition the drug catalogue in EPR will be updated in November.

The Trust were 113th in the country when it came to our Digital Maturity, last October the Trust were 13th place and are technically the 3rd highest in the country. The adoption rate of the Trust has been 1st class for usage across the UK.

There are now 3,000 patients registered on the patient portal and can view and print their records via the YourEPR application. Patients are asked to sign-up to the patient portal when they attend an Outpatient appointment; however, if they prefer, they can request access to their copy letters and results will still be sent to their GP.

The Electronic Document Management System (EDMS) will cease and a scanning solution is being explored from Cerner. The outstanding un-validated letters in EPR are now in the 100's and all rules have been put in place to stop this from re-occurring.

The Director for Digital Health was thanked for her presentation and enthusiasm.

3. DECLARATION OF INTERESTS

There were no declarations of interest at the meeting.

4. MINUTES OF THE LAST MEETING – 4 APRIL 2018 & 8 MAY 2018

The minutes of the last meeting held on 4 April 2018 and 8 May 2018 were approved as an accurate record.

The minutes from the extra meeting held 8 May 2018 were not substantiated by the governors.

OUTCOME: The Council of Governors **APPROVED** the minutes from the meetings held on 4 April 2018 and 8 May 2018.

5. MATTERS ARISING

No further matters arising.

6. CHAIR'S REPORT

a. UPDATE FROM CHAIRS INFORMATION EXCHANGE MEETING – 25.6.18

The Chair reported on the minutes from the meeting held on the 25 June 2018 which had been included with the agenda (Appendix B). The next meeting was scheduled to be held on the 18 December 2018.

OUTCOME: The Council of Governors **RECEIVED** and **NOTED** the Chairs Information Exchange Minutes held on 25.6.18.

PERFORMANCE AND STRATEGY

7. CARE QUALITY COMMISSION REPORT

The Chief Executive announced the fantastic news the Trust received with achieving the CQC rating of 'Good' overall. The Chief Executive noted his thanks to the wider workforce, volunteers, our partners and our governors. It is important to reflect on the contribution which has been a joint effort, including patients as their feedback also counts. The Chief Executive explained the CQC will move to a Single Oversight Framework now which is a judgement on how we use resources. The ratings received following the inspection this year were as follows:

- Safety = Requires Improvement
- Caring = Good
- Response = Good
- Effective = Good
- Well-Led = Good
- Use of resources – Requires improvement

Our Trust is the 1st Trust in the North of England to be assessed under the new framework. The CQC prepared for 10-50% of those Trusts that were already designated as 'Good' or 'Outstanding' to go backwards under the new regime.

The Chief Executive highlighted moving from 'requires improvement' to 'good' cannot be an understatement given our underlying deficit position. The CQC felt the Trust were an exemplary in managing money.

The Chief Executive highlighted the importance of celebrating this status of the CQC 'Good' rating and the real achievement it reflects.

The next steps is action planning and this will be shared with the Quality Committee, Finance & Performance, Board of Directors and Council of Governors.

Maternity are now classed as 'Good' with some elements of outstanding practice which is a great move forward after receiving a 'requires improvement' from the assessment in March 2016 and report published in August 2016.

The Chief Executive passed on thanks to Brendan Brown, our former Executive Director of Nursing who is now at Airedale as he led on a slightly enhanced approach to working with CQC which has helped the working relationship with NHSI.

A governor raised disappointment there is no place of safety for mental wellbeing patients, the main area of concern being A&E. The Trust is still on a journey to combine the view of this. This was a discussion at the last Board of Directors around the 'Treat me well' campaign.

OUTCOME: The Council of Governors **NOTED** the CQC update.

8. RECONFIGURATION UPDATE - LETTER FROM THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

The Chief Executive made reference to the letter received on 12 May 2018. There is

particular focus on a Care Closer to Home and a reduced bed numbers model; however, there is concern in how the Trust can be confident on demand. The Trust (NHS Improvement and NHS England) have a deadline of 10 August to respond with a revision on the alternative proposals that the Secretary of State will support. If an agreement can't be made, a decision will be made by the Secretary of State. The Chief Executive highlighted the regulators do not see an A&E model across Calderdale, Kirklees and Wakefield which serves 930,000 patients and a solution with lower capital is required.

The outcome will likely be a modified plan for HRI with more flexibility on the A&E capacity in a new build or existing building and clinical colleagues are being involved. The reconfiguration will not impact on a shared ICU.

The Chief Executive referenced the enforcement notice which is still active for the Trust; therefore, the Trust would need to pay for local people to shadow services.

NHS England and NHS Improvement will undertake an external safety assessment of the reconfiguration. If the Trust run a model that is different, how and who is providing the care will need to be reviewed.

The Chief Executive clarified any beds that are cut back would be for lower risk patients in addition to unplanned care. The bed base will remain the same until Care Closer to Home shows evidence it is making a change.

OUTCOME: The Council of Governors **NOTED** the reconfiguration update.

9. OUTPATIENT TRANSFORMATION PROGRAMME

Lisa Williams, Assistant Director of Service Development described the Outpatient Transformation project launching with partners in Commissioning Groups across Greater Huddersfield and Calderdale in partnership with Healthwatch. The projects were started around 1 year ago with the focus on delivering care differently e.g. nurse led follow ups and one stop clinics.

The project team visited other organisations such as Stockport, Airedale and Morecambe Bay to find out 'What Good Looks Like' and how to shorten the patient journey and empower patients in the community to support self-care. The project team reviewed feedback from the Healthwatch survey which described more use of Digital technology, virtual clinics and the struggles with car parking.

The Outpatient Transformation Project is consulting with as many forums as possible with support from Anna Basford. There has been attendance at the GP Board, GP Federation and a Board of Partners has been created to steer this project including Directors, Clinical Directors and the Associate Medical Director.

The Project asked for a Governor to volunteer to help drive this project forward. Alison Schofield volunteered declaring an interest in chronic pain and will report back with updates to Council of Governors.

A governor raised more clarity is needed regarding Care Closer to Home and patients that are still being taken further away from home for Specialist appointments. Patients require more information to understand the reason they need to attend an appointment, such as specific equipment is required.

Lisa Williams attended the Digital Conference where a clinician described the transformation of their Stroke clinics via Skype.

OUTCOME: The Council of Governors **NOTED** the Outpatient Transformation Update

and Alison Schofield volunteered to help drive this project forward.

10. TRUST PERFORMANCE

a. Financial Position and Forecast

The Executive Director of Finance reported the Trust has not accepted the 18/19 NHS Improvement Control Total of a £23.2m deficit and is therefore not eligible to receive any of the £14.2m Provider Sustainability Funding allocated for this financial year, (previously Sustainability and Transformation Funding).

The year to date deficit is £9.24m as planned, in line with the plan submitted to NHSI.

The total forecast deficit is £43.04m, just within plan.

The National Pay Award for all staff (excluding including doctors and apprentices) will cost the organisation £8M and only £2.3M funding was in the plan.

Sian Grbin asked how much funding was for the conversion to a treatment room on the Cardiology Ward at CRH as feedback was it was in the millions, within the PFI. The Executive Director of Finance agreed to look into this and report back on the breakdown of costs.

ACTION: Executive Director of Finance

b. Performance Report (including Good News Stories)

The Chief Operating Officer reported a positive position with improvements from April into May with 4 amber, 2 green and no red domains.

The main highlights from the report were:

- The SAFE domain is now green following improvements in Harm Free Care including pressure ulcers
- Agency spend has reduced
- Cancelled operations are reducing and it has been the lowest month ever despite reducing bed base
- Sickness levels are on a positive reduction
- Positive recruitment into consulting staffing in the Medicine Division
- Complaints closed within timeframe - 2 Divisions have been escalated and are asked to attend the next Quality Committee
- Paediatrics have received a CHKS accreditation (National Healthcare Intelligence and Quality Improvement Service)
- Emergency care standard – closed June down at 94.78%, both sites have improved, Huddersfield was above 90% in June and Calderdale delivered over 95% every day of the month in June with very high attendance – there are discussions around how to acknowledge this achievement
- Finance & Performance Committee are looking at how we rank against the 3 metrics (national standards of emergency care, cancer and referral to treatment) and we are the best performing organisation in England thank you to all of our staff

11. Update on Wholly Owned Subsidiary

The Executive Director of Planning, Estates & Facilities informed the Governors the business case for the Wholly Owned Subsidiary is now available on the internet under Publications and Full Business Case. The project is on track to go live the end of August.

The Project is part way through TUPE consultation with staff and providing letters of comfort with assurances from Board. The project is working with Unions on an agreement

to protect these principles. The Executive Director of Planning, Estates & Facilities reported they are currently working on new Terms & Conditions and legal agreements which are not yet signed off and are still in development. The Board is deciding the new Terms and Conditions whether the existing continues or new Terms and Conditions are put in place for new starters. This will be a Board decision and can't be described at this current time.

There are still constructive relationships with our Unions, Unison and GMC. It was noted Unison didn't get enough votes to warrant strike action and GMB did; however, decided to take the same line as Unison as they only have 3 members.

A large amount of engagement is still taking place and staff can get involved in the Engagement Forum and provide feedback. Alastair Graham added a number of Meet the Board sessions have taken place as part of the consultation. Work will start to take place around engagement and comms for the rest of the organisation.

The Calderdale Scrutiny Panel agreed to send a letter to the Trust about their views which has not been received yet. There was a mixture of views at this panel.

A governor asked about the incurring costs and if are these costs are refundable to the Trust. The Executive Director of Finance explained the costs incurred are being considered; however, the Trust achieved a saving of over £2M to invest in patient care in last financial year. The money saved so far was around historical capital purchases over last 10 years, to reclaim an element of VAT. A governor responded this is an endemic in the health service and systems should be changed to allow hospitals to receive VAT back without diluting the NHS.

If governors do not agree with the Wholly Owned Subsidiary, they are asked to write to Victoria.Pickles@cht.nhs.uk with their opposition. The total number of oppositions will be recorded and reported at a future meeting. The public governors not in attendance will be informed and any received letters will come with an acknowledgement.

If the decision regarding staff wages is agreed in Public Board then the decision will be shared with the Governors. The estimated savings are also around recruiting and retaining staff which is a cost saving, the estimates are be based on terms and conditions evidenced elsewhere.

Proposed changes to the Trust's Constitution to the staff membership categories

The Company Secretary asked the Council of Governors to decide if the Wholly Owned Subsidiary staff that transfer remain Foundation Trust members and have the right to stand as governors should they choose. Any new staff members wouldn't become a Foundation Trust member until they have been employed for 1 year.

Feedback from the lead governor was the Wholly Owned Subsidiary is a separate company not employed by the Trust and feels the same conditions as ISS staff should apply as they are a 3rd party. The Company Secretary responded the contractual relationship is entirely different.

The Company Secretary informed the governors what it means to be a staff member is available in the Constitution on the policies database.

The suggestion was staff who have been members of the Trust to remain as members. Voting was deferred to the next meeting on the 19th July and governors are asked to read the papers and take any advice and guidance outside of the meeting.

OUTCOME: The Council of Governors **NOTED** the update on the Wholly Owned Subsidiary and will **WRITE** to Vicky Pickles with their oppositions, **VOTING** on the

Constitution will take place on 19 July 2018.

12. **Car Parking Charges Prices Proposal**

Alison Wilson presented the car parking prices proposal and explained car parking was reviewed a few years ago for staff and public and increases were made. The majority of complaints in Estates and Facilities are regarding car parking, particularly Acre Mill and the automatic number plate recognition scheme. In August last year, the contract was terminated and the same system at Huddersfield was brought in along with a chip and pin at Acre Mills. Since then, the number of complaints has reduced.

There are still complaints being received from members of the public struggling to find car parking spaces. Work is taking place with staff to manage complaints and work with Council to find parking spaces and permits and a review of staff car parking is going to be rolled out across the Trust.

In terms of public parking, the proposal is to increase the cost from £2.80 to £3.00 which falls in line with partner sites. The proposal will also introduce weekly stay for regular visitors and a 24 hour increase.

In terms of the income generation, £86k was received for public parking over a 12 month period and £35k for staff parking over 12 month period.

A governor raised blue badge parking has caused confusion as patients do not feel consulted with or know how to claim these charges back. The Trust needs to be very clear to the public on who is allowed free parking. It was also raised the lack of consultation would be unethical with disability staff and would like to invite someone to talk parking through with them.

A governor raised there should be no charges if a patient or visitor was to stay for treatment for a week. Alison Wilson explained there are certain categories that are allowed free parking and at the moment a weekly stay would cost £49.

Sian Grbin raised an average of over 1/3 of hospitals charge staff to park looking at numbers from RAC, House of Commons Library. The NHS Estates and Facilities statistics state 348 out of 1,758 hospitals charge patients to park. Sian explained the unpaid hours of staff would be larger saving than parking and feels parking costs should go down, not up.

The Chief Operating Officer explained none of decisions the Trust are making are easy or comfortable decisions less and highlighted there hasn't been any workshops with the governors around savings. If there are other ideas the Governors have around savings they are asked to share at future meetings.

The Executive Director of Finance explained the money would have to be spent in different ways if there were no parking charges. Staff on the lowest paid band will see a 5% parking increase and 9% staff increment.

OUTCOME: The car parking charges proposal was **NOT SUPPORTED** by the Public elected and Staff Governors present.

GOVERNANCE

23/18 COUNCIL OF GOVERNORS REGISTER

The updated register of members as at 1 July 2018 was received for information. Governors will be updated on the Register at the end of this month 31 July 2018.

OUTCOME: The Council of Governors **APPROVED** the Register.

24/18 REGISTER OF INTERESTS/DECLARATION OF INTERESTS

There have been no changes to the Register of Interests since the last meeting and the Chairman requested that any amendments be notified to the Corporate Governance Manager as soon as possible.

OUTCOME: The Council of Governors **APPROVED** the Register of Interests.

25/18 UPDATE ON PROCESS FOR ELECTION OF LEAD GOVERNOR

The Company Secretary informed the Council of Governors there have been 2 applications for election of lead governor. This is a competitive process and all governors will get the opportunity to vote.

Information and instructions will be sent out next week with 2 weeks to respond.

OUTCOME: The Council of Governors **RECEIVED** the update on process for election of Lead Governor.

26/18 PROPOSAL FOR FUTURE COUNCIL OF GOVERNORS MEETINGS

The Company Secretary presented the proposal for future meetings with the purpose to give governors more opportunity to hold the NEDs to account for the performance of the Board. Feedback was asked on the proposal in advance of the meeting and feedback so far has been in agreement.

The recommendation for 'Holding to Account' training was following the last training event and this will include training on induction and a full course every 2 years. There was general support for this element.

There was general support for a private Council of Governors meeting. The Trust will provide a room for an agreed date and location.

There was a difference of opinion around Divisional Reference Groups allocation for 3 years; however, governors can raise concern if they don't see fit and the Trust can accommodate this.

Only the Divisional Reference Group Chairs attend the Chairs Information Exchange meeting and it was felt there would be benefit with all governors attending. The SOAPs will be circulated to all and any issues should be discussed back with the Divisions. The Chairs Information Exchange meeting will cease and these discussions can take place at the extended private Council of Governors session.

The Company Secretary provided re-assurance the feedback has been received from the governors not in attendance with their agreement.

OUTCOME: The Council of Governors **APPROVED** the proposal for future Council of Governors meetings.

30/18 UPDATE FROM BOARD SUB COMMITTEES

The updates from Board Sub-Committees were deferred to the meeting on Thursday 19 July 2018.

a. QUALITY COMMITTEE

b. CHARITABLE FUNDS COMMITTEE

c. PATIENT EXPERIENCE AND CARING GROUP

OUTCOME: The Council of Governors Sub Committees/Groups updates were **DEFERRED** to the meeting on 19 July 2018.

32/18 INFORMATION TO RECEIVE

a. Updated Council Calendar – The updated Council Calendar was deferred to the meeting on Thursday 19 July 2018.

33/18 ANY OTHER BUSINESS

The Chair reminded the Council of Governors anything of concern is asked to be brought to the Trust's attention and discussed at the relevant forums. If serious, governors can raise it through NHS England via Brian Moore.

Alison Schofield raised there are ongoing concern with decisions being made high up that do not meet staff needs.

There was also feedback from a governor that to receive incremental pay staff need to have undertaken their appraisal; however, staff who haven't undertaken an appraisal are still receiving increments. This will be raised with Workforce Committee and the Company Secretary will provide a response to Paul Butterworth.

ACTION: Company Secretary

DATE AND TIME OF NEXT MEETING

Date: Thursday 19 July 2018 commencing at 4.00 pm

Venue: Large Training Room, Learning Centre, CRH

Date: Thursday 19 July 2018 – Joint BOD/COG Annual General Meeting commencing at 6.00 pm

Venue: Large Training Room, Learning Centre, Calderdale Royal Hospital.