

Meeting of the CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST MEMBERSHIP COUNCIL MEETING

Date: Tuesday 19 January 2016 commencing at 4.00 pm
Venue: Boardroom, Huddersfield Royal Infirmary, HD3 3EA

AGENDA

REF	ITEM	LEAD	PAPER	PURPOSE OF PAPER/ UPDATE
001/16	Welcome and introductions: Mrs Jan Wilson, Non Executive Director/Deputy Chair (BOD) Mr Phil Oldfield, Non Executive Director	Chair	VERBAL	Note
002/16	Apologies for absence: Annette Bell Peter Middleton Julie Hoole	Chair	VERBAL	Note
003/16	Declaration of interests	All	VERBAL	Note
004/16	Minutes of the meeting held: Wednesday 4 November 2015	Chair	APP A	Approve
005/16	Matters Arising 40/15b Code of Conduct 47/15 External Electronic Access to Mandatory Training Module	Chair	VERBAL	Information
		HB	VERBAL	Information
CHAIRMAN’S REPORT				
006/16	a. Development of the 5 Year Strategic Plan		APP B1	Information
	b. Board Appointment Updates		VERBAL	Approve
	c. Update from Chairs Information Exchange – 17.12.15		APP B2	Information
	d. Review Annual Workplan		APP B3	Approve
	e. CQC Inspection Preparedness		VERBAL	Information
CONSTITUTION				
007/16	a. Membership Council Register – Resignations/ Appointments	AH	APP C	Approve
008/16	b. Register Of Interests/Declaration Of Interest	AH	APP D	Approve

UPDATE FROM BOARD SUB COMMITTEES				
009/16	a. Nomination and Remuneration Committee (MC) Update	A Haigh	VERBAL	Information
010/16	b. Audit and Risk Committee	P Middleton/ B Richardson	VERBAL	Information
011/16	c. EPR	W Clarke	VERBAL	Information
012/16	d. Finance and Performance Committee	B Moore/ P Middleton/	VERBAL	Information
013/16	e. Quality Committee	L Moore	VERBAL	Information
014/16	f. Charitable Funds Committee	K Wileman	VERBAL	Information
OTHER ITEMS				
015/16	MEMBERSHIP COUNCIL VACANCIES – ELECTION OPTIONS	RM	APP E	Approve
016/16	JOINT MC/BOD AGM - TASK AND FINISH GROUP UPDATE	RM/VP	VERBAL	Approve
017/16	OUR REFRESHED MEMBERSHIP STRATEGY	RM/VP	APP F	Approve
018/16	TRUST PERFORMANCE	KG	APP G	Information
	a. FINANCIAL POSITION AND FORECAST b. INTEGRATED PERFORMANCE REPORT	HB	APP H	Information
019/16	a. Updated Membership Council Calendar	AH	APP I	Note
020/16	b. Draft Nomination & Remuneration Committee (Membership Council) Minutes – 7.12.15	AH	APP J	Receive
021/16	ANY OTHER BUSINESS	AH	VERBAL	Receive
DATE AND TIME OF NEXT MEETING: Date: Thursday 7 April 2016 commencing at 4.00 pm Venue: Large Training Room, Learning Centre, Calderdale Royal Hospital				

MEMBERSHIP COUNCIL

PAPER TITLE: MINUTES OF LAST MEMBERSHIP COUNCIL MEETING HELD ON 4.11.15	REPORTING AUTHOR: Kathy Bray, Board Secretary
DATE OF MEETING: Tuesday 19 January 2016	SPONSORING DIRECTOR: Victoria Pickles, Company Secretary
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe Transforming and improving patient care A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> For comment To approve To note
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The Membership Council are asked to receive and approve the minutes of the last Membership Council Meeting held on 4 November 2015.	
RECOMMENDATION: The Membership Council are asked to receive and approve the minutes of the last Membership Council Meeting held on 4 November 2015.	
APPENDIX ATTACHED: YES / NO	

**MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON
WEDNESDAY 4 NOVEMBER 2015 IN THE BOARDROOM, HUDDERSFIELD ROYAL
INFIRMARY**

PRESENT:

Andrew Haigh	Chair
Rosemary Hedges	Public elected – Constituency 1
Di Wharmby	Public elected – Constituency 1
Ken Batten	Public elected – Constituency 2
Wayne Clarke	Public elected – Constituency 2
Peter Middleton	Public elected – Constituency 3
Dianne Hughes	Public elected – Constituency 3
Grenville Horsfall	Public elected – Constituency 5
George Richardson	Public elected – Constituency 5
Kate Wileman	Public elected – Constituency 7
Brian Moore	Public elected – Constituency 8
Eileen Hamer	Staff elected – Constituency 11
Chris Bentley	Staff-elected – Constituency 13 (Reserve Register)
Dawn Stephenson	Nominated Stakeholder – SWYPFT
Bob Metcalfe	Nominated Stakeholder - Calderdale Metropolitan Council

IN ATTENDANCE:

David Anderson	Non-Executive Director
Helen Barker	Associate Director of Community Services & Operations
Keith Griffiths	Executive Director of Finance
Victoria Pickles	Company Secretary
Jan Wilson	Non-Executive Director

28/15 APOLOGIES:

Apologies for absence were received from:

Annette Bell	Public elected – Constituency 6
Brian Richardson	Public elected – Constituency 6
Lynn Moore	Public elected – Constituency 7
Jennifer Beaumont	Public elected – Constituency 8
Mary Kiely	Staff-elected – Constituency 9
Julie Hooles	Staff elected – Constituency 13
David Longstaff	Nominated Stakeholder – Clinical Commissioning Group
Naheed Mather	Nominated Stakeholder – Kirklees Metropolitan Council
John Playle	Nominated Stakeholder – Uni. of Hudds.
David Birkenhead	Executive Medical Director
Julie Dawes	Executive Director of Nursing
Lesley Hill	Executive Director of Planning, Performance, Estates & Facilities
Julie Hull	Executive Director of Workforce & Organisational Development
Ruth Mason	Associate Director of Engagement & Inclusion

Jeremy Pease
Owen Williams

Non-Executive Director
Chief Executive

The Chair welcomed all Membership Councillors, Dr David Anderson, Senior Independent Non-Executive Director and Mrs Jan Wilson, Deputy Chairman (Board of Directors) and Non-Executive Director.

39/15 MINUTES OF THE LAST MEETING – 9 JULY 2015

The minutes of the last meeting held on 9 July 2015 were approved as an accurate record.

40/15 MATTERS ARISING

- a. Electronic Patient Record (EPR) Update** - The Chairman reported that Rev Wayne Clarke had agreed to be the representative from the Membership Council on the EPR Transformation Board and it was noted that Wayne would give an update later in the meeting.
- b. Code of Conduct** - The Chairman advised that he would obtain feedback from the Workforce and OD colleagues regarding a policy around staff speaking English to other staff.

ACTION: CHAIRMAN

All other matters arising were included within the agenda.

41/15 CHAIRMAN'S REPORT

a. Development of the 5 Year Strategic Plan

It was noted that this matter had previously been discussed in the private part of the meeting. This specifically related to the external appointment of Ernest Young (EY) providing external support to the Trust.

Concern had been expressed at the cost involved in this (circa £1M) set against the Trust deficit and that EY should not be repeating work already undertaken. The Chairman confirmed that EY had been commissioned to work with the Trust to develop the 5 Year Strategic Plan and that this would build on the significant work undertaken as part of the development of the Outline Business Case.

Discussion took place regarding the ongoing work to progress the plan and the likely possible outcomes. The milestones and timeline for the discussions and agreements were noted. The aim was to have a completed 5 Year Strategic Plan for sign off by the Board at the end of December which the Clinical Commissioning Groups would also support and which would enable them to be in a position to make a decision on readiness for consultation in January. The Company Secretary advised that the full document on the milestones was available on request

The Chairman confirmed that detailed information and discussion regarding the 5 Year Strategic Plan was scheduled for the BOD/MC Workshop to be held on the morning of Wednesday 18 November 2015.

Discussion took place regarding the need to ensure that clear messages are put out by the CCG to explain the meaning of urgent care and emergency care.

b. External Auditors Appointment

The Chairman referred to the paper circulated. The Audit and Risk Committee had considered the reappointment of the External Auditors and had agreed on the extension of the contract to KPMG for a further two years, subject to ratification by the Membership Council and contract negotiations by the Executive Director of Finance. The Membership Council agreed with this decision.

RESOLVED: The Committee agreed the extension of contract to KPMG for a further two years.

c. CQC VISIT

The Chairman explained that the Trust had been informed that the CQC would be undertaking their Chief Inspector of Hospitals inspection commencing 8 March 2016 for 1 week. Following this visit the trust would receive an unannounced visit and the final report would be received by the Trust, possibly within 2-3 months.

The work ongoing to prepare for this visit was noted. The Chairman advised that it was likely that some Membership Councillors may be required to have a conversation with the CQC during this visit.

42/15 CONSTITUTION

a. MEMBERSHIP COUNCIL REGISTER

The updated register of members was received for information. The Chairman advised that contact had been made with Locala and the nomination of a representative was awaited to fill the vacant seat.

Rev Wayne Clarke asked about the remaining vacancies in Constitutencies 4, 10 and 12 and it was agreed that the Chairman would ask Ruth Mason to prepare some options/recommendations for discussion at the next meeting.

ACTION: CHAIRMAN/ASSOCIATE DIRECTOR OF ENGAGEMENT AND INCLUSION

b. REGISTER OF INTERESTS/DECLARATION OF INTERESTS

The updated Register of Interests/Declarations was received. Any amendments were requested to be notified to the Board Secretary as soon as possible. It was requested that the members with outstanding declarations listed at the end of the Register ensure that a response is forwarded to the Board Secretary as soon as possible.

43/15 UPDATE FROM BOARD SUB COMMITTEES

a. Audit and Risk Committee

Peter Middleton updated the Membership Council on his representation on the Audit and Risk Committee for the past two years. It was noted that the Audit and Risk

Committee consisted of trust colleagues, Internal Auditor, Local Counter Fraud and External Auditors and is chaired by Prof Peter Roberts, Non Executive Director. The key issues discussed included:- financial reports, quality, internal audit reports and recommendations and links to the risk register.

Information was shared regarding a 'Clinical Audit' conference recently attended by Peter and it was agreed that he would circulate the pack for information to the Membership Council and Audit and Risk Committee.

ACTION: PM

b. Electronic Patient Record (EPR)

Rev Wayne Clarke updated the Membership Council on his representation on the EPR Transformation Board which had recently been established. The Board consisted of representatives of CHFT and Bradford University Teaching Hospitals together with Cerner the external provider. It was reported that a vast amount had already been undertaken with consultations with patients and staff and 'go see' to other Trusts who had already implemented the electronic system.

All members were encouraged to visit the website Epr.this@nhs.uk to gain further information from both patient, staff and stakeholder perspectives and providing an opportunity for Members to give feedback.

Discussion took place regarding the security of this system and the Chairman confirmed that the Board had full confidence in all aspects of security and confidentiality of the system.

It was noted that as the project developed, Membership Councillors would be approached to get in the various work streams.

c. Finance and Performance Committee

Peter Middleton reported that he had been on this Committee for the past two years and Brian Moore would be taking on this role from November 2015. It was noted that the Committee meets every month and is chaired by Phil Oldfield, Non-Executive Director and is attended by a number of other Directors. The Committee focuses on the Trust's finance and performance and there had been significant focus on the cost improvement programme. Other key issues include staff agency costs and the costs of delayed discharges.

d. Quality Committee

In Lynn Moore's absence the Company Secretary gave a brief update on the role of the Quality Committee which is chaired by a non-executive director and comprises of trust staff and executive director representation. The Committee looks at all Trust indicators against the 5 CQC domains. A detailed quarterly quality report covering progress against all aspects of quality performance is reviewed before it is submitted to the Board of Directors. Areas of focus by the Committee included:- HSMR/mortality rates, Falls, Emergency Department reports, complaints and serious incidents. Thanks were given to Lynn Moore for her attendance at these monthly meetings.

e. Charitable Funds Committee

Kate Wileman updated the Membership Council on the work of the Charitable Funds Committee which was chaired by Andrew Haigh, Trust Chairman. It was noted that this was registered as a charity with the Charity Commission with the associated rules on how the funds can be allocated. This was run separately to Trust business and was a separate legal entity. Examples of how money has been spent within the Trust were shared. The Charitable Funds Committee were reviewing and rationalizing the number of fund holders in the Trust and was linking with other local charities to work together. The Membership Council offered their support in helping to raise funds.

Grenville Horsfall and Dianne Hughes left the meeting.

44/15 ALLOCATION OF MEMBERSHIP COUNCILLORS TO SUB GROUPS/COMMITTEES

In the absence of Ruth Mason, Associate Director of Engagement and Inclusion, Victoria Pickles, Company Secretary presented the paper outlining the allocation of Membership Councillors to the various sub groups/committees. It was noted that the Membership Office would be in contact regarding meeting dates as appropriate.

Discussion took place regarding the allocations and it was agreed that these should be approved subject to Rev Wayne Clarke, as Deputy Chair (Membership Council) being allocated to the Nomination and Remuneration Committee (Membership Council)

RESOLVED: The Committee agreed the allocations subject to the inclusion of Rev Wayne Clarke on to the Nomination and Remuneration Committee.

45/15 REVISED TERMS OF REFERENCE – NOMINATION AND REMUNERATION COMMITTEE (MEMBERSHIP COUNCIL)

The Company Secretary presented the revised Terms of Reference for the combined Nomination and Remuneration Committee (Membership Council).

It was noted that the Trust currently had two Nominations Committees and two Remuneration Committees. In line with the Foundation Trust Good Governance Handbook, it was recommended that these Committees be brought together to form a Nomination and Remuneration Committee (Board of Directors) and a Nomination and Remuneration Committee (Membership Council). This will enable the streamlining of the consideration of new executive and non-executive appointments.

The terms of reference for the Nominations and Remuneration Committee (Board of Directors) was approved at the Board of Directors Meeting held on the 24 September 2015. In line with this format, the revised combined Terms of Reference for the Nomination and Remuneration Committee (Membership Council) were requested to be approved by the Membership Council. Subject to this a meeting would be convened within the next month to fill two vacancies which would be arising for Non-Executive Directors. One of the vacancies was as a result of the decision to appoint a Chief Operating Officer and therefore an additional non-executive post to ensure that there remained a majority of non-executives on the Board. The second vacancy had arisen following the resignation of an existing non-executive.

Rev Wayne Clarke expressed concern regarding the Chairmanship of this Committee and following discussion it was agreed that the Terms of Reference should be altered so that when the Trust Chairman was unable to attend or had a conflict of interest the Chairmanship of the Committee would go to the Deputy Chair (Membership Council).

RESOLVED: **All present agreed the revised Terms of Reference for the Nomination and Remuneration Committee, subject to the amendment above regarding Chairmanship and these would be reviewed at the first meeting.**

46/15 SCHEDULE OF MEMBERSHIP COUNCIL FUTURE MEETINGS 2016

The meeting dates and venues for 2016 were received and noted.

47/15 TRUST PERFORMANCE FINANCE REPORT

The Executive Director of Finance presented the Finance report. The main points highlighted from the report as at the end of October 2015 were:-

- The year-to-date deficit (excluding restructuring costs) is £12.14m versus a planned deficit of £10.71m
- The overall deficit is £12.24m less than the planned £13.71m, due to restructuring costs not being incurred in the year to date
- Elective and day case activity have fallen further behind planned levels in month with an adverse impact on income
- Pay expenditure remains high, including significant levels of agency staffing expenditure
- Capital expenditure year to date is £9.62m against the planned £12.66m with due to timing differences mainly on IT spend
- Cash balance is £8.61m against a planned £1.92m, due predominantly to securing cash payments in advance for clinical activity
- CIP schemes delivered £6.93m in the year to date against a planned target of £5.64m
- The new Monitor performance measure Financial Sustainability Risk Rating (FSRR) stands at 2 against a planned level of 2

Summary forecast:

- The forecast year-end deficit (excluding restructuring costs) is £22.21m against a planned £20.01m, an adverse variance of £2.20m. This position includes full release of remaining contingency reserves and delivery of £17.46m CIP against the original planned £14m
- This is a slight worsening on the forecast at Month 5. This adverse position is driven by the on-going impact of the activity, income and pay expenditure pressures seen in the year to date and costs associated with additional bed capacity
- No further contingency reserves remain to cover other pressures and risks

- Efforts must continue to be focused on delivering planned activity by increasing productivity and containing pay spend, particularly agency costs
- The year-end cash balance relies on external cash support of £18m. This is higher than originally planned due to the forecast increased deficit
- Year-end capital expenditure is forecast to be £20.53m against the planned £20.72m. The year-end FSRR is forecast to be at level 2.

PERFORMANCE REPORT

The Associate Director of Community Services and Operations presented the Performance Report. The key highlights of the report were noted:-

- All indicators were moving in the right direction
- The Trust was compliant with regulatory standards
- Good delivery on timeline indicators
- Delivery of emergency care standard secured for the last 2 months. Priority was to make Trust save for patients but delivery of A/E target was challenging due to staffing, increase bed provision, increase in diagnostics and external pressures in nursing home provision.
- Patient experience was being sought through Healthwatch.
- Delayed transfer of care standard delivered
- Problems with routine diagnostic waiting times had been resolved which was partly due to human error in forecasting capacity.
- Delayed transfer of cancer patients – improved performance – 70%

Cllr Bob Metcalfe reported that adult social care was concerned regarding the potential collapse of the nursing and residential care homes. It was acknowledged that this was a vulnerable situation and had potential knock on effects for hospitals.

Rev Wayne Clarke stressed that the Integrated Board Report is discussed and challenged by the Membership Councillors as part of the Divisional Reference Groups.

Concern was expressed regarding the well-led section of the report and the reduced scoring from staff about recommending the Trust to other people as a good place to work. All present appreciated that staff were under pressure with the many issues facing the Trust and that the Trust was doing a great amount of work through communication and engagement.

Access to the electronic mandatory training module was discussed and it was noted that although it was thought that staff could access this from home, this was not always the case.

ACTION: Associate Director of Community Services and Operations to raise this with Workforce

48/15 INFORMATION TO RECEIVE

The following information was received and noted:

a. Updated Membership Council Calendar - 11.11.15 – MC Development Session 'Leading for Change' had been postponed.

b. Draft Joint MC/BOD Formal AGM Minutes – 17.9.15 – any amendments to be forwarded to the Board Secretary.

c. Feedback from Food and Nutrition Event, HRI – 27.10.15 – Kate Wileman reported that a conference had taken place to raise awareness of food and nutrition. This was a joint partnership approach and had received good support although it was requested that the Board be asked to give sign up to this initiative. It was agreed that information from the Conference would be circulated to the Membership Councillors for information.

ACTION: Kate Wileman

ACTION: Trust Chairman to escalate information to Board of Directors.

49/15 ANY OTHER BUSINESS

The Chairman thanked all the Membership Councillors for their support and heartfelt wishes sent to him on his recent bereavement.

50/15 DATE AND TIME OF NEXT MEETING

Tuesday 19 January 2016 - Membership Council Public Meeting commencing at 4.00 pm in the Boardroom, Huddersfield Royal Infirmary.

The Chair thanked everyone for their contribution and closed the meeting at 6.45 pm.

MEMBERSHIP COUNCIL

PAPER TITLE: CHAIRMAN'S REPORT	REPORTING AUTHOR: Kathy Bray, Board Secretary
DATE OF MEETING: Tuesday 19 January 2016	SPONSORING DIRECTOR: Andrew Haigh, Chairman
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe Transforming and improving patient care A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> For comment To approve To note As indicated below
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) This report brings together a number of items to receive, note and approve by the Membership Council:- <ul style="list-style-type: none"> a. Development of the 5 Year Strategic Plan – verbal update to note b. Board Appointment Updates – verbal update to note c. Update from Chairs Information Exchange held on 17.12.15 – minutes attached for information (App B2) d. Review of Annual Membership Meetings Workplan 2016 – draft Workplan attached for comment (App B3) 	
RECOMMENDATION: The Membership Council is asked to receive, note and approve, as appropriate, the information presented by the Chairman.	
APPENDIX ATTACHED: YES / NO	

MEMBERSHIP COUNCIL
CHAIRS' INFORMATION EXCHANGE

Thursday 17 December 2015, 9:00 am to 11:00 am
Syndicate Room 1, Learning Centre, CRH

NOTES

Present:	Andrew Haigh	Chairman
	Ruth Mason	Associate Director of Engagement & Inclusion
	Vanessa Henderson	Business Manager, Membership & Inclusion
	Wayne Clarke	Deputy Chair/Chair of Medical DRG
	Brian Moore	Chair of Estates & Facilities DRG
	Peter Middleton	Chair of Surgical DRG

1 Apologies

Chris Bentley

2 Notes of the last meeting held on 25 June 2015

The minutes of the last meeting were approved as a correct record.

3 Matters arising

3 Matters arising – appointment letter

Ruth reported that there will be an opportunity to improve the appearance of the appointment letter once EPR has been implemented.

4 Update from the Chair – welfare of staff following VR

Andrew had fed back the concerns raised to the PMO and said it was acknowledged that some staff should not have been allowed to take VR, particularly on the administration side of things where we were going to introduce voice recognition software.

5 Invite to Advanced Clinical Practitioner to attend MC development sessions

Ruth and Andrew will bear the suggestion to invite an Advanced Clinical Practitioner to a Membership Councillors' development session in mind when developing the programme for 2016.

4 Update from the Chair

(i) Highlights from the Integrated Board Report

In November performance dipped around some of the key measures, including the 4 hour target in A&E, although performance was only just below the 95% target. We are predicting that we will hit the target in December, for the quarter and for the year to date. The failure to meet the target in November was due to a very busy 2 week period for A&E at the beginning of the month.

Andrew reported that other Trusts in the area are having more difficulties than we appear to be having.

Cancer waiting times have been problematic, particularly around the 38 day and 62 day waits.

Stroke performance was an issue but performance on the 18-week RTT was good.

Complaints performance continues to be an issue but we are looking at this closely. The number of complaints is not increasing but our response times are currently below par. There had been 58 complaints in the month and a total of 422 to date.

In terms of severity, 14% were high severity, 54% moderate and 32% low.

There have been changes in the team dealing with complaints and this is taking time to settle but the main issue is around the fact that responses are not being received in a timely fashion from the divisions. There are now weekly meetings with the divisions to improve responsiveness and a case management system is to be put in place in Medicine.

Peter asked at what point complaints are allocated a level of severity and whether the high priority complaints are dealt with more quickly.

Action: Ruth will take up this matter with Andrea McCourt

Post-meeting note: There are now weekly meetings with divisions to help expedite complaints. Guidance on letter writing for divisions has also been devised. 'Red' complaints are automatically considered by a specially convened panel for both awareness, and to ascertain if they also constitute a 'Serious Incident' which involves additional scrutiny and reporting. In terms of turnaround time, red complaints are often highly complex and may involve several colleagues and departments and in light of this, we allocate a longer time period for their resolution. The complainant is always contacted at the beginning of this process and there is mutual agreement on the time period needed.

Pressure ulcers remain a concern for the Trust. We have set ourselves a challenging target but there are also issues around how patients are dealt with in the community setting.

We had 2 cases of Clostridium difficile in the month and there has been a total of 16 cases for the year. However, out of the 16 cases only 5 have been deemed to be unavoidable. Nationally we are measured on those that are deemed to be unavoidable. Andrew stressed that there have been huge improvements in this area over the last few years. There have been 3 MRSA cases over the financial year.

HSMR continues to be a concern despite all the measures we have put in place over the last 2 years. We have had external people look at the situation, and work is ongoing. The issue remains high on the Board's agenda. Andrew suggested David Birkenhead should be asked to give the Membership Councillors a presentation at a future MC meeting.

Peter asked whether the situation is impacted by our move away from the Liverpool pathway for end of life care. It was felt that David would be able to cover this issue in his presentation.

The Board had received a presentation from a professor from Bradford University and he was to be invited back to present for a second time. It was agreed that Membership Councillors should be invited to attend the presentation.

Action: Ruth to liaise with Julie Dawes/David Birkenhead to arrange

Staff sickness figures have increased. There are a number of key interventions being put in place to address this issue. It is an ongoing problem but we are not an outlier and other Trusts are having the same difficulties.

Mandatory training figures are improving.

The divisions have given an assurance that all appraisals will be completed by the end of the financial year. There was concern that this did not allow a qualitative approach to appraisal.

Peter expressed his concern that the current process does not allow the Trust to identify people with behavioural/attitude issues.

Action: Andrew agreed to raise this issue at the Board meeting later in the day

(ii) Financial Position

Andrew reported that the Trust was forecasting a deficit of £20.8 million. We are under-performing on elective work but we are over-performing on unplanned care. We have also over-performed on our CIP delivery. We are now working on the CIP for next year with a better process in place.

Andrew reassured the Chairs that any CIPs go through a quality impact assessment to ensure the Trust does not embark on any cost saving projects that might cause a quality issue.

Andrew said Monitor is currently happy with our progress but he stressed that the financial position is a non-sustainable position.

(iii) Five-year plan

Ernst and Young have been working with us to produce a 5-year turnaround plan, which is to be submitted to the Board later in the day. The plan is lengthy but is a helpful document which follows the framework used by Monitor for strategy development.

Andrew outlined the proposals within the plan and the timeframes.

It was agreed that there would be an extraordinary MC meeting prior to the full MC meeting on 19 January to outline the process and the rationale.

5 To receive the SOAPs from DRG meetings

(i) Surgical & Anaesthetics DRG

The SOAP was noted. The division was under pressure from a financial perspective and also from a staffing perspective. Also it was significant that 40% of elective orthopaedic work was passing to the private sector. The DRG heard a very good patient story.

(ii) Estates & Facilities DRG

The SOAP was noted. The division was over-achieving on its CIP.

(iii) Medical DRG

The SOAP was noted. The pressure on A&E was noted together with the issues around recruitment of consultants.

6 Membership Office SOAP

The Membership Office SOAP was received.

7 Agenda items for MC meeting on 19 January 2016

Item to include: Membership Strategy

8 Dates and time of meetings for 2016

Monday 21 March 2016, 2:00 pm to 4:00 pm, Room F2, Acre House

Monday 18 July 2016, 2:00 pm to 4:00 pm, Room F2, Acre House

Monday 28 November 2016, 2:00 pm to 4:00 pm, Room F2, Acre House

ANNUAL MEMBERSHIP COUNCIL MEETINGS PLAN 2016 – LATEST UPDATE – 19.1.16

	19 JANUARY 2016	7 APRIL	6 JULY	15 SEPTEMBER – AGM	9 NOVEMBER	COMMENTS
Date of agenda setting	17.12.15	21.3.16				Discussed at Chairs Info Exchange Meetings
Date final reports required	12.1.16	31.3.16	29.6.16	8.9.16	2.11.16	
STANDING AGENDA ITEMS						
Introduction and apologies	√	√	√	√	√	
Declaration of Interests	Receive updated Register of Declaration of Interests	Receive updated Register of Declaration of Interests	Receive updated Register of Declaration of Interests		Receive updated Register of Declaration of Interests	
Minutes of previous meeting	√	√	√	√	√	Upload approved to website
Matters arising and action log	√	√	√		√	
Chairman's Report	√	√	√	√	√	
Register of Membership Council Members and Review of Election Arrangements	Review Register	Review Register	Review Register	Receive updated Register of MCs	Review Register	Updates as required and amendments to website
Update from Board Sub- Committees	Receive update	Receive update	Receive update		Receive update	
Financial Issues	Receive an update from DOF	Receive an update from DOF	Receive an update from DOF	Receive and approve Annual Accounts	Receive an update from DOF	
Integrated Performance Report	Receive an update from COO	Receive an update from COO	Receive an update from COO		Receive an update from COO	
Updated MC Calendar	√	√	√		√	

	JANUARY	APRIL	JULY	SEPTEMBER – AGM	NOVEMBER	COMMENTS
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REGULAR ITEMS						
Chairs Information Exchange	Receive an update/minutes	Receive an update/minutes	Receive an update/minutes		Receive an update/minutes	
Election Process		Agree proposed timetable for election		Ratify appointment of newly elected members		
Nomination and Remuneration of Chair and NEDs	Receive update	Ratify decisions of Nominations and Rem Com Meeting		Ratify decisions of Nominations & Remuneration Com Meeting		
5 Year Strategic Plan	Receive update		Receive update			Review as required
ANNUAL ITEMS						
Annual Plan Submission		Receive draft submission and agree delegated sign off (Extra-ordinary MC Meeting or MC Dev. Session)				
Appointment of Deputy Chair/Lead Governor-Councillor			Paper to be presented to discuss election process	Appointment confirmed		
Chair/NED Appraisal		Approve process	Receive report			
Constitutional amendments		Review April 2016				Review as required
External Auditors to attend				Receive		

	JANUARY	APRIL	JULY	SEPTEMBER – AGM	NOVEMBER	COMMENTS
AGM to present findings from External Audit and Quality Accounts				presentation		
Future MC Meeting Dates			Draft - meeting dates agreed		Venues confirmed	
Joint MC/BOD AGM	Receive feedback/evaluation from AGM T&F Group		Receive details of forthcoming meeting	Receive report from Lead MC		
Membership Council Sub Committees					Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
MC Self Appraisal of Effectiveness		Self Appraisal process to commence				Outcome to be received through MC Development Session
Review MC Meetings Annual Work Plan	Review any amendments					Review as required
Review of MC Formal Meeting Attendances		Receive report prior to insertion in Annual Report				
Quality Accounts		Receive update on QA Priorities				Approval of local indicator for QA agreed at Dec MC Dev. Session
ONE OFF ITEMS						

	JANUARY	APRIL	JULY	SEPTEMBER – AGM	NOVEMBER	COMMENTS
Appointment of Auditors		Review in April 2017				As required (reviewed at Oct 2015 ARC – extended until 2017). To be reviewed in April 2017
Review Membership Council Strategy	Review 2016					Review as required and no less than every 3 years (2019)
Review of Standing Orders – MC	Review any amendments in 2017					Due March 2017 then bi-annually
Review Tender arrangements for Administration of Election Service		Review due April 2017				Tender due for review April 2017

MEMBERSHIP COUNCIL

PAPER TITLE: REGISTER OF MEMBERSHIP COUNCILLORS AS AT 4.1.16	REPORTING AUTHOR: Kathy Bray, Board Secretary
DATE OF MEETING: Tuesday 19 January 2016	SPONSORING DIRECTOR: Victoria Pickles, Company Secretary
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe Transforming and improving patient care A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> For comment To approve To note
PREVIOUS FORUMS: Membership Council Meeting – 4.11.15	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The Membership Council are asked to receive and note the Register of Membership Councillors as at 4 January 2016.	
RECOMMENDATION: The Membership Council are asked to receive and note the Register of Membership Councillors as at 4 January 2016.	
APPENDIX ATTACHED: YES / NO	

MEMBERSHIP COUNCIL REGISTER AS AT 4 JANUARY 2016

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	Mrs Rosemary Claire Hedges	17.9.15	3 years	2018
1	Mrs Di Wharmby	17.9.15	3 years	2018
2	Mr Kenneth Malcolm Batten	17.9.15	3 years	2018
2	Rev Wayne Clarke (Deputy Chair from 18.9.15)	19.9.13	3 years 1 year	2016 2016
3	Mr Peter John Middleton	22.9.11 18.9.14	3 years 3 years	2014 2017
3	Ms Dianne Hughes	19.9.13	3 years	2016
4	VACANT POST			
4	VACANT POST			
5	Mr Grenville Horsfall	19.9.13	3 years	2016
5	Mr George Edward Richardson	18.9.14	3 years	2017
6	Mrs Annette Bell	17.9.15	3 years	2018
6	Mr Brian Richardson	18.9.14	3 years	2017
7	Ms Kate Wileman	4.1.13 18.9.14	2 years (to Sept 2014) 3 years	2017
7	Mrs Lynn Moore	18.9.14	3 years	2017
8	Mr Brian Moore	17.9.15	3 years	2018
8	Mrs Jennifer Beaumont	19.9.13	3 years	2016

STAFF – ELECTED				
9 - Drs/Dentists	Dr Mary Kiely	22.9.11 18.9.14	3 years 3 years	2014 2017
10 - AHPs/HCS/Pharm's	VACANT POST			
11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer	20.9.12 17.9.15	3 years 3 years	2015 2018
12 - Ancillary	VACANT POST			
13 - Nurses/Midwives (RESERVE REGISTER)	Mrs Chris Bentley	6.10.09 20.9.12 17.9.15	3 years 3 years 1 year	2012 2015 2016
13 - Nurses/Midwives	Ms Julie Hoole	17.9.15	3 years	2018
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof John Playle	1.9.12 17.9.15	3 years 3 years	2015 2018
Calderdale Metropolitan Council	Cllr Bob Metcalfe	18.1.11	3 years 3 years	2014 2017
Kirklees Metropolitan Council	Cllr Naheed Mather	22.5.15	3 years	2018
Clinical Commissioning Group	Mr David Longstaff	18.9.14	3 years	2017
Locala	VACANT			
South West Yorkshire Partnership NHS FT	Mrs Dawn Stephenson	23.2.10 15.8.13	3 years 3 years	2013 2016

MC-REGISTER MC – 4.1.16

MEMBERSHIP COUNCIL

PAPER TITLE: DECLARATION OF INTERESTS REGISTER AS AT 4.1.16	REPORTING AUTHOR: Kathy Bray, Board Secretary
DATE OF MEETING: Tuesday 19 January 2016	SPONSORING DIRECTOR: Victoria Pickles, Company Secretary
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe Transforming and improving patient care A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> For comment To approve To note
PREVIOUS FORUMS: Membership Council Meeting – 4.11.15	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The Membership Council are asked to receive and note the Declaration of Interests Register of Membership Councillors as at 4 January 2016. It is requested that any amendments required are notified as soon as possible to the Board Secretary.	
RECOMMENDATION: The Membership Council are asked to receive and note the Declaration of Interests Register of Membership Councillors as at 4 January 2016. It is requested that any amendments required are notified as soon as possible to the Board Secretary.	
APPENDIX ATTACHED: YES / NO	

DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL AS AT 4 JANUARY 2016

The following is the current register of the Membership Council of the Calderdale & Huddersfield NHS Foundation Trust and their declared interests. The register is maintained by the Foundation Trust Office, and holds the original signed declaration forms. These are available for inspection by contacting the office on 01484 355933.

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
6.10.09	Christine BENTLEY	Staff-elected Constituency 13	-	-	-	-	-	
1.3.10	Dawn STEPHENSON	Nominated Stakeholder – South West Yorkshire Partnership Foundation Trust	Director of Corporate Development	-	-	Chair Trustee from 9.9.15 - Kirklees Active Leisure (KAL)	-	Fellow of the Association of Certified Accountants.
11.1.11	Bob METCALFE	Nominated Stakeholder – Calderdale Council	-	-	-	-	-	-
6.10.11	Mary KIELY	Staff-elected Constituency 9	-	-	-	Consultant in Palliative Medicine, Kirkwood Hospice	As before	- Medical Defence Union. - B.M.A. - Assoc. for Palliative Medicine of GB & Ireland
10.10.11	Peter John MIDDLETON	Public-elected Constituency 3	-	-	-	-	-	-
10.9.12	Prof John PLAYLE	Nominated Stakeholder – Huddersfield University	-	-	-	-	-	Nursing Midwifery Council
25								

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
9.10.12	Eileen HAMER	Staff-elected Constituency 11	-	-	-	-	-	-
13.2.13	Kate WILEMAN	Public-elected Constituency 7	-	-	-	-	-	Chair of Cancer Partnership Group at St James' Leeds
5.8.13	Grenville HORSFALL	Public-elected Constituency 5	-	-	-	-	-	-
28.9.13	Wayne CLARKE	Public-elected Constituency 2	-	-	-	-	-	Employed as Minister of New North Road Baptist Church
11.10.13	Jennifer BEAUMONT	Public-elected Constituency 8	-	DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP
29.10.13	Dianne HUGHES	Public-elected Constituency 3	-	-	-	-	Civil Funeral Celebrant	Sheffield Teaching Hospitals NHS Trust RCN and Midwifery Council. Marie Curie Nursing Services.

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S ETC.
8.9.14	George RICHARDSON	Public-elected Constituency 5	-	-	-	-	-	-
29.9.14	Lynn MOORE	Public-elected Constituency 7	-	-	-	-	-	-
1.11.14	Brian RICHARDSON	Public-elected Constituency 6	-	-	-	-	Locala Members' Council Healthwatch Calderdale Programme Board. Practice Health Champion PRG member at Beechwood Medical Centre	-
7.10.15	Ken BATTEN	Public-elected Constituency 2	-	-	-	-	-	-
29.9.15	Annette BELL	Public-elected Constituency 6	-	-	-	-	-	-
2.10.15	Brian MOORE	Public-elected Constituency 8	-	-	-	-	-	-
4.11.15	Di Wharmby	Public-elected Constituency 1	-	-	-	-	-	-
29.10.15	Rosemary HEDGES	Public-elected Constituency 1	-	-	-	-	-	Secretary – Calderdale 38 Degrees Group

Please notify Kathy Bray, Board Secretary immediately of any changes to the above declaration:- 01484 355933 or Kathy.bray@cht.nhs.uk or return the attached with amendments.

Status:- AWAITING RETURNS FROM:- DAVID LONGSTAFF, NAHEED MATHER, JULIE HOOLE

MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: RUTH MASON
TITLE OF PAPER: MEMBERSHIP COUNCIL VACANCIES – JANUARY 2016 – A RECOMMENDATION	
DATE OF MEETING: 19 JANUARY 2016	SPONSORING DIRECTOR: JULIE DAWES
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: NONE	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) Following elections in 2015, the Trust is currently carrying 4 vacant seats on its Membership Council. The Trust is entitled to consider holding a by-election for these vacancies and this paper sets out the implications of doing so.	
RECOMMENDATION: It is recommended that current vacancies are incorporated into the standard annual election process in the summer of 2016.	
APPENDIX ATTACHED: YES / NO	

Membership Council Vacancies – January 2016

A recommendation

Summary

This paper recommends that current vacancies on the CHFT Membership Council are dealt with as part of the standard annual election process.

Background

Calderdale & Huddersfield NHS Foundation Trust has a range of constituencies from which are elected both staff and public Membership Councillors. Other Membership Councillors are nominated by stakeholder organisations such as the Huddersfield University and the local authorities. Contestable constituencies are:

PUBLIC (2 x Councillor vacancies per constituency)
1 – Calder Valley, Luddenden Foot, Todmorden, Ryburn
2 - Birkby, Crosland Moor, Deighton, Newsome, Paddock
3 - Almondbury, Dalton, Denby Dale, Kirkburton
4 - Batley East, Batley West, Birstall & Birkenshaw, Cleckheaton, Dewsbury East, Dewsbury West, Heckmondwike, Mirfield, Spenborough, Thornhill
5 - Brighouse, Elland, Greetland, Stainland, Rastrick, Skircoat
6 – Bingley Rural, Clayton, Great Horton, Hipperholme & Lightcliffe, Ilingworth, Northowram, Shelf, Odsal, Queensbury, Thornton, Tong
7 – Sowerby Bridge, St. John's, Town, Warley
8 - Colne Valley West, Golcar, Holme Valley North, South and Lindley
STAFF (1 x Councillor vacancy per constituency)
9 – Doctors/Dentists
10 - Allied Healthcare Professionals/HCS/Pharmacists
11 – Management/Admin/Clerical
12 - Ancillary
13 - Nurses/Midwives (2 x Councillors)

Each year elections are held in a selection of constituencies in order to refresh the Membership Council. In order to demonstrate a fair, objective and democratic election process the Trust, like other Foundation Trusts has a contract with a professional independent company which conducts the elections on its behalf. This company is currently the Electoral Reform Services (ERS), the commercial arm of the Electoral Reform Society.

Current situation

Last year, there were 12 seats eligible for election. Following elections in the summer of 2015, 8 vacancies were filled. The Trust currently carries 4 Membership council vacancies. 2 of these are staff seats and 2 of these are public seats. The Trust is entitled to consider holding a by-election, as well as the standard annual election.

Elections - the process

When there is a Membership Council vacancy Trust members who live or work in that constituency are given the opportunity to vote for candidates. This is a two stage process:

- Stage 1: The Trust encourages members to consider standing for election by contacting them and inviting them to an information evening. In addition, press releases are sent to local media.
- Stage 2: Interested members submit their details and a nomination statement to ERS. Where a vacant seat is contested, ERS create a ballot paper from the candidates' information. They handle the postal and electronic distribution of ballot papers, then the receipt and counting of votes, and informing the Trust of the results.

Elections – the costs

- Stage 1: Last year three of the twelve vacancies were contested, with a total member electorate of 3279.
The cost for stage one was £4545.18 inc vat
- Stage 2: The creation and distribution of ballot papers, and the collating and counting of votes by ERS attracted a cost of £3130.76 inc vat

The total cost of last year's Membership Council elections was £7675.94 inc vat

Elections – 2016

In addition to the 4 seats currently vacant, 6 seats are due to be contested in the elections of summer 2016. Specifically, 6 will be public seats and 3 will be staff seats. Current staff Membership Councillors will be asked to encourage colleagues to consider standing for vacant seats, and the traditionally hard to fill vacancies in the Dewsbury & Batley area will be targeted by media releases to the Dewsbury Reporter and the Batley News.

Recommendation

The cost of holding a by-election for the 4 vacant seats would be £3,753.13. In addition, the approximate cost for elections to the 5 seats due to become vacant in 2016 will be £10,098. This would mean an approximate total cost of a single election process of £13,851.13. There are costs and resourcing implications of running a by-election with no guarantee of filling the vacancies. Therefore it is recommended that current vacancies are incorporated into the election arrangements for summer 2016.

Ruth Mason
Associate Director of Engagement & Inclusion

January 2016

MEMBERSHIP COUNCIL

PAPER TITLE: MEMBERSHIP STRATEGY REFRESH	REPORTING AUTHOR: Ruth Mason, Associate Director
DATE OF MEETING: Tuesday 19 January 2016	SPONSORING DIRECTOR: Julie Dawes, Director of Nursing
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe Transforming and improving patient care A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> For comment To approve To note
PREVIOUS FORUMS: NONE	
EXECUTIVE SUMMARY: <p>The Trust has a Membership Strategy outlining our vision for membership and the methods we intend to use to maintain a representative membership and strengthen engagement and communication with members. It also outlines our future plans for recruitment and retention of members and how we will measure the success of our membership.</p> <p>The Strategy is now three years old and requires refreshing. It is proposed that we use the three R's methodology to refresh the Strategy as follows:</p> <p>Result</p> <ul style="list-style-type: none"> - Engaged and informed active membership that reflects the communities that we serve - The ability to inform them about the Trust and gain feedback on what we are doing - Be one of the ways in which the Trust engages its local populations - Generate potential interest in future Membership Council vacancies - A membership involved in Trust activities through proactive relationship marketing <p>Reality</p> <ul style="list-style-type: none"> - Three year strategy that requires refreshing. - A long established and dormant membership - New PPI & E&D strategy - Very few email contacts as proportion of total membership - A reduced staff resource to service the Trust's membership <p>Response</p> <ul style="list-style-type: none"> - A 'stocktake' of current membership – numbers, rate of addition/attrition, diversity etc. and a cost effective plan to address any development areas - A review of involvement opportunities linking this to the wider PPI strategy and the work of the divisions - Development of the membership section of the website - Review of the way in which we communicate with members and what we say to them 	
RECOMMENDATION: The Membership Council are asked to endorse the refreshment of the Membership Strategy.	
APPENDIX ATTACHED: YES / NO	

MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: Kirsty Archer
TITLE OF PAPER: MONTH 8 NOVEMBER 2015/16 FINANCIAL UPDATE	
DATE OF MEETING: 19 January 2016	SPONSORING DIRECTOR: Keith Griffiths
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> To note
PREVIOUS FORUMS: Detailed report previously taken to Finance & Performance Committee and Board of Directors Meeting.	
EXECUTIVE SUMMARY Year to date financial summary and forecast year end position.	
RECOMMENDATION: To note the contents of the report	
APPENDIX ATTACHED: YES	

MONTH 8 NOVEMBER 2015/16 FINANCIAL UPDATE

Month 8, November Position (Year to Date)

The year to date position is an adverse variance to the original plan of £1.35m (excluding restructuring costs). Last month the Trust was required to submit a reforecast plan to Monitor. The year to date financial position represents an improvement of £0.37m from the trajectory in the reforecast plan.

Income and Expenditure Summary	Original Plan £m	Reforecast Plan £m	Actual £m	Var (vs. Original Plan) £m
EBITDA	4.10	2.11	2.48	(1.62)
Deficit excluding restructuring	(12.89)	(14.60)	(14.24)	(1.35)
Restructuring costs	(3.00)	(0.65)	(0.65)	2.35
Deficit including restructuring	(15.89)	(15.25)	(14.89)	1.00

- An EBITDA of £2.48m, an adverse variance from original plan of 1.62m.
- A deficit (excluding restructuring) of £14.24m, an adverse variance of £1.35m from the original plan.
- Delivery of CIP of £10.90m against the planned level of £8.24m.
- Contingency reserves released of £1.63m against year to date pressures.
- Capital expenditure of £12.62m, this is below the original planned level of £15.60m.
- A cash balance of £10.38m, this is above the original planned level of £1.94m.
- A Financial Sustainability Risk Rating (FSRR) of level 2, in line with plan (restated from Continuity of Service Risk Rating of level 1).

Year-end Forecast Position

The improved in-month position has a small impact on the year end forecast position whilst the Trust seeks to mitigate against the uncertainties of further winter pressures and contract settlement risks.

The year end forecast position shows an improvement of £0.14m against the reforecast planned deficit of £22.04 (including restructuring costs of £1.10m). There is potential to improve this by a further £1m through a capital to revenue transfer, subject to confirmation from Monitor. Equally, the cash and I&E implications of the EY consultancy restructuring costs are currently under consideration by Monitor, which if approved would authorise the Trust to deliver a deficit of £21.0m.

Income and Expenditure Summary	Original Plan £m	Reforecast Plan £m	Month 8 Forecast £m	Var (vs. Original Plan £m
EBITDA	5.51	4.14	4.26	(1.26)
Deficit excluding restructuring	(20.01)	(20.94)	(20.82)	(0.81)
Restructuring costs - redundancy	(3.00)	(0.10)	(0.10)	2.90
Restructuring costs – consultancy	0.00	(1.00)	(1.00)	(1.00)
Deficit including restructuring	(23.01)	(22.04)	(21.92)	1.09

MEMBERSHIP COUNCIL

PAPER TITLE: INTEGRATED PERFORMANCE REPORT	REPORTING AUTHOR: Kathy Bray, Board Secretary
DATE OF MEETING: Tuesday 19 January 2016	SPONSORING DIRECTOR: Helen Barker, Chief Operating Officer
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: Board of Directors Public Meeting – 17.12.15	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps)	
<p>The Membership Council are asked to receive and note the contents of the Integrated Performance Report for November 2015.</p> <p>Summary of the report:- November was a disappointing month for some key metrics but work continues to secure the required improvement:</p> <p>Responsiveness</p> <ul style="list-style-type: none"> • Emergency Care Standard failed the month but quarter still green and plans in place to manage the peak pressure points between Xmas and mid-January • Day 38 cancer performance and 62day screening performance deteriorated • Delayed transfer of care continues to deliver better than 5% • Stroke performance failed in 2 of the 3 metrics • Referral To Treatment performance remains green <p>Caring</p> <ul style="list-style-type: none"> • Complaints responded to within target deteriorated in month • Friends and Family inpatients who would recommend continues at above 96% • Several Maternity indicators deteriorated in November <p>Safety</p> <ul style="list-style-type: none"> • Pressure Ulcers remains a concern with numbers remaining high • C-section rates improved slightly <p>Effectiveness</p> <ul style="list-style-type: none"> • C Difficile improvement noted • HSMR remain high • Fractured Neck of Femur, access to theatre within 36hours continues to improve • Readmission rates are better than target <p>Well led</p> <ul style="list-style-type: none"> • Sickness has increased in 5 of the 7 service areas reported and 7 out of 8 staff categories with overall % sickness 	

at its highest point in current service year.

- Staff in post and FTE is static
- Over 91% of colleagues have now started their mandatory training programme.
- Appraisal activity plans are in place with divisions now RAG rated against these plans.

The Performance Management and Accountability Framework agreed at November Board with work commenced on implementation

RECOMMENDATION:

The Membership Council are asked to receive and note the contents of the Integrated Performance Report for November 2015.

APPENDIX ATTACHED: YES / NO



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<p><u>Report For: November 2015</u></p> <p>Board of Directors</p> <p>Integrated Performance Report</p>

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November was a disappointing month for some key metrics but work continues to secure the required improvement:

Responsiveness

- Emergency Care Standard failed the month but quarter still green and plans in place to manage the peak pressure points between Xmas and mid-January
- Day 38 cancer performance and 62day screening performance deteriorated
- Delayed transfer of care continues to deliver better than 5%
- Stroke performance failed in 2 of the 3 metrics
- RTT performance remains green

Caring

- Complaints responded to within target deteriorated in month
- Friends and Family inpatients who would recommend continues at above 96%
- Several Maternity indicators deteriorated in November

Safety

- Pressure Ulcers remains a concern with numbers remaining high
- C-section rates improved slightly

Effectiveness

- C Difficile improvement noted
- HSMR remain high
- #NOF, access to theatre within 36hours continues to improve
- Readmission rates are better than target

Well led

- Sickness has increased in 5 of the 7 service areas reported and 7 out of 8 staff categories with overall % sickness at its highest point in current service year.
- Staff in post and FTE is static
- Over 91% of colleagues have now started their mandatory training programme.
- Appraisal activity plans are in place with divisions now RAG rated against these plans.

The Performance Management and Accountability Framework agreed at November Board with work commenced on implementation

The Glossary is now separately filed in the Boardpad reading room for reference

	Improving						No Change						Deteriorating					
Monitor	Ccr 62 Dy Gp	Ccr 2 Wk Wt Brst	Cdiff Tst Assgnd				Ccr 31 Dy 2nd or sub Trt drg	Cmmnty - RTT info comp	Cmmnty - rfrl info comp	Cmmnt - actvty info comp			A and E 4 hr	Ccr 62 Dy Scrn 2 Trt	Ccr 31 Dy Sub Sur Trt	Ccr 31 Dy Diag to Trt	Ccr 2 Wk Wt	Ccr 38 Dy Ref to Trtry
Contract	% Strk scan < 1 hr arrival	% Strk Thrmblsdyd < 1 hr	VTE Rsk Ass	DQ NHS no comp A&E	A&E Amb H/O 30-60 mn	DTOC	DQ NHS no comp IP	MRSA Trst Assgnd	Percentage of Non-Compliant Duty of Candour informed within 10 days of Incident	Total Duty of Candour shared within 10 days	Cncl Elctv Surg 28 Dy Std	Cncl Urgnt Ops 2nd time	% Strk 90% stay on unit	RTT Community	Cncl Elctv Surg	% Harm Free Care	N & H - Pnt Stsfctn	18 wks >=26 wks
	RTT Non-admitted	RTT Incomplete	Ccr 62 Dy Agg Trt & Scrn	Home Births			Mixed Sex Breach	Never Events	A&E Trlly Wts	Diagn 6 Wks	18 wks >=40 wks	RTT Waits > 52 wks						
NHSE	FFT Mat recmmnd	FFT IP Response	Sepsis Screen	IPMR - Breastfeedin g			FFT IP recmmnd	Stg 1 RCAs HAT					FFT A&E recmmnd	FFT Cmmnty recmmnd	FFT A&E Response			
Quality	Avg Diag / FCE	Percentage Non-elective NoF Patients	A&E Intl Ass	Falls - Serious Harm	All Falls	SG Alerts by Trust	Local SHMI - Relative Risk (1yr Rolling Data)	Hospital Standardise d Mortality Rate (1 yr	Prntl Dths (0-7 days)	Nntl Dths (8-28 days)	Cdiff Unavoidable	Comp < 3 wking dys	Crude Mort Rate	Mortality Reviews – October Deaths	A&E Left not seen	A&E Time to Treat	A&E Unplnnd Re-Attend	Diabetic pats self-care
	SG Alerts agnst Trust	Stillbirths Rate	Lbr safety	Lbt alone	Emer Rdmssns <= 30 Dys	Emer Rdmssns <= 30 Dys CCG	Sls < 2 dys	Pat Incidents	PU CHFT acqrd Cat 4				Hand Hygiene	Complaints < time	Comp received	Sls	PU CHFT acqrd	PU CHFT acqrd Cat 2
	Emer Rdmssns <= 30 Dys GHCG	Cdiff Unavoidabl e	MRSA Screen	EColi	MSSA - Post 48 Hrs	Concerns												
	Harm Incidents	PU CHFT acqrd Cat 3	PU CHFT acqrd Cat 3&4	Women Harm Free	Women - safety	Women cmbnd Harm Free												
Other Internal	% Elective Var	% Day Case Var	% Out Var	T Util (TT) - CRH	T Util (TT) - HRI Main	T Util (TT) - HRI DSU	Green Cross	% Spells > 5 Moves	Elec C-Section				% Non-elec Var	% Daily Discharges - Pre 12pm	Outliers	Research Recruit	3rd / 4th Degree tear	% Non_Elec NoF Adm < 36 hrs
	T Util (TT) - HRI SPU	WHO	1st DNA Rate	Hosp Out Cncl	Spells	Spells > 2 Moves												
	% Spells > 2 Moves	Spells > 5 Moves	Total C-Section Rate	Over 37 wks APGAR5<7	Full Trm to SCBU (NNU)	Major PPH												
	Ccr 7 Dy Ref 1st Frst Sn																	

Improving Green	Improving Amber	Improving Red
32	2	17

No Change Green	No Change Amber	No Change Red
23	1	6

Deteriorating Green	Deteriorating Amber	Deteriorating Red
10	6	15

Green	Currently Achieving Target
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Amber	Under/Over target but close to threshold/Not achieving future threshold
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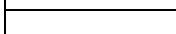
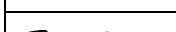
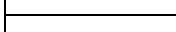
RED	Not currently achieving target
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White	No target or performance cannot be determined as yet
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Overall Rating: Red reflecting enforcement action in place.														
CQC status – Formal announced inspection date confirmed as commencing on the 8th March 2016. Planning continues with updates presented to Quality Committee														

		Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Access and Outcome Metrics	% Admitted Closed Pathways Under 18 Weeks	>=90%	91.65%	92.41%	92.67%	92.79%	92.03%	91.64%	90.20%	-					91.90%
	% Non-admitted closed Pathways under 18 weeks	>=95%	98.35%	98.89%	98.63%	98.23%	98.55%	98.67%	98.48%	98.62%					98.55%
	% Incomplete Pathways <18 Weeks	>=92%	95.02%	95.85%	95.44%	95.55%	95.44%	96.07%	95.80%	96.04%					96.04%
	A and E 4 hour target	>=95%	95.01%	94.80%	95.44%	95.44%	95.36%	95.37%	95.11%	94.87%					95.19%
	Total Number of Clostridium Difficile Cases - Trust assigned	21	2	0	1	1	3	3	4	2					16
	Total Number of Clostridium Difficile Cases - Lapses in Care	10.5	1	0	1	0	0	1	1	1					4
	62 Day Gp Referral to Treatment	>=86%	89.38%	92.31%	90.00%	88.95%	93.94%	88.24%	91.77%	95.00%					90.89%
	62 Day Referral From Screening to Treatment	>=90%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	95.65%	88.24%					93.58%
	31 Day Subsequent Surgery Treatment	>=94%	95.45%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.77%					98.76%
	31 day wait for second or subsequent treatment drug treatments	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					100.00%
	31 Days From Diagnosis to First Treatment	>=93%	100.00%	100.00%	99.24%	100.00%	100.00%	100.00%	100.00%	99.12%					99.80%
	Two Week Wait From Referral to Date First Seen	>=93%	96.45%	98.43%	96.55%	95.64%	93.78%	97.82%	98.73%	96.84%					96.75%
	Two Week Wait From Referral to Date First Seen: Breast Symptoms	>=93%	93.33%	93.75%	94.92%	94.87%	98.60%	98.47%	94.85%	95.89%					95.71%
	Community care - referral to treatment information completeness	>=50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					100.00%
	Community care - referral information completeness	>=50%	98.10%	98.12%	97.99%	97.58%	98.14%	97.70%	97.52%	97.44%					97.85%
	Community care - activity information completeness	>=50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					100.00%
Third Party Reports															
Quality Governance Indicators	Patient Metrics -Narrative on Friends and Family included within Exception reports.														
	Staff Metrics : Reported quarterly – no further update from previous report														
Finance	Financial Sustainability Risk Rating				2		2								
	Operational Performance (Capital Service Cover)				1		1								
	Cash & Balance Sheet Performance (Liquidity)				1		1								
	Income & Expenditure Margin				1		1								
	Income & Expenditure Margin - Variance from Plan				3		3								
	Use of Capital				£15.60m		£12.62m								
	Income and Expenditure (excluding Restructuring)				(£12.89m)		(£14.24m)								

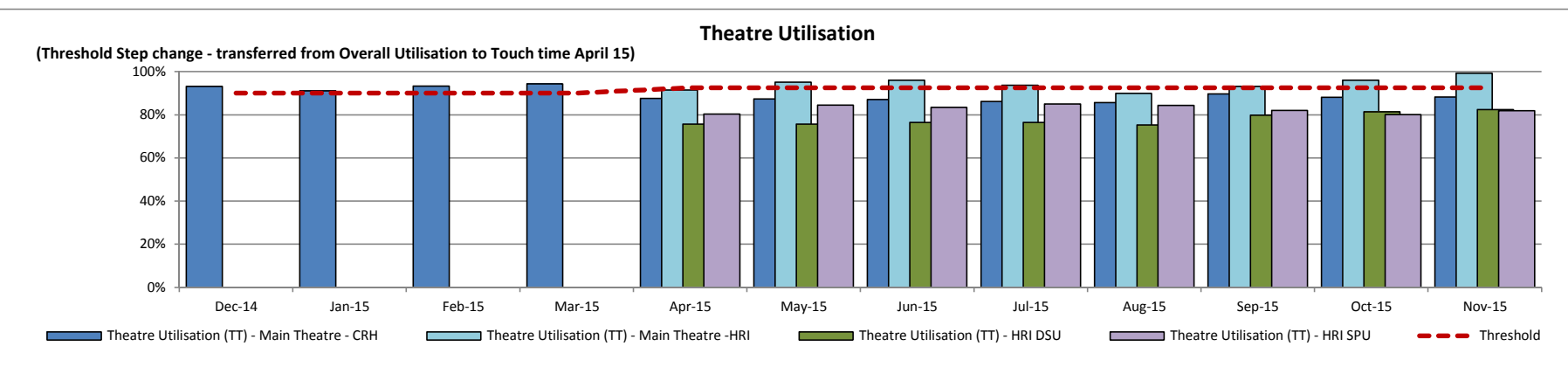
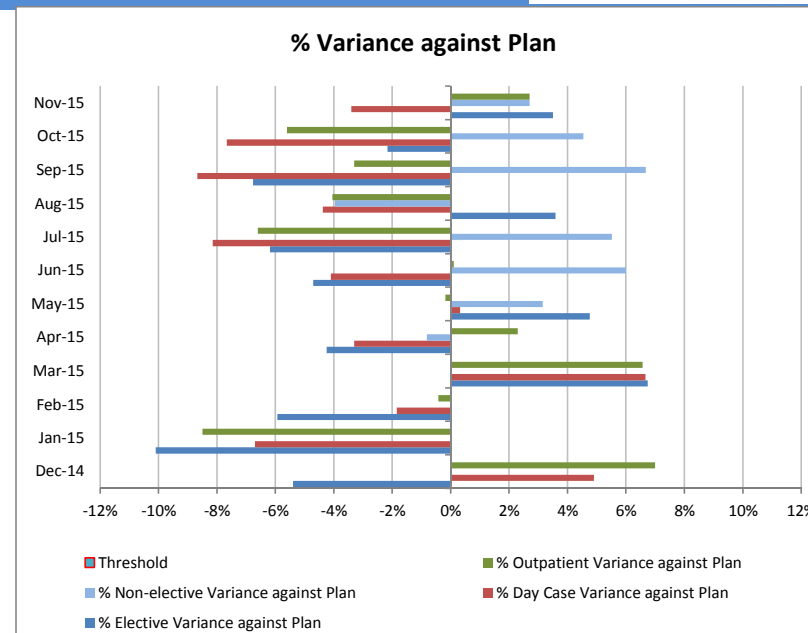
Responsive

		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Monthl)	Director of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality
Report For: November 2015																		
Activity	% Elective Variance against Plan	Local	0.00%	3.50%	1.60%	6.40%	10.50%	-	0.00%	-2.60%	-3.30%	-8.20%	0.63%	-		↓		
	% Day Case Variance against Plan	Local	0.00%	-3.40%	-5.40%	1.20%	0.30%	-	0.00%	-5.00%	-5.10%	-5.90%	-10.99%	-		↑		
	% Non-elective Variance against Plan	Local	0.00%	2.70%	-4.30%	4.20%	4.30%	-	0.00%	3.20%	-1.60%	4.30%	4.30%	-		↑		
	% Outpatient Variance against Plan	Local	0.00%	2.70%	2.80%	1.40%	4.70%	-	0.00%	-2.30%	-2.50%	-3.20%	0.10%	-		↑		
RESPONSIVE - Theatre Utilisation	Theatre Utilisation (TT) - Main Theatre - CRH	Local	92.50%	88.30%	86.78%	-	99.72%	-	92.50%	87.56%	86.04%	-	98.61%	-		↑		
	Theatre Utilisation (TT) - Main Theatre -HRI	Local	92.50%	99.25%	99.25%	-	-	-	92.50%	94.55%	94.55%	-	-	-		↑		
	Theatre Utilisation (TT) - HRI DSU	Local	92.50%	82.36%	80.69%	-	97.84%	-	92.50%	78.18%	76.83%	-	98.61%	-		↑		
	Theatre Utilisation (TT) - HRI SPU	Local	92.50%	81.94%	81.94%	-	-	-	92.50%	82.61%	82.61%	-	-	-		↓		
Exception Report - Patient Flow	% Daily Discharges - Pre 12pm	Local	40.00%	17.43%	25.84%	14.84%	14.17%	-	40.00%	20.05%	28.29%	15.94%	18.71%	-		↓		
	Delayed Transfers of Care	Local	5.00%	4.50%	-	-	-	-	5.00%	6.10%	-	-	-	-		↓		
	Green Cross Patients (Snapshot at month end)	Local	40	91	-	91	-	-	40	71	-	71	-	-		↑		
	Number of Outliers (Bed Days)	Local	441	730	41	689	0	-	2542	4973	456	4516	0	-		↑		
	No of Spells with > 2 Ward Movements	Local	M	126	20	82	24	-	-	1088	175	688	225	-		↓		
	% of Spells with > 2 ward movements (2% Target)	Local	2.00%	2.37%	1.29%	4.68%	1.20%	-	2.00%	2.33%	1.39%	4.88%	1.12%	-		↑		
	No of Spells with > 5 Ward Movements	Local	M	3	0	3	0	-	-	28	1	27	0	-		↑		
	% of spells with > 5 ward movements (No Target)	Local	M	0.06%	0.00%	0.17%	0.00%	-	-	0.06%	0.01%	0.19%	0.00%	-		→		
	Total Number of Spells	Local	M	5310	1552	1754	2004	-	-	46789	12547	14100	18134	-		↓		

					Year To Date													
		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Direction of travel (past 4 months)	Financial Penalties /Non Financial	Data Quality
Report For: November 2015																		
Exception Report - Patient Flow 2	A and E 4 hour target	National & Contract	95.00%	94.87%	-	94.87%	-	-	95.00%	95.19%	-	95.19%	-	-		↓		
	Time to Initial Assessment (95th Percentile)	National	00:15:00	00:18:00	-	00:18:00	-	-	00:15:00	00:19:00	-	00:19:00	-	-		↑		
	Time to Treatment (Median)	National	01:00:00	00:57:00	-	00:57:00	-	-	01:00:00	00:58:00	-	00:58:00	-	-		↑		
	Unplanned Re-Attendance	National	5.00%	5.27%	-	5.27%	-	-	5.00%	5.06%	-	5.06%	-	-		↓		
	Left without being seen	National	5.00%	2.83%	-	2.83%	-	-	5.00%	3.17%	-	3.17%	-	-		↓		
	A&E Ambulance Handovers 30-60 mins (Validated)	National	0	6	-	6	-	-	0	57	-	57	-	-		↑		
	A&E Ambulance 60+ mins		0	0	-	0	-	-	0	4	-	4	-	-				
	A&E Trolley Waits	National	0	0	-	0	-	-	0	0	-	0	-	-		→		
Exception Report - Elective Access	First DNA Rate	Local	7.00%	6.19%	6.32%	6.61%	5.41%	4.50%	7.00%	6.68%	6.76%	6.69%	6.34%	4.90%		↓		
	% Hospital Initiated Outpatient Cancellations	Local	12.0%	12.30%	11.80%	15.70%	8.40%	-	12.0%	13.90%	14.10%	15.30%	11.10%	-		↓		
	Appointment Slot Issues on Choose & Book	Local	-	-	-	-	-	-	5.00%	15.00%	12.25%	8.33%	7.38%	-				
Exception Report - Elective Access 2	% Non-admitted Closed Pathways under 18 weeks	National & Contract	95.00%	98.62%	98.51%	98.80%	98.73%	-	95.00%	98.55%	98.54%	98.49%	98.74%	-		↑		
	% Admitted Closed Pathways Under 18 Weeks	National & Contract	90.00%	-	-	-	-	-	90.00%	91.90%	91.16%	100.00%	94.98%	-		#N/A		
	% Incomplete Pathways <18 Weeks	National	92.00%	96.04%	95.29%	98.57%	96.27%	-	92.00%	96.04%	95.29%	98.57%	96.27%	-		↑		
	18 weeks Pathways >=26 weeks open	Local	0	94	78	11	5	-	0	94	78	11	5	-		↓		
	18 weeks Pathways >=40 weeks open	National	0	1	1	0	0	-	0	1	1	0	0	-		↓		
	RTT Waits over 52 weeks Threshold > zero	National & Contract	0	0	0	0	0	0	0	0	0	0	0	0				
	% Diagnostic Waiting List Within 6 Weeks	National & Contract	99.00%	99.94%	100.00%	100.00%	99.92%	-	99.00%	99.66%	99.92%	100.00%	99.55%	-		↑		
	Community - 18 Week RTT Activity	National	95.00%	80.30%	-	-	-	80.30%	95.00%	95.00%	-	-	-	95.00%		↓		
	% Last Minute Cancellations to Elective Surgery	National & Contract	0.60%	0.59%	0.84%	0.00%	1.42%	-	0.60%	0.62%	0.90%	0.02%	1.02%	-		↑		
	28 Day Standard for all Last Minute Cancellations	National & Contract	0	0	0	0	0	-	0	0	0	0	0	-		→		
	No of Urgent Operations cancelled for a second time	National & Contract	0	0	0	0	0	-	0	0	0	0	0	-		→		

Report For: November 2015									Year To Date									
		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Direction of travel (past 4 months)	Financial Penalties/ Non Financial Impact	Data Quality
Exception Report - Access Stroke	% Stroke patients spending 90% of their stay on a stroke unit	National	90.00%	84.60%	-	84.60%	-	-	90.00%	81.90%	-	81.90%	-	-		↑		
	% Stroke patients Thrombolysed within 1 hour	National & Contract	55.00%	80.00%	-	80.00%	-	-	55.00%	80.00%	-	80.00%	-	-				
	% Stroke patients scanned within 1 hour of hospital arrival (where indicated)	National & Contract	90.00%	75.00%	-	75.00%	Data Source from SNAP. 2 months in arrears		90.00%	72.40%	-	72.40%	-	-				
Exception Report - Elective Access 3	62 Day Gp Referral to Treatment	National & Contract	85.00%	95.00%	93.33%	97.37%	100.00%	-	85.00%	90.89%	90.96%	90.68%	95.54%	-		↑		
	62 Day Referral From Screening to Treatment	National & Contract	90.00%	88.24%	87.50%	-	100.00%	-	90.00%	93.58%	92.22%	-	100.00%	-		↓		
	31 Day Subsequent Surgery Treatment	National & Contract	94.00%	96.77%	100.00%	88.89%	-	-	94.00%	98.76%	100.00%	95.45%	-	-		↓		
	31 day wait for second or subsequent treatment drug treatments	National & Contract	98.00%	100.00%	100.00%	100.00%	-	-	98.00%	100.00%	100.00%	100.00%	100.00%	-		→		
	62 Day Aggregated Gp Urgent Referral To Treatment And Screening Referral To Treatment	National & Contract	86.00%	93.67%	91.59%	97.37%	100.00%	-	86.00%	91.11%	90.99%	90.68%	96.48%	-		↓		
	31 Days From Diagnosis to First Treatment	National & Contract	96.00%	99.12%	100.00%	100.00%	87.50%	-	96.00%	99.80%	99.84%	100.00%	97.62%	-		↓		
	Two Week Wait From Referral to Date First Seen	National & Contract	93.00%	96.84%	98.96%	92.16%	95.10%	-	93.00%	96.75%	98.14%	92.97%	96.88%	-		↑		
	Two Week Wait From Referral to Date First Seen: Breast Symptoms	National & Contract	93.00%	95.89%	95.89%	-	-	-	93.00%	95.71%	95.71%	-	-	-		↓		
	7 Day Referral to First Seen	National & Contract	50.00%	32.38%	35.01%	23.88%	37.25%	-	50.00%	35.44%	37.29%	30.20%	36.20%	-		↑		
	38 Day Referral to Tertiary	National & Contract	85.00%	58.82%	83.33%	50.00%	33.33%	-	85.00%	52.44%	54.26%	52.83%	43.75%	-		↓		
	104 Referral to Treatment	National & Contract	100.00%	97.90%	97.73%	97.62%	100.00%	-	100.00%	98.26%	98.02%	98.40%	100.00%	-				
Exception Report - Maternity	Antenatal Assessments < 13 weeks		90.00%	92.10%	-	-	92.10%	-	90.00%	92.10%	-	-	92.10%	-		↑		
	Maternal smoking at delivery		11.90%	8.50%	-	-	8.50%	-	11.90%	10.30%	-	-	10.30%	-		↓		

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Report For: November 2015						
% Elective Variance against Plan	0.00%	3.50%	1.60%	6.40%	10.50%	-
% Day Case Variance against Plan	0.00%	-3.40%	-5.40%	1.20%	0.30%	-
% Non-elective Variance against Plan	0.00%	2.70%	-4.30%	4.20%	4.30%	-
% Outpatient Variance against Plan	0.00%	2.70%	2.80%	1.40%	4.70%	-
Theatre Utilisation (TT) - Main Theatre - CRH	92.50%	88.30%	86.78%	-	99.72%	-
Theatre Utilisation (TT) - HRI DSU	92.50%	82.36%	80.69%	-	97.84%	-
Theatre Utilisation (TT) - HRI SPU	92.50%	81.94%	81.94%	-	-	-



Details of position and delivery of recovery plans presented to Finance and Performance Committee

Theatre Utilisation:

Actions and timelines as previously reported

Key areas of progress

Work on Theatre utilisation continues with an update from Star Chamber provided to Turnaround Executive in early December

Key improvements seen in Urology, T&O, General Surgery and Gynaecology

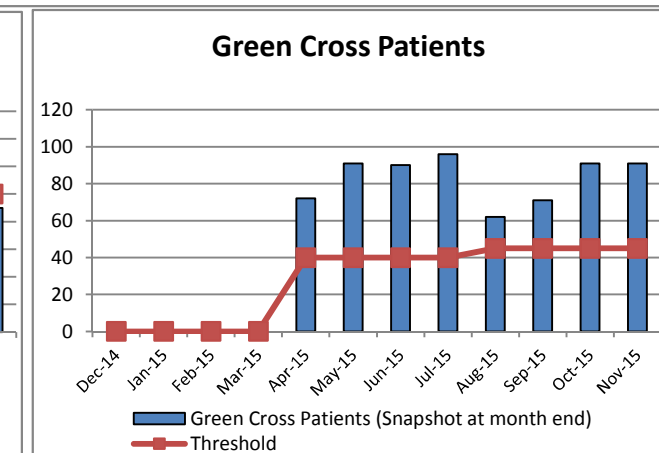
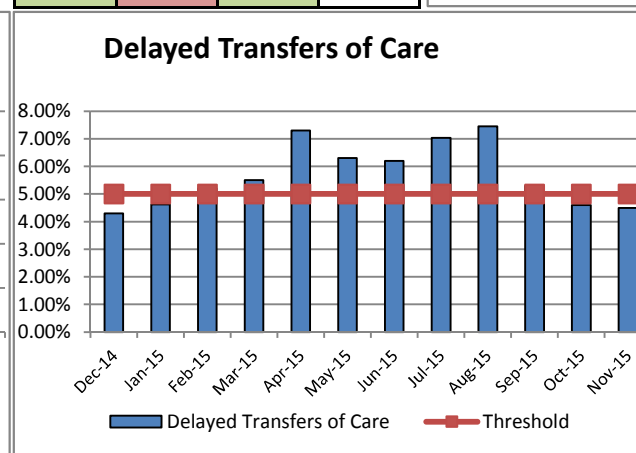
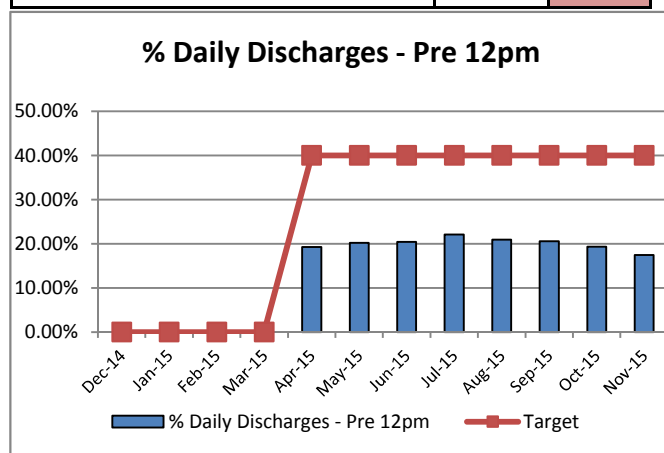
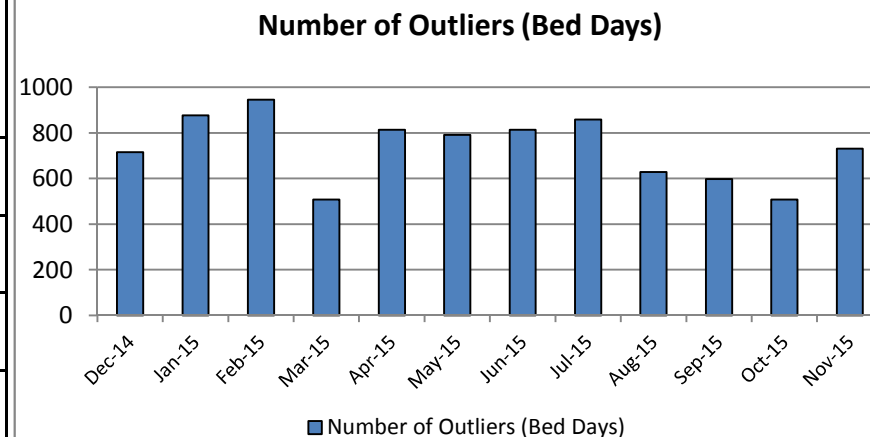
Number of fallow lists reduced from 15per week to vey small volume

Scheduling management processes continue to improve

Key action in next 4 weeks is to improve session volumes in Urology, ENT and Ophthalmology

Report For: November 2015

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
% Daily Discharges - Pre 12pm	40.00%	17.43%	25.84%	14.84%	14.17%	-
Green Cross Patients (Snapshot at month end)	45	91	-	91	-	-
Number of Outliers (Bed Days)	441	730	41	689	0	-
% of Spells with > 2 ward movements (2% Target)	2.00%	2.37%	1.29%	4.68%	1.20%	-



Following presentation provided at November Board of Directors a deep dive is currently being undertaken, supported with expertise from the ECIP team (Emergency Care Improvement Programme - previously ECIST). This will be presented as a formal exception report with the January report.

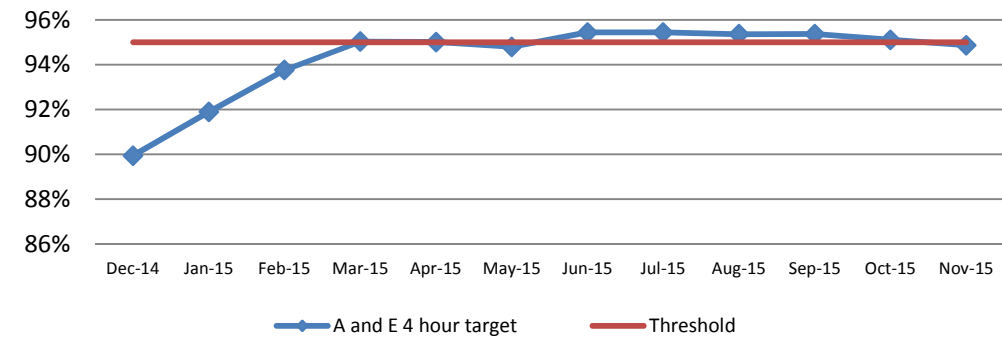
Specific activities are currently underway to ensure patients are safely managed over the 2 bank holiday periods with performance sustained at the level required to deliver the month and quarter performance standards. This activity includes ensuring the additional winter plans are in place, staffing cover is robust for the 2 long bank holiday weekends and management oversight is in place with Bronze Command daily from 26th December.

National guidance from Monitor has been received which suggests elective inpatient activity should be curtailed from 24th December until 11th January, this had been enacted proactively by the Surgical Division for w/c 4th January and has been extended to cover the period between Xmas and New Year with the exception of patients requiring admission for cancer or other urgent surgery. Day case activity has been increased to manage the income and RTT impact of this. A new initiative called MADE (Multi-disciplinary Accelerated Discharge Event) is also recommended by ECIP and this is being discussed with SRG partners with the aim to run either w/c 11th or 18th January 16.

Report For: November 2015

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
A and E 4 hour target	95.00%	94.87%	-	94.87%	-	-
Time to Initial Assessment (95th Percentile)	00:15:00	00:18:00	-	00:18:00	-	-
Unplanned Re-Attendance	5.00%	5.27%	-	5.27%	-	-
A&E Ambulance Handovers 30-60 mins (Validated)	0	6	-	6	-	-

A and E 4 hour target



November was a disappointing month for performance which was as a result of specific pressures early in the month with several days of very poor performance and high breach numbers. Significant management action was undertaken to improve performance but this was not sufficient to recover fully to 95%. Performance in December has been solid with the month and quarter both anticipated to be green.

The pressures of exit block impacted on both AEDs with time to assessment and ambulance turnaround under pressure

Why off Plan:

Specific issues relate to high admission numbers at the beginning of the month combined with the closing of some of the additional beds; recovery was secured when the beds were re-opened. Staffing remains a challenge for these specific beds however activity through these has been limited to low acuity surgical cases releasing other beds to support Medicine which has managed some of the risk; this continues to be monitored daily

Actions to get back on plan:

Actions implemented included the opening of additional beds, development work with Clinical Commanders and their teams to ensure clarity of role and purpose which has seen a renewed focus on effective planning and early escalation

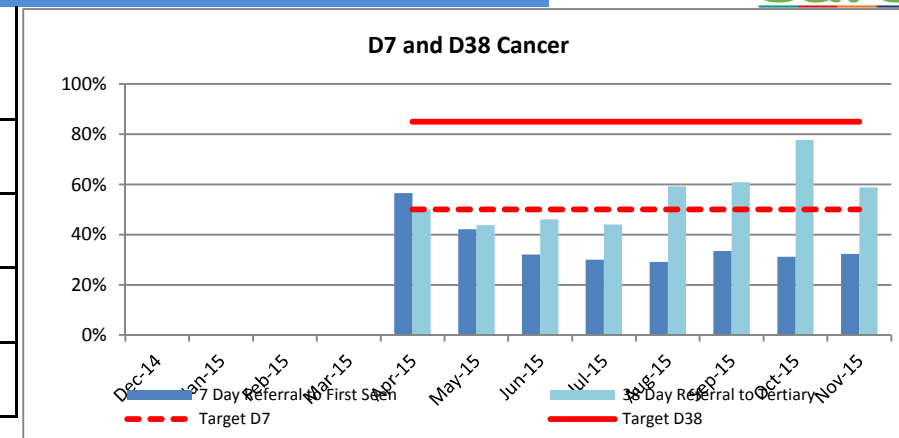
Actions previously identified through the additional winter schemes are also key to sustaining the improvement already seen

When will we be back on track:

December currently running in excess of 95% and quarter performance remains on track

Accountable : ADD Medicine

Report For: November 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
62 Day Referral From Screening to Treatment	90.00%	88.24%	87.50%	-	100.00%	-
7 Day Referral to First Seen	50.00%	32.38%	35.01%	23.88%	37.25%	-
38 Day Referral to Tertiary	85.00%	58.82%	83.33%	50.00%	33.33%	-
104 Referral to Treatment	100.00%	97.90%	97.73%	97.62%	100.00%	-



Why off plan

A disappointing picture on some elements of cancer performance in November indicating that the recently implemented Escalation Protocol is not embedded; some specific challenges around metrics with very small volumes e.g. screening where a single breach can lead to a fail. In November the screening breach related to patient choice with capacity in place for the patient who decided to take a holiday before progressing through her pathway.

D38 performance reported as treated rather than referred this month (referred is at 72%), a review of metric within the report is being undertaken in conjunction with tertiary providers to ensure consistency of reporting.

Issues with turnaround time in diagnostics is causing several pathway issues across various specialties, the ADDs and cancer team are currently reviewing the recurrent bottlenecks to develop corrective action plans which may include the need to increase capacity.

Actions to support improvement

ADDs have been reminded that their direct tracking is required until performance is sustained at the required level and timely escalation, as per the protocol, must be responded to.

Meetings are being arranged with each Division to discuss an appropriate percentage for 7day performance which will be variable by tumour site.

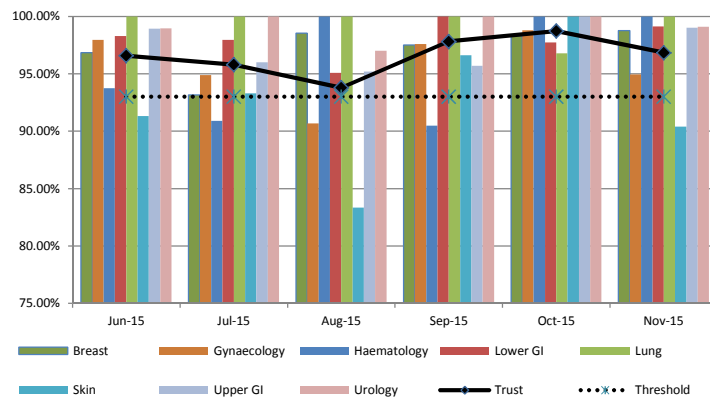
National guidance has been received requiring Board reporting of patients with a pathway over 104 days which is now included; currently discussing the management and reporting of pathways which have already been referred to the tertiary centre.

Improvement expected

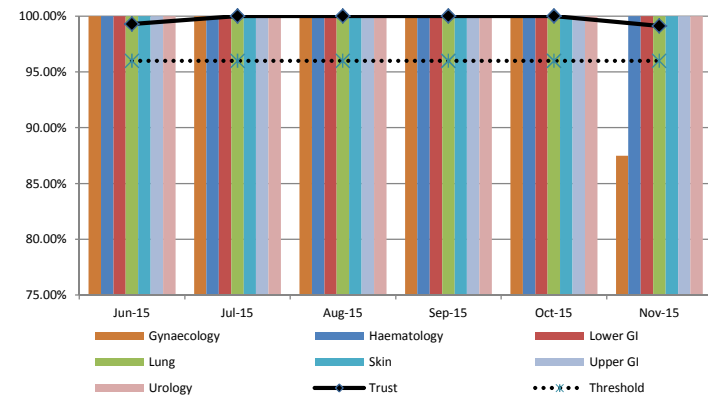
Would expect screening performance to be green in December and D38 to have improved in the same period

Accountable Officers - ADDs

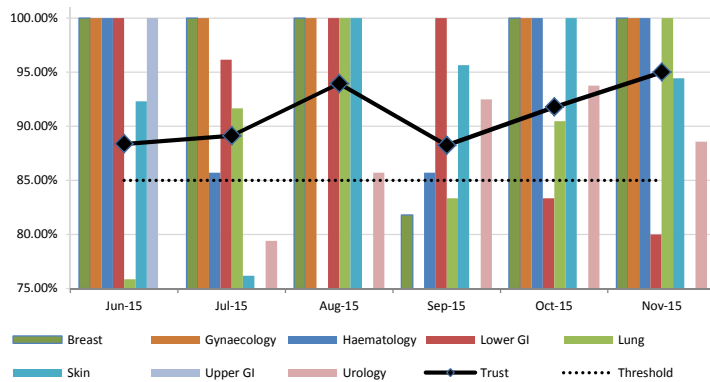
14 Day Referral to Date First Seen



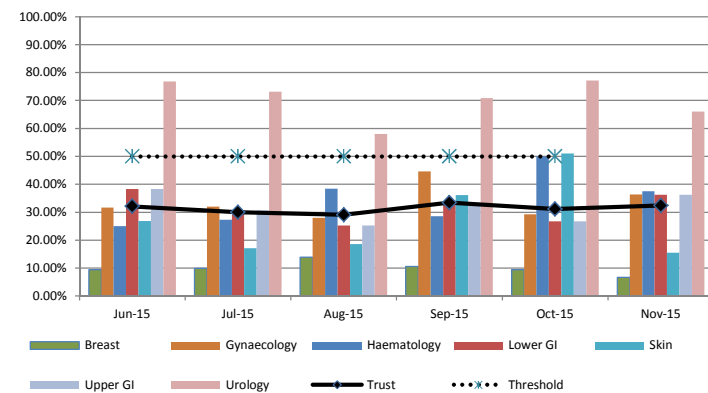
31 Day Diagnosis to First Treatment



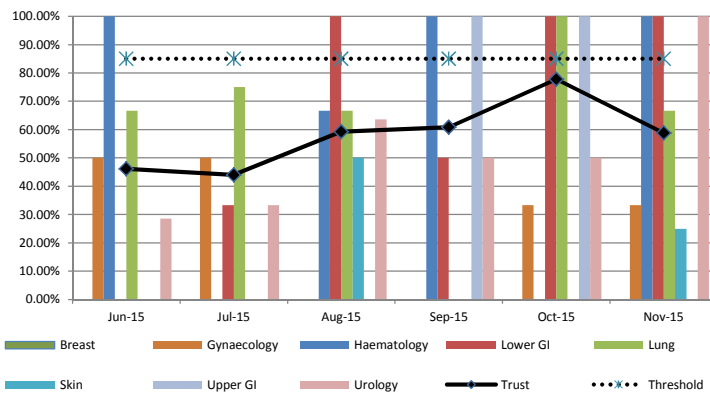
62 Day Referral to Treatment



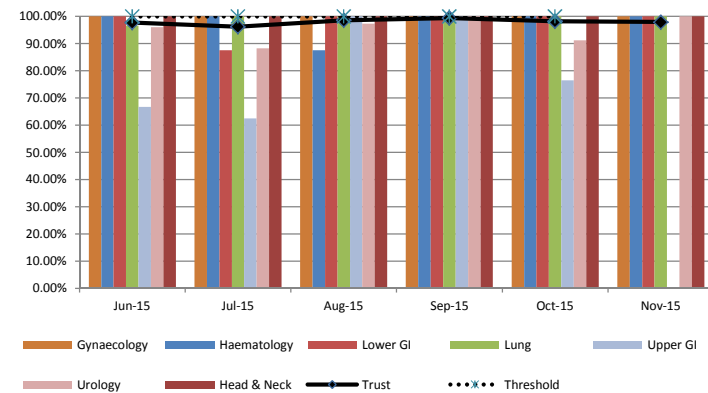
7 Day Referral to First Seen



38 Day Gp Referral to Referral to Tertiary

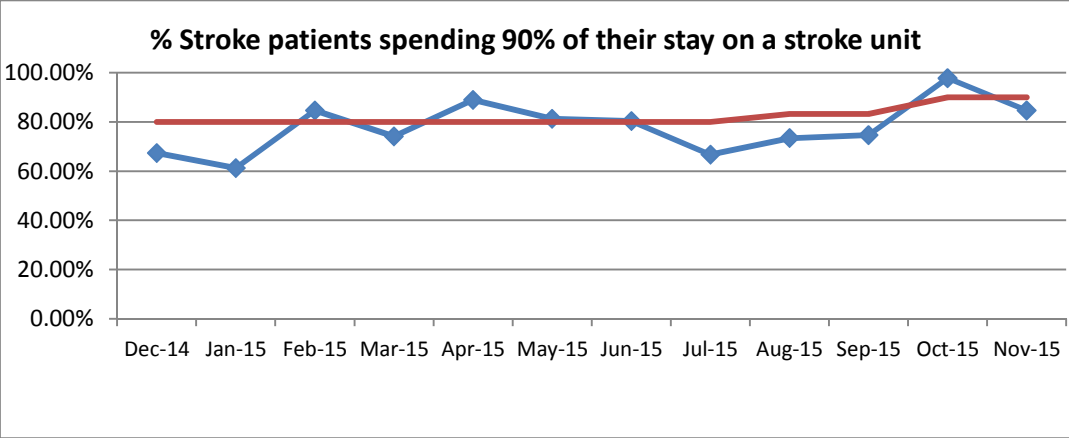


104 Day Referral to Treatment



Report For: November 2015

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
% Stroke patients spending 90% of their stay on a stroke unit	90.00%	84.60%	-	84.60%	-	-
% Stroke patients scanned within 1 hour of hospital arrival (where indicated)	90.00%	75.00%	-	75.00%	-	-



Stroke

- % Stroke patients spending 90% of their stay on a stroke unit
- % Stroke patients scanned within 1 hour of hospital arrival (where indicated)

Why off plan:

All stroke targets have been rebased in-line with the SSNAP (Stroke Sentinel National Audit Programme) "A" rating as an aspirational target (as there is no agreed national target). As a result, it is anticipated that the stroke performance will appear in red on the IPR reports whilst this improvement takes place.

The Trust is currently performing at a "C" SSNAP level for both scan within 1 hour of hospital arrival and patients spending 90% of their stay on a stroke unit. Please note there are SSNAP levels for scans within 1 hour but not for the "where indicated" performance, which is the KPI that both the stroke team and radiology find more useful as a benchmark of performance, therefore this has been set as an aspirational target of 90% as there is no nationally agreed target.

The target for 90% stay was previously 80% and the Trust is achieving this both in month (84.6%) and YTD (81.9%) but the target has been reset to 90% as per the SSNAP "A" level.

Actions to get back to plan:

As stated above, it is expected that the stroke KPIs will flag as red on the IPR due to the targets being rebased as aspirational targets to achieve the SSNAP "A" level rating.

It should be noted that in month, the following KPIs are now meeting the SSNAP "A" level:

- % of stroke patients thrombolysed within 1 hour
- % of patients supported by a stroke skilled Early Supported Discharge team
- % of stroke patients presenting with AF anti-coagulated on discharge

Further improvement work is ongoing, with a view to making all stroke KPIs compliant with the SSNAP "A" level.

Specifically, a revised SOP for stroke admissions is now in place alongside a revised bed base to support the 90% stay and radiology are part of the multidisciplinary stroke improvement team and we have already seen an increase in the percentage of 12 hour scans completed and anticipate further improvement to follow in the 1 hour scans.

Caring

		Year To Date																
Report For: November 2015		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Direction of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality
Complaints	Number of Mixed Sex Accommodation Breaches	National & Contract	0	0	0	0	0	n/a	0	0	0	0	0	n/a		→		
	% Complaints closed within target timeframe	Local	100.00%	39.68%	33.33%	42.86%	57.14%	12.50%	100.00%	50.85%	45.73%	48.17%	70.53%	27.27%		↓		
	Total Complaints received in the month	Monitor	M	58	12	29	9	6	-	421	134	148	94	23		↑		
	Complaints acknowledged within 3 working days	Local	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.89%	88.16%	93.98%	96.30%	89.19%		→		
	Total Concerns in the month	Monitor	M	38	14	13	8	1	-	435	138	164	84	18		↓		
Friends & Family Test	Friends & Family Test (IP Survey) - Response Rate	Contract	28.00%	32.90%	39.80%	25.10%	29.10%	-	28.00%	26.50%	29.55%	24.78%	26.44%	-		↑		
	Friends & Family Test (IP Survey) - % would recommend the Service	Contract	96.00%	96.70%	97.50%	95.40%	95.50%	-	96.00%	96.90%	97.30%	95.66%	97.55%	-		↓		
	Friends and Family Test Outpatient - Response Rate	Contract	5.00%	13.10%	-	-	13.10%	-	-	13.60%	-	-	13.60%	-				
	Friends and Family Test Outpatients Survey - % would recommend the Service	Contract	95.00%	90.50%	-	-	-	-		89.11%	-	-	-	-				
	Friends and Family Test A & E Survey - Response Rate	Contract	14.00%	9.20%	-	9.20%	-	-	14.00%	8.10%	-	8.10%	-	-		↑		
	Friends and Family Test A & E Survey - % would recommend the Service	Contract	90.00%	81.60%	-	81.60%	-	-	90.00%	87.80%	-	87.80%	-	-		↓		
	Friends & Family Test (Maternity Survey) - Response Rate	Contract	22.00%	40.80%	-	-	40.80%	-	-	30.00%	-	-	30.00%	-				
	Friends & Family Test (Maternity) - % would recommend the Service	Contract	96.90%	97.00%	-	-	97.00%	-	96.90%	95.90%	-	-	95.90%	-		↑		
	Friends and Family Test Community - Response Rate	Local	3.40%	14.00%	-	-	-	-	3.40%	14.00%	-	-	-	14.00%				
	Friends and Family Test Community Survey - % would recommend the Service	Local	96.20%	85.00%	-	-	-	85.00%	96.20%	90.09%	-	-	-	90.09%		↓		
Caring Maternity	Proportion of Women with a concern about safety during labour and birth not taken seriously	Local	6.50%	0.00%	-	-	0.00%	-	6.50%	2.69%	-	-	2.69%	-		↓		
	Proportion of women who were left alone at a time that worried them during labour	Local	4.50%	5.13%	-	-	5.13%	-	4.50%	4.23%	-	-	4.23%	-		↓		
	Proportion of Women who received Physical 'Harm Free' Care	Local	70.00%	82.05%	-	-	82.05%	-	70.00%	72.69%	-	-	72.69%	-		↑		
	Proportion of Women with a perception of safety	Local	90.40%	94.87%	-	-	94.87%	-	90.40%	93.46%	-	-	93.46%	-		↑		
	Proportion of Women who received Combined 'Harm Free' Care	Local	70.90%	76.92%	-	-	76.92%	-	70.90%	68.46%	-	-	68.46%	-		↑		

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Report For: November 2015						
% Complaints closed within target timeframe	100.00%	39.68%	33.33%	42.86%	57.14%	12.50%

% Complaints closed within target timeframe
Why off Plan: 63 responses were closed in November, the highest monthly number since June 2015, however only 24 of these were within timescale (40%) . This is a reduction of 21% compared to October 2015 with a drop in performance across all divisions. There has been a reduction in the number of overdue complaints with 46 at month end compared to 55 at the end of the previous month

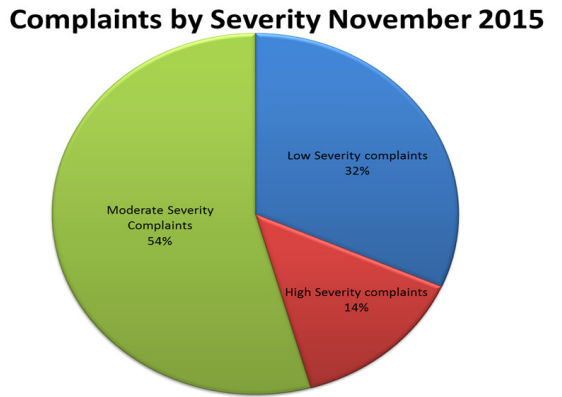
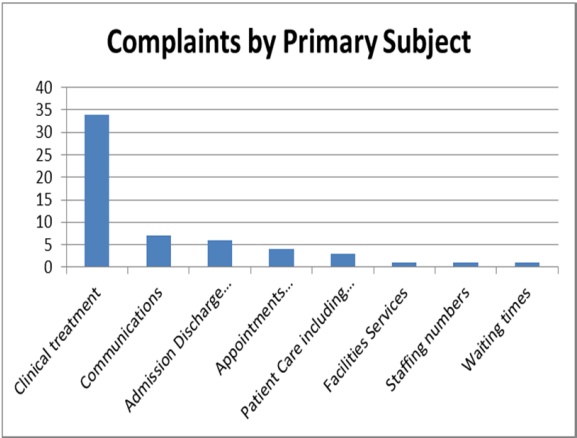
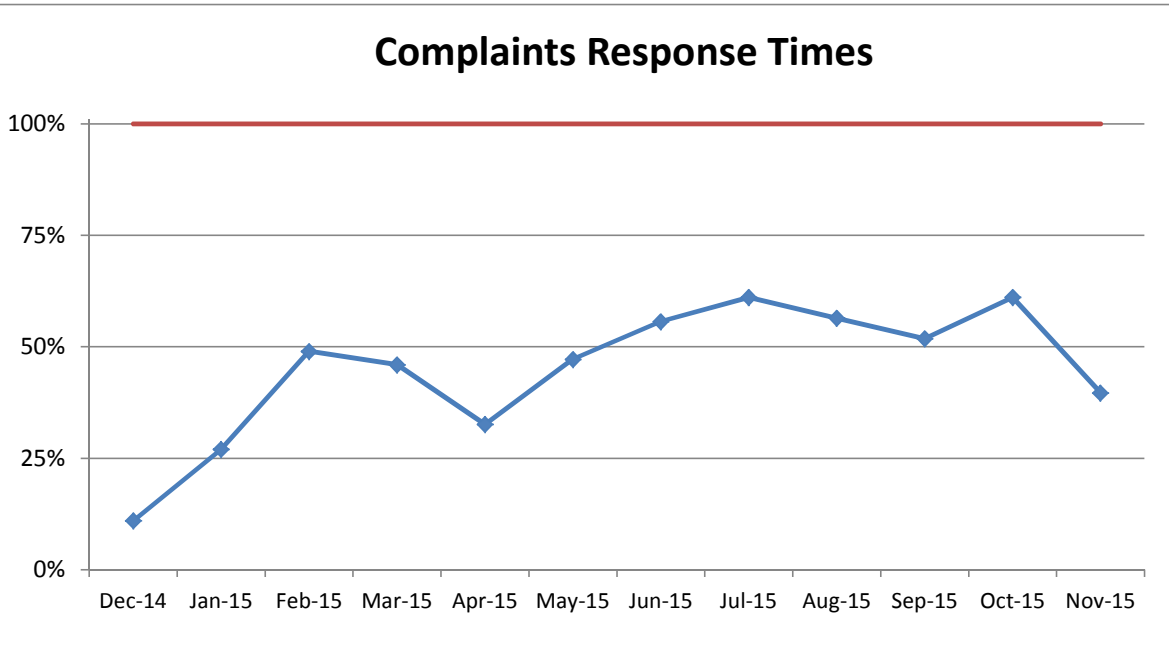
Action to get back on plan: Introduction of weekly meetings with divisions and complaints team during December to improve responsiveness of complaints, supported by weekly performance report. Introduction of case management system within medical division to ensure more even distribution of complaints and improved responsiveness.

When back on track: There are a number of overdue complaints still to close. These will impact on the ability to attain the 100% target for a number of months.

Complaints Overview:
There were 58 new complaints were received in November, a slight reduction compared to 62 in October.
Responses overdue from the divisions at the end of November were: 26 overdue by 1 month, 8 by up to 2 months, 6 up to 3 months, 1 up to 4 months and 1 up to 5 months .
The top 3 complaints subjects, consistent with previous months were:
Clinical treatment / procedure
Consent, confidentiality, communication
Access, Appointments, Admission, transfer and discharge
There is a difference with complaints subject codes from previous reports due to changes in coding required for the national complaints return. This has not impacted on the recording of the top 3 complaints subjects.

Severity: 54% of complaints received in November were of moderate severity with no red complaints received during November 2015.

Ombudsman (PHSO)
There were no new cases referred to the Trust for the investigation by the Ombudsman in November 2015.
Two cases were closed by the Ombudsman and were not upheld.
There are 11 active Ombudsman cases.



Report For: November 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Friends & Family Test (IP Survey) - Response Rate
Friends and Family Test Outpatients Survey - % would recommend the Service	95.00%	90.50%	-	-	-	-	
Friends and Family Test A & E Survey - Response Rate	14.00%	9.20%	-	9.20%	-	-	
Friends and Family Test A & E Survey - % would recommend the Service	90.00%	81.60%	-	81.60%	-	-	
Friends and Family Test Community Survey - % would recommend the Service	96.20%	85.00%	-	-	-	85.00%	

Indicator Update: the Target threshold for all FFT indicators have undergone a review against national performance levels. Targets have now been aligned with achieving a performance level which will see the trust in the top 50% of trusts for each element.

A&E FFT – Response Rate:

- Why off plan:** An improvement has been seen since the introduction of the text system in September 2015, from a low of 2.7% in Aug, to 9.2% this month. However this is a reduction of the previous high of 11% seen in October. As anticipated Q3 would be a challenge to sustain month on month improvements due to the demands on the service.
- Actions to get back on plan:** Actions remain in place in relation to the reception staff continuing to collect mobile phone numbers to enable use of the texting system. The poster campaign will be relaunched to inform patients of the FFT process. There are daily reminders for staff during the morning safety briefings, all staff, inclusive of the medical team, will be given postcards to hand out to patients throughout the data. there will be increased sharing of the patient comments to attract further engagement with staff in relation to the improvement work.
- When will we be on track:** Q3 will remain a challenge due to increases in work pressures, recognising Q3 as the toughest quarter for A&E. The initial aim was to focus on being above the England average of 14.9% by the end of December 2015, however November's performance would indicate that the trajectory needs to be realigned with a plan in place to reach national average by the end of Q4.

A&E FFT - Would recommend:

- Why off plan:** Comments for November are in the process of being analysed, initial review indicates that the common themes remain unchanged, relating to long waits and the impact that had on their care.
 - Actions to get back on plan:** Focus of the next few months will be on communication with patients; this will be the provision of waiting time information on arrival in the department, with ongoing updates. Other opportunities to address reduced waits will be discussed within the team and some of the wider services e.g. radiology.
 - When will we be on track:** As with the response rate the initial target will be to achieve a position of being above the England average (88.3%). It is expected that this will be achieved by the end of January 16.
- Accountable:** Deputy Director of Nursing

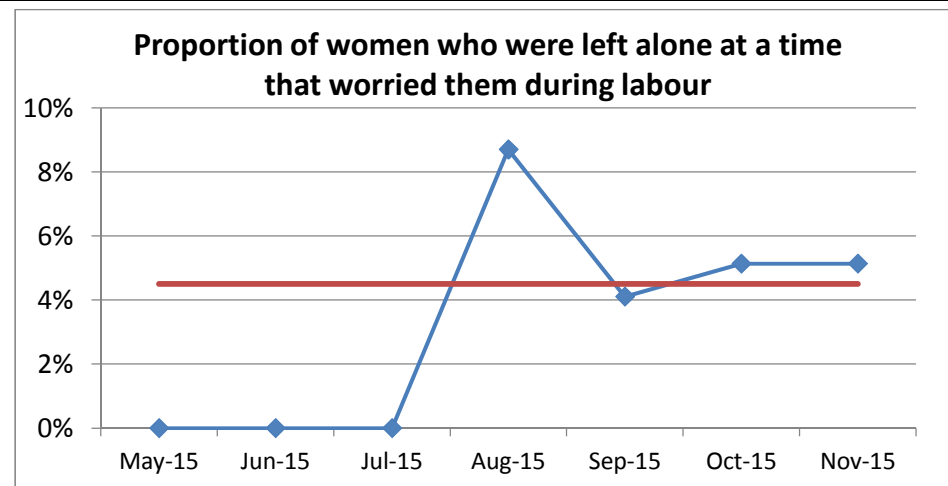
Community FFT - Would Recommend:

- Why off plan?** The introduction of interactive voice mail has made a significant impact on the community response rate with a 10% increase in the responses received. However the percentage of patients reporting that they would recommend the community services remains below target.
 - Actions to get back on plan:** Themes identified from negative comments to date have related to waiting times and service delivery for out-patient Physio and action discussed in the previous report are in place to address. However given there is now an increase in responses this month, it is likely that comments will relate to other areas and a detailed analysis will be undertaken to determine whether any new themes are emerging.
 - Achieved by date:** Aim to reduce Physio waiting list by Christmas, therefore should start to impact by January 2016.
- Accountable:** Deputy Director of Nursing

Outpatient FFT Response Rate:

- Why off plan:** Outpatients have continued with a slight month in month improvement increasing from 89.2% in September to 90.2% in October, and 90.5% in November. This remains below the revised target of 95% to be in the top 50% of trusts.
 - Actions to get back on plan:** An OPD improvement plan is in place based on core themes picked up from the patient comments across all specialties; this is being led by Matron Rachel Roberts. Individual specialty results indicate variation in practice with just over some achieving a 100% rating. A greater focus is being directed to the underperforming areas in order to understand and address the reasons for variation across the outpatient services
 - Achieved by date:** It is anticipated that a continued increase will take place over the next few months and a shift into the amber rating be achieved by the end of quarter 4
- Accountable:** Deputy Director of Nursing

Report For: November 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Proportion of Women with a concern about safety during labour and birth not taken seriously	6.50%	0.00%	-	-	0.00%	-
Proportion of women who were left alone at a time that worried them during labour	4.50%	5.13%	-	-	5.13%	-
Proportion of Women who received Physical 'Harm Free' Care	70.00%	82.05%	-	-	82.05%	-
Proportion of Women with a perception of safety	90.40%	94.87%	-	-	94.87%	-
Proportion of Women who received Combined 'Harm Free' Care	70.90%	76.92%	-	-	76.92%	-



Proportion of women who were left alone at a time that worried them during labour

Indicator update: Please note this month is reported a month behind due to a review of data quality in the latest release

Why off plan: The Maternity Safety Thermometer takes place at the same point in time every month, over 1 day. There were 2 women in October who reported that they had been left alone in labour at a point which concerned them

Actions to get back on plan: A number of new midwives (20+) have been recruited with the intention of achieving 100% 1:1 care in labour (maternity dashboard shows we are currently at 98%)

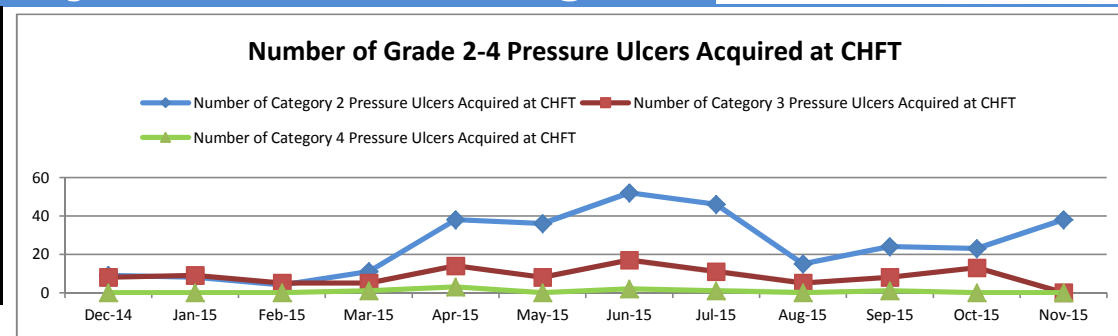
When will we be back to target: End of Q3.

Accountable: Clinical Director K Bhabra

Safety

Calderdale and Huddersfield				Safety Executive Summary - Julie Dawes Director of Nursing										compassionate care				
NHS Foundation Trust				Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Year To Date				Trend (Rolling 12 Month(s))	Direction of travel (last 4 months)	Financial Penalties/Non Financial Impact	Data Quality
Report For: November 2015											Target	Trust	Surgical	Medical				
Safety	Inpatient Falls with Serious Harm (10% reduction on 14/15)	Local	1	0	0	0	0	-	8	19	3	15	1	0		→		
	All Falls	Local	M	168	31	136	1	-	-	1329	225	1075	29	29		↑		
	Number of Trust Pressure Ulcers Acquired at CHFT	Local	25	38	6	14	0	18	200	405	52	128	2	223		↑		
	Number of Category 2 Pressure Ulcers Acquired at CHFT	Local	17	38	6	14	0	18	136	316	40	100	2	174		↑		
	Number of Category 3 Pressure Ulcers Acquired at CHFT	Local	7	0	0	0	0	0	56	81	11	26	0	44		↓		
	Number of Category 4 Pressure Ulcers Acquired at CHFT	Local	1	0	0	0	0	0	8	8	12	28	0	5		→		
	Number of Category 3 & 4 Pressure Ulcers Acquired at CHFT	Local	8	0	0	0	0	0	64	89	12	28	0	49		↓		
Safety 2	Percentage of Completed VTE Risk Assessments	National & Contract	95.00%	95.30%	95.50%	96.60%	90.00%	-	95.00%	95.40%	95.20%	95.30%	96.00%	-		↓		
	Percentage of Stage 1 RCAs completed for all Hospital Acquired Thrombosis	Local	100.00%	100.00%	100.00%	100.00%	n/a	-	100.00%	100.00%	100.00%	100.00%	100.00%	-		→		
	% Harm Free Care	CQUIN	95.00%	93.29%	91.51%	90.03%	100.00%	95.63%	95.00%	93.63%	93.90%	91.01%	99.84%	94.70%		↑		
	Safeguarding Alerts made by the Trust	Local	M	6	-	-	-	-	-	119	-	-	-	-		↓		
	Safeguarding Alerts made against the Trust	Local	M	6	-	-	-	-	-	59	-	-	-	-		→		
	World Health Organisation Check List	National	100.00%	99.28%	-	-	-	-	100.00%	98.23%	-	-	-	-		↑		
	Missed Doses (Reported quarterly)	National	10.00%	8.68%	7.30%	8.49%	18.36%	-	10.00%	8.24%	8.47%	7.80%	12.46%	-				
Safety 3	Number of Patient Incidents	Monitor	M	10	161	297	200	42	-	68	1114	2603	1455	431		↓		
	Number of SI's	Monitor	M	203	1	3	3	3	-	1533	9	30	7	20		↑		
	Number of Incidents with Harm	Monitor	M	0	34	100	43	19	-	0	212	720	334	259		↓		
	Never Events	National	0	0	0	0	0	0	0	0	0	0	0	0		→		
	Percentage of SI's reported externally within timescale (2 days)	Local	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-	-	-	-	-	-		→		
	Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed)	Local	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-		#N/A		
	Percentage of Non-Compliant Duty of Candour informed within 10 days of Incident	National & Contract	100.00%	70.50%	100.00%	80.00%	33.00%	80.00%	-	-	-	-	-	-		↓		
	Total Duty of Candour shared within 10 days	National & Contract	100.00%	100.00%		100.00%	100.00%		-	-	-	-	-	-		→		
Safety - Maternity	Elective C-Section Rate		10.00%	9.60%	-	-	9.60%	-	10.00%	8.70%	-	-	8.70%	-		→		
	Total C-Section Rate		22.50%	22.60%	-	-	22.60%	-	22.50%	23.90%	-	-	23.90%	-		↓		
	No. of Babies over 37 weeks with APGAR5<7		8.00%	0.80%	-	-	0.80%	-	8.00%	0.70%	-	-	0.70%	-		↓		
	Full Term to SCBU (NNU)		4.00%	1.60%	-	-	1.60%	-	4.00%	2.60%	-	-	2.60%	-		↓		
	Major PPH - Greater than 1000mls		8.00%	11.00%	-	-	11.00%	-	8.00%	10.20%	-	-	10.20%	-		↓		
	3rd or 4th Degree tear from ANY delivery		3.00%	3.20%	-	-	3.20%	-	3.00%	2.70%	-	-	2.70%	-		↑		
	Planned Home Births	National	2.30%	1.60%	-	-	1.60%	-	2.30%	1.50%	-	-	1.50%	-		↑		

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Report For: November 2015						
Number of Trust Pressure Ulcers Acquired at CHFT	25	38	6	14	0	18
Number of Category 2 Pressure Ulcers Acquired at CHFT	17	38	6	14	0	18



Pressure Ulcers:

Why off Plan: The Trust continues to have more ulcers each month than the planned target, although recent months have begun to see a reduction in the monthly numbers from the peak. The root cause of the pressure ulcers are largely unchanged and relate to underlying medical/ nursing complexity, care delivery problems around the Assessment – level of risk, skin, reposition and the provision of the necessary equipment or Incorrect or unavoidable use of medical

Actions to get back on plan: As reported last month, actions to address these issues were considered as part of an internal risk summit.

There is the ongoing development of training pack with competencies – this is being tested on Ward 11. There is an aim to assess 3 link nurses competencies (2 = RGNs & 1 HCA) who will then assess their colleagues. A knowledge check and pressure ulcer guide has been developed which provides staff with written guidance that supports their knowledge development. The TVNs are developing HCA competencies – these will be a simplified version of the NVQ assessment, which is very detailed. Target date for completion to be agreed with ward staff/ manager and TVN.

Launch poster campaign in January 16 to raise awareness of heel ulcer prevention.

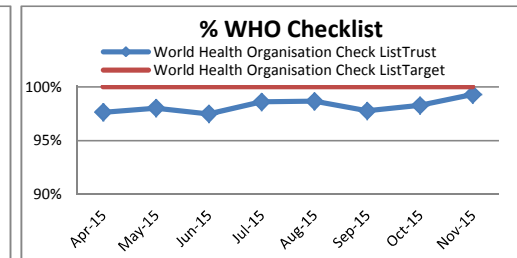
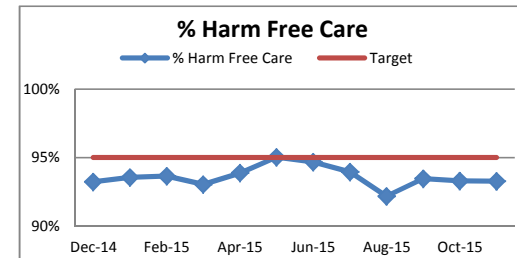
Community Clinical Manager is liaising throughout December with DN team regarding progress of a communication record based on SKIN bundle to improve communication about care needs/ delivery between various community agencies.

Ongoing actions from internal harm summit. Ward specific actions included introduction of bedside handover, safety huddles, equipment training.

When we will be back on track: As noted in the previous month, actions likely to become embedded during Q4.

Accountable: Deputy Director of Nursing

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Report For: November 2015						
% Harm Free Care	95.00%	93.29%	91.51%	90.03%	100.00%	95.63%
World Health Organisation Check List	100.00%	99.28%	-	-	-	-



World Health Organisation Check List

1. Why off plan. Since the last report, the figure is improving and is at 99.28%. The sign out of the check sheet is the part where there has been a need to push the teams to ensure it is completed in full. The Obstetric white boards to capture acute data when dealing with distressed baby need to be implemented.

2. Actions to get it back on plan: The white boards have been implemented into Theatres. The Clinical Directors are working with the Surgeons who are still not doing the sign out. A Task and Finish Group has been arranged. The message is being passed out continually across all teams.

3. Achieved by date: January 2016

4. Accountable: GM for Theatres

Harm Free Care:

1. Why off plan? Harm free care for the trust is at 93.29%. The harm events contributing to this are primarily old pressure ulcers, of which there were 51, this is an increase from the 34 in October. These are ulcers which are present on admission or developed within the first 72 hours of admission. Alongside this there were also 9 new pressure ulcers, 2 falls, 7 UTI's in patients with a catheter and 2 VTEs.

2. Actions to get back to plan: Work is ongoing to improve the trust position in relation to the number of ulcers and Falls occurring in the trust (please see detail p??).

3. Achieved by date: See individual subject areas for Ulcers and Falls (page ??)

4. Accountable: Deputy Director of Nursing

Wards in special measures

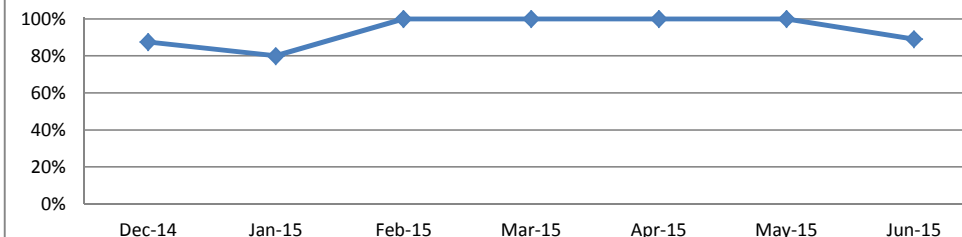
At present there are 2 wards in special measures.

These wards have been identified as requiring additional support to enable them to achieve the required standards.

Report For: November 2015

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed)	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Percentage of Non-Compliant Duty of Candour informed within 10 days of Incident	100%	70.50%	100.00%	80.00%	33.00%	80.00%

Percentage Compliant with Duty of Candour informed within 10 days of incident



Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed)

Indicator update: From 1st April 2015, the timescale for submission of the investigation report changed from 45 days to 60 days. According to the new framework reports are submitted to the relevant commissioner within 60 days unless an independent investigation is required. Within the framework, there is provision for providers to request extensions to the report submission deadline if there are compelling reasons e.g. new information coming to light requiring further investigation..

Why off Plan: There were 11 SI reports due for submission in November, none of which were submitted on time. As recognised last month a new process is being put in place to introduce more resilience in the system, making it less susceptible to factors such as unexpected staff sickness.

Actions to get back on plan: Full implementation of the revised system for collecting SI information,

When will we be back on track: there are still some overdue SIs in the system, which will not be completed until January 2016. Not expected to be back on track until the end of Q4.

Accountable: Head of Risk and Governance

Percentage Compliant with Duty of Candour informed within 10 days of incident

Why off Plan: 17 duty of Candour required in month, 12 DOC completed in timeframe.

Actions to get back on plan: Full implementation of the revised system for collecting SI information,

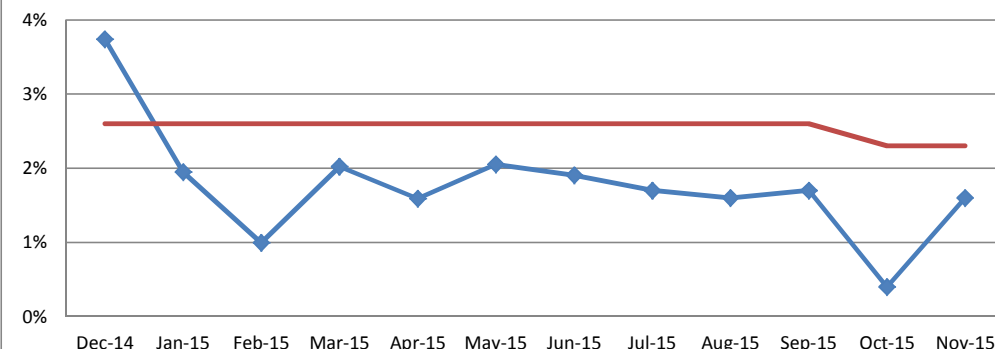
When will we be back on track: December 2015 due to revised systems now being in place

Accountable: Head of Risk and Governance

Report For: November 2015

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Total C-Section Rate	22.50%	22.60%	-	-	22.60%	-
Major PPH - Greater than 1000mls	8.00%	11.00%	-	-	11.00%	-
3rd or 4th Degree tear from ANY delivery	3.00%	3.20%	-	-	3.20%	-
Planned Home Births	2.30%	1.60%	-	-	1.60%	-

% Planned Home Births
(No. of Home Births / All Births per Month)



Planned Home Births

Why off plan: Performance remains below target, but has substantially increased on the previous month and is back in line with the previous average.

Actions to get back on plan: The home Birth Team continue to work to activity promote homebirth amongst women and colleagues, alongside the directorate work which should lead to increased homebirth rates

When will we be back to target: April 2016

Accountable: Midwifery Senior Clinical Manager - Community

Total C-Section Rate

Why off plan: The C-Section rate has reduced since last month and is now marginally over the target rate.

Actions to get back on plan: The divisional programme has been in place for a number of months looking at the variation seen month in month. The programme looks specifically at clinical decision making in relation to caesarean section. The program looks to increase standardisation in terms of decision making and as such reduce the rate of emergency C-sections.

When will we be back to target: End Q4 2015-2016

Major PPH

Why off plan: PPH rates remain broadly in line with last month's performance and this month relates to a high number of instrumental and operative births compared to previous months

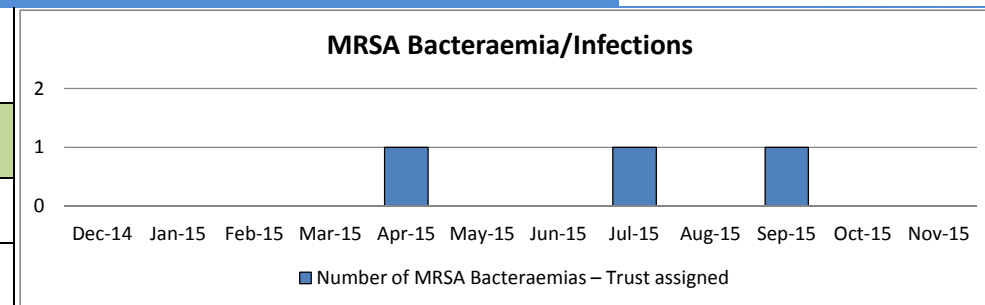
Actions to get back on plan: Division have changed management plan for all operative births to administer prophylactic oxytocic agents, as part of the work to address quality in the division, there is a specific piece of work to review PPHs and what proportion relate to instrumental or operative births as opposed to normal vaginal birth. The C- Section work above will also impact here.

When will we be back to target: January 2016

Effectiveness

Report For: November 2015		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Direction of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality
Effectiveness	Number of MRSA Bacteraemias – Trust assigned	National & Contract	0	0	0	0	0	0	0	3	0	2	0	1		→		
	Total Number of Clostridium Difficile Cases - Trust assigned	National & Contract	2	2	0	2	0	0	17	16	3	13	0	0		↓		
	Avoidable number of Clostridium Difficile Cases	National & Contract	0	1	0	1	0	0	0	5	1	4	0	0		↑		
	Unavoidable Number of Clostridium Difficile Cases	National & Contract	2	1	0	1	0	0	17	11	1	10	0	0		↓		
	Number of MSSA Bacteraemias - Post 48 Hours	National	1	0	0	0	0	0	8	6	1	5	0	-		↓		
	% Hand Hygiene Compliance	Local	95.00%	99.10%	97.93%	99.44%	99.58%	99.00%	95.00%	99.66%	99.08%	99.82%	99.94%	100.00%		↓		
	MRSA Screening - Percentage of Inpatients Matched	Local	95.00%	95.55%	95.30%	96.83%	90.57%	n/a	95.00%	95.06%	92.00%	99.00%	95.00%	-		↑		
	Number of E.Coli - Post 48 Hours	Local	2	4	1	2	1	-	29	24	7	16	1	-		↑		
	Central Line Infection rate per 1000 Central Venous Catheter days	Local	1.00	1.28	-	-	-	-	1.00	0.67	-	-	-	-				
Effectiveness 2	Stillbirths Rate (including intrapartum & Other)	National	0.50%	0.20%	-	-	0.20%	-	0.50%	0.40%	-	-	0.40%	-		↑		
	Perinatal Deaths (0-7 days)	Local	0.10%	0.00%	-	-	0.00%	-	0.10%	0.10%	-	-	0.10%	-		↑		
	Neonatal Deaths (8-28 days)	Local	0.10%	0.00%	-	-	0.00%	-	0.10%	0.00%	-	-	0.00%	-		↓		
	Local SHMI - Relative Risk (1yr Rolling Data April 14 - March 15)	National	100	108.9	-	-	-	-	100	109.1	-	-	-	-		↓		
	Hospital Standardised Mortality Rate (1 yr Rolling Data Sept 14 - Aug 15)	National	100.00	116.00	-	-	-	-	100.00	113.00	-	-	-	-		↑		
	Mortality Reviews – October Deaths	local	100.00%	56.90%	28.57%	60.58%	n/a	n/a	100.00%	49.40%	53.72%	48.84%	n/a	n/a		↓		
	Crude Mortality Rate	National	1.38%	1.33%	0.37%	2.99%	0.04%	n/a	1.17%	1.28%	0.39%	3.01%	0.08%	n/a		↑		
	Completion of NHS numbers within acute commissioning datasets submitted via SUS	Contract	99.00%	99.90%	99.90%	99.80%	99.90%	n/a	99.00%	99.90%	99.90%	99.90%	99.90%	-		→		
	Completion of NHS numbers within A&E commissioning datasets submitted via SUS	Contract	95.00%	99.00%	-	99.00%	-	n/a	95.00%	99.10%	-	99.10%	-	-		↑		
	% Sign and Symptom as a Primary Diagnosis	National	9.50%	9.9%	-	-	-	n/a	9.50%	9.90%	-	-	-	-				
	Average co-morbidity score	National	4.0	3.91	-	-	-	n/a	4.0	3.66	3.48	5.68	2.34	-				
	Average Diagnosis per Coded Episode	National	4.90	4.53	3.69	6.11	2.59	n/a	4.90	4.17	3.51	5.75	2.37	-		↑		
63 Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	National	85.00%	79.49%	75.00%	-	-	-	85.00%	68.04%	66.56%	-	-	-	-		↑		

Report For: November 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Avoidable number of Clostridium Difficile Cases	0	1	0	1	0	0
Number of E.Coli - Post 48 Hours	2	4	1	2	1	-
Central Line Infection rate per 1000 Central Venous Catheter days	1.00	1.28	-	-	-	-



Total Number of Clostridium Difficile Cases - Trust assigned

Why off plan: there was one avoidable case of Clostridium difficile in November on ward 5D at CRH

Actions to get back on plan: The RCA investigation identified a number of issues that contributed to this case which included delay in isolation and delay in obtaining a stool specimen resulting in delayed diagnosis and treatment. The nursing and medical documentation was also poor with regard to obtaining the stool specimen. The matron has developed an action plan and all action are completed. As part of the shared learning with the clinical team, the matron has provided a 'we contributed towards a patient contracting Clostridium difficile' summary of the case which provides a powerful learning message to the staff

When will be back on plan: The trust remains below trajectory for the number of avoidable cases in year

Total Number of E.coli:

Why off Plan: This month have seen a reduction in infection on the previous month, however remoras above average. No obvious cause four concern noted and again all appear to be untreated

Actions to get back on plan: The task and finish group is due to be set up in the new year, which will address learning from any infections and any actions will form part of the HCAI action plan for 16/17.

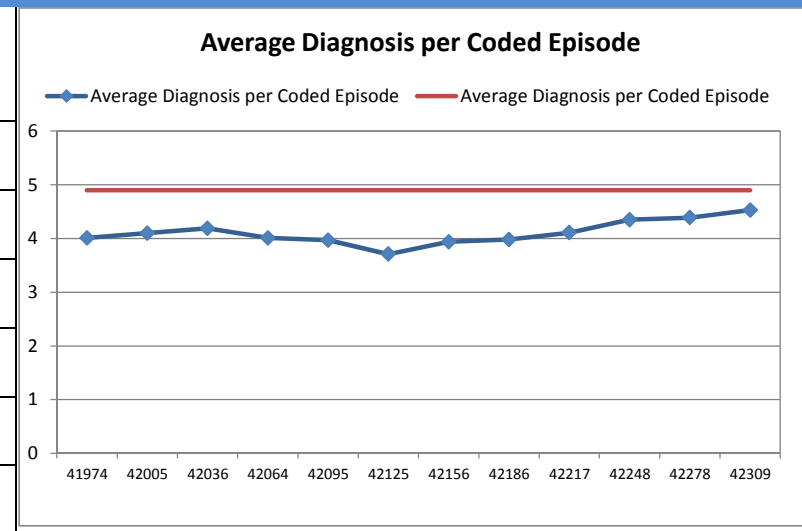
When will we be back on track: E.coli infections appear trod be sporadic and subject to fluctuation..

Central Line Infection: There were 4 central line infections in November. Each case is being investigated individually, these cases are not related by ward or organism. Two cases have been in outpatients admitted with line infections, a third case was a patient that had a line inserted in Leeds and the fourth case was in a patient who has a long term feeding line. The cumulative Infection rate per 1000 CVC days (12 month rolling) remains below target at 0.71.

Why off Plan: Although 2 out of the 3 patients had been admitted with line infections there needs to be a standardised training package for patients managing central lines at home. This has been developed for patients and will be provided for patients caring for lines at home. The third patient is being investigated to understand if the care given at CHFT had contributed to the line infection or whether it was incubating prior to admission. The patient with the long term feeding line has had a number of infections over the last couples of years and has a large open wound in close proximity to the line connectors. A plan was put in place following the last infection and included alcohol impregnated connector protectors, line locks and chlorhexidine dressings to prevent further line infections but these did not prevent this infection. This patient has been scheduled for insertion of an implantable port which will minimise further risk.

When will we be back on track: The learning from these cases will be shared with the CVAD steering group and changes to policy and practice will be made as required in January. The standardised training package will be available for patients and will be carefully monitored.

	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Report For: November 2015						
Local SHMI - Relative Risk (1yr Rolling Data April 14 - March 15)	100	108.9	-	-	-	-
Hospital Standardised Mortality Rate (1 yr Rolling Data Sept 14 - Aug 15)	100	116	-	-	-	-
Mortality Reviews – October Deaths	100.00%	56.90%	28.57%	60.58%	n/a	n/a
% Sign and Symptom as a Primary Diagnosis	9.50%	9.90%	-	-	-	n/a
Average co-morbidity score	4.0	3.9	-	-	-	n/a
Average Diagnosis per Coded Episode	4.90	4.53	3.69	6.11	2.59	n/a



% Sign and Symptom as a Primary Diagnosis/Average co-morbidity score/Average Diagnosis per Coded Episode

New indicators have been added, as the three measures are used as good KPI's for coding quality. The average co-morbidity score is used for calculating a patient's relative risk of death and a lower sign and symptom coding is better as it means more patients coded with a definitive diagnosis e.g. coded as asthma rather than shortness of breath.

1. Why off plan? CHFT depth of coding and average co-morbidity score are less than plan due to missed or undocumented relevant secondary diagnoses/complexities/comorbidities within the coding source documentation. This may also be due to incomplete coding documentation at the time of coding. Since May coding depth has gradually improved although not to national average levels. Since July average co-morbidity score has continued to improve each month. CHFT Sign and Symptom coding compares favorably with the National average but has not achieved the local target. This may be as a result of the terminology, content and quality of what is written within the case notes. There is variable improvement across specialties for each KPI.

2. Action to get it back on plan: Clinical engagement continues around importance of complete and accurate documentation and developing existing documentation to assist coding process e.g. inclusion of co-morbidities and improved structure. A pilot commenced at the start of December of 3 coders attending the ward round with 3 Upper GI clinicians in order to gain better mutual understanding. This will be reviewed early in the New Year. Work has commenced with Graham Walsh on developing theatre templates which will assist the coding process. The recruitment process is ongoing and 4 additional trainees will be recruited early in the New Year to start to address the vacancy issue within the team. Procurement has started for replacing the Encoder the clinical coders use for coding it is anticipated that the 3M software will assist the coding process and improve quality of coding particularly for less experienced coders. To improve clinical coding and the link to clinical colleagues 5 doctors are to have 1 PA. This is anticipated to increase the speed of future coding improvement initiatives with known direct links always available to the coding team from a capacity perspective.

3.Achieved By: Expect to see continued improvement month on month across each coding KPI, with a trajectory to hit target by March 2016

4.Accountable: Head of Clinical Coding

SHMI/HSMR

1. Why it is off plan? The most recent release indicated a SHMI which had a slight reduction to 108.9 for the 12 months of Apr 14 to Mar 15. It remains in the "as expected" category, indicating that there are not significantly more deaths than would be expected for the trust's patient population. The most recent 12 months data for HSMR indicates a score of 116, which is a maintained position from previous release but continues to be an outlying position. The November 2015 crude mortality is lower than the same point in the previous year.

2. Action to get it back on plan: Tie Care of the Acutely Ill Patient (CAIP) plan continues with a focus on six areas: mortality reviews and learning; reliability; deteriorating patients; end of life care; frailty; and coding. The latest figure of the number of the mortality reviews carried out in October (October's death's) is 57%. A slight reduction since last month and performance is still short of the target. There has been joint planning with medical records to improve the availability of notes for review, particularly in those who have died close to the end of the month.

Intelligence is being received in the form of thematic learning reports received at the CEAM group. External support in further understanding our HSMR position has been useful and a presentation to the board took place in November. and led to a number of pieces of work to examine palliative care provision and the capture of patient comorbidities. Work around the reliability of care, is planning to roll out a new integrated care bundle document in January 2016 to increase reliability. The Nerve Centre rollout is progressing well. The Frailty work stream is currently in the process of compiling a business case to address how best to support frail patients following an emergency admission.

3.Achieved By: Progressive improvement in mortality review completion is expected month on month. As HSMR and SHMI are delayed indicators then the impact of changes as a result of learning from mortality will not be seen in these figures for a number of months.

4. Accountability: Medical Director

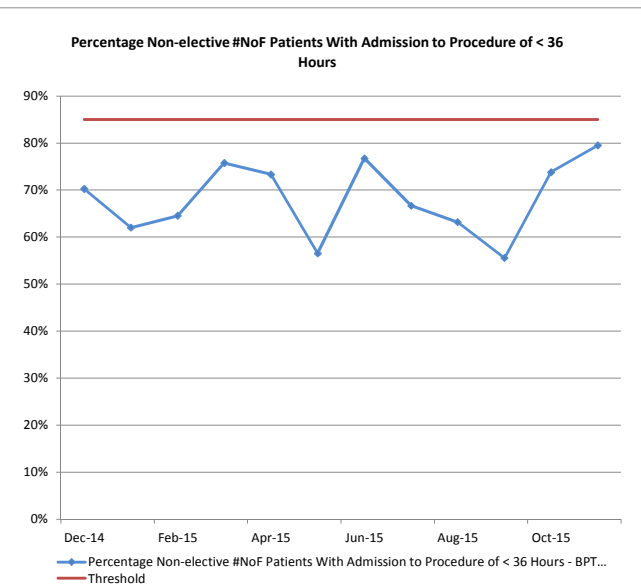
Report For: November 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	85.00%	79.49%	75.00%	-	-	-
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - based on admission	85.00%	78.05%	78.05%	-	-	-
Emergency Readmissions Within 30 Days (With PbR Exclusions) Greater Huddersfield CCG	6.66%	6.95%	-	-	-	-

Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours (based on date of admission)

1. Why off plan: Overall there has been a much improved position, however still falling short of the 85% target. There was a larger than expected number of patients who needed theatre, some of which required cross site moves. One patient had a advanced directive which delayed time to operation

2. Actions to get back on plan: Continue with current action plan.

3. When will we back on track: December 2015



Fracture Neck of Femur	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Number of fragility hip fracture discharges recorded on the National Hip Fracture Database	45	46	43	39	38	45	42	39					337
% achieving Best Practice Tariff	53.33%	45.65%	69.77%	66.67%	57.89%	55.56%	59.52%	71.79%					59.82%
a) time to surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an admitted patient, to the start of anaesthesia.	73.33%	56.52%	76.74%	66.67%	63.16%	55.56%	73.81%	79.49%					68.04%
(b) admitted under the joint care of a consultant geriatrician and a consultant orthopaedic surgeon.	97.78%	91.30%	100.00%	100.00%	100.00%	97.78%	100.00%	97.44%					97.95%
(c) admitted using an assessment protocol agreed by geriatric medicine, orthopaedic surgery and anaesthesia.	100.00%	100.00%	97.67%	100.00%	100.00%	100.00%	97.60%	100.00%					99.41%
(d) assessed by a geriatrician in the perioperative period (within 72 hours of admission).	93.33%	82.61%	95.35%	100.00%	97.37%	86.67%	90.50%	92.31%					92.08%
(e) postoperative geriatrician-directed multi-professional rehabilitation team	82.22%	91.30%	93.02%	97.44%	92.11%	94.74%	95.20%	89.74%					92.08%
(f i) fracture prevention assessments (Falls)	82.22%	80.43%	88.37%	92.31%	84.21%	92.11%	92.90%	79.49%					87.10%
(f ii) fracture prevention assessments (Bone health)	100.00%	93.48%	100.00%	94.87%	94.74%	94.74%	97.60%	94.87%					95.89%
(g i) two Abbreviated Mental Tests (AMT) performed and all the scores recorded in NHFD with the first test carried out prior to surgery and the second post-surgery but within the same spell - Pre-Op	93.33%	91.30%	97.67%	100.00%	94.74%	100.00%	100.00%	100.00%					97.07%
(g ii) two Abbreviated Mental Tests (AMT) performed and all the scores recorded in NHFD with the first test carried out prior to surgery and the second post-surgery but within the same spell - Post-Op	91.11%	84.78%	90.70%	97.44%	94.74%	97.37%	97.60%	92.31%					92.96%

Workforce

Workforce Metric			Trust	Surgery	Medical	Community	FSS	Estates	Corporate	THIS	Trust Trend	Division Comparison
Sickness YTD	Sickness Absence rate (%) (Year to date)	4.00%	4.48%	4.57%	5.60%	3.69%	4.31%	4.79%	2.11%	3.18%		
	Long Term Sickness Absence rate (%) (Year to date)		3.12%	3.17%	4.09%	2.42%	2.82%	3.63%	1.44%	2.38%		
	Short Term Sickness Absence rate (%) (Year to date)		1.36%	1.40%	1.51%	1.27%	1.49%	1.16%	0.67%	0.81%		
Sickness in month	Sickness Absence rate (%) (1 Month Behind)	4.00%	4.81%	5.50%	6.02%	4.18%	4.24%	5.46%	2.16%	1.80%		
	Long Term Sickness Absence rate (%) (1 Month Behind)		3.21%	3.70%	4.17%	2.64%	2.70%	3.64%	1.56%	1.09%		
	Short Term Sickness Absence rate (%) (1 Month Behind)		1.60%	1.80%	1.85%	1.53%	1.54%	1.82%	0.61%	0.72%		
Staff in post	Staff in Post Headcount		5730	1224	1433	650	1534	346	344	199		
	Staff in Post (FTE)		4998.21	1098.45	1294.13	536.16	1313.65	263.60	301.15	191.07		
Turnover	Turnover rate (%)		1.05%	0.41%	0.78%	1.91%	1.18%	1.04%	1.81%	1.57%		
	Turnover rate (%) (Rolling 12m)		16.23%	12.77%	15.48%	28.82%	14.48%	13.34%	18.65%	13.06%		

Workforce Metric			Add Sci & Tech	ACS	Admin & Clerical	AHP	Estates & Ancil.	Healthcare Scientists	Medical and Dental	Nursing & Midwifery	Staff Group Comparison
Sickness YTD	Sickness Absence rate (%) (Year to date)	4.00%	2.68%	6.74%	3.60%	2.53%	5.96%	2.47%	1.00%	5.26%	
	Long Term Sickness Absence rate (%) (Year to date)		1.43%	4.82%	2.51%	1.70%	4.50%	1.34%	0.71%	3.63%	
	Short Term Sickness Absence rate (%) (Year to date)		1.25%	1.92%	1.09%	0.83%	1.46%	1.14%	0.29%	1.63%	
Sickness in month	Sickness Absence rate (%) (1 Month Behind)	4.00%	4.00%	7.44%	3.50%	2.81%	6.93%	3.65%	1.00%	5.53%	
	Long Term Sickness Absence rate (%) (1 Month Behind)		2.70%	5.44%	2.28%	1.45%	4.51%	1.76%	0.71%	3.55%	
	Short Term Sickness Absence rate (%) (1 Month Behind)		1.30%	2.00%	1.21%	1.36%	2.42%	1.89%	0.29%	1.98%	
Staff in post	Staff in Post Headcount		180	1282	1103	402	178	121	541	1918	
	Staff in Post (FTE)		160.98	1041.66	974.64	340.24	158.67	109.87	520.83	1686.31	
Turnover	Turnover rate (%)		0.62%	1.06%	1.34%	1.56%	-	3.31%	-	0.93%	
	Turnover rate (%) (Rolling 12m)		14.23%	14.14%	16.28%	26.92%	11.50%	18.71%	16.06%	15.50%	

Sickness Absence/Attendance Management at work

Why are we away from plan -

The 2015-16 year to date sickness rate of 4.48% compares to a 2014-15 outturn sickness rate of 4.26%. Community ,THIS and Corporate have a YTD % below the 4% threshold identified .Short term sickness absence for the Trust is at 1.36% long term absence at 3.12%. The October 2015 figures compare to October year to date 2014 figures of 1.29% short term absence and long term absence of 3.13 %.

In Month THIS and Corporate have a % below the 4% threshold identified for October 2015. Short term sickness absence in month for the Trust is 1.60% long term absence at 3.21%. The October 2015 figures compare to October 2014 figures of 1.32% short term absence and long term absence of 3.13 %.

Action to get on plan?

There are a number of key interventions planned to address the current rate of sickness absence:-

A dedicated Attendance Management team is now in place

Increasing awareness of health and lifestyle choices (a comprehensive colleague health and wellbeing strategy is in development with design workshops held in November 2015)

Evidence based data driven target action (through the use of the BI tool)

Clear and simple attendance management policy (the Attendance Management policy has been updated to include a case management approach, early intervention, fast access to Occupational Health and Physiotherapy, robust return to work process, meetings and action plans, revised triggers for short term episodes and active management)

Joined up approach – line manager/HR/Occupational Health/Staff Side

Fast access to Occupational Health and Physiotherapy

Robust return to work process – meetings and plans

Training for managers – “ how to”

Realistic improvement targets

Case management approach

Early intervention

Active management

Eliminate barriers to comprehensive sickness absence reporting breakthrough event held in November 2015 with actions being progressed

Clear and simple KPIs being designed to monitor progress

NH5 Foundation Trust												
Workforce Metric		Trust	Surgery	Medical	Community	FSS	Estates	Corporate	THIS		Trust Trend	Division Comparison
Mandatory Training	Prevent	43.37%	28.95%	34.14%	79.33%	48.37%	26.28%	57.53%	47.96%			
	Equality & Diversity	63.28%	57.72%	57.19%	64.83%	74.57%	39.27%	67.77%	82.14%			
	Information Governance	73.07%	63.64%	69.43%	80.17%	83.58%	50.15%	76.20%	87.24%			
	Infection Control	58.43%	52.31%	54.90%	60.00%	70.96%	27.79%	56.93%	75.51%			
	Health & Safety	58.36%	52.57%	53.84%	60.50%	71.17%	29.31%	58.43%	70.92%			
	Manual Handling	65.46%	62.86%	64.71%	74.33%	73.18%	29.00%	57.53%	77.04%			
	Safeguarding	60.97%	59.63%	55.13%	79.33%	71.66%	24.47%	53.61%	47.45%			
	Fire Safety	62.33%	46.29%	55.06%	70.17%	73.25%	78.85%	63.55%	70.92%			
	Dementia	32.92%	28.07%	29.66%	33.50%	42.48%	22.36%	33.13%	28.57%			
	Conflict Resolution	27.77%	21.97%	24.18%	25.67%	38.88%	19.34%	28.01%	24.49%			
Number of Mandatory Training Elements Completed		0	1	2	3	4	5	6	7	8	9	10
	Trust	7.98%	9.62%	9.41%	6.82%	5.18%	5.03%	8.44%	11.91%	13.94%	10.72%	10.94%
<div>Percentage of Employees Started Mandatory Training</div> 												
Appraisal	Planned activity as at 31.11.2015	-	41.70%	40.80%	70.40%	58.00%	82.60%	38.50%	58.70%			
	Percentage of Appraisal completed since April	45.7%	22.6%	39.6%	53.2%	60.5%	72.7%	42.4%	48.5%			
Medical Devices	Percentage of Medical Devices Training Completed (Target 100%)	76.00%	65.00%	61.00%	81.00%	75.00%	100.00%	76.00%				

Mandatory Training

Why are we away from plan?

The new mandatory training approach (The Core Skills Training Framework or CSTF) has been in operation since 1 June 2015. Colleagues are becoming more familiar with the approach and this is factoring positively into the compliance figures. 91% of colleagues have commenced completion of the new programme of mandatory training since 1 June 2015, this is an increase of 4% from last month. However, full completion across all of the 10 available programme elements is below desired levels. The final two subjects to complete the 10 mandatory subjects, Conflict Resolution and Dementia Awareness, were made live on 1 November 2015 and as they have just been launched they will clearly affect the overall compliance rate.

Action to get on plan including timescales:-

An intranet portal has been established giving access into the Electronic Staff Record (ESR) to complete the mandatory training elements. The web pages contain comprehensive support materials including videos and scripts which are to be used by colleagues enabling them to access the training and complete it satisfactory. A help facility has been established as well as an FAQ which sets out issues colleagues have raised in using the system and the solutions to them. Extra PREVENT classroom sessions have now been scheduled to increase availability for colleagues. Information about home access for colleagues who wish to complete training outside of the workplace has been strengthened on the mandatory training web page and a small bank of loanable Trust devices will be available from 1 December 2015 to increase Smartcard enabled users access the mandatory training. Work to ascertain which of the mandatory subjects might have alternate, higher level qualifications which satisfy the learning outcomes for the mandatory subjects and therefore avoid the need for colleagues to complete the awareness level mandatory packages is almost complete. A reconciliation report from McKesson will facilitate the completion by 1 December 2015. Mandatory training awareness sessions over October and November are now concluded but have been poorly attended.

Appraisal

Why are we away from Plan?

Significant progress has been made in planning appraisals for the period 1 April 2015 to 31 March 2016. All divisions report a comprehensive plan for ensuring 100% compliance by 31 March 2016.

FSS and Corporate compliance is beyond planned activity as at 30 November 2015.

Compliance in Medical is within the 2% tolerance level when measured against plan, Community 17% behind planned activity, THIS is 10% below planned activity. Estates and Facilities is 10% behind plan and Surgery and Anaesthetics 19% behind plan.

Action to get on plan:-

Continued focus within divisions to deliver planned activity and to ensure that completed appraisals are confirmed in ESR. Where appraisals have not been undertaken up to change date as planned appraisal profilers will be refreshed to identify new appraisal dates. A 'deep dive' appraisal and mandatory training review is on the agenda for WEB on 14th Jan 2016. It is anticipated that enhanced reporting and subsequent divisional action planning to attain compliance by 31st March 2015 will result from the review.

Medical Devices

Medical Devices Training is currently at 77% compliance across the Trust.

Action to get on Plan - (1) Regular reminders to all staff re Medical Devices training requirements via newsletter, intranet notices, link nurse, matrons and department managers group emails (2) Discuss and remind Medical Devices training group and link nurse meeting members to cascade Medical Devices Training requirements throughout divisions. (3) Organise and promote medical devices training events (4) Contact all areas below 75% compliance (in the red) to develop an action plan to improve training compliance

By Who- (1) Director of Planning, Performance, Estates & Facilities, ADN's, Matrons, General Managers, Department Heads, Line Managers and link nurses (2) Medical Devices Training Coordinator and Medical Devices Training support on-going throughout the year

Workforce Metric		Trust	Surgery	Medical	Community	FSS	Estates	Corporate	THIS
Staffing Levels	Hard Truths Summary Day - Nurses/Midwives	88.66%	91.34%	84.27%	-	96.40%	-	-	-
	Hard Truths Summary - Day Care Staff	97.29%	93.38%	100.24%	-	92.42%	-	-	-
	Hard Truths Summary - Night Nurses/Midwives	92.54%	93.12%	92.07%	-	92.77%	-	-	-
	Hard Truths Summary - Night Care Staff	111.27%	113.53%	119.17%	-	71.27%	-	-	-
Staff Friends and Family Test	FFT Staff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q1	77.00%	79.00%	76.00%	77.00%	76.00%	83.00%	82.00%	72.00%
	FFT Staff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q2	78.70%	-	79.40%	-	78.40%	-	-	-
	FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q1	51.00%	55.00%	49.00%	49.10%	51.50%	45.00%	52.00%	72.00%
	FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q2	49.10%	-	55.30%	-	46.00%	-	-	-

Hard Truths Staffing Levels

Why we are away from plan

Average fill rates for qualified nurses have increased in November. Additional capacity areas have been open across the Trust and to obtain the fill rates reported a level of temporary workforce has been required.

Average Fill Rate Qualified Nurses (Day and Night)	CRH	HRI
Sep-15	85.49%	92.00%
Oct-15	85.99%	90.22%
Nov-15	90.20%	91.90%

Average Fill Rate Un Qualified Nurses (Day and Night)	CRH	HRI
Sep-15	100.50%	104.60%
Oct-15	100.20%	107.00%
Nov-15	100.10%	107.80%

Average fill rate for non registered nurses (day and night) has increased on both sites in October to 102% at CRH and 107% at HRI.

	Day		Night		Combined
	Qualified	Unqualified	Qualified	Unqualified	
Red (less than 75% fill rate)	3	4	1	2	10
Amber (75 – 89% fill rate)	17	8	6	0	31
Green (90-100% fill rate)	14	10	27	10	61
Blue (greater than 100%)	2	14	2	19	37

The proportion of areas rag rated Green and Blue have increased this month in comparison to September and October. This is in part due to the successful recruitment of newly qualified nurses and midwives.

Table 4: Analysis of Areas with Qualified Nurse Average fill rates less than 75%

Area	Day	Night	Reason
5AD	66.9%		Vacancies; Increased number of long shifts worked against planned resulting in decreased fill rates. Supported by additional HCA fill rate (122%)
21	71.9%		Vacancies; Sickness and supporting additional capacity areas. Supported by additional HCA fill rate (114%)
CCU		73.3%	Vacancies;
4C	70.1%		Vacancies

Successful recruitment to HCA posts has been completed with a resulting decrease in requests for HCA's to the Flexible Workforce Department. As all the recruited HCA's complete the resourcing process we anticipate that there will be minimal areas experiencing reduced fill rates for HCA's.
In November some areas have had average fill rates above 100% for non registered nurses predominantly to support reduced fill rate for qualified nurses and to support 1-1

Table 5: Analysis of Areas with Non Registered Average Fill Rates Above 105%

Area	Day	Night	Key Indicators for Fill Rate
MAU HRI		123%	6 additional 1-1 support shifts required
2AB		117%	Supporting reduced fill rate qualified nurses 4 additional 1-1 support shifts required
11 (previously Ward 5)		196.7%	Ward trialling changed workforce model with 1 non registered nurse additional on night shift transferred from late shift. Planned hours not changed until trial reviewed. Matron monitoring.
5AD	122.7%	118.9%	Supporting reduced fill rate qualified nurses 42 additional 1-1 support shifts required
5B	180.1%	131.2%	22 additional 1-1 support shifts required
6	109.9%	112.3%	Supporting Reduced fill rate qualified nurses 14 additional 1-1 support shifts required
6A	158.6%	113.3%	Additional Capacity Area – new team of staff and workforce model under review
7AD		145%	64 additional 1-1 support shifts required
7BC		114%	4 additional 1-1 support shifts required
8	113%	141.1%	Supporting reduced fill rate qualified nurses
12		186.7%	Supporting reduced fill rate qualified nurses
17		119.7%	Supporting reduced fill rate qualified nurses
21	114.6%		Supporting reduced fill rate qualified nurses
3		143.3%	20 additional 1-1 support shifts required
8AB		111.8%	4 additional 1-1 support shifts required
10	124.1%		Supporting reduced fill rate qualified nurses
15	106.4%		Supporting reduced fill rate qualified nurses
SAU		112.5%	Supporting reduced fill rate qualified nurses
NICU	122.1%		Supporting reduced fill rate qualified nurses (day)
Paediatrics	110.1%		Supporting reduced fill rate qualified nurses

Action Plan and Achieved by Date

Focused recruitment for both HCA and Qualified nurses

International recruitment for Qualified nurses to continue

Recruitment of nurses due to qualify in September 2016 commenced with additional keep in touch events and support from nursing workforce planned.

Roster scrutiny tool being trialled in December in one area with the intention of rolling out a programme of roster scrutiny sessions across the nursing workforce by February 2016

Site staffing reports developed and trialled. Due to commence December 2015 to identify daily staffing situation including number of outstanding shifts required and number of temporary workforce utilised on each site.

Finance

Trust Financial Overview as at 30th Nov 2015 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO MONITOR IN MAY 2015

YEAR TO DATE POSITION: M08

CLINICAL ACTIVITY

	M08 Plan	M08 Actual	Var	
Elective	6,017	5,668	(349)	●
Non Elective	32,586	33,669	1,083	●
Daycase	28,958	26,863	(2,095)	●
Outpatients	221,420	217,511	(3,909)	●
A & E	99,509	98,098	(1,411)	●

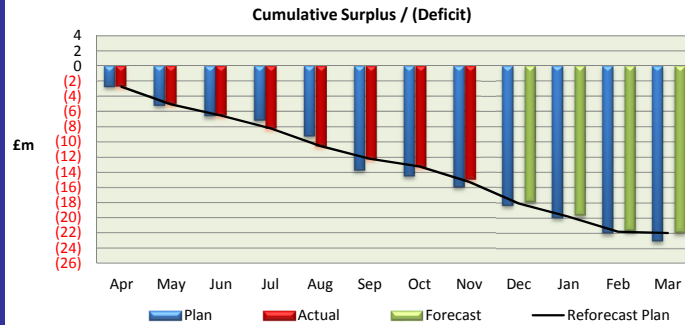
TRUST: INCOME AND EXPENDITURE

	M08 Plan £m	M08 Actual £m	Var £m	
Elective	£15.56	£14.54	(£1.02)	●
Non Elective	£52.99	£55.10	£2.10	●
Daycase	£20.16	£17.43	(£2.73)	●
Outpatients	£26.67	£26.80	£0.14	●
A & E	£10.48	£10.65	£0.16	●
Other-NHS Clinical	£78.03	£78.02	(£0.01)	●
CQUIN	£4.49	£4.51	£0.02	●
Other Income	£25.18	£24.31	(£0.87)	●
Total Income	£233.56	£231.35	(£2.20)	●
Pay	(£149.06)	(£149.77)	(£0.71)	●
Drug Costs	(£21.05)	(£20.75)	£0.30	●
Clinical Support	(£20.87)	(£20.25)	£0.62	●
Other Costs	(£30.53)	(£30.22)	£0.31	●
PFI Costs	(£7.95)	(£7.88)	£0.07	●
Total Expenditure	(£229.46)	(£228.87)	£0.59	●
EBITDA	£4.10	£2.48	(£1.61)	●
Non Operating Expenditure	(£16.99)	(£16.72)	£0.26	●
Deficit excl. Restructuring	(£12.89)	(£14.24)	(£1.35)	●
Restructuring Costs	(£3.00)	(£0.65)	£2.35	●
Surplus / (Deficit)	(£15.89)	(£14.89)	£1.00	●

DIVISIONS: INCOME AND EXPENDITURE

	M08 Plan £m	M08 Actual £m	Var £m	
Surgery & Anaesthetics	£14.41	£13.06	(£1.35)	●
Medical	£18.05	£15.78	(£2.28)	●
Families & Specialist Services	(£1.10)	(£1.25)	(£0.15)	●
Community	£3.90	£4.18	£0.27	●
Estates & Facilities	(£18.87)	(£17.22)	£1.65	●
Corporate	(£13.63)	(£14.80)	(£1.16)	●
THIS	£0.30	£0.20	(£0.11)	●
PMU	£1.93	£1.36	(£0.57)	●
Central Inc/Technical Accounts	(£18.17)	(£15.82)	£2.35	●
Reserves	(£2.71)	(£0.37)	£2.34	●
Surplus / (Deficit)	(£15.89)	(£14.89)	£1.00	●

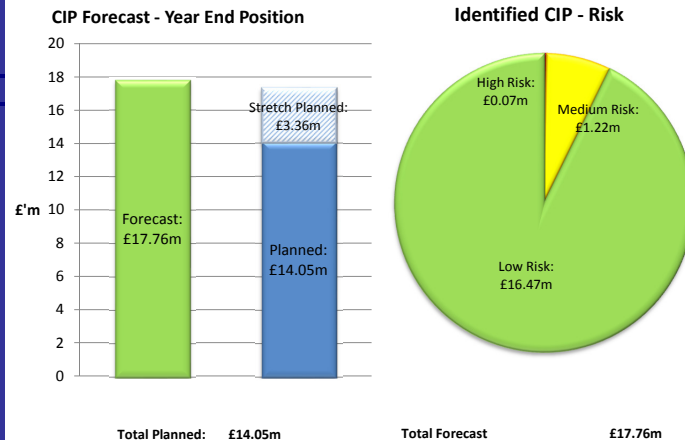
TRUST SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M08 Plan £m	M08 Actual £m	Var £m	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£15.89)	(£14.89)	£1.00	(£23.01)	(£21.92)	£1.09	●
Capital (forecast Plan)	£15.60	£12.62	£2.98	£20.72	£20.72	£0.00	●
Cash	£1.94	£10.38	£8.44	£1.92	£2.03	£0.11	●
CIP	£8.24	£10.90	£2.66	£14.05	£17.76	£3.71	●
Financial Sustainability Risk Rating	Plan	Actual		Plan	Forecast		●
	2	2		2	2		●

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 2015/16

CLINICAL ACTIVITY

	Plan	Forecast	Var	
Elective	9,185	8,424	(761)	●
Non Elective	49,263	50,964	1,701	●
Daycase	43,731	40,078	(3,653)	●
Outpatients	327,200	321,467	(5,733)	●
A & E	146,774	144,693	(2,082)	●

TRUST: INCOME AND EXPENDITURE

	Plan £m	Forecast £m	Var £m	
Elective	£23.39	£21.66	(£1.73)	●
Non Elective	£79.89	£83.35	£3.46	●
Daycase	£30.25	£26.23	(£4.02)	●
Outpatients	£39.45	£39.97	£0.52	●
A & E	£15.49	£15.70	£0.21	●
Other-NHS Clinical	£117.49	£117.02	(£0.47)	●
CQUIN	£6.69	£6.76	£0.07	●
Other Income	£38.90	£38.27	(£0.63)	●
Total Income	£351.55	£348.96	(£2.59)	●
Pay	(£224.98)	(£226.96)	(£1.98)	●
Drug Costs	(£32.05)	(£30.93)	£1.11	●
Clinical Support	(£31.15)	(£29.83)	£1.32	●
Other Costs	(£45.94)	(£45.09)	£0.85	●
PFI Costs	(£11.92)	(£11.90)	£0.02	●
Total Expenditure	(£346.04)	(£344.70)	£1.34	●
EBITDA	£5.51	£4.26	(£1.26)	●
Non Operating Expenditure	(£25.52)	(£25.08)	£0.44	●
Deficit excl. Restructuring	(£20.01)	(£20.82)	(£0.81)	●
Restructuring Costs	(£3.00)	(£1.10)	£1.90	●
Surplus / (Deficit)	(£23.01)	(£21.92)	£1.09	●

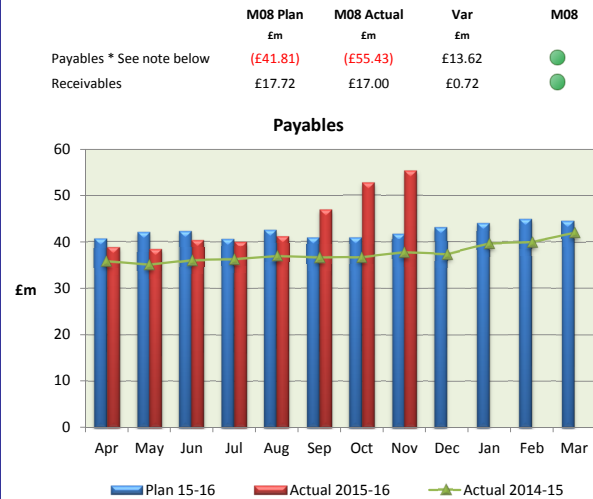
DIVISIONS: INCOME AND EXPENDITURE

	Plan £m	Forecast £m	Var £m	
Surgery & Anaesthetics	£21.11	£18.98	(£2.13)	●
Medical	£26.23	£21.76	(£4.47)	●
Families & Specialist Services	(£1.36)	(£1.39)	(£0.03)	●
Community	£5.77	£5.78	£0.01	●
Estates & Facilities	(£28.51)	(£27.16)	£1.35	●
Corporate	(£20.35)	(£22.24)	(£1.89)	●
THIS	£0.53	£0.42	(£0.11)	●
PMU	£3.15	£2.95	(£0.20)	●
Central Inc/Technical Accounts	(£25.20)	(£21.03)	£4.18	●
Reserves	(£4.38)	£0.00	£4.38	●
Surplus / (Deficit)	(£23.01)	(£21.92)	£1.09	●

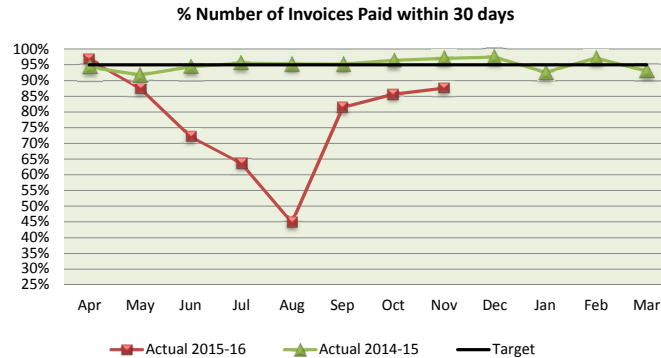
Trust Financial Overview as at 30th Nov 2015 - Month 8

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO MONITOR IN MAY 2015

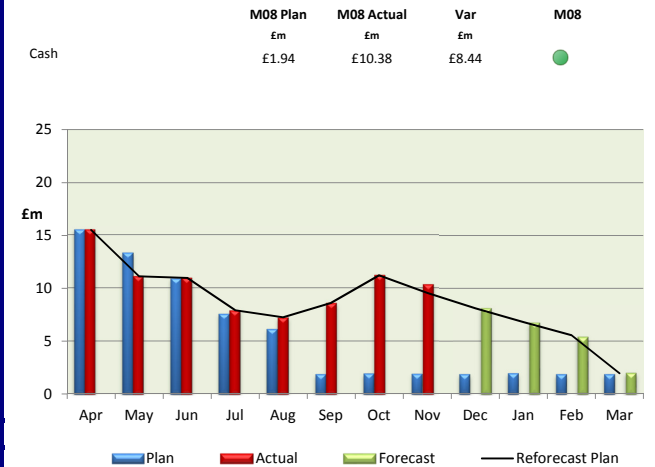
WORKING CAPITAL



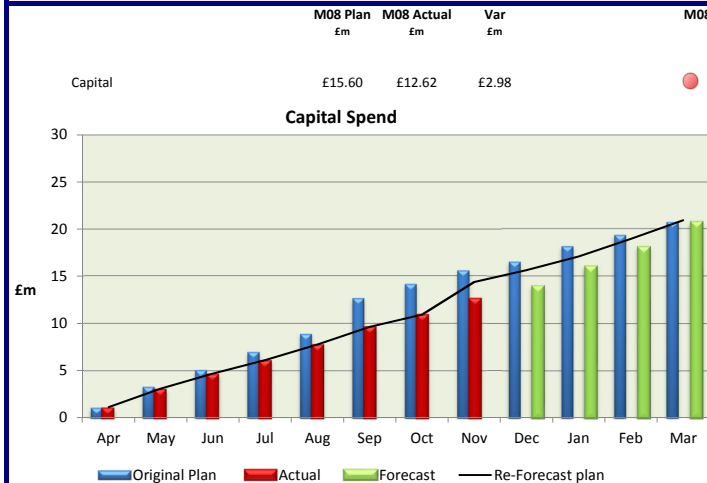
BETTER PAYMENT PRACTICE CODE



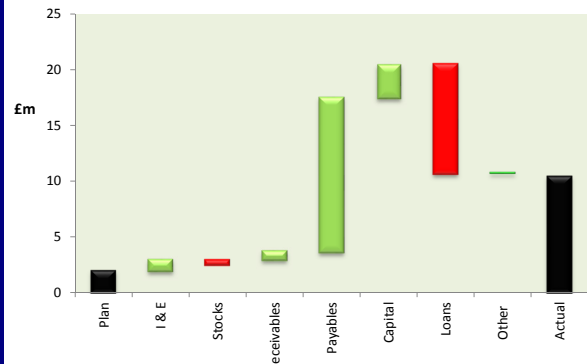
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit (excluding restructuring costs) is £14.24m versus a planned deficit of £12.89m.
- The overall deficit is £14.89m against the planned £15.89m, due to restructuring costs not being incurred.
- Daycase activity continued to fall behind planned levels but this was offset in month by improved levels of outpatient activity.
- High pay expenditure including significant levels of agency expenditure, some of which is above the Monitor price cap.
- Capital expenditure year to date is £12.62m against the planned £15.60m due to timing differences mainly on IT spend.
- Cash balance is £10.38m against a planned £1.94m, due predominantly to securing cash payments in advance for clinical activity.
- CIP schemes delivered £10.90m in the year to date against a planned target of £8.24m.
- The new Monitor performance measure Financial Sustainability Risk Rating (FSRR) stands at 2 against a planned level of 2.

SUMMARY FORECAST

- The forecast year end deficit (excluding restructuring costs) is £20.82m against a planned £20.01m, an adverse variance of £0.81m. This position includes full release of remaining contingency reserves and delivery of £17.76m CIP against the original planned £14m.
- Whilst this is a slight improvement on the £20.93m deficit (excluding restructuring) reforecast plan submitted to Monitor in Month 7, risks remain against the settlement of commissioner contracts and winter expenditure pressures.
- The overall forecast deficit position shows an favourable variance of £1.09m from plan due to a reduction in forecast restructuring costs of £1.9m. This is not a reflection of the trading position but does bring the reliance on external cash support down from a planned £14.90m to £13.90m.
- Year end capital expenditure is forecast to be £20.92m as per plan. The year end FSRR is forecast to be at level 2.
- (* Payables note: The trade payables figure is inflated by £13.93m due to the receipt of cash payments in advance for clinical activity)

RAG KEY:

- Actual / Forecast is on plan or an improvement on plan
- Actual / Forecast is worse than planned by <2%
- Actual / Forecast is worse than planned by >2%

(Excl: Cash)

NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per Monitor risk indicator).

RAG KEY - Cash:

- At or above planned level or > £18.6m (20 working days cash)
- < £18.6m (unless planned) but > £9.3m (10 working days cash)
- < £9.3m (less than 10 working days cash)

Community

Actions

- A - Why the target is away from plan**
B - What are we doing to get it back to plan
C - When will this be achieved
D - Who is responsible

(1c) Advance care plan

Individualised Care of the Dying (ICOD) training being rolled out across teams. First trial has been evaluated and changes are being made to the document

(1e) % with Calderdale Care Plan

Improvement seen in this area as all care plans completed in full within 2 weeks of arrival onto caseload as expected

(3c) 18 week RTT snapshot

Having looked at the teams RTT there are no patients waiting longer than 18 weeks. The reason for the target not being reached is that patients have not been discharged off the system or the clock stopped according to the rules. A report has been written as there is no national mandate for AHPs to adhere to the 18 week RRT.

(4a) Pressure ulcer screening

A - Work to do around how we report this as the screening is reflected in the holistic assessment in all cases and in the care plans where there is an issue.
B - Developed outcome measures for completion when a pressure ulcer care plan has been performed and there is targeted work ongoing to improve data capture
C - March

(4b) Community acquired pressure ulcers

A - Thematic review of RCAs has been performed and used to develop community wide action plan. Need to have a more joined up approach across all professionals and agencies to pressure ulcer prevention
B - Multi professional forum planned for November with plans to launch 2 trials aimed at working with care staff and care agencies
C - Unlikely to meet 10% reduction target as planned need to set revised target to monitor improvement work month on month

(4f) Safeguarding training

A - Recording is over a 36 month period therefore the target for the year is not in line with the current calculation methodology. Clarification has been requested around whether this training has to be repeated to allow data capture on ESR - informed that this is currently not shown for staff who have completed within a 3 year period prior to launch of ESR
B - Investigations around how best to represent this indicator with information available is ongoing
C - March

(5a) Community DNA rates

A - Number of patients have multiple DNAs and therefore inflate the percentage
B - The housebound policy second draft has gone to CCG and primary care for comments. Need to scope estates in terms of clinic space and understand the percentage of DV that can be converted to clinic setting. Managed through PMO as part of efficiency stream
C - March

1	Enhancing quality of life for people with a Long Term condition (LTC)	Target	Current Month	YTD
a	Home equipment delivery < 7 days	95%	100.0%	99.5%
b	% Patient died in preferred place of death	95%	100.0%	100.0%
c	% of people that died who were expected to die and had an advance care plan	Indicator suspended pending new 'ICOD' pathway		
d	% District Nursing Patients with a care plan	90%	98.0%	98.1%
e	% of patients with a LTC with a Calderdale Care Plan	90%	92.0%	89.8%
f	% of patients under the care of the community specialist matron who have been readmitted to hospital with the same LTC in less than 30 days	<10%	6.3%	4.1%

2	Helping people to recover from episodes of ill health or following injury	Target	Current Month	YTD
a	% of leg ulcers healed within 12 weeks from diagnosis	75%	94.3%	93.5%

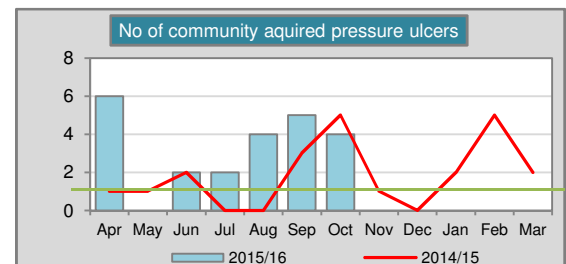
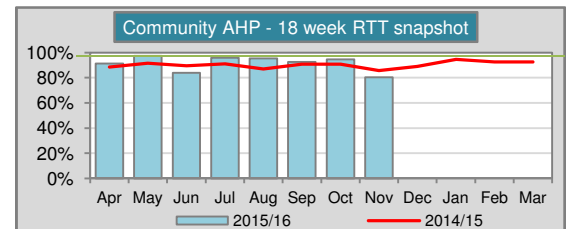
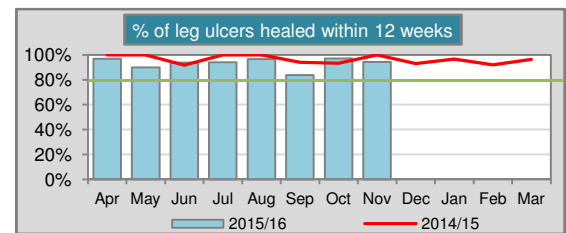
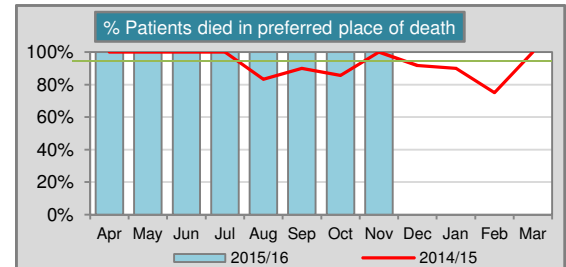
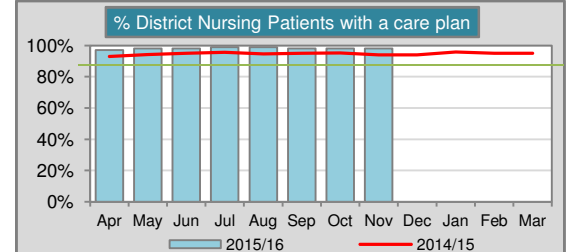
3	Ensuring people have positive experience of care	Target	Current Month	YTD
a	Number of complaints	n/a	3	20
b	Number of complaints about staff attitude	n/a	0	0
c	Community AHP - 18 week RTT Snapshot at month end *	95%	80.3%	91.5%
d	Community Friends and Family Test	n/a	85.0%	90.1%

4	Treating and caring for people in a safe environment; and protecting them from avoidable harm	Target	Current Month	YTD
a	% of patients in receipt of community nursing services that have had a pressure ulcer screening and this is documented in their care plan	90%	84.0%	84.6%
b	Number of community acquired grade 3 or 4 pressure ulcers	<1.8	0	23
c	Number of falls that caused harm whilst patient was in receipt of Comm Services	<1.1	0	13
d	Patient safety thermometer - coverage - Harm free	>95%	95.6%	95.2%
e	Patient safety thermometer - No of Harms Reported	<22.1	19	153
f	% of staff that have undertaken safeguarding / mental capacity act training	95%	46.6%	59.4%

5	Activity & Resource efficiency	Baseline	Current Month	YTD
a	Community DNA Rates	<1%	1.4%	1.2%
b	Sickness Absence rate	<4%	TBC	3.9%

Target

*NOTE: The Community - 18 Week RTT Activity currently includes the Services transferred to Locals on the 1st



Goal Number	Goal Name	Current Target	Q1	Q2	Q3 to Date	Q4	Q4 Target	Commentary	Goals - CCG CQUINs				
									Value of CQUIN (£)	Q1	Q2	Q3	Q4
1	Acute Kidney Injury	45%	22%	32%	57%		90%	Improvement Work Required	627,071	62,707	125,414	125,414	313,536
2a	Sepsis	Baseline	88%	40%	64%		90%	Improvement Work Required	313,536	78,384	78,384	78,384	78,384
2b	Sepsis	Baseline	41%	63%	Available Qtr End		90%	Improvement Work Required	313,536		62,707	125,414	125,414
3	Urgent care	85%	86%	88%	88%		85%	On Plan	1,254,142	125,414	376,243	376,243	376,243
4.1	Dementia	90%/90%/90%	91%/99%/100%	91%/100%/100%	92%/100%/100%		90%/90%/90%	On Plan	250,828	62,707	62,707	62,707	62,707
4.2	Dementia	Written Report	n/a	Y	n/a		Report	On Plan	125,414		62,707		62,707
4.3	Dementia	Written Report	n/a	Y	n/a		Report	On Plan	250,828		125,414		125,414
5.1	Respiratory - Asthma	Q3 = 72%	66%	80%	Available Qtr End		75%	On Plan	250,828	62,707	62,707	62,707	62,707
5.2	Respiratory - Pneumonia	Q3 = 70%	70%	78%	Available Qtr End		75%	On Plan	376,243	94,061	94,061	94,061	94,061
6	Diabetes	50%	74%	64%	80%		50%	On Plan	627,071	156,768	156,768	156,768	156,768
7.1	Improving Medicines Safety	80%/70%	80%/73%	82%/88%	Available Qtr End		80%/70%	On Plan	125,414	31,354	31,354	31,354	31,354
7.2	Improving Medicines Safety	Development	Y	Y	Available Qtr End		TBC	Target to be set after Q2	501,657	125,414	125,414	125,414	125,414
8	End of Life Care	Monitoring	36%	44%	47%		Monitoring	On Plan	627,071		313,536		313,536
9.1	Hospital Food	70%	78%	76%	73%		70%	On Plan	250,828		125,414		125,414
9.2	Hospital Food	Baselining	5.70%	5.48%	5.28%		TBC	Target to be set after Q2	250,828		50,166	100,331	100,331
9.3	Hospital Food	Written Report	Y	Y	Y		Report	On Plan	125,414				125,414
Total									6,270,712	799,516	1,852,995	1,338,797	2,279,404

Acute Kidney Injury - Q4 Achievement Plan

A step change in performance is expected once the changes to the Electronic Discharge summary take effect. This was implemented at the end of September 2015 and early results are promising.

In addition to the changes in technology, the CQUIN concept and components were introduced to new junior doctors through Trust induction in August 2015

Divisional directors have been contacted regarding the CQUIN elements and importance of delivery via e-mail in August 2015

A procedure for informing non-complying clinical team for auctioning in Q3 has been agreed
Weekly monitoring of the CQUIN to commence in Q3 to allow a more proactive management of the CQUIN delivery programme

Weekly Monitoring of performance since October 2015

Sepsis - Q4 Achievement Plan

Intensive improvement work is needed throughout the trust to ensure robust processes for screening applicable patients on admission, and ensuring that when indicated those patient get antibiotics within an 1hour.

There is some way to go to achieve the Q4 position, as such a safety and improvement nurse has been deployed to work with the ward and Sepsis Nurse Consultant to implement sustainable and high quality processes.

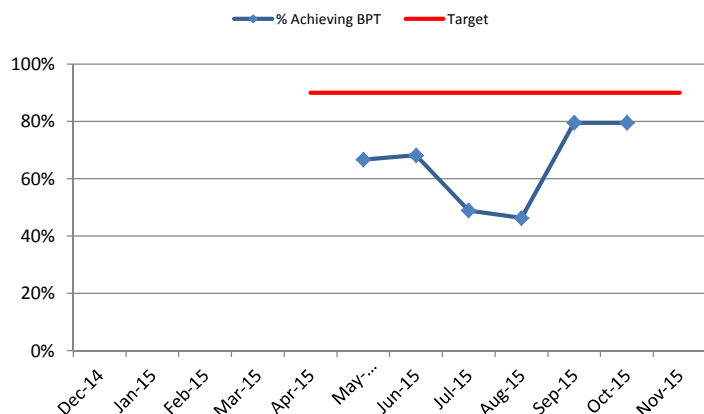
There has been additional education rolled out to junior ED and medical teams on induction.

Improvement is expected gradually over the next 6 months and a trajectory will be in place to ensure we are on track. Weekly monitoring programme agreed with the audit team and results will be fed back to the clinical teams.

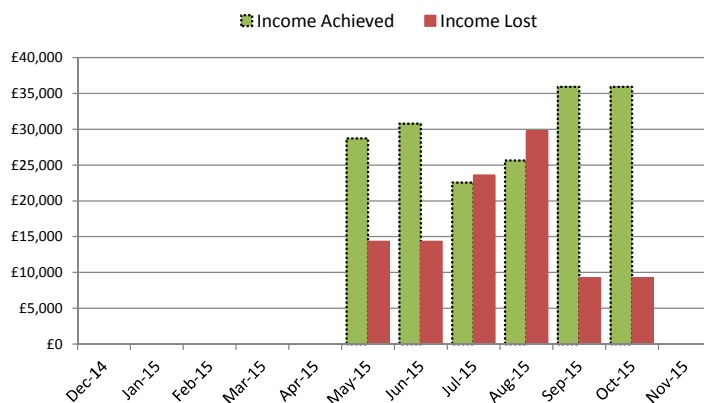
NHS England

Goal Name	Value of CQUIN (£)	Q1	Q2	Q3	Q4
NICU	38,051	9,513	9,513	9,513	9,513
Oncotype DX	38,051	9,513	9,513	9,513	9,513
QIPP	126,836	31,709	31,709	31,709	31,709
Vac and Immunisations	90,860	22,715	22,715	22,715	22,715
National CQUIN	22,715	5,679	5,679	5,679	5,679
HV Building Community Capacity	104,680	26,170	26,170	26,170	26,170
TOTAL NHS England	421,193	105,298	105,298	105,298	105,298
GRAND TOTAL	6,691,905	904,814	1,958,294	1,444,095	2,384,702

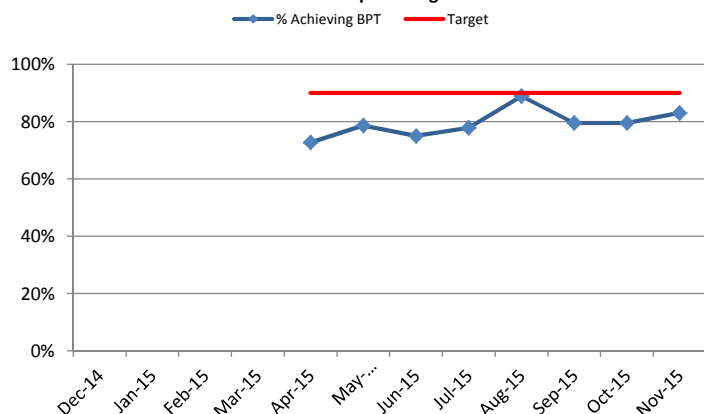
% of stroke patients who spent 90% of their spell on ASU



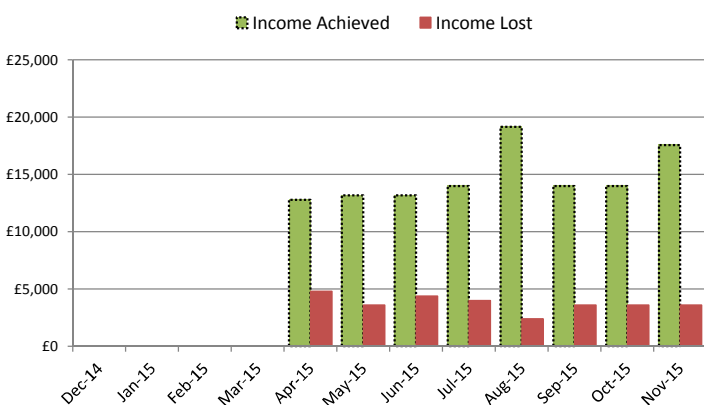
Income Achieved for Stroke Patients who spent 90% of their spell on ASU



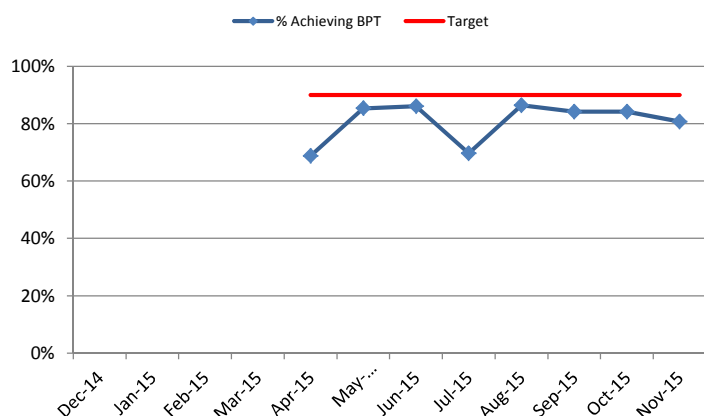
% of stroke patients who had their initial brain imaging delivered in accordance with best practice guidelines**



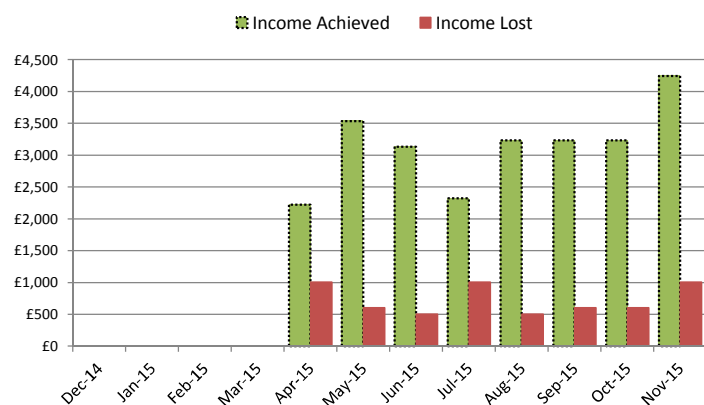
Income Achieved for stroke patients who had their initial brain imaging delivered in accordance with best practice guidelines**



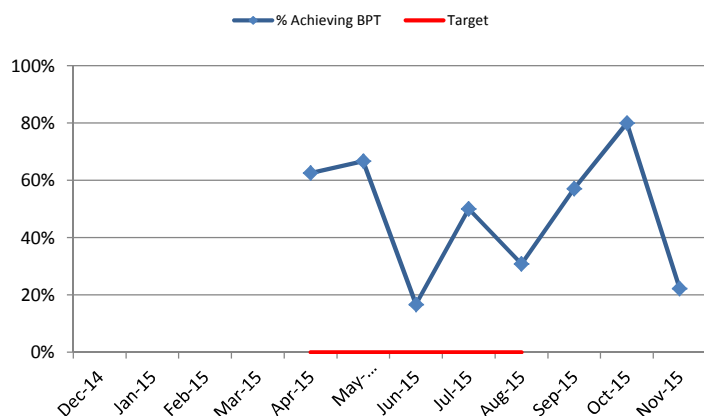
% of high risk TIA patients diagnosed and treated within 24 hours



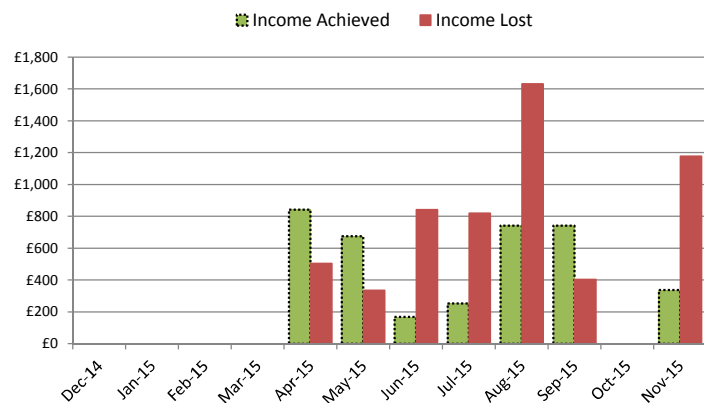
Income Achieved for high risk TIA patients diagnosed and treated within 24 hours



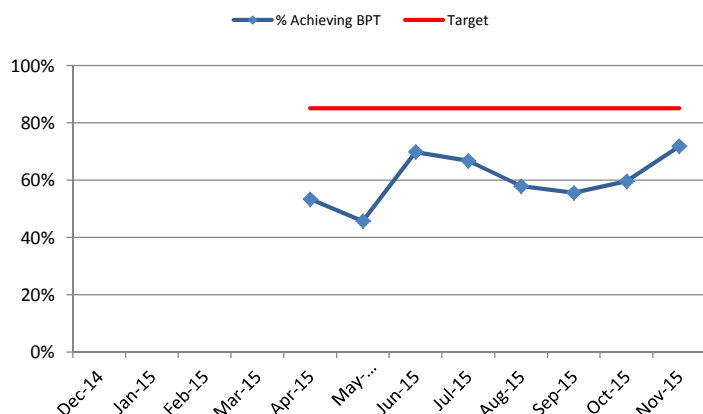
% of patients diagnosed with Diabetic Ketoacidosis Hypoglycaemia



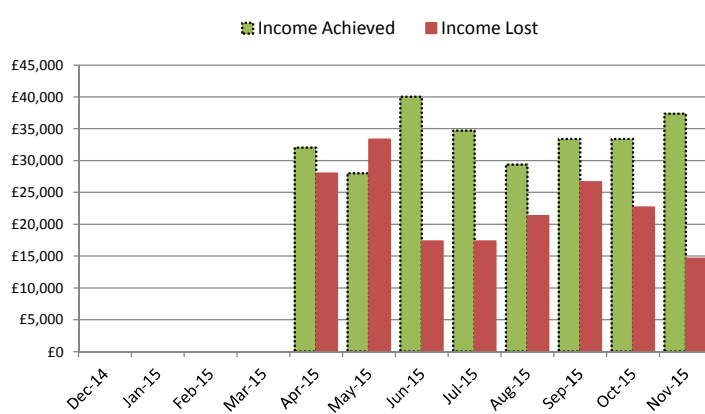
Income Achieved for patients diagnosed with Diabetic Ketoacidosis Hypoglycaemia



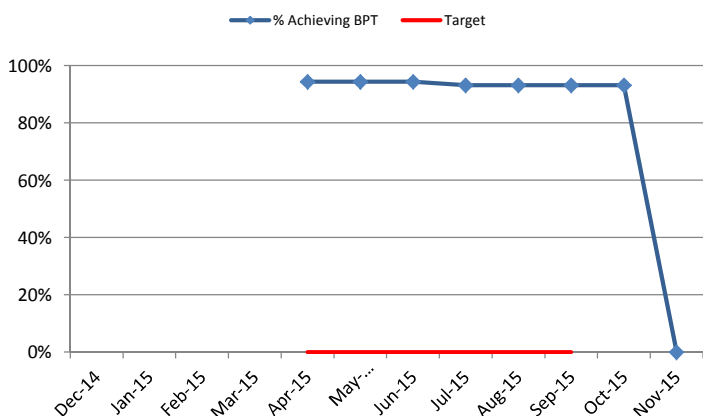
% of Fragility Hip Fracture (inc #NOF)



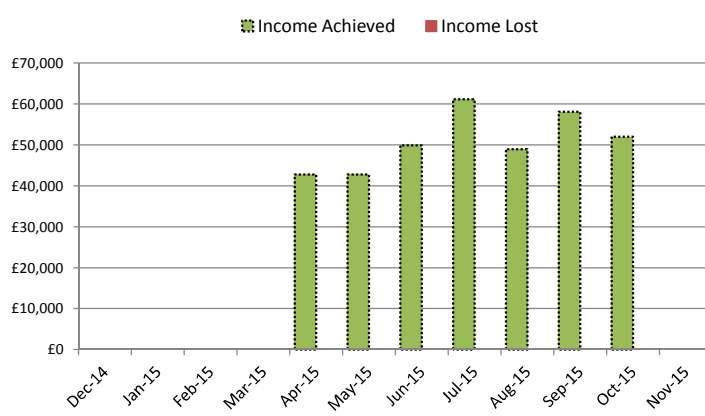
Income Achieved for Fragility Hip Fracture (inc #NOF)



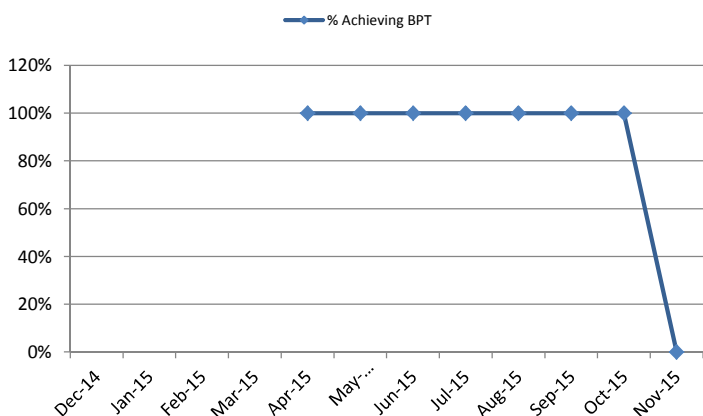
% of Paediatric Diabetes



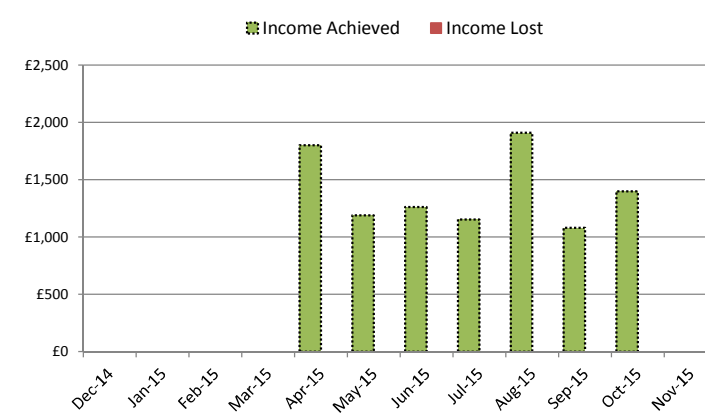
Income Achieved for Paediatric Diabetes



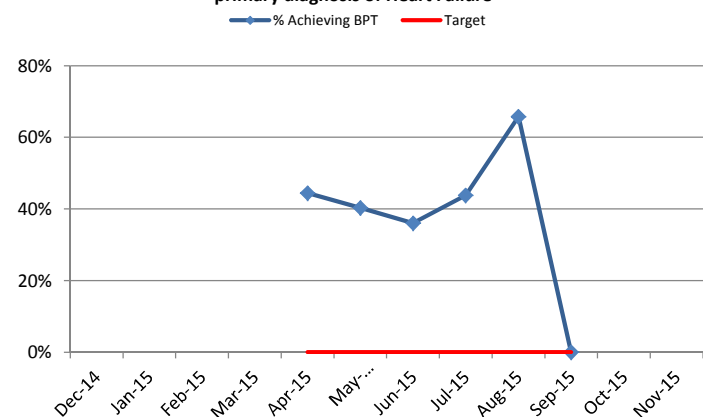
% of Paediatric Epilepsy



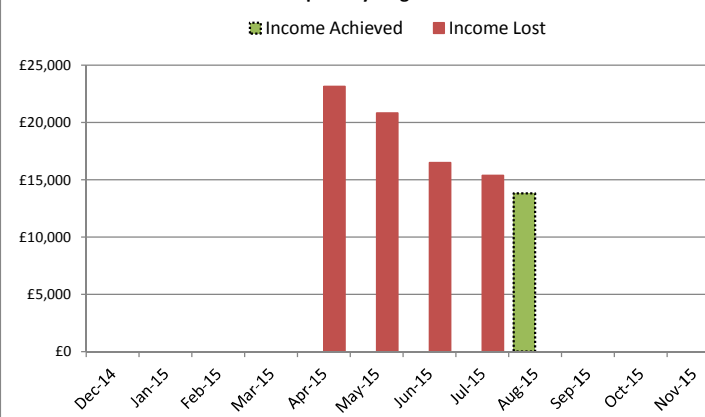
Income Achieved for Paediatric Epilepsy



% of Non Elective Inpatient Spells with HRG EB03H or EB03I who had a primary diagnosis of Heart Failure



Income Achieved for Non Elective Inpatient Spells with HRG EB03H or EB03I who had a primary diagnosis of Heart Failure



Board of Directors Integrated Performance Report

A "Data Quality Assessment" is now being made for each indicator. These assessments are being provided by those responsible for the indicator's information provision each month, and then signed off by the indicator's lead manager.

It is a Red, Amber, Green (RAG) rating based on the evaluation of the following three questions -

- 1.What is the overall view for the robustness of the indicator documentation regards construction and completeness (RAG)?
- 2.What is the overall view regards the timeliness of the information for this indicator (RAG)?
- 3.What is the overall view regards the robustness of the collection for this indicator (RAG)?

The final rating for an indicator of Red Amber Green is assessed as follows -

Answers to the 3 Questions :	3 Green or 2 Green, 1 Amber	Final rating Green
	1 Green, 2 Amber or 3 Amber or 2 Green 1 Amber or 1 Green 1 Amber 1 Red	Final rating Amber
	Any other combination	Final rating Red

Any indicator that has its data quality assessment currently white has yet to be assessed or have its assessment signed off by the lead manager for the indicator.

MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2016

JANUARY 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
7 Jan	FSS DRG meeting	2.30 – 4.30	Room F2, Acre House	LM/GR/JB/KW/AB/MK
19 Jan	MCs/Chair Informal meeting	3.00 – 4.00	Board Room, HRI	All
19 Jan	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Board Room, HRI	All

FEBRUARY 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
18 Feb	MCs/NEDs Informal Workshop	4.00 – 6.00	Large Training Room, Learning Centre, CRH	Any
24 Feb	Surgical DRG meeting	2.00 – 4.00	Room F2, Acre House	PM/GR/GH/DH/KB/CB
25 Feb	FSS DRG meeting *CANCELLED*	11.00 – 1.00	Room F2, Acre House	LM/GR/JB/KW/AB/MK
29 Feb	Estates & Facilities DRG meeting	1.00 – 3.00	Room F2, Acre House	BR/GH/KB/BM/AB/EH

MARCH 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
1 Mar	Staff MCs' meeting	2.00 – 4.00	Chief Executive's Office, HRI	EH/CB/MK/JH
10 Mar	Medical DRG meeting (rearranged from 3 Mar)	11.30 – 1.30	Old Ward 10 Meeting Room, CRH	GR/KW/BM/DW/RH/WC
23 Mar	Chairs' Information Exchange	2.00 – 4.00	Room F2, Acre House	WC/BM/PM/FSS&Comm DRG Chairs
31 Mar	FSS DRG meeting	2.30 – 4.30	Room F2, Acre House	LM/GR/JB/KW/AB/MK

APRIL 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
7 Apr	MCs/Chair Informal meeting	3.00 – 4.00	Large Training Room, Learning Centre, CRH	All
7 Apr	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Large Training Room, Learning Centre, CRH	All

MAY 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
10 May	BOD/MC Workshop	9.00 – 5.00	Discussion Room 1, Learning Centre, HRI	Any

JUNE 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
21 Jun	Staff MCs' meeting	10.00 – 12.00	Room F2, Acre House	EH/CB/MK/JH
21 Jun	Estates & Facilities DRG meeting	2.00 – 4.00	Room F2, Acre House	BR/GH/KB/BM/AB/EH
27 Jun	FSS DRG meeting	10.00 – 12.00	Room F2, Acre House	LM/GR/JB/KW/AB
29 Jun	Surgical DRG meeting	2.00 – 4.00	Room F2, Acre House	PM/GR/GH/DH/KB/CB
30 Jun	Medical DRG meeting	1.30 – 3.30	Medium Training Room, Learning Centre, CRH	GR/KW/BM/DW/RH/WC

JULY 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
6 Jul	MCs/Chair Informal meeting	3.00 – 4.00	Board Room, HRI	All
6 Jul	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Board Room, HRI	All
18 Jul	Chairs' Information Exchange	2.00 – 4.00	Room F2, Acre House	WC/BM/PM/FSS&Comm DRG Chairs

AUGUST 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND

SEPTEMBER 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
8 Sep	MCs/NEDs Informal Workshop	4.00 – 6.00	Boardroom, HRI	
12 Sep	Staff MCs' meeting	10.00 – 12.00	Room F2, Acre House	EH/CB/MK/JH
15 Sep	Joint BOD & MC AGM	TBC	TBC	All

OCTOBER 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND

NOVEMBER 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
2 Nov	Surgical DRG meeting	2.00 – 4.00	Boardroom, HRI	PM/GR/GH/DH/KB/CB
7 Nov	Medical DRG meeting	1.30 – 3.30	Large Training Room, Learning Centre, CRH	GR/KW/BM/DW/RH/WC
9 Nov	MCs/Chair Informal meeting	3.00 – 4.00	Boardroom, HRI	All
9 Nov	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Boardroom, HRI	All
10 Nov	FSS DRG meeting	11.00 – 1.00	Boardroom, HRI	LM/GR/JB/KW/AB
10 Nov	Staff MCs' meeting	2.00 – 4.00	Room F2, Acre House	EH/CB/MK/JH
16 Nov	BOD/MC Workshop (MCs morning only)	9.00 – 5.00	Boardroom, HRI	Any
28 Nov	Chairs' Information Exchange	2.00 – 4.00	Room F2, Acre House	WC/BM/PM/FSS&Comm DRG Chairs

DECEMBER 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND

Calderdale and Huddersfield



NHS Foundation Trust

MINUTES OF THE MEETING OF THE NOMINATION AND REMUNERATION COMMITTEE (MEMBERSHIP COUNCIL)

HELD ON MONDAY 7 DECEMBER 2015 AT 11.00 AM IN SYNDICATE ROOM 3, LEARNING CENTRE, CALDERDALE ROYAL HOSPITAL

PRESENT: Mr Andrew Haigh (Chairman)
 Mrs Eileen Hamer, Staff Elected Member
 Mr Peter Middleton, Publicly Elected Member
 Mr Brian Moore, Publicly Elected Member
 Mr Brian Richardson, Publicly Elected Member
 Mrs Dawn Stephenson, Nominated Stakeholder
 Mrs Di Wharmby, Publicly Elected Member

IN ATTENDANCE:

Miss Kathy Bray, Board Secretary

1. APOLOGIES

Apologies were received from:-

Rev. Wayne Clarke, Publicly Elected Member
Mr Owen Williams, Chief Executive

The Chairman reported that this was the first combined Nomination and Remuneration Committee (Membership Council) and the main business of the meeting was to agree the recruitment of two Non-Executive Directors and Non-Executive remuneration.

2. MINUTES OF THE LAST MEETING

The minutes of the last Remuneration Committee (Non Executive Directors) meeting held on the 27 January 2015 were accepted as a correct record.

3. MATTERS ARISING

Proposal for Finance & Performance Committee Chair – item 7

It was noted that no further action had been taken regarding the Sub Committee Chairs producing a Summary on a Page, feeding back on their performance, activity and difference they had made throughout the year. It was noted that as part of the Well Led/Good Governance work the Company Secretary was aiming to generally review the feedback to the Board from the Sub-Committees in the future.

Dawn Stephenson reported that a similar report is produced for the Board of Directors in SWYPFT and this would be shared for information with Victoria Pickles, Company Secretary. The Chairman reported that once this is in place, the summaries could be used as part of the Non-Executive Directors appraisal process, although he already took performance of Chairs on Board Sub Committees into account.

ACTION: Dawn Stephenson

4. TERMS OF REFERENCE

The Chairman reported that the Terms of Reference for the Nominations and Remuneration Committee had been approved by the Board of Directors and the Membership Council, following amendments to the Chairing arrangements for the Committee.

Eileen Hamer reported that on the previous Remuneration Committee the composition of the Committee was '6 members – at least 1 to be staff elected'. Discussion took place regarding whether it could limit the options of the Committee by amending the Terms of Reference to reflect this. It was felt that this was particularly relevant at the current time with a number of staff vacancies on the Membership Council and the Terms of Reference should remain unchanged.

It was noted that the quorum for this Committee was 3 members.

The Chairman suggested that, if possible, both public and staff members be included on the interview panels for the Non Executive Director appointments.

RESOLVED: The Committee approved the revised Terms of Reference

5. DECLARATIONS OF INTEREST/ELIGIBILITY TO SERVE

There were no declarations of interest to note.

All present completed their declaration of eligibility to serve on the Committee and these were duly handed to the Board Secretary. It was agreed that the Board Secretary would remind Rev Wayne Clarke to return his completed declaration before the next meeting.

ACTION: KB

6. DISCUSSION SESSION

The Chairman reported that two Non Executive Director appointments would be sought – one to support the decision of the Nominations and Remuneration Committee (Board of Directors) to appoint an Executive Chief Operation Officer and one in place of Jeremy Pease, Non-Executive Director who had tendered his resignation due to time commitments. It

had been agreed he would continue in post until a successor had been appointed.

The Chairman also advised the Committee that Dr Linda Patterson had advised him that she been asked to undertake a 6 month contract in Australia and would be unavailable from January to August 2016. The Committee acknowledged the benefits of having Dr Patterson on the Board with the medical background she was able to offer. Arrangements would therefore be made for the advertisement to include the fact that the Trust would welcome interest from any candidates with a solid understanding of acute care provision and the new collaborative context we are facing. The Committee agreed that the position would therefore be reviewed once the appointments process had been completed.

Peter Middleton and other members of the committee expressed concern that under the current economic climate the Trust should not be looking to increase the number of top level managers and asked whether there was any benchmarking information available. The Chairman advised that recent reviews undertaken by PWC, Ernest & Young and Monitor had identified that the Trust has a capacity issue at senior level to deliver the forthcoming initiatives and agendas. The Board had therefore agreed the appointment of a Chief Operating Officer as an Executive Director. As a result, in order to meet the Trust's Constitution requirement of having a majority of Non-Executive posts on the Board this had necessitated the request for the Membership Council to appoint an additional Non-Executive Director.

6.1.1 Non-Executive Tenures

The Committee received the details of the current Non-Executive Directors, their tenures and remuneration and these were noted.

6.1.2 Skills and Competencies Assessment

The Chairman advised that the Skills and Competencies Assessment had been completed by each Board member and a composite, anonymous version had been collated for the Board and Membership Council, in order that the information could be used to identify the skills sets required to replace future vacancies on the Board.

Brian Richardson asked whether this document was interrogated and it was agreed that the Board Secretary would share individual Non Executive-Directors assessments with the Chairman in order that it could form part of the appraisal process and interrogated if required.

ACTION: BOARD SECRETARY/CHAIRMAN

6.1.3 Suggested Timetable

The Chairman advised that an external third party had been engaged to help the Committee with the appointments process. Market testing of this

role was to be undertaken in the future but currently this service had been commissioned from Odgers Berndtson.

The proposed timetable was noted and Members were asked to schedule the longlisting and shortlisting dates in their diaries. (Tuesday 19.1.16 at 11.00 am and Tuesday 9.2.16 at 11.00 am – both meetings to be held in the Chairman's Office, Trust Offices, HRI).

It was agreed that the interview panel would be decided at a later date, dependent on Committee members availability.

ACTION: ALL (Apologies from Peter Middleton)

6.1.4 Draft Candidate Pack

The contents of the draft Candidate Pack were received and noted. It was agreed that the skills set required for the two posts would include Commercial Focus and Workforce and Organisational Development. As discussed earlier in the meeting it was noted that interest from candidates with a solid understanding of acute care provision would be welcomed. The Chairman also commented that interest from applicants with a legal position would not be ruled out.

RESOLVED: The Committee agreed that although it would be challenging for the Membership Council to defend the additional appointments in the current financial climate, it was agreed that the recommendations made by the Board were reasonable and the process should progress.

7. REMUNERATION

At this point in the meeting the Chairman declared an interest and left the meeting.

Peter Middleton agreed to take on the role of Acting Chairman.

The paper prepared by the Company Secretary was received and noted. This included benchmarking information against other Foundation Trusts. The paper proposed that in line with the pay of the broader workforce, the Non-Executive Director basic remuneration be maintained at current levels with no pay uplift.

The Committee agreed with this proposal and noted that the previous Remuneration Committee had agreed the allowances for the Sub Committee Chair allowances and these were not subject to inflation.

RESOLVED: The Committee unanimously agreed the proposal to maintain Non-Executive basic remuneration at current levels with no pay uplift.

The Chairman returned to the meeting.

8. ANY OTHER BUSINESS

There was no other business to note.

9. DATE AND TIME OF NEXT MEETING

Longlisting Meeting - Tuesday 19.1.16 at 11.00 am to be held in the Chairman's Office, Trust Offices, HRI.

Shortlisting Meeting - Tuesday 9.2.16 at 11.00 am to be held in the Chairman's Office, Trust Offices, HRI.

Interviews – to be confirmed ? w/c 15.2.16
(Apologies both meetings:- Mr Peter Middleton)

MC/NOMS&RECOM MINS.7.12.15.MC-NOMS&RECOM
8.12.15