

**Meeting of the CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST
 COUNCIL OF GOVERNORS MEETING**
Date: WEDNESDAY 17 JANUARY 2018 at 4.00 pm
Venue: Boardroom, Sub Basement, Huddersfield Royal Infirmary
AGENDA

REF	ITEM	LEAD	PAPER	PURPOSE OF PAPER/ UPDATE
1	Welcome and introductions: Dr David Anderson, NED Mrs Karen Heaton, NED Mr Phil Oldfield, NED	Chair	VERBAL	Note
2	Apologies for absence: Lesley Hill, Director of Planning, Estates & Facilities	Chair	VERBAL	Note
3	Declaration of interests	All	VERBAL	Approve
4	External Auditors presentation Alastair Newall, KPMG External Auditor to attend to give an overview of the role and responsibilities of the External Auditors		PRESENTATION	Note
5	Minutes of the meeting held: Thursday 26 October 2017	Chair	APP A	Approve
6	Matters Arising	Chair	VERBAL	Information
CHAIRMAN'S REPORT				
7	a. Update from Chairs Information Exchange Meeting – 13.12.17	Chair	APP B	Information
PERFORMANCE AND STRATEGY				
8	TRUST PERFORMANCE a. Financial Position and Forecast b. Performance Report (including Good News Stories)	GB	APP C	Information
		HB	APP D	Information
9	STRATEGIC PLAN & QUALITY PRIORITIES UPDATE • Notes from the BoD / CoG workshop on 15.11.17 • Quality Priorities for Quality Accounts 2017-18 and 2018-19	VP	APP E	Information
		VP	APP F	Approve
10	Risk Register	BB	APP G	Information
GOVERNANCE				
11	Council of Governors Register – Resignations/ Appointments	Chair	APP H	Approve
12	Register of Interests/Declaration of Interest	Chair	APP I	Approve
13	Review Annual CoG Meetings Workplan	VP	APP J	Approve

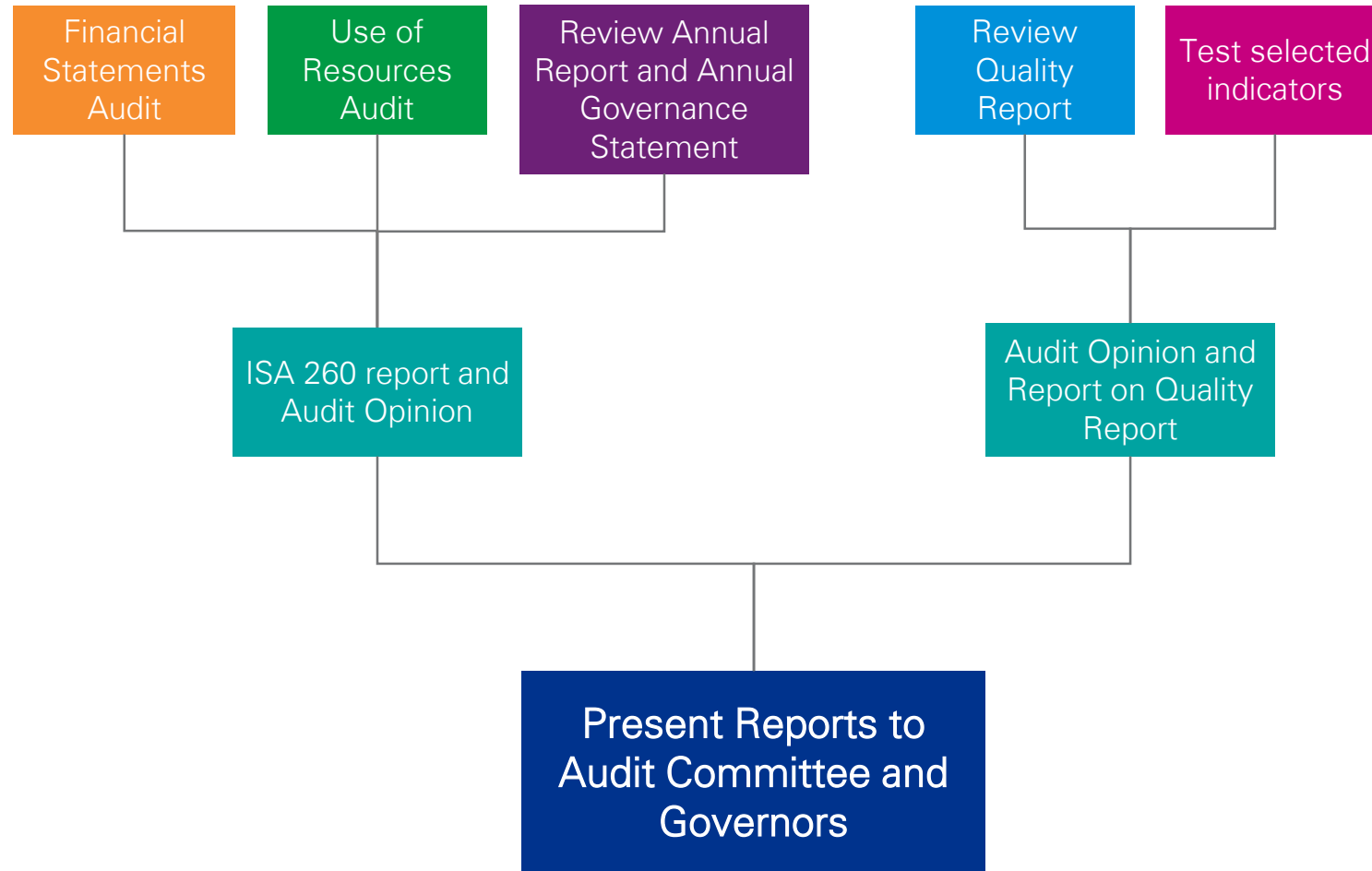
14	Draft Election Timetable 2018	VP	APP K	Approve
UPDATE FROM BOARD SUB COMMITTEES				
15	Quality Committee	L Moore	VERBAL	Information
16	Organ Donation Group	J Richardson	VERBAL	Information
17	Charitable Funds Committee	A Haigh	VERBAL	Information
18	Patient Experience and Caring Group	L Moore	VERBAL	Information
19	Nomination and Remuneration Committee (CoG) Meeting – Chair Appointment – 18.12.17	A Haigh	VERBAL	Approve
INFORMATION TO RECEIVE				
20	a. Update Council of Governors Calendar b. Extract from Quality Report re Complaints & PALS	Chair BB	APP L APP M	Note Note
21	Any Other Business	Chair	VERBAL	Receive
	DATE AND TIME OF NEXT MEETING: Date: Wednesday 4 April 2018 at 4.00 pm. Venue: Large Training Room, Learning Centre, Calderdale Royal Hospital			



External Audit Presentation

Calderdale and Huddersfield NHS Foundation Trust
Presentation to Council of Governors Meeting
17 January 2018

The Role of External Audit



Audit approach

Financial Statements Audit

- Consider whether the financial statements are materially correct
- Identify risks of material mis-statement
- Focus audit work on the risk areas (e.g. Asset Valuations)
- ISA260 report to Audit Committee includes findings and recommendations
- Audit Report (audit opinion) – qualified or unqualified

Use of Resources

- Consider whether there are proper arrangements in place to secure economy, efficiency and effectiveness in the Trust's use of resources
- Identify risks to our Use of Resources conclusion
- Focus review on the risk areas (e.g. financial sustainability)
- Findings reported in the ISA260 report
- Conclusion included in the Audit Report – qualified or unqualified

Audit approach

Review Annual Report and Annual Governance Statement

- Review whether the Annual Report and Annual Governance Statement are consistent with the financial statements and comply with the FT Annual Reporting Manual (ARM)
- Identify omissions and amendments and feed them back to management to include/amend
- Negative opinion included in the Audit Report

Quality Report

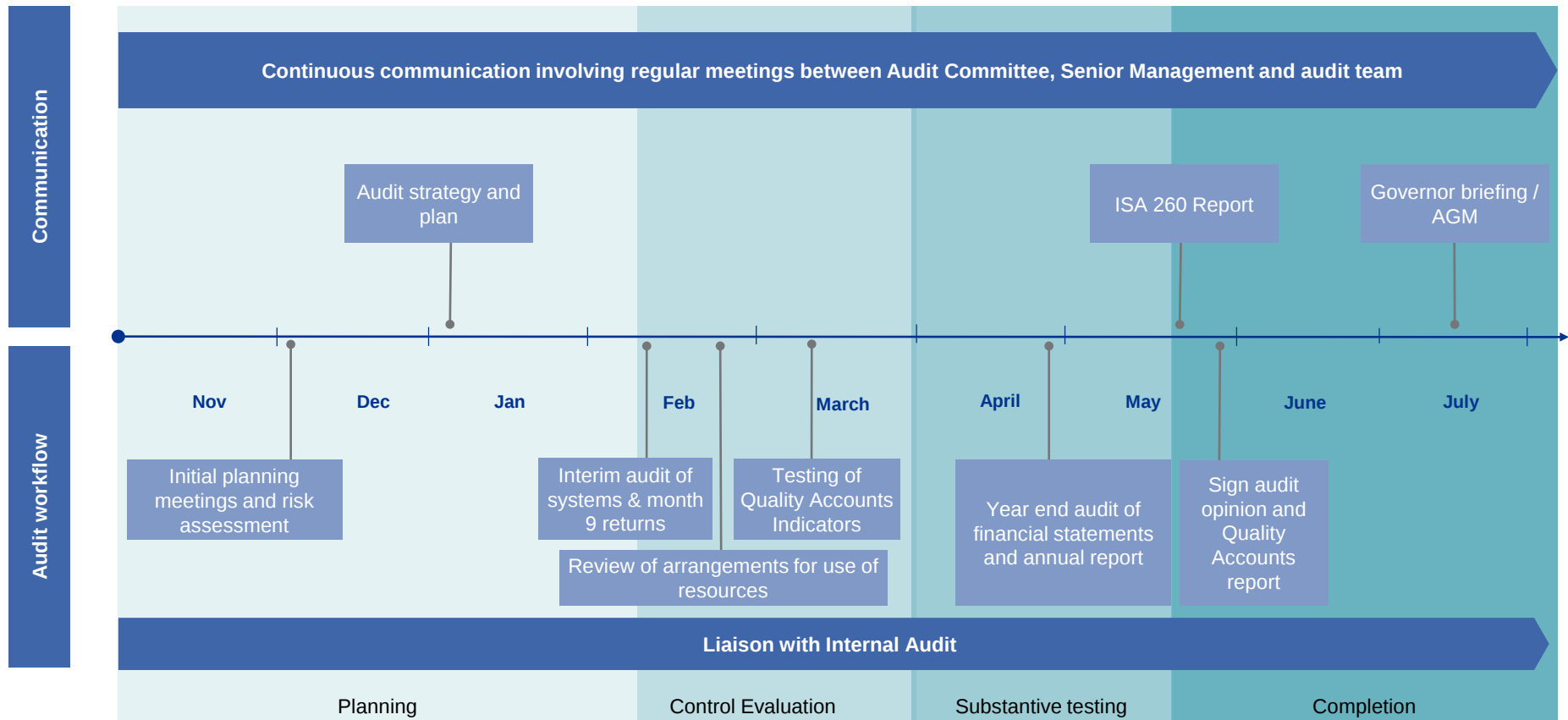
- Review whether the content of the Quality Report complies with the FT Annual Reporting Manual requirements
- Identify omissions and amendments and feed them back to management to include/amend
- Separate 'limited assurance' Report issued on the Quality Report – qualified or unqualified

Audit approach

Quality Account Test selected indicators

- Three indicators tested, two national priority indicators mandated by NHS Improvement. In 2016/17 these were:
 - A&E 4 hour wait - percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
 - 18 week incomplete pathways - percentage of incomplete pathways within 18 weeks for patients on incomplete pathways
- and one selected by the Trust's Council of Governors. 2017/17 was:
 - Stroke ward admissions – percentage of stroke patients admitted to a stroke ward within 4 hours
- Findings and recommendations are included in the ISA260 Report to Audit Committee
- Separate Quality Account 'limited assurance' Report – qualified or unqualified

Audit timetable



the KPMG team

Your External Audit Team



Alastair Newall
Engagement Manager
0113 231 3552
alastair.newall@kpmg.co.uk



Clare Partridge
Engagement Partner
0113 231 3922
clare.partridge@kpmg.co.uk



Mobeen Kausar
Engagement Assistant Manager
07468 366035
mobeen.kausar@kpmg.co.uk



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**MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING
HELD ON THURSDAY 26 OCTOBER 2017 IN THE LARGE TRAINING ROOM,
LEARNING CENTRE, CALDERDALE ROYAL HOSPITAL**

PRESENT:

Andrew Haigh	Chair
Stephen Baines	Public elected – Constituency 5
Annette Bell	Public elected – Constituency 6
Paul Butterworth	Public elected – Constituency 6
Lynn Moore	Public elected – Constituency 7
Alison Schofield	Public elected – Constituency 7 (+ carer)
Brian Moore	Public elected – Constituency 8
Dr Peter Bamber	Staff Elected – Constituency 9
Linzi Smith	Staff Elected – Constituency 11
Rory Deighton	Nominated Stakeholder – HealthWatch Kirklees
Megan Swift	Nominated Stakeholder – Calderdale Metropolitan Council

IN ATTENDANCE:

Kirsty Archer	
Helen Barker	Deputy Director of Finance
Anna Basford	Chief Operating Officer
David Birkenhead	Director of Transformation and Partnerships
Kathy Bray	Executive Medical Director
Brendan Brown	Board Secretary
Mandy Griffin	Executive Director of Nursing/Deputy Chief Executive
Karen Heaton	Managing Director – Digital Health
Lesley Hill	Non-Executive Director
Victoria Pickles	Executive Director of Planning, Estates & Facilities
Jan Wilson	Company Secretary
	Non-Executive Director

APOLOGIES:

Apologies for absence were received from:

Rosemary Hedges	Public elected – Constituency 1
Di Wharmby	Public elected – Constituency 1
Veronica Maher	Public elected – Constituency 2
Katy Reiter	Public elected – Constituency 2
Dianne Hughes	Public elected – Constituency 3
John Richardson	Public elected – Constituency 3
Kate Wileman	Public elected – Constituency 4 (Reserve Register)
Nasim Banu Esmail	Public elected – Constituency 4
Brian Richardson	Public elected – Constituency 5
Michelle Rich	Public elected – Constituency 8
Nicola Sheehan	Staff-elected – Constituency 10
Theodora Nwaeze	Staff-elected – Constituency 12
Charlie Crabtree	Staff-elected – Constituency 13
Sian Grbin	Staff-elected – Constituency 13
Graham Ormrod	Nominated Stakeholder - University of Huddersfield
Sharon Lowrie	Nominated Stakeholder – Locala

Yasmeen Salma
Gary Boothby
Jason Eddleston
Owen Williams

Nominated Stakeholder – South West Yorkshire Partnership FT
Executive Director of Finance
Executive Director of Workforce and OD
Chief Executive

63/17 DECLARATION OF INTERESTS

There were no declarations of interest at the meeting.

64/17 MINUTES OF THE LAST MEETING – 6 JULY 2017

The minutes of the last meeting held on 6 July 2017 were approved as an accurate record.

65/17 MATTERS ARISING

a. Discharge Lounge

Bev Walker, Associate Director – Urgent Care introduced Wendy Brawn, Lead for Age UK and Gill Sutulic, Discharge Sister to those present. Bev updated the Governors on the background of the Safer Patient Programme which aimed to improve patient safety and patient experience through effective patient flow systems.

It was noted that Age UK and the Trust had worked together for some time, along with Home from Hospital support and external agencies to improve the patient experience following discharge. This had culminated in a collaborative approach and the development of the Libby and Bertie Lounge - the name had been derived from the word 'liberty' meaning independence, freedom and autonomy.

The team outlined the collaborative work which had been undertaken and had involved both internal and external agencies to create a pleasant and safe environment for patients awaiting their onward journey home which included a seamless patient service for receipt of medications and transport. It was noted that feedback from patients had been positive and reinforced that this project was the right thing to do for patients and staff.

It was noted that the area offered opportunity for staff to identify patient concerns or queries i.e. loneliness, isolation, dementia and special needs. Currently the lounge was opened on the HRI site (2nd floor) from 9.30 am – 5.30 pm Monday to Friday and since the 24 July had received 328 patients. The involvement of work experience staff, students, volunteers and retired people had contributed to the success of Libby and Bertie Lounge.

The Chairman thanked the team for sharing this good success story with the Governors.

66/17 CHAIRMAN'S REPORT

a. UPDATE FROM CHAIRS INFORMATION EXCHANGE MEETING – 3.7.17

The Chairman reported that the Chairs Information Exchange had not met since the 3 July 2017 and the feedback from this meeting had been reported to the last Governors meeting. It was noted that the minutes had now been circulated. The next meeting was scheduled to be held on the 13 December 2017.

OUTCOME: The Council of Governors **RECEIVED AND NOTED** the Chairs Information Exchange Minutes – 3.7.17

b. WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS UPDATE

The Chairman updated the Governors on the developments of the West Yorkshire Association of Acute Trusts over the last 18 months to review services over the West Yorkshire footprint. The initiatives being developed included:

- Procurement project - collaborative work
- Estates and facilities – delivery of back off services
- Information Technology – better use of IT skills across West Yorkshire
- Redesign Pharmacy Supply Chain
- Radiography – shared system
- Pathology Services – being driven by NHS Improvement
- Vascular Surgery – already working as one team across West Yorkshire
- Elective Surgery – delivery across West Yorkshire

OUTCOME: The Council of Governors **NOTED** the work of the West Yorkshire Association of Acute Trusts

c. SENIOR STAFF CHANGES

It was noted that interviews had taken place for the substantive roles of Executive Director of Finance and Executive Director of Workforce and OD. Gary Boothby had been successful in securing the substantive role of Executive Director of Finance with immediate effect and the appointment to the Executive Director of Workforce and OD would commence early in the New Year.

It was also noted that changes in leadership within the Family and Specialist Services Division were taking place and the Divisional Director Martin Debono was to stand down from his role as Clinical Director to focus on his clinical work around the fertility programme.

OUTCOME: The Council of Governors **NOTED** the recent senior staff changes

PERFORMANCE AND STRATEGY

67/17a FINANCIAL POSITION AND FORECAST

The Deputy Director of Finance presented the Month 5 position as at 31 August 2017.

The key issues were:-

- Reported year to date deficit position of £11.05m in line with agreed control total of £11.08m;
- Delivery of CIP is behind the planned level at £3.97m against a planned level of £5.44m;
- Capital expenditure is £3.29 below plan due to revised timescales;
- Cash position stands at £1.92m as planned;
- A Use of Resources score of level 3, in line with the plan.

The year to data position was:-

- The Trust is forecasting to achieve the planned year end Control Total deficit of £15.93m. This excludes loss of Sustainability and Transformation Funding (STF) of £0.53m, and a planned £14m impairment.
- The forecast assumes receipt of the £9.57m STF, £0.53m less than the planned value of £10.1m due to the assumed loss of funding for Quarters 1 and 2 based on A&E four hour performance in the year to date. The forecast assumes recovery of £1.20m estimated clinical income and a return to planned activity levels from Month 6.
- The forecast assumes full delivery of the £20m CIP target, of which only £13.64m is currently forecast to deliver, leaving a gap of £6.36m to identify.

- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £1.90m for the financial year to support both Capital and Revenue plans.
- The total loan balance by year end is forecast to be £87.84m, £0.75m higher than planned based on capital and working capital requirements.
- Capital expenditure is forecast for the full year as planned at £14.39m, supported by the final £8m instalment of an existing Capital Loan facility.

OUTCOME: The Council of Governors **NOTED** the financial position and forecast.

67/17b PERFORMANCE & QUALITY (Including Good News Stories)

The Chief Operating Officer presented the quality and performance report. The key issues from the report included:

- August's Performance Score stands at 60% for the Trust, an 8 point improvement in-month.
- The RESPONSIVE domain has improved to AMBER following achievement of Cancer 2 week wait target and both Cancer 62 day targets.
- Finance domain has improved to Amber with variance from plan and agency expenditure on plan in-month.
- All domains have improved performance with the exception of
- WORKFORCE which is now RED due to short-term sickness year to date and 4 out of 5 Mandatory Training areas missing target.
- The contents of the 'Performance Achievements' report (good news stories) was noted and thanks given to staff for preparing this for the Governors.

Paul Butterworth asked for information regarding how the CQC inspection recommendations were reflected in the Integrated Performance Report. It was explained that a separate report captured the CQC Action Plan and this was monitored through the Quality Committee to ensure that recommendations/actions are fully embedded within the organisation.

The Executive Director of Nursing invited any interested Governors to a Regional Leadership Event with keynote speaker Ted Baker, Chief Inspector of Hospitals for the CQC which was due to be held on Friday 3 November 2017. Any interested Governors should contact the Executive Director of Nursing Office to book a place.

ACTION: ALL

Peter Bamber asked if it was possible to have a breakdown of the themes of complaints received. The Executive Director of Nursing reported that this information together with benchmarking information was available within Appendix K (Patient Advice and Complaints) later in the agenda. It was noted that the main theme of complaints centred around communications. Patient feedback into the complaints process had been sought and work had been undertaken to improve the response times, although it was acknowledged that further work was required.

Alison Schofield asked whether equality and disability issues were collated. It was noted that these were collated at a high level but the Trust could improve in this area. It was acknowledged that this was dependant on people self-declaring their protected characteristics. It was noted that the Chief Executive had arranged a Lesbian, Gay, Bisexual and Transgender (LGBT) listening event on the 1 November at Calderdale Royal Hospital.

The Executive Director of Nursing gave the new governors some background to the Hard Truths initiative. This had been introduced into the Trust following the Francis Report on learning from Mid Staffordshire which monitored nursing staffing and fill rates along with other metrics.

OUTCOME: The Council of Governors **NOTED** the performance and quality data and good news stories.

67/17d MEDICAL SERVICES RECONFIGURATION

The Chief Operating Officer presented the interim proposal for the reconfiguration of Cardiology, Respiratory and Elderly Medicine Services. It was noted that the review had been undertaken involving staff, patients, Trade Unions, Yorkshire Ambulance Service, Social Care, Locala and South West Yorkshire Partnership Foundation Trust.

The Council of Governors received the strategic narrative which had been agreed, along with the key factors, benefits and risks of these proposals. It was noted that the Board of Directors had agreed the interim proposal for:

- Cardiology and Respiratory care to be delivered at the Calderdale Royal Hospital site
- Elderly Medicine to transfer to the Huddersfield Royal Infirmary site
- Frailty Services to be provided on both sites
- Frailty beds to be provided on the Huddersfield Royal Infirmary site
- Geriatrician 'hotline' and rapid outpatient appointment access

The Council of Governors was assured that this decision had been made from a health and safety point of view, and that the changes were not linked to the wider reconfiguration proposals set out in the Trust's Full Business Case.

The governance timeline for the full business case was discussed and it was noted that this would be presented to CHFT Private meeting of the Board of Directors on the 2 November 2017 and Overview and Scrutiny Committee on the 14 November, with a view to full implementation at the end of November 2017.

OUTCOME: The Council of Governors **RECEIVED** the plan and confirmed support for the next stage to progress.

68/17 STRATEGIC PLAN AND QUALITY PRIORITIES

a. UPDATED STRATEGIC PLAN AND PRIORITIES 2017-18

The Company Secretary reported that last year the Board approved the 5 Year and 1 Year plan on a page. At its meeting in June 2017, the Board approved the objectives for 2017/18. Both the Council of Governors and the Board had received a progress report against these in July. It was noted that the plan on a page was the second update for the year and will be discussed in detail by the Board of Directors and Council of Governors at the Joint Workshop to be held on the 15 November 2017.

OUTCOME: The Council of Governors **NOTED and AGREED** the 2017/18 plan on a page.

69/17 FULL BUSINESS CASE UPDATE

The Director of Transformation and Partnerships updated the Council of Governors on the timescales around the full business case. It was noted that a referral had been made to the Secretary of State but no formal confirmation of timescales had been received to date. The full business case had now been submitted to NHS Improvement and Department of Health and Clinical Commissioning Group who had confirmed the affordability.

It was noted that 'Hands Off HRI' campaign had submitted a letter advising that they were progressing a judicial review and the Trust were seeking external legal advice.

GOVERNANCE**70/17 CONSTITUTIONAL AMENDMENTS**

The Company Secretary reminded the Council of Governors that the Trust's Constitution, along with the standing orders for the Council of Governors and the Board of Directors, sets the rules for the governance of the Trust and should be periodically reviewed for any changes or updates in legislation.

It was noted that following the last significant review in April 2017, a number of minor amendments have been identified and were presented for approval:

- Removal of the Clinical Commissioning Groups' Stakeholder Governor place and replacing this with HealthWatch Kirklees.
- Amendment to quoracy to not specify make up of attendance, purely the need for 10 governors.
- Clarification of what happens when an elected governor moves constituencies during their term

It was noted that these amendments would be presented to the Board of Directors at its next meeting in November 2017.

Brian Moore pointed out that amendments were still required to 13.1 and 13.2 to reflect the title change.

OUTCOME: The Council of Governors **APPROVED** the amendments to the Constitution subject to the further amendments at 13.1 and 13.2 and ratification by the Board of Directors.

71/17 GOVERNORS ATTENDANCE AT FORMAL COUNCIL OF GOVERNOR MEETINGS – 2017-18

The Company Secretary reported that the attendance register had been brought for Governors to check on their own attendance prior to its publication in the Annual Report early next year.

Discussion took place regarding non-attendance of Governors at meetings and it was agreed that the Chairman would have a conversation with individuals concerned.

ACTION: Chairman

OUTCOME: It was agreed that any discrepancies identified by the Governors would be notified to the Board Secretary.

72/17 APPOINTMENT OF EXTERNAL AUDITORS

The Company Secretary reported that a sub-group of the Council of Governors and management representatives had met on Thursday 19 October 2017 to discuss the tender. It was noted that only one tenderer had come forward. This tender had been fully assessed against the criteria and had scored above the line on all elements. It was therefore recommended that the contract be awarded to KPMG.

OUTCOME: The Council of Governors **APPROVED** the appointment of KPMG as the External Auditors for the Trust.

73/17 COUNCIL OF GOVERNORS REGISTER

The updated register of members as at 18 October was received for information and the changes were noted. The Chairman reported that discussions continued Kirklees Metropolitan Council regarding a nomination to fill this seat.

OUTCOME: The Council of Governors **NOTED** the updated Register.

74/17 REGISTER OF INTERESTS/DECLARATION OF INTERESTS

The Chairman requested that any amendments be notified to the Board Secretary as soon as possible.

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

75/17 UPDATE FROM BOARD SUB COMMITTEES

75/17a AUDIT AND RISK COMMITTEE

The Company Secretary updated the Council of Governors on the work of the Committee. It was noted that Dr Peter Bamber and Brian Moore had agreed to represent the Council of Governors at future Audit and Risk Committee Meetings. The main item discussed at the meeting held on 18 October 2017 was regarding the Declaration of Interests Policy and Register. It was noted that new guidance and policy had been received from the DoH. The Audit and Risk Committee had agreed in line with the policy that all band 7 and above should make an annual nil return. The policy would become effective from 31 March 2018.

75/17b CHARITABLE FUNDS COMMITTEE

The Chairman reported on the work of the Charitable Funds Committee to which Kate Wileman and Brian Richardson represented the Governors. The Committee had discussed:

- Review of Investment Portfolio
- Appointment of a Charitable Funds Manager
- Meeting with Todmorden Town Council arranged to discuss use of Abraham Ormrod Charitable Fund for the use of people Todmorden.

75/17c PATIENT EXPERIENCE AND CARING GROUP

Lynn Moore advised that she had not been available to attend the last meeting. It was noted that the next meeting was scheduled for Wednesday 8 November 2017.

75/17d NOMINATION AND REMUNERATION COMMITTEE (CoG)

The Chairman reported that Andy Nelson and Alastair Graham had been appointed as Non-Executive Directors with effect from 1 October and 1 December 2017 respectively to replace Prof Peter Roberts and Jan Wilson whose tenures expired this year.

It was noted that the Nomination and Remuneration Committee (CoG) were due to meet on the 18 December to start the process for the appointment of the Chair

OUTCOME: The Council of Governors **RECEIVED** the Sub Committees/Groups updates and **APPROVED** the Non-Executive Director appointments

76/17 INFORMATION TO RECEIVE

The following information was received and noted:

a. Updated Council Calendar – updated calendar received and the contents were noted.

b. Extract from Quality Report re Complaints and PALs

The Executive Director of Nursing reported that this information had been supplied to the Council of Governors for information and offered an overall view of the Trust's management of the current position with regard to complaints

and PALs contacts. Discussion regarding the contents of this document had taken place earlier in the meeting within the Performance Report.

c. Draft BoD/CoG Annual General Meeting Minutes – 20.7.17

The majority present approved the draft Annual General Meeting Minutes subject to a correction requested from one member about the process of feedback and learning from the complaints and investigation process. The member felt that “Patients Experience” was based on staffs’ opinion of the patient’s experience, not the opinion of the patient and/or carers. The Executive Director of Nursing agreed. Following the meeting the Executive Director of Nursing agreed to discuss this issue with the requestor.

At the CoG meeting the Chairman requested that the AGM minutes include this issue in the minutes and it was agreed by all present that the formal AGM minutes would be amended accordingly.

d. Feedback from BoD/CoG Workshop – 18.7.17

The notes from the meeting were received and approved. It was noted that the questions raised would be circulated separately to the Governors in preparation for the Board/Governor Workshop to be held on the 15 November 2017.

ACTION: Company Secretary

e. EPR and stabilisation

The Chief Operating Officer gave a presentation highlighting the positive impacts of the implementation of electronic patient records and summarised the work still outstanding. In summary work was still ongoing around outpatient letters. A risk panel had been established but it was noted that the information was available electronically but had not been manually sent to GPs.

Peter Bamber raised the question of how IT problems should be reported. It was felt the current web system was onerous. The Management Director – NHS Digital agreed to investigate this and report back outside the meeting. The Chief Operating Officer advised that listening events were taking place within Divisions and there were other forums where feedback from staff can be received.

As discussed in the private, informal part of the meeting, Paul Butterworth asked for details regarding the additional costs which would be incurred with the ongoing work with Cerner. It was noted that there were no additional charges at this point within the contract but should any further costs be incurred in the future, these would be brought back to the Board.

77/16 ANY OTHER BUSINESS

There was no other business to note.

78/17 DATE AND TIME OF NEXT MEETING

Wednesday 17 January 2018 commencing at 4.00 pm in the Boardroom, Huddersfield Royal Infirmary

The Chair thanked everyone for their contribution and closed the meeting at 6.30 pm.

COUNCIL OF GOVERNORS
CHAIRS' INFORMATION EXCHANGE MEETING

Wednesday 13 December 2017

NOTES

Present:	Full meeting:	
	Andrew Haigh	Chairman
	Brian Moore	Lead Governor/Chair of Surgical DRG
	Lynn Moore	Chair of FSS DRG
	Annette Bell	Chair of Community DRG
	Stephen Baines	Chair of Estates & Facilities DRG
	John Richardson	Publicly elected Governor
	Vicky Pickles	Company Secretary
	Vanessa Henderson	Membership and Engagement Manager
	Part meeting:	
	Linzi Smith	Staff Governor
	Sian Grbin	Staff Governor
	Peter Bamber	Staff Governor
	Charlie Crabtree	Staff Governor
	Nasim Esmail	Publicly elected Governor

1 Apologies

Di Wharmby

2 To receive the SOAPs from DRG meetings

(i) Medical DRG

Vicky presented the SOAP from the Medical DRG meeting.

It was noted that although numbers had reduced, there remained a high number of green cross patients on the wards. Andrew said the improvement was attributable to the reduction in bed numbers on the back of the safer work.

Vicky reported that the Cardiology/Respiratory reconfiguration had gone smoothly.

(ii) Community DRG

Annette presented the SOAP from the Community DRG meeting.

There was a general discussion around the provision of community services between the Trust and Locala in Huddersfield.

(iii) Surgical & Anaesthetics DRG

Brian presented the SOAP from the Surgical & Anaesthetics DRG meeting.

Andrew stressed that consistency in the fractured neck of femur performance is a particular focus for the division. He said traditionally performance has fluctuated, for a number of reasons.

He added that all the divisions are being challenged about whether EPR is at the root of the financial issues as it was felt that there were other issues contributing to the financial position.

Stephen raised the importance of reporting complaints and compliments in equal measures.

(iv) Families & Specialist Services DRG

Lynn presented the SOAP from the Families & Specialist Services DRG meeting.

Andrew reported that the move to the AGFA system had involved nine different Trusts, in an effort to repatriate the outsourced reporting work, and to limit some of the work that is currently sent overseas.

There was a discussion around the plans to utilise more technology in outpatients, including the use of Skype.

(v) Estates & Facilities DRG

Stephen presented the SOAP from the Estates & Facilities DRG meeting.

Stephen suggested an option to fund the new car park at CRH could be prudential borrowing whereby the cost would be repaid with future income.

3 Membership Office SOAP

Vanessa presented the Membership Office SOAP.

Andrew updated the governors on the responses he had received from the governors who had not regularly attended meetings. This would be discussed further at the CoG meeting in January 2018.

4 Notes of the last meeting held on 3 July 2017

The notes of the meeting held on 3 July 2017 were approved as a correct record.

5 Matters arising:

2 (ii) Surgery & Anaesthetics: sickness due to mental health issues

Andrew reported that he would follow this up through the Workforce/Well Led Committee.

8 Mental Health Patients in the Emergency Department

Vicky reported that arrangements are in place for the RAID team to be called to attend for anyone with a significant mental health issue who arrives in the Emergency Departments. However currently there is not a specific area for these patients to wait.

6 Update from the Chair

Andrew reported on current areas of focus for the Board.

(i) CQC inspection

The Trust has now had formal notification that there will be an inspection in the New Year. The visit will include a detailed look at the areas where concerns were raised during the visit in March 2016 and will also include a well led review.

We are expecting a smaller inspection team than last time but the inspectors are likely to be at the Trust for a longer period of time. The date for the full inspection is expected to be at the end of January 2018 but the CQC are able to carry out unannounced inspections, at any time, in the interim. There will be sessions during January with the Board to ensure all arrangements are in place.

(ii) Financial position

There had been a recent meeting with NHS Improvement to discuss the Trust's recovery plan and also a system recovery plan to balance the entire health economy.

Andrew described the negotiations that had taken place at the beginning of the year to agree the Trust's position, in an effort to include an amount to take account of EPR disruption. NHS Improvement had accepted that we will not meet our target but they had indicated that they would be satisfied if we were within £5 million of the target.

Andrew gave an overview of the current financial position, taking into account the STF performance payments that we had not achieved. In response to a question from Sian, Andrew explained that the most significant target that the Trust had failed to achieve was the 4-hour ED target and he outlined the reasons for this.

Andrew also outlined the likely way in which the additional funding for winter would be allocated but he said that in terms of the additional funding announced in the budget this was predominantly capital funding.

In answer to a question from Stephen, Andrew confirmed that the Trust's performance this year will have an impact on the plans for reconfiguration. He added that the Trust does not have any indication as to when the decision on reconfiguration would be made by the Secretary of State. Vicky outlined the three options available to the Secretary of State.

In response to a question from Peter, Andrew said he did not anticipate that the schemes being planned to ensure we are within £5 million of the target would have any impact on staff. However Andrew said that if activity levels in the Surgical division did not recover to historical levels it would be very difficult to maintain the current level of staffing within the cost envelope available.

(iii) *Estates & Facilities SPV at Huddersfield*

Andrew outlined the proposal to introduce an arm's length company to manage the estates and facilities service across West Yorkshire. This would involve all six Trusts (four in the first instance) in West Yorkshire setting up wholly owned subsidiaries which would eventually merge to form one company that would manage the service across West Yorkshire.

Brian expressed his reservations about the proposal. Andrew gave more details about the proposal but pointed out that the governors were to receive more detail at their Development Session later in the day.

(iv) *Reconfiguration*

Andrew updated the governors on the legal challenge made by the Hands off HRI group. This is currently with a judge to decide whether there should be a judicial review.

(v) *Project Echo*

Andrew reported that the Trust is currently in discussion with the current PFI provider about renegotiating the contract and we have been in discussion with the Department of Health about whether the proposals are in our best interest. There were pros and cons of the proposals and a decision would be made next year.

(vi) *Performance*

Andrew said there was an acknowledgement by the Board that services are very stretched currently and it was likely that winter pressures would have a significant impact on the Trust's financial position.

7 Date and time of next meeting

Monday 26 March 2018, 2 pm to 4 pm, Meeting Room 3, Learning Centre, HRI

COUNCIL OF GOVERNORS MEETING	
PAPER TITLE: MONTH 8 FINANCIAL REPORT	REPORTING AUTHOR: Philippa Russell, Assistant Director of Finance
DATE OF MEETING: 17 January 2018	SPONSORING DIRECTOR: Gary Boothby, Director of Finance
STRATEGIC DIRECTION – AREA: Financial Sustainability	ACTIONS REQUESTED: To note
PREVIOUS FORUMS: Finance and Performance Committee, Board of Directors	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below: For guidance click on this link: http://nwww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) Summary report on the financial position of Calderdale & Huddersfield NHS Foundation Trust at the end of November 2017.	
FINANCIAL IMPLICATIONS OF THIS REPORT: N/A	
RECOMMENDATION: To note	
APPENDIX ATTACHED: YES	

EXECUTIVE SUMMARY: Trust Financial Overview as at 30th Nov 2017 - Month 8

KEY METRICS

	M8			YTD (NOV 2017)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit) Control Total basis	(£0.59)	(£1.89)	(£1.30)	(£14.07)	(£17.85)	(£3.79)	(£15.94)	(£15.94)	£0.00
Agency Expenditure	(£1.30)	(£0.94)	£0.36	(£10.11)	(£9.41)	£0.70	(£16.86)	(£14.20)	£2.66
Capital	£0.52	£0.45	£0.07	£12.56	£7.39	£5.17	£14.39	£14.59	(£0.20)
Cash	£1.91	£1.99	£0.08	£1.91	£1.99	£0.08	£1.91	£1.90	(£0.01)
Borrowing (Cumulative)	£85.66	£94.74	£9.08	£85.66	£94.74	£9.08	£87.62	£102.42	£14.80
CIP	£1.68	£1.14	(£0.54)	£9.97	£10.35	£0.38	£20.00	£18.17	(£1.83)
Use of Resource Metric	2	4		3	3		3	3	

- Reported year to date deficit position of £17.85m, an adverse variance of £3.79m compared with the control total of £14.07m;
- Delivery of CIP is above the planned level at £10.35m against a planned level of £9.97m;
- Capital expenditure is £5.17 below plan due to revised timescales;
- Cash position is £1.99m, just above the planned level;
- A Use of Resources score of level 3, in line with the plan.

The Month 8 reported position is a deficit of £17.85m on a control total basis. Including Sustainability and Transformation funding (STF) the adverse variance from plan is £6.64m due to the loss of £2.85m STF based on Q1 & 2 A&E performance and financial performance in Months 7 & 8. The financial position has continued to deteriorate with activity and income significantly below the original planned level and growing cost pressures. The underlying financial shortfall against the financial plan in the year to date is £13.4m excluding the impact of STF and is summarised as follows:

Year to Date Challenges:

Clinical Contract Income shortfall: (£6.1m)
(Includes £4.4m linked to EPR productivity).
Other Income: (£3.1m)
(Includes Estates and Apprentice Levy income).
Pay pressures: (£2.7m)
(Includes EPR costs of c. £1.0m).
Non-Pay Pressures: (£1.5m)
(Includes EPR costs of c.£0.3m).

Total underlying variance from plan: (£13.4m)

Release of Contingency Reserves £2.0m

Non-Recurrent benefits in YTD position: £7.5m

Month 8 position to report: (£3.9m)

The Trust continues to report a forecast in line with the Control Total deficit of £15.94m, however the deteriorating position leaves the Trust with the requirement to deliver recovery plans of the magnitude of £11m, to cover the growing underlying gap between the planned deficit and operating position. The size of this gap is unlikely to be resolved quickly enough to achieve the control total over the next 4 months and the Trust is now forecasting an adverse variance from plan during Months 7-11. STF funding of £6.57m for Quarters 3 and 4 remains at risk and will only be made available if the Trust can deliver full recovery back to plan.

INCOME AND EXPENDITURE SUMMARY

	M8			YTD (NOV 2017)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Income	£31.69	£30.45	(£1.25)	£249.62	£239.67	(£9.95)	£374.74	£369.57	(£5.17)
Pay	(£19.72)	(£20.50)	(£0.78)	(£162.18)	(£162.61)	(£0.44)	(£241.10)	(£240.26)	£0.83
Non Pay	(£10.43)	(£10.74)	(£0.30)	(£84.79)	(£80.93)	£3.86	(£124.55)	(£120.69)	£3.86
Total Expenditure	(£30.15)	(£31.23)	(£1.08)	(£246.97)	(£243.55)	£3.42	(£365.65)	(£360.95)	£4.70
EBITDA	£1.54	(£0.79)	(£2.33)	£2.65	(£3.88)	(£6.53)	£9.09	£8.62	(£0.47)
Non Operating Expenditure	(£2.12)	(£2.12)	(£0.00)	(£30.66)	(£16.87)	£13.78	(£38.93)	(£39.31)	(£0.37)
Surplus / (Deficit)	(£0.579)	(£2.91)	(£2.33)	(£28.00)	(£20.75)	£7.25	(£29.84)	(£30.69)	(£0.84)
Less: Items excluded from Control Total	(£0.01)	£0.01	£0.02	£13.94	£0.04	(£13.89)	£13.90	£13.91	£0.01
Less: Loss of STF funding	£0.00	£1.01	£1.01	£0.00	£2.85	£2.85	£0.00	£0.83	£0.83
Surplus / (Deficit) Control Total basis	(£0.59)	(£1.89)	(£1.30)	(£14.07)	(£17.85)	(£3.79)	(£15.94)	(£15.94)	£0.00

CLINICAL ACTIVITY

	M8			YTD (NOV 2017)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Elective	709	584	(125)	5,411	4,136	(1,275)	7,958	6,166	(1,792)
Non-Elective	4,256	4,929	672	33,668	36,901	3,233	50,873	55,767	4,894
Daycase	3,395	3,326	(69)	25,941	23,972	(1,969)	38,132	35,850	(2,282)
Outpatient	32,046	30,760	(1,286)	244,528	219,045	(25,483)	359,602	325,452	(34,150)
A&E	12,530	12,156	(374)	103,485	100,705	(2,780)	155,414	151,239	(4,175)
Other NHS Non-Tariff	134,626	147,867	13,241	1,082,717	1,127,216	44,499	1,622,193	1,694,789	72,597
Other NHS Tariff	11,494	10,665	(828)	89,772	82,931	(6,841)	133,242	123,429	(9,813)
Total	199,057	210,287	11,229	1,585,521	1,594,906	9,385	2,367,414	2,392,692	25,278

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M8

CLINICAL ACTIVITY

	M8 Plan	M8 Actual	Var	
Elective	5,411	4,136	(1,275)	●
Non-Elective	33,668	36,901	3,233	●
Daycase	25,941	23,972	(1,969)	●
Outpatient	244,528	219,045	(25,483)	●
A&E	103,485	100,705	(2,780)	●
Other NHS Non-Tariff	1,082,717	1,127,216	44,499	●
Other NHS Tariff	89,772	82,931	(6,841)	●
Total	1,585,521	1,594,906	9,385	

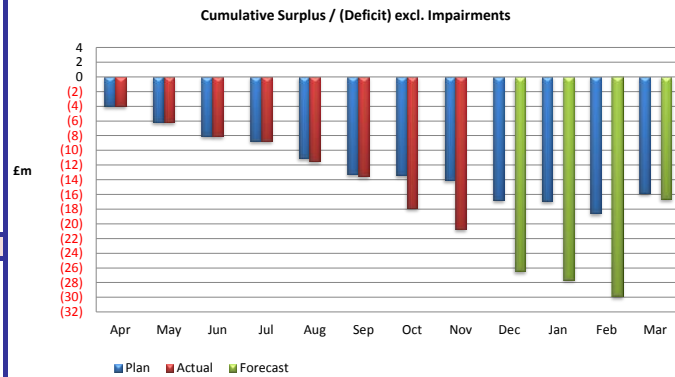
TRUST: INCOME AND EXPENDITURE

	M8 Plan	M8 Actual	Var	
	£m	£m	£m	
Elective	£15.20	£12.71	(£2.49)	●
Non Elective	£63.37	£66.12	£2.76	●
Daycase	£18.03	£17.25	(£0.77)	●
Outpatients	£28.45	£25.63	(£2.82)	●
A & E	£12.81	£12.13	(£0.68)	●
Other-NHS Clinical	£80.15	£73.59	(£6.55)	●
CQUIN	£4.66	£4.50	(£0.16)	●
Other Income	£26.96	£27.73	£0.77	●
Total Income	£249.62	£239.67	(£9.95)	●
Pay	(£162.18)	(£162.61)	(£0.44)	●
Drug Costs	(£23.19)	(£23.50)	(£0.31)	●
Clinical Support	(£21.90)	(£19.54)	£2.36	●
Other Costs	(£31.57)	(£29.76)	£1.81	●
PFI Costs	(£8.13)	(£8.13)	£0.00	●
Total Expenditure	(£246.97)	(£243.55)	£3.42	●
EBITDA	£2.65	(£3.88)	(£6.53)	●
Non Operating Expenditure	(£30.66)	(£16.87)	£13.78	●
Surplus / (Deficit)	(£28.00)	(£20.75)	£7.25	●
Less: Items excluded from Control Total	£13.94	£0.04	(£13.89)	
Less: Loss of STF funding	£0.00	£2.85	£2.85	
Surplus / (Deficit) Control Total basis	(£14.07)	(£17.85)	(£3.79)	●

DIVISIONS: INCOME AND EXPENDITURE

	M8 Plan	M8 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£14.32	£8.22	(£6.10)	●
Medical	£19.25	£17.41	(£1.84)	●
Families & Specialist Services	(£0.78)	(£3.27)	(£2.49)	●
Community	£1.60	£1.86	£0.26	●
Estates & Facilities	(£17.17)	(£17.69)	(£0.52)	●
Corporate	(£20.16)	(£19.67)	£0.49	●
THIS	(£0.66)	(£0.41)	(£0.36)	●
PMU	£1.81	£1.79	(£0.02)	●
Central Inc/Technical Accounts	(£25.66)	(£8.98)	£16.67	●
Reserves	(£2.00)	£0.00	£2.00	●
Unallocated CIP	£0.84	£0.00	(£0.84)	●
Surplus / (Deficit)	(£28.00)	(£20.75)	£7.25	●

TRUST SURPLUS / (DEFICIT)

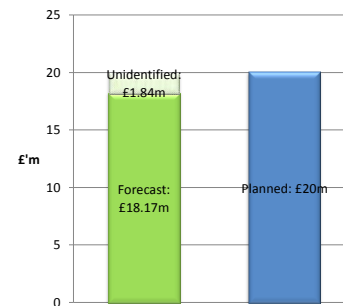


KEY METRICS

	Year To Date			Year End: Forecast			
	M8 Plan	M8 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£14.07)	(£17.85)	(£3.79)	(£15.94)	(£15.94)	£0.01	●
Capital	£12.56	£7.39	£5.17	£14.39	£14.59	(£0.20)	●
Cash	£1.91	£1.99	£0.08	£1.91	£1.90	(£0.01)	●
Loans	£85.66	£94.74	£9.08	£87.62	£102.42	£14.80	●
CIP	£9.97	£10.35	£0.38	£20.00	£18.17	(£1.83)	●
Use of Resource Metric	Plan	Actual		Plan	Forecast		●
	3	3		3	3		

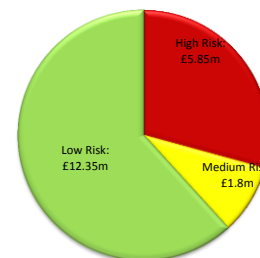
COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



Total Planned: £20m

CIP - Risk



Total Forecast

£18.17m

YEAR END 2017/18

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	7,958	6,166	(1,792)	●
Non-Elective	50,873	55,767	4,894	●
Daycase	38,132	35,850	(2,282)	●
Outpatient	359,602	325,452	(34,150)	●
A&E	155,414	151,239	(4,175)	●
Other NHS Non- Tariff	1,622,193	1,694,789	72,597	●
Other NHS Tariff	133,242	123,429	(9,813)	●
Total	2,367,414	2,392,692	25,278	

TRUST: INCOME AND EXPENDITURE

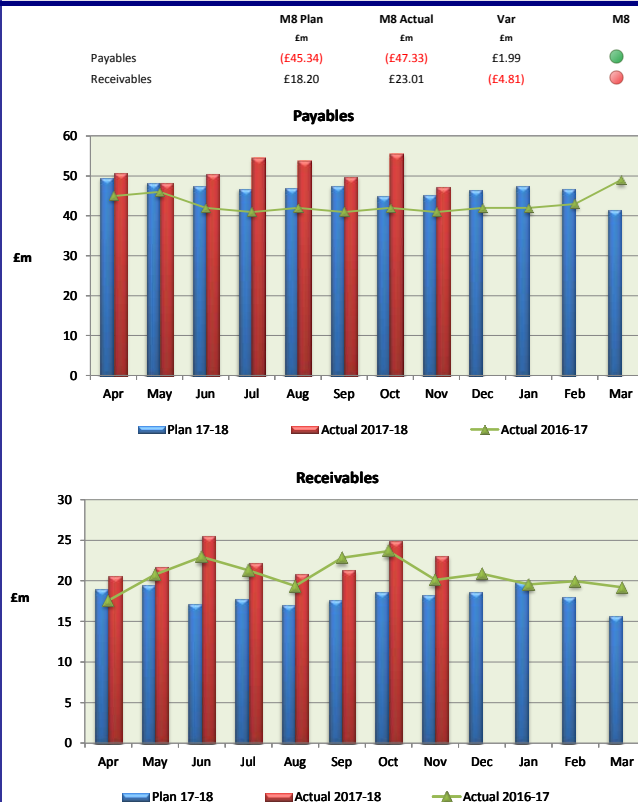
	Plan	Actual	Var	
	£m	£m	£m	
Elective	£22.36	£20.29	(£2.07)	●
Non Elective	£95.53	£99.89	£4.36	●
Daycase	£26.51	£25.69	(£0.82)	●
Outpatients	£41.84	£38.72	(£3.12)	●
A & E	£19.24	£18.12	(£1.12)	●
Other-NHS Clinical	£122.22	£118.90	(£3.32)	●
CQUIN	£6.99	£6.79	(£0.20)	●
Other Income	£40.05	£41.18	£1.13	●
Total Income	£374.74	£369.57	(£5.17)	●
Pay	(£241.10)	(£240.26)	£0.83	●
Drug Costs	(£35.34)	(£35.81)	(£0.48)	●
Clinical Support	(£32.76)	(£28.97)	£3.78	●
Other Costs	(£44.27)	(£47.00)	(£2.74)	●
PFI Costs	(£12.19)	(£8.91)	£3.28	●
Total Expenditure	(£365.65)	(£360.95)	£4.70	●
EBITDA	£9.09	£8.62	(£0.47)	●
Non Operating Expenditure	(£38.93)	(£39.30)	(£0.37)	●
Surplus / (Deficit)	(£29.84)	(£30.68)	(£0.84)	●
Less: Items excluded from Control Total	£13.90	£13.91	£0.01	
Less: Loss of STF funding	£0.00	£0.83	£0.83	
Surplus / (Deficit) Control Total basis	(£15.94)	(£15.94)	£0.01	●

DIVISIONS: INCOME AND EXPENDITURE

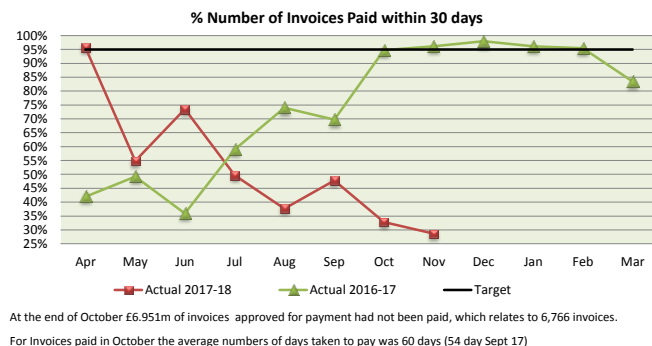
	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£21.14	£11.57	(£9.57)	●
Medical	£28.66	£26.74	(£1.92)	●
Families & Specialist Services	(£0.66)	(£4.49)	(£3.83)	●
Community	£2.36	£2.35	(£0.00)	●
Estates & Facilities	(£25.65)	(£26.59)	(£0.93)	●
Corporate	(£30.16)	(£30.42)	(£0.26)	●
THIS	£0.03	(£0.42)	(£0.45)	●
PMU	£2.75	£2.75	£0.00	●
Central Inc/Technical Accounts	(£29.60)	(£23.24)	£6.36	●
Reserves	(£2.00)	£11.07	£13.07	●
Unallocated CIP	£3.30	£0.00	(£3.30)	●
Surplus / (Deficit)	(£29.84)	(£30.68)	(£0.83)	●

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

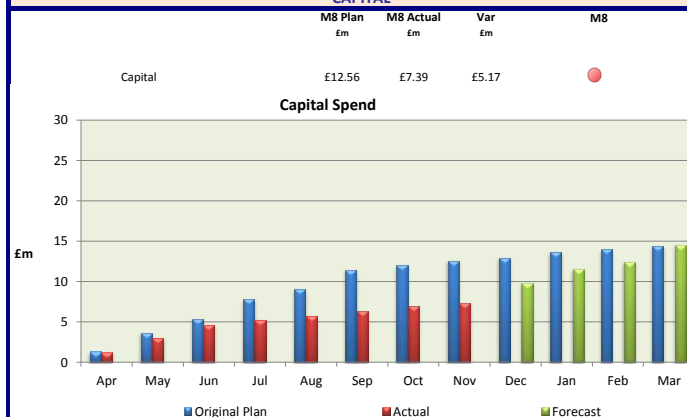
WORKING CAPITAL



BETTER PAYMENT PRACTICE CODE



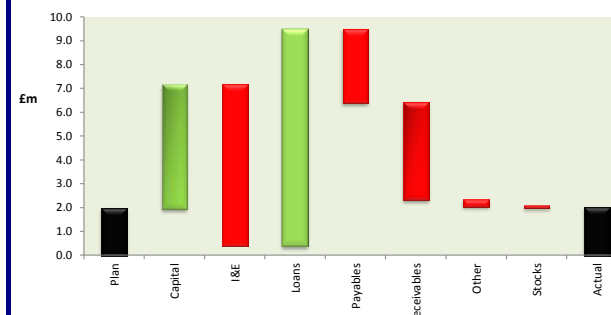
CAPITAL



CASH



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £20.75m versus a planned deficit of £28.00m. This £7.25m favourable variance includes £2.85m loss of STF funding linked to A&E and financial performance, offset by a £13.89m net benefit excluded for Control Total purposes: delayed £14m planned impairment and I&E impact of Donated Assets (£0.11m).
- The year to date position assumes receipt of Sustainability and Transformation Funding (STF) of £2.71m, £2.85m less than the planned £5.56m, due to A&E performance against the 4 hour target being below trajectory (£0.83m) and failure to achieve the control total for Months 7 & 8 (£2.02m).
- Activity continued to be behind plan year to date, with lower than planned Outpatient, A&E, Daycase and Elective activity. This underperformance has been offset to some extent by higher than planned non-elective activity, although this comes with associated unplanned costs due to the resulting pressure on capacity.
- Capital expenditure year to date is behind plan at £7.39m against a planned £12.56m.
- Cash balance is £1.99m, just above the planned level of £1.91m.
- Trust borrowing is above the planned level. Year to date the Trust has borrowed £27.82m to support the deficit, working capital and delayed STF.
- CIP schemes have delivered £10.35m, £0.38m above the year to date target of £9.97m. This includes the rebadging of a £3.5m non recurrent benefit already within the financial position. The year to date plan includes £1m of the £3m stretch target required to bridge from £17m and £20m CIP.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned except the I&E Margin Variance which shows an unfavourable variance - rated as a 2 (planned as 1).

NOTES

- The Trust continues to report achievement of the planned year end Control Total deficit of £15.94m. This excludes loss of STF Funding of £0.83m, a planned £14m impairment and the I&E impact of Donated Assets which are excluded from the deficit for Control Total purposes and therefore have no impact on the financial performance element of the STF allocation.
- However the deteriorating position leaves the Trust with the requirement to deliver recovery plans of £11m, to cover the growing underlying gap between the planned deficit and operating position.
- The forecast assumes receipt of £9.27m STF Funding, £0.83m less than the planned value of £10.1m due to the loss of funding for Quarter 1 & 2 based on A&E Delivery Board four hour performance. Full receipt of STF funding for Quarters 3 & 4 is assumed in the forecast, but are not expected to be achieved until Month 12.
- The forecast assumes that recovery plans of circa £11m are identified and delivered in full by year end in order to secure STF funding for Quarters 3 & 4.
- The underlying operational forecast assumes the delivery of £18.17 of the full £20m CIP target, of which £4.0m is currently flagged as high risk. Any further slippage on CIP will only increase the scale of recovery required.
- The Trust has identified recovery plans of c. £2.4m that would reduce the gap, but are not sufficient to achieve control total.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is at least £37.03m in this financial year to support Capital and Revenue, plans. but this will increase if recovery plans are not fully identified. The total loan balance by year end is forecast to be £95.85m, £8.23m higher than planned.
- Capital expenditure is forecast at £14.59m, £0.2m higher than the planned level of £14.39m due to estimated Donated Assets. Capital expenditure is supported by the final £8m instalment of an existing Capital Loan facility.

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%

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

RAG KEY: UOR

- All UOR metrics are at the planned level
- Overall UOR as planned, but one or more component metrics are worse than planned
- Overall UOR worse than planned

COUNCIL OF GOVERNORS	
PAPER TITLE: QUALITY & PERFORMANCE REPORT/PERFORMANCE ACHIEVEMENT SLIDES	REPORTING AUTHOR: P Keogh
DATE OF MEETING: 17 th January 2018	SPONSORING DIRECTOR: H Barker
STRATEGIC DIRECTION – AREA: • Keeping the base safe • A workforce for the future • Financial Sustainability	ACTIONS REQUESTED: • To note
PREVIOUS FORUMS: Executive Board, Quality Committee, Finance and Performance Committee, Board of Directors	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below: For guidance click on this link: http://nwww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: November's Performance Score has improved to 62% for the Trust. The SAFE domain is back to AMBER having deteriorated to RED following a reported Never Event last month. The EFFECTIVE domain has maintained its GREEN rating for the third month running. The RESPONSIVE domain has maintained AMBER with improved performance seen across the Cancer metrics. EFFICIENCY & FINANCE has improved in the Efficiency metrics but remains RED. WORKFORCE remains RED with all 5 Mandatory Training focus areas missing target.	
FINANCIAL IMPLICATIONS OF THIS REPORT: N/A	
RECOMMENDATION: To note the contents of the report and the overall performance score for November.	
APPENDIX ATTACHED: YES	



Calderdale and Huddersfield
NHS Foundation Trust

Quality and Performance Report

November 2017

Performance Summary

To Note

Sometimes the previous month's % in the Performance Summary is different in the next month's report. This usually happens when there are late changes to indicator values due to validation.

For example last month **September's** performance increased from **60% to 63%** which was quite unusual but due to several factors. Cancer: Breast Symptomatic originally missed target but then achieved the target following further validation. The Category 4 pressure ulcer originally recorded was validated out for September. In addition we had been reporting Stroke one month in arrears due to capacity issues but this was resolved last month and September's performance was better than August's therefore this resulted in further improvement.

For **October's** performance there have been no such changes and performance remains at 59%.

Comparing November 2016 performance to November 2017 performance

November 2016 performance (**67%**) was **5 percentage points (32 points)** better than **November 2017 (62%)**. The main areas of deterioration are **Mandatory Training (48 points)**, Finance (10 points) and Activity (8 points). On the contrary we had a Never Event in November 2016, SHMI and HSMR were worse and sickness was worse.

Comparing 6 months' performance to October with previous 6 months' performance

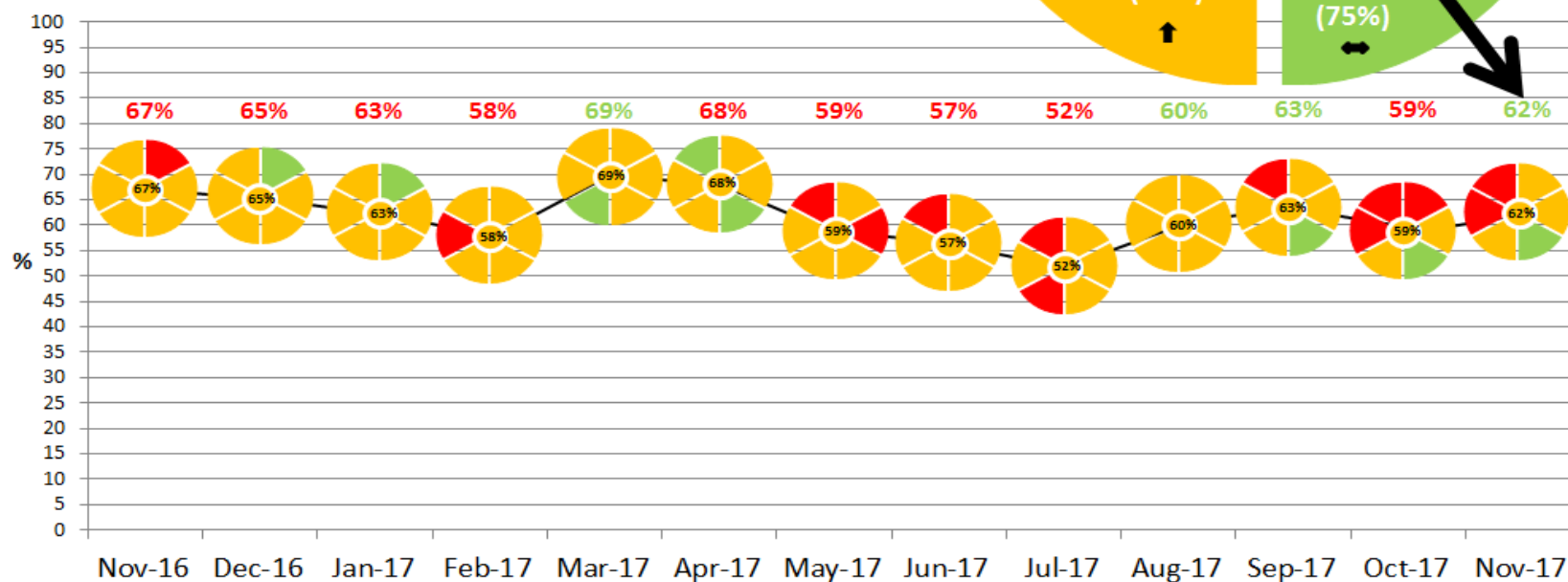
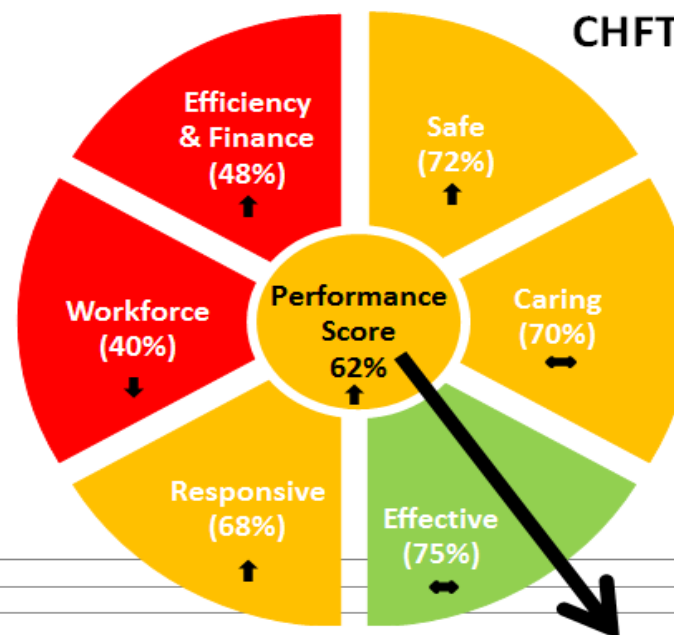
May to October 2017 (6 months) versus previous 6 months **November 2016 to April 2017**. **November to April's** performance (**65%**) was **7 percentage points** better than **May to October (58%)**. Again the main area of deterioration was **Mandatory Training (4 percentage points)**, this is only compensated by an equivalent improvement in **Sickness (4 percentage points)**. **Cancer 2 week waits (2 percentage points)** and **Activity (1 percentage point)**. **SHMI and HSMR** have improved (**2 percentage points**).

Performance Summary

November

RAG Movement

November's Performance Score has improved to 62% for the Trust. The SAFE domain is back to AMBER having deteriorated to RED following a reported Never Event last month. The EFFECTIVE domain has maintained its GREEN rating for the third month running. The RESPONSIVE domain has maintained AMBER with improved performance seen across the Cancer metrics. EFFICIENCY & FINANCE has improved in the Efficiency metrics but remains RED. WORKFORCE remains RED with all 5 Mandatory Training focus areas missing target.



SINGLE OVERSIGHT FRAMEWORK

SAFE	
VTE Assessments	Never Events
CARING	
FFT OP	FFT Maternity FFT IP FFT Community
Mixed sex accommodation breaches	% Complaints closed
EFFECTIVE	
CDiff Cases	Avoidable Cdiff
MRSA	SHMI
HSMR	HSMR - Weekend

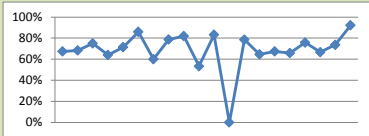
RESPONSIVE	
RTT Incomplete Pathways	Diagnostics 6 weeks ECS 4 hours
Cancer 62 day Screening to Treatment	Cancer 62 day Referral to Treatment
FINANCE	
Variance from Plan	Use of Resources
WORKFORCE	
Proportion of Temporary Staff	Sickness
Staff turnover	Executive Turnover

Carter Dashboard

	Current Month Score	Previous Month	Trend	Target
 Friends & Family Test (IP Survey) - % would recommend the Service	96.8%	97.1%	↓	96.3%
CARING				
Inpatient Complaints per 1000 bed days	2.5	2.5	↓	TBC
 Average Length of Stay - Overall	4.24	4.38	↑	5.17
Delayed Transfers of Care	2.38%	3.51%	↑	3.5%
EFFECTIVE				
Green Cross Patients (Snapshot at month end)	119	90	↓	40
Hospital Standardised Mortality Rate (1 yr Rolling Data)	91.47	91.08	↓	100
Theatre Utilisation (TT) - Trust	83.5%	82.3%	↑	92.5%

 % Last Minute Cancellations to Elective Surgery	0.69%	0.89%	↑	0.6%
RESPONSIVE				
Emergency Care Standard 4 hours	90.96%	94.17%	↓	95%
% Incomplete Pathways <18 Weeks	92.45%	92.08%	↑	92%
62 Day GP Referral to Treatment	88.3%	83.8%	↑	85%
SAFE				
 % Harm Free Care	93.41%	93.90%	↓	95.0%
Number of Outliers (Bed Days)	627	516	↓	495
Number of Serious Incidents	5	5	↔	0
Never Events	0	1	↑	0

MOST IMPROVED

Improved: Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - Best performance in the last 18 months at 92%.


Improved: Delayed Transfers of Care - reduction in month to 3.01%, well below monthly target of 3.5%.

Improved: Average time to start reablement has significantly improved from 15.3 to 8.6 days. There has been some work undertaken with the reablement teams by social care managers to support the movement of patients through reablement, thus enabling a reduced wait for this service.

MOST DETERIORATED

Deteriorated: Emergency Care Standard 4 hours at 91% (92.2% including types 2 and 3) worst performance since May following last month's best performance since April. However still 8 percentage points above the England average.

Deteriorated: All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days. Breach of Patient Charter - The patient was cancelled for an emergency patient. Under the Patient Charter regulations the patient was given a new date within 28 days (day 27). However, the patient was cancelled again on day 26 due to an emergency case. The patient was cancelled following advice from the consultant.

Deteriorated: Mandatory Training is now behind on all 5 agreed topics with Fire Safety moving to Red.

TREND ARROWS:
Red or Green depending on whether target is being achieved
Arrow upwards means improving month on month
Arrow downwards means deteriorating month on month.

ACTIONS

Action: The ECS recovery and sustainability Plan actions continue to be worked through and implemented. The directorate continues to work with the divisions and flow team to embed the action cards. The GM and Operational manager have been in "containment" in the department during November.

Action: The escalation process is being reviewed.

Action: Divisions, led by the HR Business Partners, are developing action plans to improve mandatory training compliance by March 2018. This includes standing items at Divisional Board and Directorate PRMs, promotion of open learning sessions, FAQ guidance issued to all line managers and compliance lists sent to all line managers. The action plans will be taken to Executive Board in January 2018. A weekly paper will be presented at Executive Board from 21st December giving an update on mandatory training compliance.

Arrow direction count



2



9



8

PEOPLE, MANAGEMENT & CULTURE: WELL-LED	Current Month Score	Previous Month	Trend	Target
Doctors Hours per Patient Day				
Care Hours per Patient Day	7.5	7.5	↔	
Sickness Absence Rate	4.07%	4.02%	↓	4.0%
Turnover rate (%) (Rolling 12m)	12.81%	12.95%	↑	12.3%
Vacancy	318.08	333.55	↑	NA
FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q1	79% (Q2)	Different division sampled each quarter. Comparisons not applicable		
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q1	57% (Q2)	Different division samples each quarter. Comparisons not applicable		

OUR MONEY	Current Month Score	Previous Month	Trend
Income vs Plan var (£m)	-£9.95	-£8.70	●
Expenditure vs Plan var (£m)	£3.42	£4.50	●
Liquidity (Days)	-22.00	-28.52	●
I&E: Surplus / (Deficit) var - Control Total basis (£m)	-£3.79	-£2.48	●
CIP var (£m)	£0.38	£0.75	●
UOR	3	3	●
Temporary Staffing as a % of Trust Pay Bill	13.02%	14.52%	●

Executive Summary

The report covers the period from November 2016 to allow comparison with historic performance. However the key messages and targets relate to November 2017 for the financial year 2017/18.

Area	Domain
Safe	% Harm Free Care - Performance deteriorated slightly in-month to 93.4%. Within the Medical division a number of initiatives continue to be strengthened (changes to the format of the pressure ulcer panel, progress with the falls action plan) to impact on improving the position.
Caring	Complaints closed within timeframe - Of the 74 complaints closed in October, 53% of these were closed within target timeframe. CHFT aims to have backlog of complaints closed by 6th January with complaint panels and aid from corporate staff aiming to close 15 complaints per week. With senior divisional support this model will sustain an effective complaints procedure. Divisions have given assurance that contact is being made with complainants within 7 days. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance is still not achieving target. The task and finish group established by the ADN has identified 2 clinical specialty areas to work with and test improvements and is also undertaking Go-See reviews. Healthwatch have been invited to undertake a more detailed study which has been scoped by the Chief Nurse. Friends and Family Test A & E Survey - Response Rate has remained at 11% in-month whilst % would recommend has fallen just below target. The directorate continues to work with the teams in department and CDU to improve both of these indicators. The “you said, we did” board implemented last month continues to provide information to patients on improvements undertaken and the customer service training for A&E reception staff continues to be rolled out.
Effective	Clostridium Difficile Cases - There were 6 cases in-month, highest number in the last 12 months, with 4 in Medicine and 2 in Surgery. The Infection control plan continues to be worked through, the Perfect Ward application trial has generated feedback which has been fed back to assist in the development of the local ward assurance tool. Performance from this will go to PSQBs in the future. Mortality Reviews - The new Learning from Deaths policy was approved in August which describes the ambition to perform initial screening reviews on all deaths plus Structured Judgment Reviews (SJR) on selected cases from September. As expected there were some improvements in performance in October, an additional measure will appear to record the % of applicable cases undergoing SJR. % Sign and Symptom as a Primary Diagnosis - Improvement on previous month and lowest position since EPR go-live. There is significant variation at specialty level and only FSS are achieving the target. The audit work continues within specialties and specific S&S groups e.g. patients discharged with a sign/symptom primary diagnosis or patients with a sign/symptom as a primary diagnosis who die within 30 days of discharge.

Background Context

Medicine has continued with the reconfiguration of Cardiology, Respiratory and Elderly services, gaining approval from QIA, Quality Committee, DMB, Trust Board and the Joint Overview and Scrutiny Committee. This resulted in 7 significant ward moves over a 3-4 week period. Overall the ward moves were successful thanks no end to the fantastic effort and attitude of all colleagues involved in the process.

On Saturday 2nd December YAS implemented the new pathways and protocols in terms of directing crews to HRI for Elderly Care patients and CRH for Cardiology and Respiratory patients. Initial assessment is that patients are being taken to the correct site however short stay frailty is proving difficult to differentiate leading to increased volume at the HRI site and capacity is being reviewed.

Throughout this period both EDs and acute medical teams again did a great job supporting patients and colleagues throughout the go-live period and ensuring the delivery of safe care. The ECS performance throughout November was extremely challenged and whilst there were occasional flow issues related to the ward moves and bed availability the key issue was medical AED staffing, independent of reconfiguration.

Both sites have continued with the implementation of the action cards; as expected this has been challenging to roll out across all divisions but all teams continue to drive this initiative.

Executive Summary

The report covers the period from November 2016 to allow comparison with historic performance. However the key messages and targets relate to November 2017 for the financial year 2017/18.

Area	Domain
Responsive	Emergency Care Standard 4 hours deteriorated to 90.96% in November, worst performance since May - The ECS recovery and sustainability Plan actions continue to be worked through and implemented. The directorate continues to work with the divisions and flow team to embed the action cards. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival/% Stroke patients scanned within 1 hour of hospital arrival - these 2 indicators continue to miss target month on month. The stroke team continue to explore the opportunity to create an assessment area in ED to improve the overall management of stroke patients. If the assessment area is created patients who self-present or initially appear to be a minor Neurological condition should be seen promptly by a Stroke Consultant to rule in/out a Stroke and the need for any intervention. Without a change in practice the standard will remain static and the percentage variance will only change with the amount of patients that enter the service.
	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days. Breach of Patient Charter - The patient was cancelled for an emergency patient. Under the Patient Charter regulations the patient was given a new date within 28 days (day 27). However, the patient was cancelled again on day 26 due to an emergency case. The patient was cancelled following advice from the consultant. The escalation process is being reviewed. % Diagnostic Waiting List Within 6 Weeks - missed the 99% target for 4 out of the last 5 months. Validation continues with the first submission of Endoscopy waiting times since EPR go-live impacting on performance. 38 Day Referral to Tertiary - deteriorated for the second month to 45% following its peak in September. This is being addressed at the weekly escalation meeting.
Workforce	Overall Sickness absence has deteriorated slightly in-month due to an increase in long-term sickness although still within LT sickness target. Monthly attendance management sessions supporting line managers are scheduled until March 2018. Mandatory Training is now behind on all 5 agreed topics with Fire Safety moving to Red. Divisions, led by the HR Business Partners, are developing action plans to improve mandatory training compliance by March 2018. This includes standing items at Divisional Board and Directorate PRMs, promotion of open learning sessions, FAQ guidance issued to all line managers and compliance lists sent to all line managers. The action plans will be taken to Executive Board in January 2018. A weekly paper will be presented at Executive Board from 21st December giving an update on mandatory training compliance.
Finance	Finance: Reported year to date deficit position of £17.85m, an adverse variance of £3.79m compared with the control total of £14.07m; - Delivery of CIP is above the planned level at £10.35m against a planned level of £9.97m; - Capital expenditure is £5.17m below plan due to revised timescales; - Cash position is £1.99m, just above the planned level; - A Use of Resources score of level 3, in line with the plan. The Month 8 reported position is a deficit of £17.85m on a control total basis. The financial position has continued to deteriorate with activity and income significantly below the original planned level and growing cost pressures. The underlying financial shortfall against the financial plan in the year to date is £13.4m excluding the impact of STF. The Trust continues to report a forecast in line with the Control Total deficit of £15.94m, however the deteriorating position leaves the Trust with the requirement to deliver recovery plans of the magnitude of £11m, to cover the growing underlying gap between the planned deficit and operating position. The size of this gap is unlikely to be resolved quickly enough to achieve the control total over the next 4 months and the Trust is now forecasting an adverse variance from plan during Months 7-11. STF funding of £6.57m for Quarters 3 and 4 remains at risk and will only be made available if the Trust can deliver full recovery back to plan.

Background Context

FSS received delivery of equipment in November which will be used for the Trust's Electronic Blood Tracking System. Stage 1 of the project will go live in April 2018.

This month FSS formally launched the new Familial Hypercholesterolemia service. CHFT is one of four Trusts across Yorkshire to host this service which highlights and screens those patients at risk of future heart attack due to hereditary factors.

The Radiology team presented a business case for the replacement of the CRH MRI scanner at the Trust's Commercial Investment Group this month. The case was approved in principle and the scheme will now move into the planning phase including options for financing.

There was a significant amount of work undertaken in November on supporting the Community Place to ensure that the service can deliver safe and effective care to people who are medically stable and ready for discharge, but who require additional support that prevents them being discharged home.

The future strategy for therapy services is being developed and is anticipated to be complete by March 2018.

There has been further work undertaken on the recovery at home programme of work - this is to enhance the already established Reablement team with support from registered therapists to enable people to be discharged from hospital quicker. Waiting for commissioners to give approval to proceed.

Due to Surgery's urgency to recover its performance and financial position it has prioritised the following areas: Supporting ECS, Cancer, Complaints, #NoF, IP/OP workforce capacity and its utilisation, Endoscopy recovery plan and JAG accreditation, Large Value off Track CIPs and Data Quality.

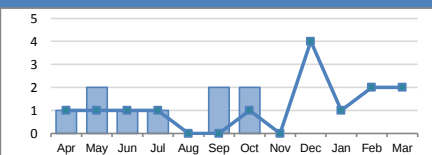
Budget has been agreed for Surgery to appoint 2 additional operational managers who are due to commence in post 2nd January with temporary additional management capacity from November to accelerate improvement in performance in the high priority areas.

Area	Reality	Response	Result
Safe	Grade 3/4 pressure ulcers We are maintaining a low prevalence of grade 3/4 pressure ulcers with two grade 3 being reported in October.	Grade 3/4 pressure ulcers Continued work is progressing with tissue viability. We have released one senior nurse to focus more dedicated time on wound care and pressure ulcers. Orange panel continues to review all grade 3 and 4 pressure ulcers.	Grade 3/4 pressure ulcers Continue to maintain and improve performance in this area. By when: Review December 2017 Accountable: ADN
Effective	Admission Avoidance Our new frailty service that started in October continues to support admission avoidance for frail and elderly patients who can be supported effectively in their own home.	Admission Avoidance The frailty team identify patients in A&E and on short stay or assessment wards. They meet together for a daily MDT to ensure patients have the right level of MDT input and follow up. This is proving to be a very successful pilot and it is hoped that sufficient evidence is available to continue after the 12	Admission Avoidance The pilot will be reviewed in January with an expectation that there will be continued service due to its early successes. By when: January 2017 Accountable: Matron Intermediate Tier Services
Caring	FFT The new method of recording FFT has been implemented in October. We have increased response rate from 2% to 4% in November. The would recommend performance stands at 97% with the new reporting method.	FFT We have chosen one day a month for staff to collect FFT via the web form or paper forms that are then inputted onto web forms for reporting. Our response rate has increased in the second month of undertaking this new process. It provides a more realistic view of FFT "would recommend" as it directly relates to the community service experience rather than hospital or primary care which the previous system captured.	FFT We will continue to monitor the response rate and would recommend and drill down into comments so we can develop responses for improvement. By when: Review March 2018 Accountable: Director of Operations
Responsiveness	Waiting Time for Children's services Orthotics waiting times, particularly for children improved for our Calderdale patients in November. The current wait for children at Calderdale has reduced significantly to 39 days from 121 days. The Huddersfield service continues to be challenging however with the maximum wait for children at 128 days. Children's Therapies waiting times are long due to the increased demand and static capacity available in the teams. There are particular issues in SALT in Calderdale due to the current commissioning arrangements and OT in Huddersfield for similar reasons.	Waiting Time for Children's services Additional Orthotics clinics have been put on and some adult clinics have been converted to children's clinics to improve the situation. Commissioner dialogue continues to occur to get to a point where we can agree a model of delivery that supports the level of demand experienced. Terms of reference for an external review are being developed.	Waiting Time for Children's services An improved position in Orthotics is hoped to be available by January. An external review is hoped to be commissioned to commence in early 2018. By when: January 2018 Accountable: Head of Therapies

Dashboard - Community

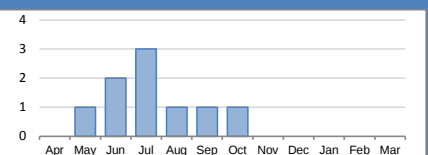
Safe

Community acquired grade 3 or 4 pressure ulcers



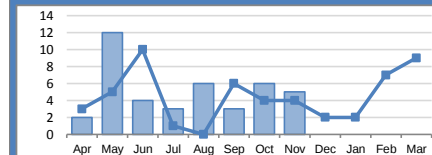
One month in arrears

Falls that caused harm whilst patient was in receipt of Community Services inc IC Beds & Comm Place

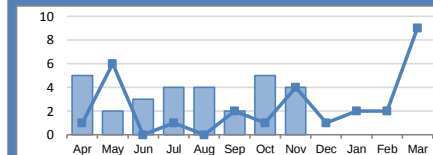


One month in arrears

Incidents - New Harms

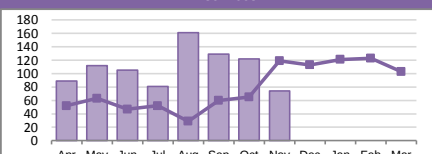


Medication Incidents

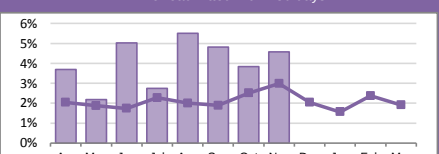


Effective

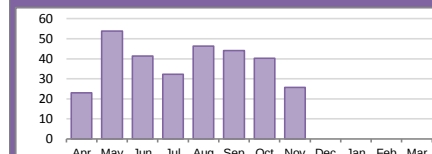
Number of Hospital admissions avoided by Community Nursing services



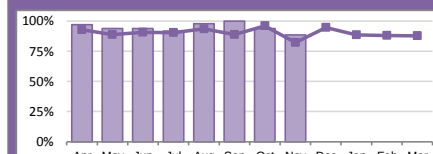
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

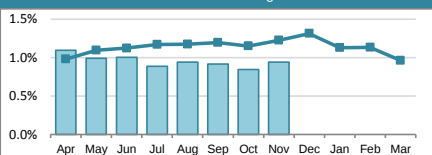


House Bound leg ulcers healed within 12 weeks

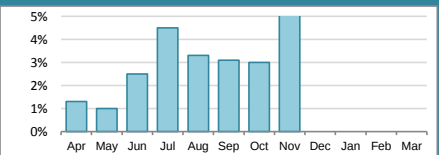


Caring

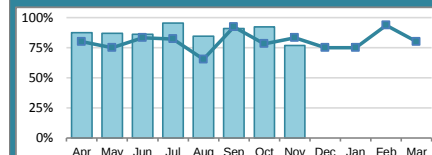
Community No Access Visits Adult Nursing



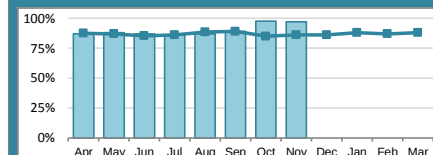
Intermediate Care Readmission rate



End of life patient died in preferred place of death

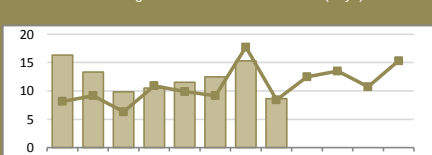


Friends and Family Test- Likely to recommend

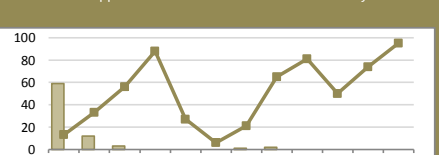


Responsive

Average time to start of reablement (days)



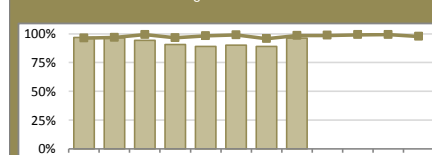
Appointment Slot Issues for MSK & Podiatry



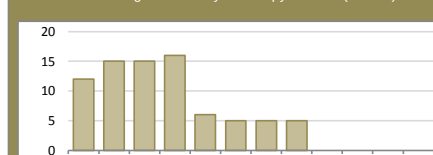
MSK

Podiatry

Waiting Times - 18 week RTT

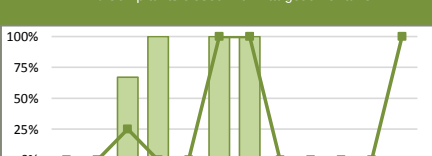


Waiting Times - Physiotherapy Routine (Weeks)

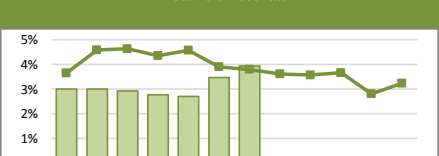


Well Led

% Complaints closed within target timeframe

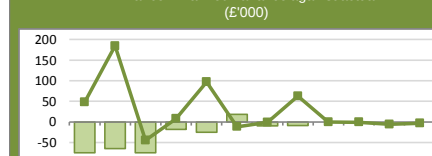


Staff sickness rate



One month in arrears

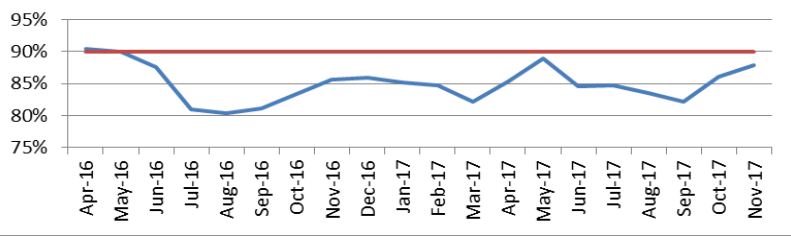
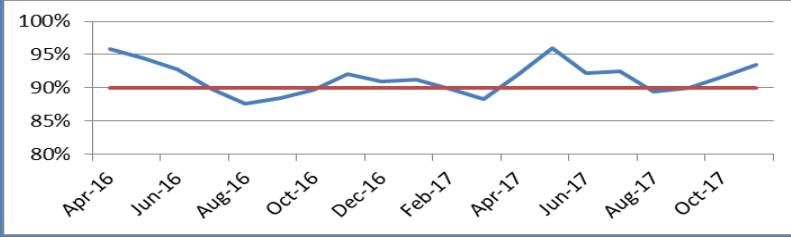
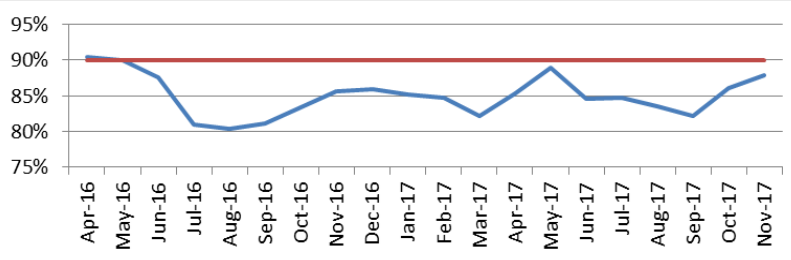
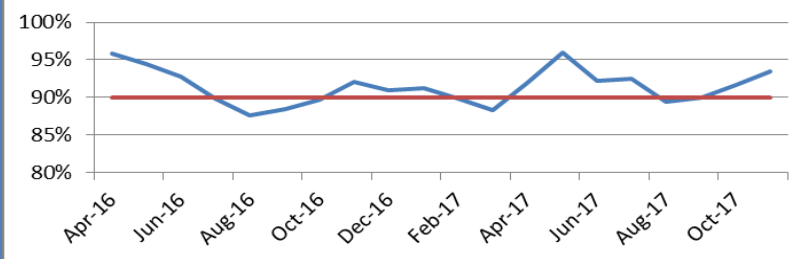
Finance - Planned variance against actual (£'000)



Finance - Planned CIP saving against actual savings (£'000)



Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	87.87% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - WARD 12: 72.0% - WARD 20: 71.5%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team to ensure safe staffing against patient acuity and dependency is achieved. The low fill rates reported in November are attributed to a level of vacancy, teams not achieving their WFM and supporting additional capacity wards.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	93.5% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% -WARD 7C : 74.2% -WARD 8AB : 74.4% -WARD 10 : 66.4%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates reported in November are attributed to a level of vacancy, and staffing deployment as a result of reduced bed occupancy + patient acuity.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	102.95% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% -WARD 6A : 72.0% - WARD 8AB: 73.3% - WARD LDRP : 66.7% - WARD NICU : 68.3%	The low HCA fill rates in November are attributed to fluctuating bed capacity and a level of HCA vacancy within the FSS division. This is managed on a daily basis against the acuity of the work load. Recruitment plans are in place for all vacant posts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	113.53 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	There have been no shifts with fill rates below 75% recorded in November on either site. Fill rate in excess of 100% can be attributed to supporting 1-1 requirements and support of reduced RN fill.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

	DAY						NIGHT						Care Hours Per Patient Day			MSSA (post cases)	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies
Ward	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses(%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	% Bed Occ						
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual											
CRH MAU	1980	1866	1170	1179	94.2%	100.8%	1320	1503.5	990	842	113.9%	85.1%	14.7	14.5	51.90%				4	5.96	2.83
HRI MAU	1980	1919	2070	1888.5	96.9%	91.2%	1650	1646	1320	1427	99.8%	108.1%	12.5	12.3	62.40%			1	14		
WARD 2AB	1845	1508.5	1170	1519.5	81.8%	129.9%	1320	1320	660	671	100.0%	101.7%	6.3	6.3	84.10%			2	8	6.6	3.84
HRI Ward 5 (previously ward 4)	1620	1377.5	1170	1441	85.0%	123.2%	990	1012	990	1378	102.2%	139.2%	5.7	6.2	111.70%				4	0.07	
HRI Ward 11 (previously Ward 5)	2017.5	1735	982.5	1097.7	86.0%	111.7%	1320	1306.5	660	726	99.0%	110.0%	6.3	6.2	100.80%			1	9	4.74	
WARD 5AD	2070	1884	1530	1663.24	91.0%	108.7%	1320	1122	1320	1144	85.0%	86.7%	6.6	6.1	101.20%			5	12	4.33	
WARD 5C	1035	964.5	810	780	93.2%	96.3%	660	660	330	341	100.0%	103.3%	5.6	5.5	106.50%			1	3	4.28	
WARD 6	1620	1525	1170	1100	94.1%	94.0%	990	1001	660	693	101.1%	105.0%	7.0	6.8	92.20%			1	8	0.86	2.3
WARD 6BC	1620	1536.3	1170	1184	94.8%	101.2%	1320	1329	660	700	100.7%	106.1%	5.0	5.0	100.00%				5		
WARD 5B	1092	867.5	672	952.5	79.4%	141.7%	616	616.5	616	800	100.1%	129.9%	5.5	6.0	112.70%			1	3	3.65	0.02
WARD 6A	945	798.5	945	680	84.5%	72.0%	660	663	330	353	100.5%	107.0%	6.0	5.2	107.10%				3	1.2	2.68
WARD CCU	1620	1536.3	1170	1184	94.8%	101.2%	1320	1329	660	700	100.7%	106.1%	18.1	18.0	67.70%				2		
WARD 7AD	1620	1354.5	1530	1692	83.6%	110.6%	990	1001	990	990	101.1%	100.0%	7.3	7.2	92.90%				5	3.01	1.19
WARD 7B	810	867	810	1022	107.0%	126.2%	660	704	330	473	106.7%	143.3%	7.5	8.8	96.70%				3	2.02	
WARD 7C	1620	1265	810	824	78.1%	101.7%	1320	979	330	660	74.2%	200.0%	11.7	10.7	78.10%						
WARD 8	1395	1167	1170	2042.55	83.7%	174.6%	990	979	990	1408	98.9%	142.2%	5.6	6.9	126.40%			2	6	5.11	
WARD 12	1620	1167	810	1018.5	72.0%	125.7%	990	871	330	638	88.0%	193.3%	6.4	6.3	98.30%			2	1	1.62	2.05
WARD 17	1980	1566.5	1170	1036	79.1%	88.5%	990	998.5	660	674.5	100.9%	102.2%	5.9	5.3	112.70%			1		2.91	
WARD 8C	432	413	432	441.5	95.6%	102.2%	286	268.5	143	180	93.9%	125.9%	8.5	8.5	99.40%						
WARD 20	1615.5	1155	1134.5	1301.5	71.5%	114.7%	787.5	765.5	787.5	811.5	97.2%	103.0%	6.0	5.6	85.90%				4	6.92	1.94
WARD 21	1129.5	908.5	1017	1106.6	80.4%	108.8%	860	804	860	851	93.5%	99.0%	9.8	9.3	71.50%			1	5	3.69	0.79
ICU	3900	3403.75	795	701.5	87.3%	88.2%	4140	3337.5	0	23	80.6%	-	47.0	39.7	42.20%			1	1		
WARD 3	915	911	735	716	99.6%	97.4%	690	690	345	345	100.0%	100.0%	6.6	6.6	90.40%			1	3		1.59
WARD 8AB	1034	859.5	945	693	83.1%	73.3%	943	701.5	253	391	74.4%	154.5%	9.2	7.6	41.20%					1.57	0.79
WARD 8D	795	773.5	795	731.5	97.3%	92.0%	690	517.5	0	172.5	75.0%	-	8.2	7.9	66.40%				2	2.07	0.77
WARD 10	1260	1141.5	735	888.5	90.6%	120.9%	1035	687	345	690	66.4%	200.0%	6.6	6.6	85.50%					6.02	
WARD 15	1520	1502.5	1214	1175	98.8%	96.8%	1035	1012	345	667	97.8%	193.3%	5.7	6.0	95.80%			2	2	2.66	
WARD 19	1590	1343.5	1140	1362	84.5%	119.5%	1035	1023.5	1035	1149.5	98.9%	111.1%	7.5	7.7	96.40%			6	2	2.53	
WARD 22	1140	1063.5	1140	1057	93.3%	92.7%	690	690	690	690	100.0%	100.0%	5.9	5.6	90.40%			1	1	1.55	2.47
SAU HRI	1830	1414.5	943	842.5	77.3%	89.3%	1380	1368.5	345	356.5	99.2%	103.3%	9.2	8.2	82.00%			3	1	2.36	0.29
WARD LDRP	4140	3586	915	610.5	86.6%	66.7%	4140	3535	690	528.8	85.4%	76.6%	19.1	15.9	82.70%						
WARD NICU	2175	1815.5	900	615	83.5%	68.3%	2070	1828.5	690	540.5	88.3%	78.3%	11.2	9.2	57.00%					4.39	1.11
WARD 1D	1200	1175.5	345	387	98.0%	112.2%	690	644	345	345	93.3%	100.0%	4.4	4.4	129.70%					1.72	0.11
WARD 3ABCD	3045	2876.5	1170	902.5	94.5%	77.1%	2415	2545.5	345	471	105.4%	136.5%	7.2	7.1	56.50%						2.36
WARD 4C	690	690	450	373	100.0%	82.9%	690	690	345	356.5	100.0%	103.3%	7.2	7.0	80.90%				3	5.51	1.9
WARD 9	1035	950	345	333.5	91.8%	96.7%	690	690	345	333.5	100.0%	96.7%	5.1	4.9	103.40%				2	1.66	
WARD 18	767	694	132	121.5	90.5%	92.0%	690	658.5	0	20	95.4%	-	19.1	18.0	26.30%						
Trust	58702.5	51582.35	35612	36664.1	87.87%	102.95%	44382.5	41498	20734.5	23540.8	93.50%	113.53%	7.9	7.6							

Hard Truths: Safe Staffing Levels (3)

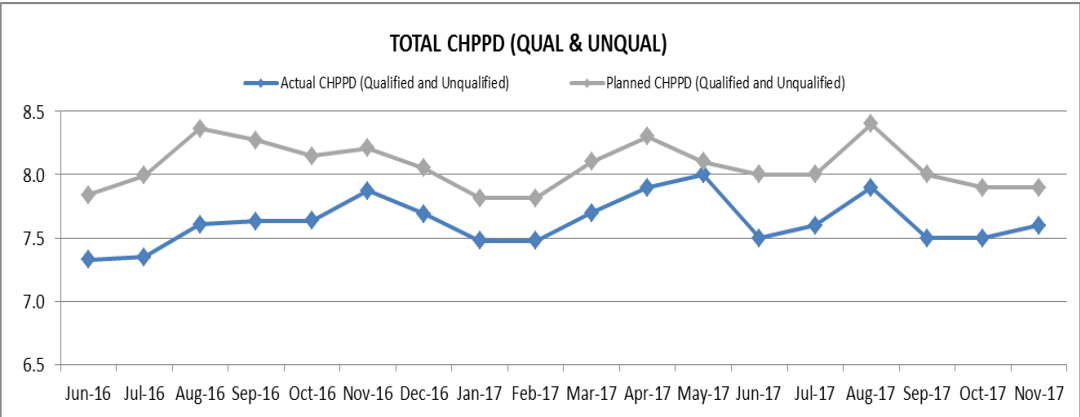
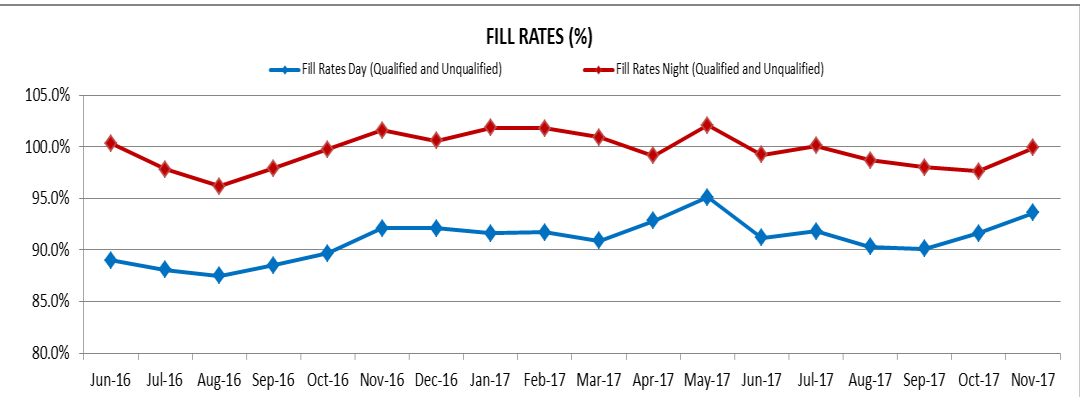
Care Hours per Patient Day

STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)

	Sep-17	Oct-17	Nov-17
Fill Rates Day (Qualified and Unqualified)	90.10%	91.60%	93.60%
Fill Rates Night (Qualified and Unqualified)	98.00%	97.60%	99.90%

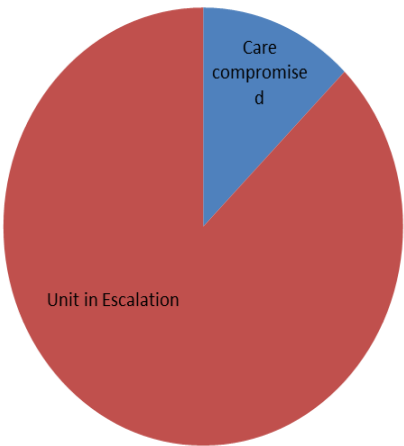
Planned CHPPD (Qualified and Unqualified)	8.0	7.9	7.9
Actual CHPPD (Qualified and Unqualified)	7.5	7.5	7.6

A review of November CHPPD data indicates that the combined (RN and carer staff) metric resulted in 26 clinical areas of the 37 reviewed had CHPPD less than planned. 6 areas reported CHPPD as planned. 5 areas reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned were due to additional 1-1's requested throughout the month due to patient acuity in the departments.

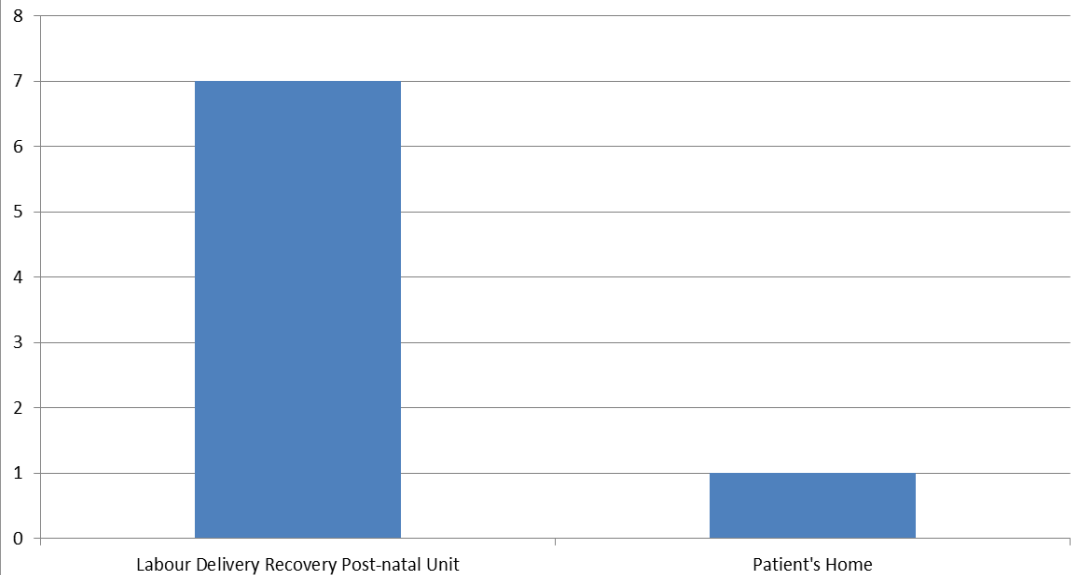


RED FLAG INCIDENTS

Incidents by Adverse Events
November 2017



Incidents by Dept/Ward November 2017



A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015).

As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily by the divisions and review monthly through the Nursing workforce strategy group.

There were **8 Trust Wide Red shifts** declared in **November**. The Red flagged shifts were resolved within the Divisions. Each incident is investigated with feedback given to individuals and actions taken to address concerns where appropriate. The 8 incidents have been recorded as no harm to patients at the point of reporting.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

The Trust remains committed to achieving its nurse staffing establishments. A range of actions are being developed and undertaken to recruit and retain the nursing workforce, and to develop data collection and reporting to support the nursing workforce.

On-going activity:

- 1.The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce and going forward the fill rates for individual areas will improve as these team members become established in the workforce numbers. Focused recruitment continue for this specific area.
- 2. Further recruitment event planned for March 2018.
- 3. Applications from international recruitment projects are progressing well and the first 3 nurses have arrived in Trust, with a further 9 planned for deployment in January 2018
- 4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. The Trust is to work with the recruitment agent to transfer current candidates onto this assessment process with the aim being to expedite deployment to the UK.
- 5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has being developed to up-scale the project in line with the national & regional workforce plans.
- 6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment & retention of the graduate workforce. This is being further enhanced by the development of a year long graduate programme to support and develop new starters.
- 7. 4 Additional clinical educators have been recruited to the medical division. They will have a real focus on supporting new graduates & overseas nurses to the workforce.
- 8. A new module of E roster called safecare is currently being introduced across the divisions, benefits will be better reporting of red flag events, real-time data of staffing position against acuity

COUNCIL OF GOVERNORS MEETING	
PAPER TITLE: NOTES FROM BOD/COG WORKSHOP HELD 15.11.17 RE STRATEGY UPDATE	REPORTING AUTHOR: KATHY BRAY, BOARD SECRETARY
DATE OF MEETING: 17January 2018	SPONSORING DIRECTOR: VICTORIA PICKLES, COMPANY SECRETARY
STRATEGIC DIRECTION – AREA: • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability	ACTIONS REQUESTED: • For comment • To approve • To note
PREVIOUS FORUMS: Membership Council; Board of Directors (Constitution)	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below: Not applicable For guidance click on this link: http://nwww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: Attached are the notes from the BOD/COG Workshop held on 15.11.17 for information.	
FINANCIAL IMPLICATIONS OF THIS REPORT: None	
RECOMMENDATION: The Council of Governors is asked to receive the notes from the Workshop re Strategy Update.	
APPENDIX ATTACHED: YES	

**BOARD OF DIRECTORS/COUNCIL OF GOVERNORS WORKSHOP
WEDNESDAY 15 NOVEMBER 2017
BOARDROOM, HRI**

NOTES FROM STRATEGY UPDATE DISCUSSION

1. TRANSFORMING AND IMPROVING

- Timing of judicial review
- Reconfiguration of actual services is the driver for improvement and transformation – COMMUNICATING TO PUBLIC!
- Ambulatory handover time

2. KEEPING THE BASE SAFE

EPR

- Need to understand the timeline and associated impact of remaining EPR stabilisation.

ENGAGEMENT

- How do we integrate urgent care services and educate public to access GP related services in a timely manner?
- How do we learn from the patients' experience in primary care and how this may be driving attendance at AED? 'With a critical eye' are we listening and acting appropriately?

HEALTH & SAFETY

- Do we have sufficient assurance that our Business Continuity Plans are robust in a digitally dependent organisation?

CQC

- What were the key messages from Ted Baker and what is our current position in relation to these?
- Do we need to plan/review our Q4 flow arrangements reflecting that inspection will be at a time of peak pressure?
- What are our plans to prep Board and other leadership groups for a Well Led Review?
- Do we know our hotspots/weaknesses as well as strengths/successes?
- Need to reflect on improvements from last visits – we have done a lot.
- Real emphasis needed on EPR stabilisation/optimisation as this is currently a high risk for a CQC inspection.

QUALITY IMPROVEMENT

- How can we accelerate our Quality Improvement Strategy?
- Are we satisfied that our quality assurance process is robust and there won't be any significant surprises?

3. FINANCIAL SUSTAINABILITY

CIP

- Forecast £17m – but £3m+ non-recurrent – some areas difficult – especially clinical variation/change. More recurrent schemes.

SAVINGS PROGRAMMES

- Devolved to directorates – but not to individual clinicians – need further clinical engagement and ownership.

WYAAT

- Agreement for procurement – if three organisations use something, it's OK for everyone.

IMPLEMENT MODEL HOSPITAL

- Use to see where we are an outlier on costs – but needs engagement with clinicians.

ACTIVITY

- Doing less activity than previously – so need to take costs out in areas where activity is reducing.

DELIVERING CLINICAL ACTIVITY DIFFERENTLY

- E.g. Telephone follow-up, ambulatory care, etc.
- Need to take full costs out when services are stopped / moved elsewhere.

4. WORKFORCE FIT FOR THE FUTURE

- Recruitment of overseas nurses, is the problem as big as media suggests?
- In terms of Mandatory Training is there protected time for staff to undertake it?
- Equality, diversity and inclusion – how do you make it part of the core business?
- Appraisals – focus on quality moving forward. Focus on benefit to colleagues and Trust.
- Report on good news stories like consultant recruitment, BAME Network.
- Celebrating Success – recognise everyone who puts in an application, personal thank you from CEO.
- Essential management development framework session. Equip colleagues with skills, knowledge and experience to be good managers.
- How do we management the dynamic of engaging people in challenging times bearing in mind CQC?

COUNCIL OF GOVERNORS MEETING**PAPER TITLE:**

QUALITY ACCOUNTS / QUALITY ACCOUNT PRIORITIES

REPORTING AUTHORS:

Andrea McCourt, Head of Governance and Risk

DATE OF MEETING:

Wednesday 17th January 2018

SPONSORING DIRECTOR:

Brendan Brown - Chief Nurse / Executive Director of Quality

STRATEGIC DIRECTION – AREA:

- Keeping the base safe

ACTIONS REQUESTED:

- To note

PREVIOUS FORUMS: None

IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below:

For guidance click on this link: <http://nwww.cht.nhs.uk/index.php?id=12474>

EXECUTIVE SUMMARY

This paper outlines the process for the Council of Governors to select three quality account priorities for 2018/19 and provides an update on the three quality account priorities for 2017/18.

1. Quality Accounts – background

Quality Accounts form part of the Trust annual accounts reporting process and provide information for the public on the quality of services the Trust has provided over the previous financial year. The quality accounts detail the quality achievements during the year and quality performance, details of clinical audit work undertaken and identifies quality priorities for the forthcoming year.

The quality accounts also contain feedback from our local stakeholders on the quality of services, for example from other local providers and the local authority, as well as statements from the Trust Chief Executive and the Board. The quality accounts are reviewed by an external auditor.

2. Update on 2017/18 Quality Priorities

The three quality account priorities chosen by the membership for 2017/18 were:

- sepsis screening for in patients
- discharge planning
- learning from complaints

An update on progress with the quality priorities as at September 2017 was presented to the Quality Committee on 30 October 2017 and the Board on 7 December 2017. A brief update on each is given below.

2.1 Sepsis Screening for in patients

Sepsis is an infection which starts in one part of the body but spreads via the blood and can prove fatal for some patients. The Trust is looking to improve the recognition of potential sepsis through a number of interventions to improve the identification of patients who are at risk of developing sepsis during their inpatient stay.

As at the end of September 2016 the timely treatment of sepsis in emergency departments and acute inpatient settings has seen a gradual improvement throughout the year, however timely identification of patients with sepsis in emergency departments and acute inpatient settings has seen a significant deterioration since EPR.

In June 2017 a risk was added to the high level risk register, risk 6990, scored at 16, of not meeting the 2017/18 CQUIN for sepsis.

An improvement plan has been developed, together with a resource to support the delivery of this plan. Clinical leadership has also been engaged, with the Sepsis Improvement Group refreshed during October. It is proposed that sepsis screening continues to be a quality account priority for 2018/19 – see section 3.

2.2 Discharge Planning

Safe and timely discharge planning is an important part of the inpatient stay. It is estimated that over 20% of discharges require some complex planning and coordination.

The last year has seen the work that the discharge team have implemented in collaboration with partners leading to a real reduction in the length of stay for our most complex patients. This has a positive impact on patient's wellbeing and supports reduction in risks associated with being in hospital when you are medically fit for discharge. Acute frailty models and teams are now in place and multi-agency working continues.

The work in 2017/18 is a continuation of a transformational piece of work started by the Trust in 2016/17 and has robust metrics attached reviewed monthly by the Safer Patient Flow Programme Board.

The discharge planning team were the overall winner of the 2017 Celebrating Success awards and attracted much praise for the work undertaken in improving discharges for patients.

2.3 Learning from Complaints

It is critical that we learn from patients' experiences of our services and make improvements. A national report from the Parliamentary Health Service Ombudsman's report, Learning from Mistakes, July 2016, reiterated that training and accrediting sufficient investigators is crucial to improve learning from investigations. Therefore a new training package was devised to support staff in their investigative approach to patient complaints and at the end of September 2017 62 staff had received training, with positive evaluation of the course.

The Q1 and Q2 complaints report is presented at the Patient Experience Group and shared with governors. A "go see" visit to University Hospitals of Morecambe Bay NHS Foundation Trust was undertaken in September to see how they demonstrated learning from their complaints. Reassuringly, Morecambe Bay took a similar approach to this Trust in reporting learning through their quarterly complaints report.

Section 5 of the quarterly complaints report details divisional and Parliamentary and Health Service Ombudsman learning from complaints. The report now includes a feature on more detailed learning from one patient's complaint, which in quarter 1 relating to communication of investigations findings with a patient and their family.

We have introduced a number of improve and learning initiatives with focus on a subject of learning instead of the source (examples Bite Sized Learning, Sharing Learning – Improving Care Newsletter, Improve@CHFT - social media group). Learning from complaints feeds into this wider learning.

3. 2018/19 Quality Account Priorities

Work has begun to select three quality account priorities for 2018/19, with discussion at the Council of Governors workshop on 7 December 2017.

Three indicators are chosen, one from each of the following domains:

- safety
- effectiveness
- experience

Nine quality priorities were put forward to those present at the workshop and from these six have been selected for the wider membership to choose three from, one in each domain.

The list of the proposed 2018/19 quality account priority topics is given at Appendix 1.

Information on the six priorities will be sent to the wider membership during February 2018 and members will be asked to select three of the six as 2018/19 quality account priorities.

4. 2017/18 Quality Account – choice of local audit indicator

As part of the 2017/18 quality accounts there are two areas which are nationally mandated for audit by our external auditors and one local indicator for audit that the council of governors selects. We are currently awaiting national guidance which will confirm the two mandated indicators.

There will be a presentation at the development session for the council of governors on 5 February 2018 from the external auditors that will provide further details on choosing local indicators for audit. Once a number of topics have been proposed for a local audit indicator governors will be contacted to select one of three indicators proposed. It is expected that this will take place at the end of February to allow audit work to commence in early March 2018.

FINANCIAL IMPLICATIONS OF THIS REPORT:

None

RECOMMENDATION

The Council of Governors is asked to:

- note the update on the 2017/18 quality account priorities as at the end of September 2017
- note the process for selection of 2018/19 quality account priorities
- note the process for selection of a local indicator for external audit for 2017/18

APPENDIX ATTACHED

Appendix 1 – 2018/ 19 Quality Indicator Priorities- shortlist

Short List for Quality Account Priorities 2018-19

Category	Priority	Intervention
Safety	Sepsis Screening , identifying and treating patients with sepsis in the emergency department (CQUIN) 2017/18 priority continued	Embedding the Sepsis Screening tool, Sepsis improvement plan
Safety	Care of the Acutely Ill Patient - improving outcomes through recognition, response and prevention of deteriorating patients	Tbc - observations, escalation, care bundles, mortality reviews
Effectiveness	Improving the assessment of wounds in the community CQUIN	Improvement plan following audit
Effectiveness	Patient experience within patient flow – is the right patient in the right place at the right time ?	Safer Programme
Experience	End of life collaborative – improve experience of patients on care of the dying pathway	Bereavement survey
Experience	Launch and embed the quality improvement strategy	TBC

COUNCIL OF GOVERNORS MEETING	
PAPER TITLE: RISK REGISTER	REPORTING AUTHOR: Andrea McCourt
DATE OF MEETING: 17 January 2018	SPONSORING DIRECTOR: Brendan Brown
STRATEGIC DIRECTION – AREA: • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability	ACTIONS REQUESTED: • For comment • To approve • To note
PREVIOUS FORUMS: Council of Governors Development Session 13.12.17	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below: Not required For guidance click on this link: http://nwww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The attached Risk Register presentation was given at the Council of Governors Development Session on the 13 December 2017. Unfortunately only a small number of Governors were able to attend so this has been included on the agenda for information.	
FINANCIAL IMPLICATIONS OF THIS REPORT: N/A	
RECOMMENDATION: The Council of Governors are asked to note the contents of the presentation attached.	
APPENDIX ATTACHED: YES / NO	

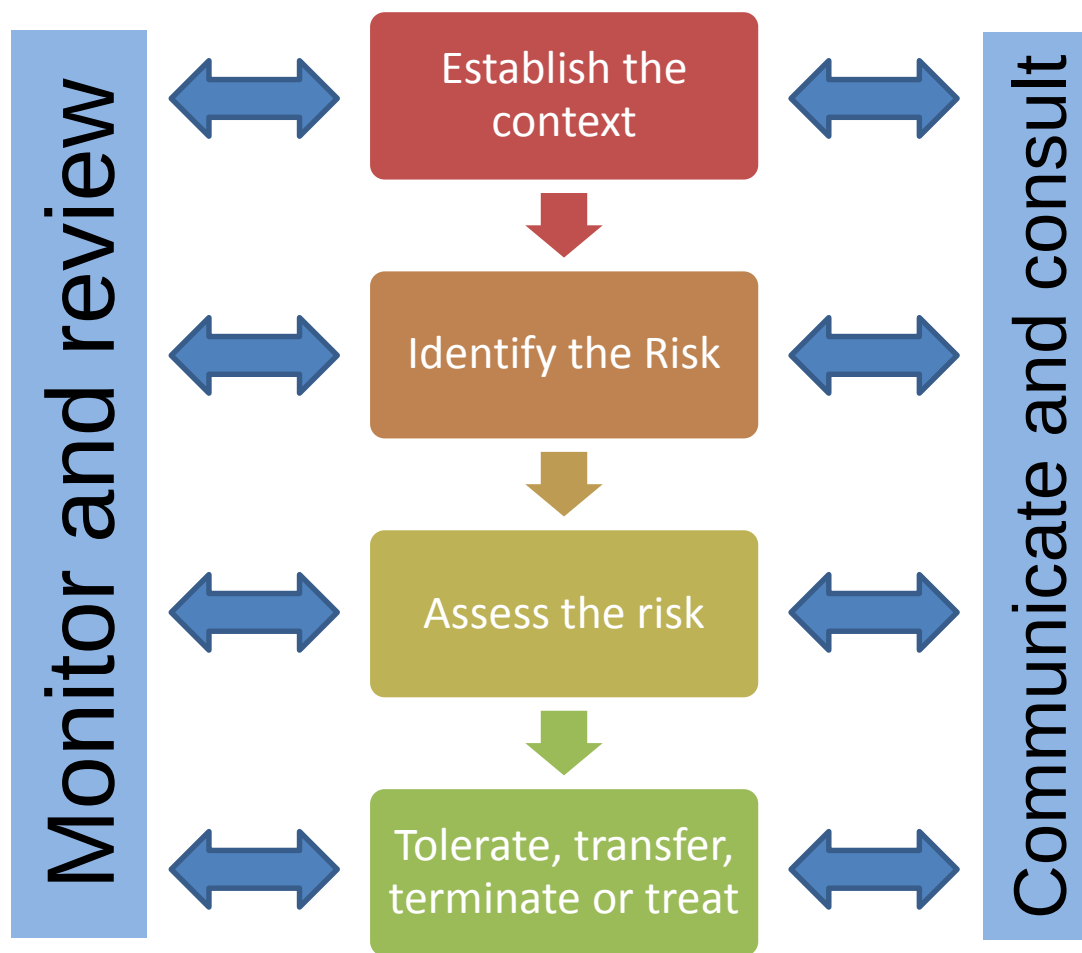
Risk Management

Council of Governors
13 December 2017

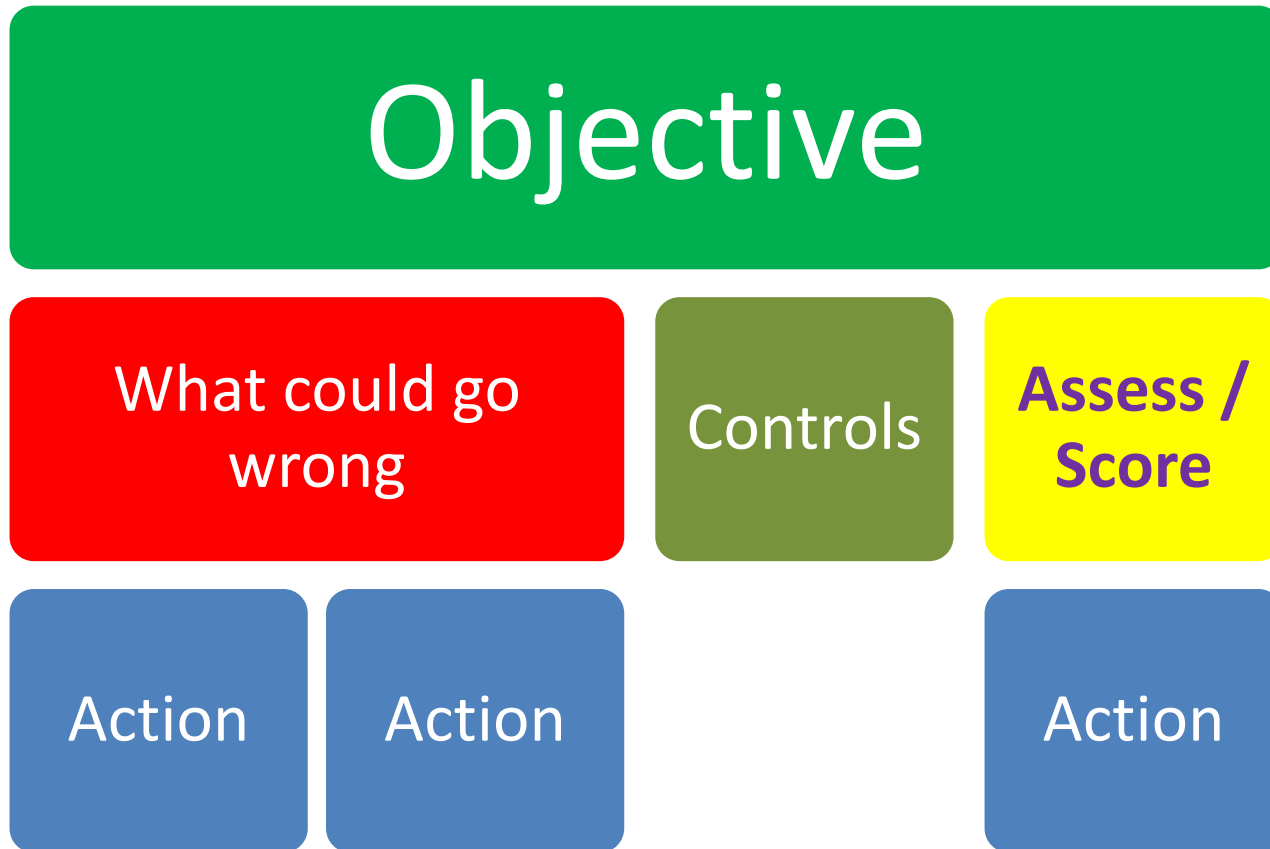
Andrea McCourt, Head of Governance and Risk



What do we do with risks?



Risk Assessment



Bespoke database

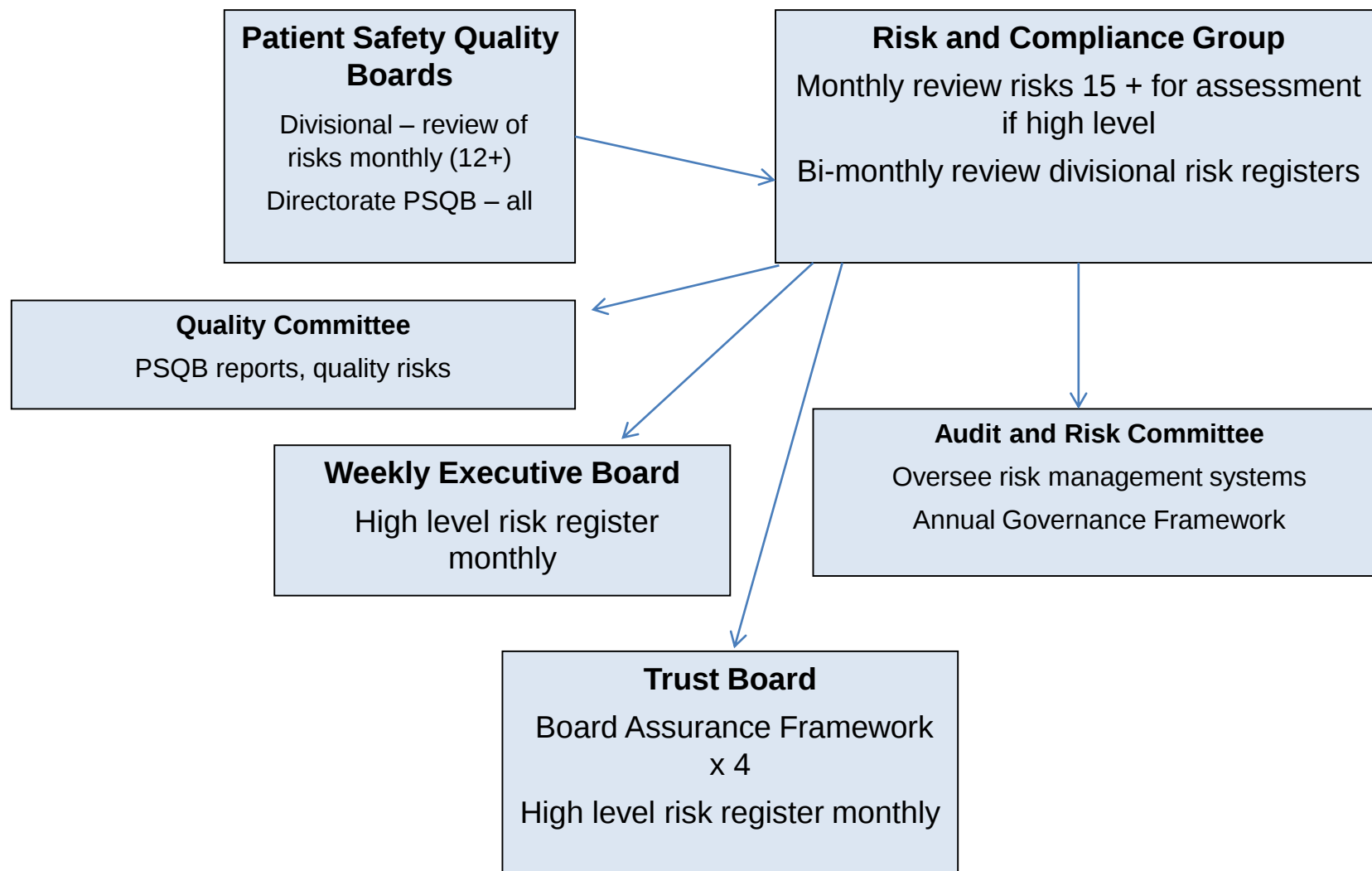
Dynamic

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Anyone can identify a risk through line manager

Regular briefing for staff on top risks

Management of Risk Registers



Top Risks – Monthly Board report

The top risks to our Trust are:

- Non delivery of 2017/18 financial plan
- Capital programme
- Estates/ ICU risk, HRI
- EPR financial risk
- Urgent estates schemes not undertaken
- Over-reliance on locum middle grade doctors in A&E
- Service reconfiguration
- Staffing risk: nursing
- Staffing risk: medical
- Patient flow
- Divisional income Surgery and Anaesthetics



RISK

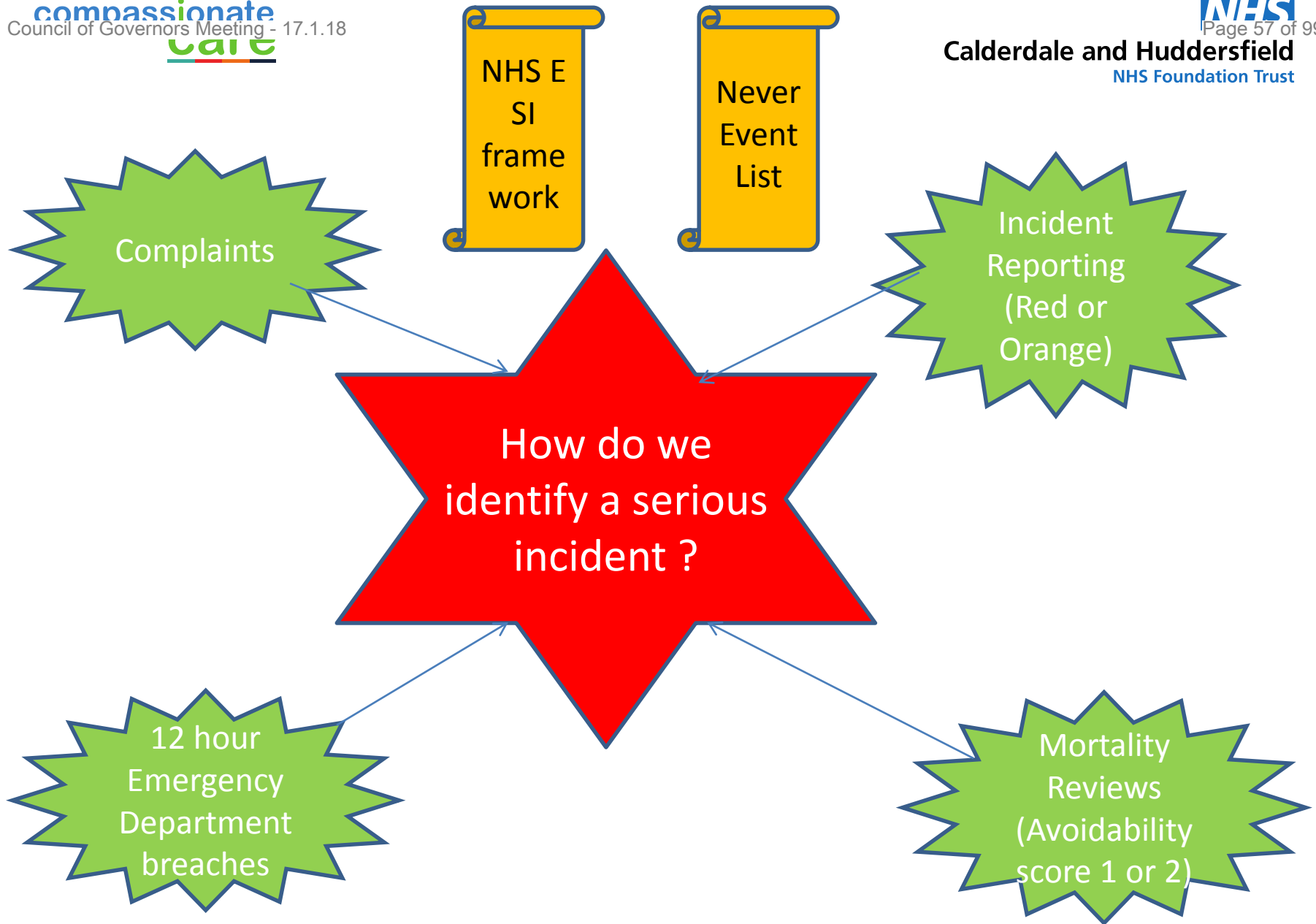


Online Reporting System for reporting incidents

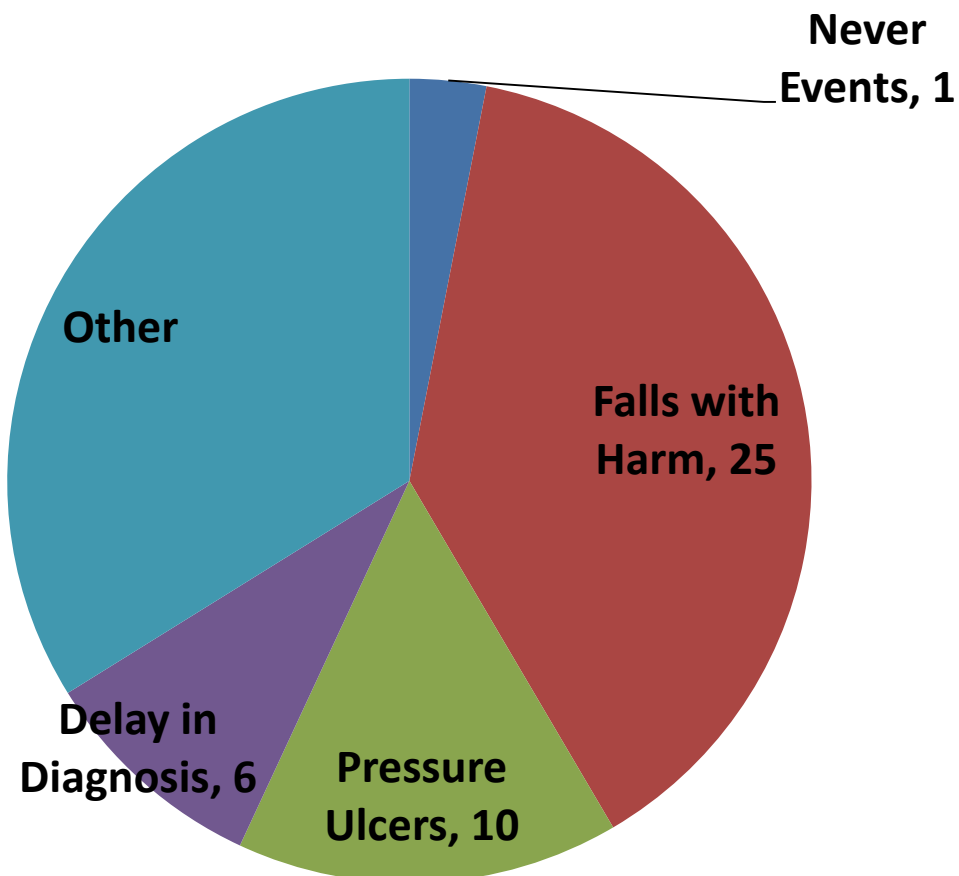
Anyone can report an incident – no log in needed

CHFT Patient Safety Incidents	2016/17
Green – no harm	6337
Yellow – low level harm	1478
Orange – moderate harm	165
Red – significant harm	74
Totals	8054

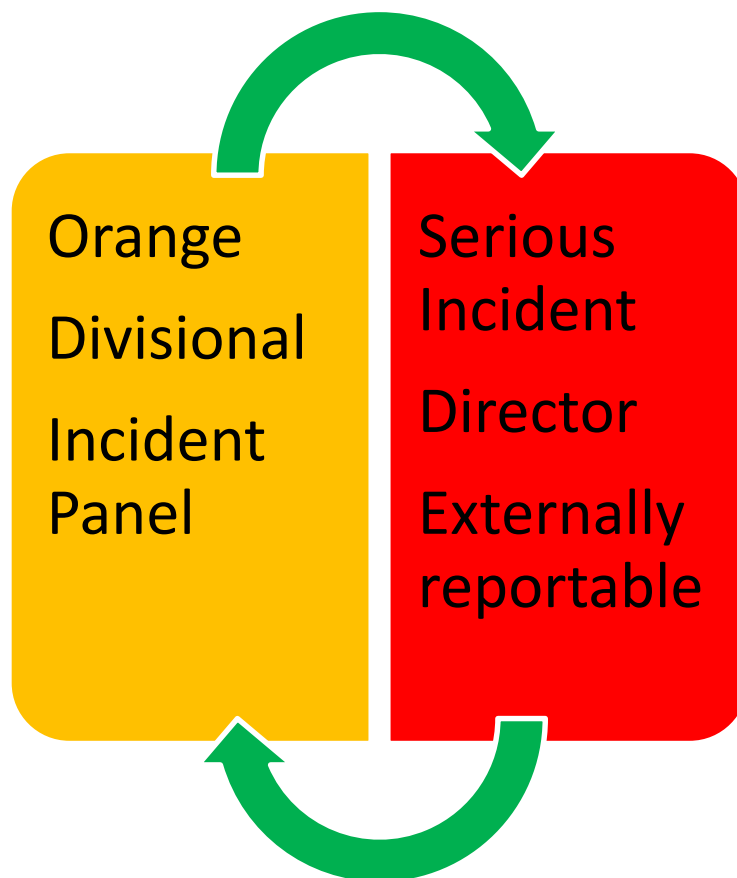
- **8 % of green and yellow incidents are near miss incidents – an *opportunity to prevent something that may have caused an incident, aka “good catch”, prevented patient safety incident***
- **1% all incidents reported are serious incidents**



Reality - 65 Serious Incidents November 2016 – October 2017



Reality – Weekly Incident SI Panel meetings - assess incidents, appoint investigators, review reports

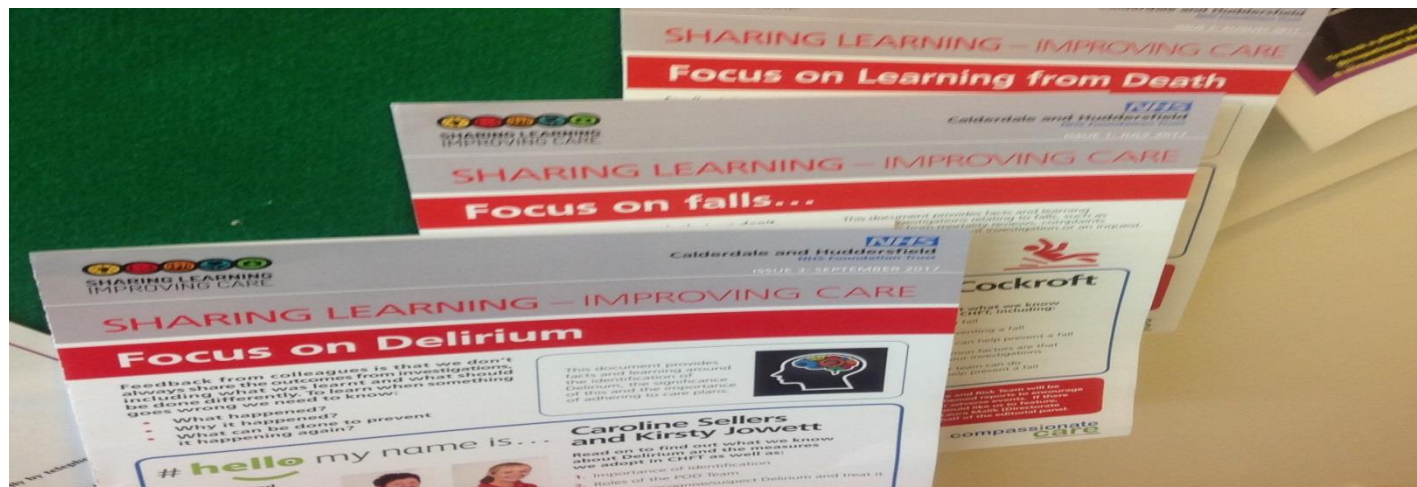


Duty of Candour

- Duty of candour – a CQC regulation, regulation 20, to be open and honest with patients and families when things go wrong within 10 days of becoming aware of an incident and send a formal letter
- Duty of candour lead appointed at weekly panels - 217 incidents where duty of candour was relevant Nov 16 – Oct 17 (orange and red)
- Family liaison - staff confidence in delivering duty of candour is variable and needs improving Improvement in delivery of duty of candour at start of incident – now 100%
- Improvement in delivery of duty of candour

Learning from Incidents

- Internal Audit Report – November 2017 – Significant assurance that the Trust is learning from serious incidents and moderate harm incidents
- Individual Learning Summaries – in divisions, with Quality Committee and Patient Safety and Quality Boards
- Themed learning newsletters



COUNCIL OF GOVERNORS MEETING	
PAPER TITLE: GOVERNANCE	REPORTING AUTHOR: KATHY BRAY, BOARD SECRETARY
DATE OF MEETING: 17January 2018	SPONSORING DIRECTOR: VICTORIA PICKLES, COMPANY SECRETARY
STRATEGIC DIRECTION – AREA: • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability	ACTIONS REQUESTED: • For comment • To approve • To note
PREVIOUS FORUMS: Membership Council; Board of Directors (Constitution)	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below: Not applicable For guidance click on this link: http://nwww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: The Council of Governors are asked to receive and approve the following documents: - Council of Governors Register – please note resignations/appointments since last meeting - Register of Interests/Declaration of Interest – please let the Board Secretary know any amendments/additions - Review Annual CoG Meetings Workplan – for information/comment - Draft Election Timetable 2018 – to approve timetable for 2018 elections.	
FINANCIAL IMPLICATIONS OF THIS REPORT: None	
RECOMMENDATION: The Council of Governors is asked to approve the above governance documents	
APPENDIX ATTACHED: YES	

MEMBERSHIP COUNCIL REGISTER AS AT 1 JANUARY 2018

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 (Reserve Register) (Cons. 2 from 15.11.17)	Ms Kate Wileman	15.9.17 (Reserve Register Cons. 4)	1 Year	2018
2	Mrs Katy Reiter	15.9.16	3 years	2019
3	Ms Dianne Hughes	19.9.13 15.9.16	3 years 3 years	2016 2019
3	Mr John Richardson	15.9.17	3 years	2020
4 (Cons. 4 from 15.11.17)	Mrs Veronica Maher	15.9.16	3 years	2019
4	Ms Nasim Banu Esmail	15.9.16	3 years	2019
5	Mr Stephen Baines	15.9.16	3 years	2019
5	Mr Brian Richardson	18.9.14	3 years 3 years	2017 2020
6	Mrs Annette Bell	17.9.15	3 years	2018
6	Mr Paul Butterworth	15.9.17	3 years	2020
7	Mrs Lynn Moore	18.9.14	3 years 3 years	2017 2020
7	Miss Alison Schofield	15.9.17	3 years	2020
8	Mr Brian Moore (Lead MC from 15.9.17)	17.9.15	3 years 1 year	2018 July 2018
8	Mrs Michelle Rich	15.9.16	3 years	2019
STAFF – ELECTED				
9 - Drs/Dentists	Dr Peter Bamber	15.9.17	3 years	2020
10 – AHPs/HCS/Pharm's	Mrs Nicola Sheehan	15.9.16	3 years	2019

	NAME	DATE APPOINTED	TERM OF TENURE	DUE
			Leaves Trust 24.11.17	
10 - AHPs/HCS/Pharm's	VACANT POST			
11 - Mgmt/Admin/Clerical	Mrs Linzi Jane Smith	15.9.17	3 years	2020
12 - Ancillary	Mrs Theodora Nwaeze	15.9.17	3 years	2020
13 - Nurses/Midwives	Mrs Charlie Crabtree	15.9.16	3 years	2019
13 – Nurses/Midwives	Sian Grbin	15.9.17	3 years	2020
NOMINATED STAKEHOLDER				
University of Huddersfield	Graham Ormrod	15.6.17	3 years TENURE CEASES 1.1.18	2020
University of Huddersfield	VACANT POST			
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17	3 years	2020
Kirklees Metropolitan Council	VACANT POST			
Healthwatch Kirklees	Mr Rory Deighton	2.10.17	3 years	2020
Locala	Mrs Sharon Lowrie	22.1.16	3 years	2019
South West Yorkshire Partnership NHS FT	Ms Salma Yasmeen	18.10.17	3 years	2020

RED = CHANGES TO REGISTER

COG-REGISTER COG – 1.1.18

**DECLARATION OF INTERESTS – COUNCIL OF GOVERNORS
AS AT 9.1.18**

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 DEC.	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
13.2.13	Kate WILEMAN	Public-elected Constituency 7 (Reserve Register Cons. 2 from 15.11.17)	-	-	-	-	-	Member of Cancer Partnership Group at St James' Leeds
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.
29.9.14	Lynn MOORE	Public-elected Constituency 7	-	-	-	-	-	-
1.11.14	Brian RICHARDSON	Public-elected Constituency 5	-	-	-	-	Locala Members' Council Healthwatch Calderdale Programme Board. Practice Health	-

DATE OF SIGNED DEC.	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

							Champion PRG member at Beechwood Medical Centre	
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
14.9.16	Nasim Banu ESMAIL	Public-elected Constituency 4	-	-	-	-	-	-
12.10.16	Veronica MAHER	Public-elected Constituency 2 (To Const 4 from 15.11.17)	-	-	-	-	-	-
13.10.16	Michelle RICH	Public-elected Constituency 8	-	-	-	-	-	Kirklees College
10.10.16	Katy REITER	Public-elected Constituency 2	Managing Director Treefrog Communications	-	-	-	-	Mentoring via own business. Care Quality Commission
6.10.16	Stephen BAINES	Public-elected Constituency 5	-	-	-	Trustee – Halifax Opportunities Trust	-	Calderdale MBC
21.7.17	John RICHARDSON	Public-elected Constituency 3	-	-	-	-	-	Club Steward

DATE OF SIGNED DEC.	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

11.8.17	Alison K SCHOFIELD	Public-elected Constituency 7	-	Owner and founder of Diability Roadmap.co.uk	-	Soon to be Trustee of Imagineer Foundation	-	-
30.8.17	Paul BUTTERWORTH	Public-elected Constituency 6	Chairman Bradford Bulls Supporters Trust	-	-	-	-	-
23.8.17	Graham ORMROD	Nominated Stakeholder – University of Huddersfield	-	-	-	-	-	Director of Health Partnerships, University of Huddersfield
29.11.17	Chris REEVE	Nominated Stakeholder, Locala	Locala Community Partnership				Chair of Honley High School Cooperative Trust (school but school nursing service)	
29.11.17	Rory DEIGHTON	Nominated Stakeholder - Healthwatch				Director Healthwatch. Trustee Hebden Bridge Community Association. Trustee Cloverleaf Advocacy.		
4.12.17	Salma YASMEEN	Nominated Stakeholder - SWYPFT	Director – South West Yorkshire Partnerships NHS FT					
6.12.17	Dr Peter BAMBER	Staff Elected – Constituency 9	-	-	-	-	-	Registered with the GMC Member of the BMA Fellow of the Royal College of Anaesthetists

Council of Governors Meeting - 17.1.18

DATE OF SIGNED DEC.	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

								Member of the Association of Anaesthetists of Great Britain & Ireland Member of the Obstetric Anaesthetists Association Member of the Anaesthetic Research Society
20.12.17	Linzi SMITH	Staff Elected – Constituency 11	-	-	-	-	-	-
9.1.18	Sian GRBIN	Staff Elected – Constituency 13	-	-	-	-	-	Royal College of Nursing Nursing and Midwifery Council

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:-

THEORDORA NWAEZE, Staff Elected
MEGAN SWIFT, Nominated Stakeholder – Calderdale Council

ANNUAL COUNCIL OF GOVERNORS MEETINGS PLAN 2018 – LATEST UPDATE – 9 January 2018

	17 JANUARY 2018	4 APRIL	4 JULY	AGM – 19 JULY	18 OCTOBER	COMMENTS
Date of agenda setting	8.1.18	26.3.18	25.6.18	-	8.10.18	Where possible discussed at Chairs Info Exchange Meetings
Date final reports required	9.1.18	27.3.18	26.6.18	-	10.10.18	
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	√	√	√		√	
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:- - Audit & Risk Cttee - Finance & Performance Cttee - Quality Cttee - Workforce Cttee - Nomination and Remuneration Cttee - Charitable Funds - Organ Donation	Receive update – as appropriate	Receive update – as appropriate	Receive update – as appropriate		Receive update – as appropriate	

	17 JANUARY 2018	4 APRIL	4 JULY	AGM – 19 JULY	18 OCTOBER	COMMENTS
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	
Quarterly Quality Report Extract (Complaints)	√	√	√		√	
Updated MC Calendar	√	√	√		√	
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 on tenures	Ratify decisions of Nom and Rem Com Meeting		Ratify decisions of Nom & Rem Cttee Meeting		
Strategic Plan & Quality Priorities	Receive update: - Notes from BOD/COG Workshop – 15.11.17 - Quality Accounts	- W&OD Update - Leadership Dev - Commercial Strategy - CAIP &	Receive updated plan and priorities		Update on overall plan – VP	Review as required

		Safer Pt. Prog.				
ANNUAL ITEMS						
Annual Plan Submission						SUBMISSION DATE TO BE CONFIRMED Receive draft submission and agree delegated sign off (Extra-ordinary MC Meeting or MC Dev. Session)
Appointment Lead Governor-Councillor		Paper to be presented to discuss election process		Appointment confirmed		
Chair/NED Appraisal			Receive informal report			April – Approve process July – receive report
Constitutional Amendments		Review amendments				Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts.	Introduction to newly appointed Auditors			Receive presentation on audit of Accounts and Quality Accounts		
Future COG Meeting Dates			Draft – meeting dates agreed		Venues confirmed	
Council of Governors Sub Committees					Review allocation of members on all groups	

	17 JANUARY 2018	4 APRIL	4 JULY	AGM – 19 JULY	18 OCTOBER	COMMENTS
					following elections NB – Chairs to be reviewed annually	
COG Self Appraisal of Effectiveness		Self Appraisal process to commence				Outcome to be received through MC Development Session
Review Annual MC Meetings Workplan (this document)	Review				Review any amendments/additions	Review as required
Review of COG 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
Review details of 2018 AGM		Review April 2018				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						Tender due for review April 2020
Appointment of Auditors						As required – appointment made 2017 – 2020
Review Council of Governors Strategy	Review 2019					Review as required and no less than every 3 years (2019)
Review of Standing Orders – Council of Governors	Review any amendments 2019					Due March 2017 then bi-annually
Risk Register	√					

PROPOSED ANNUAL ELECTION TIMETABLE – 2018

DAY	DATE	ACTION
Thursday	19 July 2018	Trust & Members Annual General Meeting – Formal Election Announcement
Wednesday	4 July 2018	Issue of Results to Trust
Tuesday	3 July 2018	Close of Ballot
Friday	8 June 2018	Voting packs despatched by ERS to members
Thursday	7 June 2018	Notice of Poll Published by ERS provided to Trust
Thursday	24 May 2018	Electoral data to be provided by Trust. Uncontested report provided to Trust
Monday	21 May 2018	Final date for Candidate withdrawal
Thursday	17 May 2018	ERS & CHFT publish summary of nominated candidates upon validation
Wednesday	16 May 2018	Deadline for receipt of nominations
Tuesday	17 April 2018	ERS/CHFT issue the Notice of Election. Nomination forms to be made available to CHFT
Tuesday	10 April 2018 (6.00 – 7.00 pm)	Briefing Sessions for prospective Council Members – Boardroom, Sub Basement, Huddersfield Royal Infirmary
Thursday	12 April 2018 (6.00 – 7.00 pm)	Briefing Sessions for prospective Council Members – Large Training Room, Learning Centre, Calderdale Royal Hospital

BRIEFING SESSIONS FOR PROSPECTIVE CANDIDATES		
Tuesday	10 April 2018 (6.00 – 7.00 pm)	Boardroom, Sub-basement, Huddersfield Royal Infirmary
Thursday	12 April 2018 (6.00 – 7.00 pm)	Large Training Room, Learning Centre, Calderdale Royal Hospital

VACANT POSITIONS AND CANDIDATES ELIGIBLE FOR RE-ELECTION*	
NAME	CONSTITUTENCY
PUBLIC	
Rosemary Hedges*	1 - Calder Valley, Luddenden Foot, Todmorden, Ryburn
Di Wharmby*	1 - Calder Valley, Luddenden Foot, Todmorden, Ryburn
Kate Wileman (Reserve Register)	4 - Batley East, Batley West, Birstall & Birkenshaw, Cleckheaton, Dewsbury East, Dewsbury West, Heckmondwike, Mirfield, Spenborough, Thornhill
Annette Bell*	6 - Bingley Rural, Clayton, Great Horton, Hipperholme, Lightcliffe, Northowram, Shelf, Odsal, Queensbury, Thornton, Tong, Wibsey, Wyke
Brian Moore*	8 – Colne Valley West, Golcar, Holme Valley North, South and Lindley

* = Eligible for Re-election

/KB/MC-ELECTION2018

Council of Governors Calendar of Activity 2018

Month	Day-date	Meeting	Time	Venue	Please attend
January	Wed-17-Jan	Council of Governors Private meeting	3 pm – 4 pm	Board Room, HRI	All
		Council of Governors Public meeting	4 pm – 6 pm	Board Room, HRI	All
February	Mon-5-Feb	Medical DRG meeting	2 pm – 4 pm	Small Training Room, LC, CRH	AS, NE, KR, DW, SG, KW, TN
		CoG Development and Holding NEDs to Account Session	4 pm – 6 pm	Large Training Room, LC, CRH	Any
	Tue-6-Feb	Community DRG meeting	1 pm – 3 pm	Meeting Room 2, LC, HRI	SB, AB, LM, BR, JR, LS
	Wed-7-Feb	Families & Specialist Services DRG meeting	11 am – 1 pm	Discussion Room 3, LC, HRI	PBa, AB, DH, VM, LM, KR, RH
	Wed-14-Feb	Surgery & Anaesthetics DRG meeting	2 pm – 4 pm	Meeting Room 3, LC, HRI	AB, NE, VM, BM, JR, KW
	Wed-21-Feb	Estates & Facilities DRG meeting	10 am – 12 noon	Board Room, HRI	SB, KW, LS, PBu, BM, AS, BR
March	Wed-21-Mar	CoG Training Session: Holding to Account	9 am – 11 am	Meeting Room 4, 3 rd floor, Acre Mills OPD	Any
	Mon-26-Mar	Chairs' Information Exchange meeting part 1	2 pm – 3 pm	Meeting Room 3, LC, HRI	SB, AB, LM, BM, DW
		Chairs' Information Exchange meeting part 2	3 pm – 4 pm	Meeting Room 3, LC, HRI	SB, AB, LM, BM, DW, LS, PBa, TN, SG
April	Wed-4-Apr	Council of Governors Private meeting	3 pm – 4 pm	Large Training Room, LC, CRH	All
		Council of Governors Public meeting	4 pm – 6 pm	Large Training Room, LC, CRH	All
May	Thur-17-May	CoG Training Session: An Introduction to NHS Finance	10 am – 12 noon	Medium Training Room, LC, CRH	Any
	Fri-25-May	Joint CoG/Board workshop	9 am – 12.30 pm	Large Training Room, LC, CRH	Any

Month	Day-date	Meeting	Time	Venue	Please attend
June	Wed-6-Jun	Families & Specialist Services DRG meeting	12 noon – 2 pm	Meeting Room 3, LC, HRI	PBa, AB, DH, VM, LM, KR, RH
	Thu-7-Jun	Surgery & Anaesthetics DRG meeting	10 am – 12 noon	Meeting Room 3, LC, HRI	AB, NE, VM, BM, JR, KW
	Mon-11-Jun	Medical DRG meeting	2 pm – 4 pm	Medium Training Room, LC, CRH	AS, NE, KR, DW, SG, KW, TN
	Wed-20-Jun	Estates & Facilities DRG meeting	10 am – 12 noon	Discussion Room 2, LC, HRI	SB, KW, LS, PBu, BM, AS, BR
	Mon-25-Jun	Chairs' Information Exchange meeting part 1	2 pm – 3 pm	Board Room, HRI	SB, AB, LM, BM, DW
		Chairs' Information Exchange meeting part 2	3 pm – 4 pm	Board Room, HRI	SB, AB, LM, BM, DW, LS, PBa, TN, SG
July	Wed-4-Jul	Council of Governors Private meeting	3 pm – 4 pm	Board Room, HRI	All
		Council of Governors Public meeting	4 pm – 6 pm	Board Room, HRI	All
	Tue-10-Jul	CoG Training Session: Working Together to Get Results	9.30 am–11.30 am	Meeting Room 4, 3 rd floor, Acre Mills OPD	Any
	Thu-19-Jul	Joint BOD and CoG Annual General Meeting	5 pm – 7 pm	Large Training Room, LC, CRH	All
August	Wed-1-Aug	Governor Induction Programme Day 1	9 am – 4.30 pm	Engie meeting room, CRH	New governors
	Mon-6-Aug	Governor Induction Programme Day 2	9 am – 4.30 pm	Meeting Room 3, 3 rd floor, Acre Mills OPD	New governors
September	Thu-13-Sep	CoG Development and Holding NEDs to Account Session	4 pm – 6 pm	Discussion Room 1, LC, HRI	Any
October	Thu-18-Oct	Council of Governors Private meeting	3 pm – 4 pm	Board Room, HRI	All
		Council of Governors Public meeting	4 pm – 6 pm	Board Room, HRI	All
November	Mon-5-Nov	Medical DRG meeting	2 pm – 4 pm	Medium Training Room, LC, CRH	TBC - new allocation
	Tue-6-Nov	Community DRG meeting	1 pm – 3 pm	Meeting Room 2, LC, HRI	TBC - new allocation
	Wed-7-Nov	Families & Specialist Services DRG meeting	12 noon – 2 pm	Meeting Room 3, LC, HRI	TBC - new allocation
	Fri-16-Nov	Joint CoG/Board workshop	9 am – 12.30 pm	Board Room, HRI	Any
	Wed-21-Nov	Estates & Facilities DRG meeting	10 am – 12 noon	Discussion Room 2, LC, HRI	TBC - new allocation
		Surgery & Anaesthetics DRG meeting	2 pm – 4 pm	Meeting Room 3, LC, HRI	TBC - new allocation

Month	Day-date	Meeting	Time	Venue	Please attend
December	Tue-18-Dec	Chairs' Information Exchange meeting part 1	10 am – 11 am	Board Room, HRI	TBC (new DRG Chairs)
		Chairs' Information Exchange meeting part 2	11 am – 12 noon	Board Room, HRI	New DRG Chairs + LS, PBa, TN, SG + new Staff Governors
		CoG Development Session	12.30 pm – 4.30 pm	Board Room, HRI	Any



Calderdale and Huddersfield
NHS Foundation Trust

Patient Advice & Complaints

Quarter 2, 2017/18

Report

Contents

1. Introduction	1
2. Executive Summary	1
2.1 Summary of Key Points for 2017/18	1
2.2 Key Performance Indicators	1
3. Formal Complaints	2
3.1 National Benchmarking	2
3.2 Comparison of complaints from 2014/15 to 2017/18	3
3.3 Complaints Received	3
3.4 Divisional Breakdown of Complaints	7
3.5 Complaints Closed	9
3.6 Re-Opened Complaints	9
3.7 Timeliness of Complaint Responses	9
3.8 Parliamentary and Health Service Ombudsman Complaints	10
4. Concerns	11
4.1 Concerns received	11
4.2 Divisional Breakdown of Concerns	12
5. Learning from Complaints	13
5.1 Divisional & Parliamentary and Health Service Ombudsman	14
5.2 Featured Learning	15
6. Areas for Improvement	16
Appendices	
Appendix One: Complaints by Division and Subject	17
Appendix Two: Concerns by Division and Subject	18

1. Introduction

In the vast majority of cases patients, relatives and carers are satisfied with the care, treatment and service they receive. On the occasions where a patient, relative or carer is dissatisfied, it is important that they feel comfortable in raising their concerns so that the Trust can resolve any misunderstandings or, if failings have occurred, ensure that learning and improvements take place. Complaints are a vital source of information for the Trust, helping to identify where the quality and safety of services and care require improvement for service users.

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the nature and number of complaints and contacts with Patient Advice and Complaints at Calderdale and Huddersfield NHS Foundation Trust during 2016/17 using information held on the Trust's Patient Advice and Complaints database.

2. Executive Summary

2.1 Summary of key points for Q2 2017/18

- A decrease of 11% in the number of complaints received in Q2 2017/18 compared to Q2 2016/17.
- The majority of complaints in Q2 2017/18 51% were graded as green, which is classed as a low severity complaint.
- Communication, patient care (including nutrition / hydration) and clinical treatment are the main subjects of complaints; this was the same as the subjects reported in Q1 2016/17.
- Appointments (including delays and cancellations) remain the main subject of concern received.
- Medicine is the division with the highest number of complaints; however, it is also the largest division and the number of complaints reflects its size.

2.2 Key Performance Indicators

Complaints 2017/18	Q2
Number of new complaints received	146
% increase / decrease on 2016/17	↓ 11% (164)
Number of complaints closed	118
% complaints upheld	34.9%
% complaints partially upheld	27.4%
% complaints not upheld	15%

Number of complaints re-opened following final response	14
Number of complaints received from Ombudsman for investigation	2
Number of complaints upheld by Ombudsman (includes partially upheld)	2
Number of complaints not upheld by Ombudsman in quarter	0

3. Formal Complaints

3.1 National Benchmarking as at Quarter 1, 2017/18

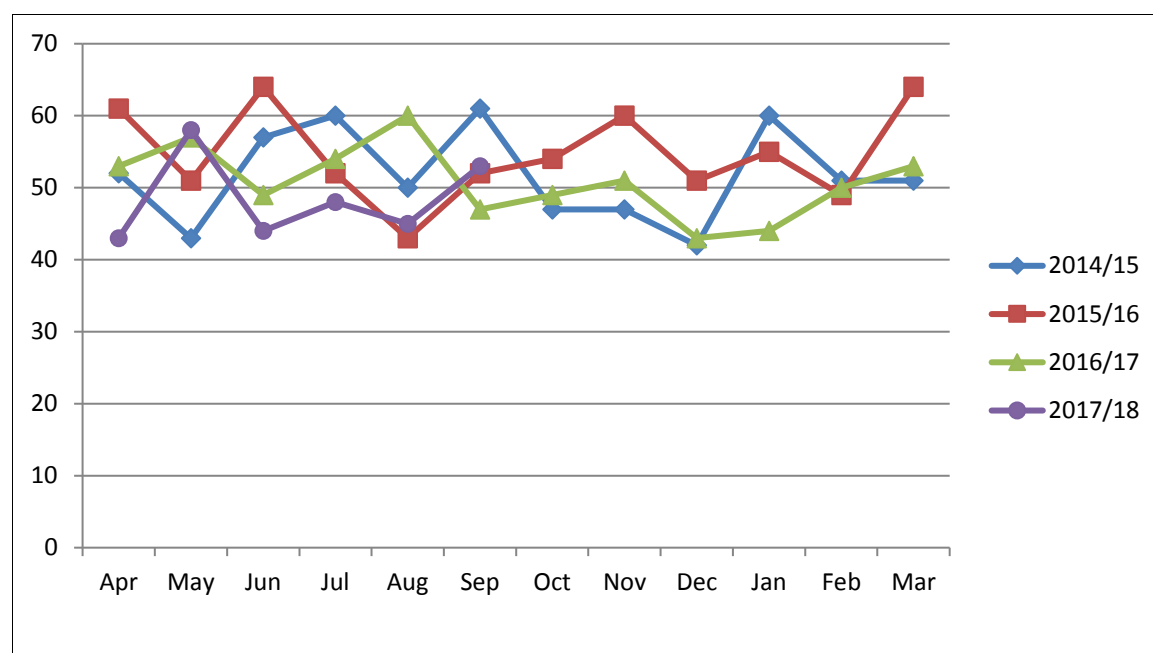
The most recent national figures on complaints from NHS Digital (KO41 returns), relating to Q1 2017/18, shows the total number of complaints received at the end of Q1 2017/18 for the region (Yorkshire & Humber) was 2,950; the Trust represented 5% of this total, which was the same in Q1 2016/17.

Total numbers of complaints at the end of Q1 2017/18 for neighbouring Trusts are as follows:

NHS Hospital Trust	Number of Complaints Q1 2017/18	% increase / decrease from Q1 2016/17
Airedale NHS Foundation Trust	16	↓ 11%
Bradford Teaching Hospitals NHS Foundation Trust	154	↓ 7%
Calderdale and Huddersfield NHS Foundation Trust	144	↓ 3%
Harrogate and District NHS Foundation Trust	52	↓ 10%
Hull and East Yorkshire Hospitals NHS Trust	157	↑ 1%
Leeds Teaching Hospitals NHS Trust	185	↑ 15%
Mid Yorkshire Hospitals NHS Trust	359	↓ 17%

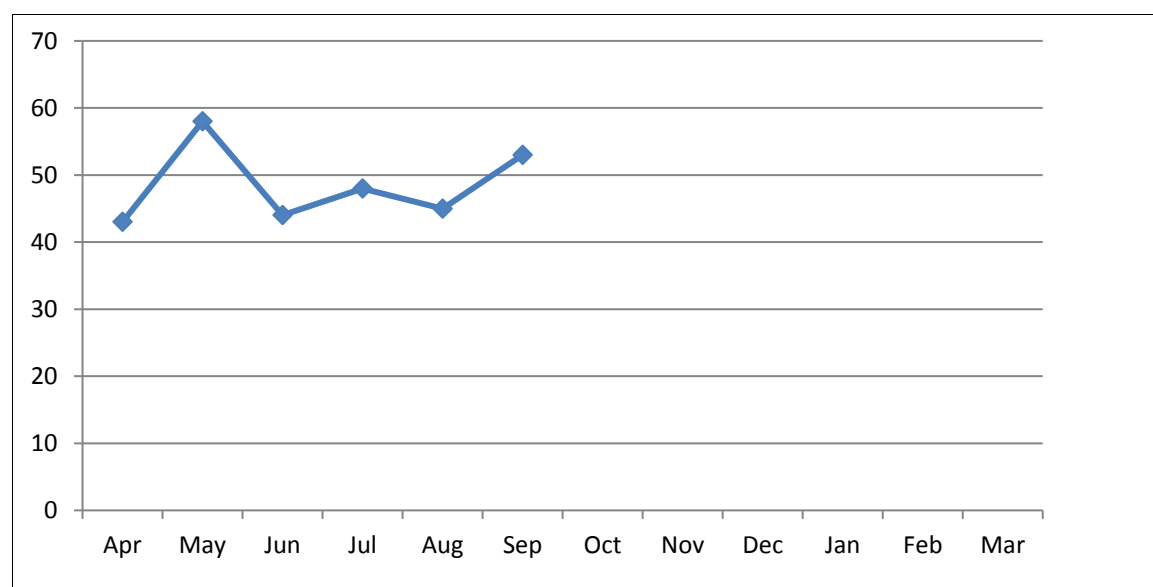
3.2 Comparison of complaints from 2014/15 to 2017/18 (to date)

Below is a graph reflecting the trends in the number of complaints for the past four years – including numbers for this quarter.



3.3 Complaints Received – Quarter 2, 2017/18

Between July and September 2017 the Trust received 146 complaints, a decrease of 11% from Q2 2016/17 and also a decrease of 0.7% from 2015/16. Below is a monthly breakdown of the complaints received in Q2 2017/18.



The average number of complaints received by the Trust in Q2 2017/18 was 49. The Trust received the highest number of complaints in September.

3.3.1 Number of Complaints received measured against Trust activity

Inpatient admissions	Q2 2015/16	Q2 2016/17	Q2 2017/18
Number of inpatient complaints	59	51	42
Number of inpatient admissions	18,650	16,313	17,762
Complaints per 1,000 admissions	3.16	3.13	2.36
Outpatient attendances	2015/16	2016/17	2017/18
Number of outpatient complaints	64	64	81
Number of outpatient attendances	109,962	115,239	102,578
Complaints per 1,000 attendances	0.58	0.56	0.79

The number of hospital admission has decreased from Q2 of 2015/16 to Q2 of 2017/18 and the number of complaints per 1,000 hospital admission has also decreased.

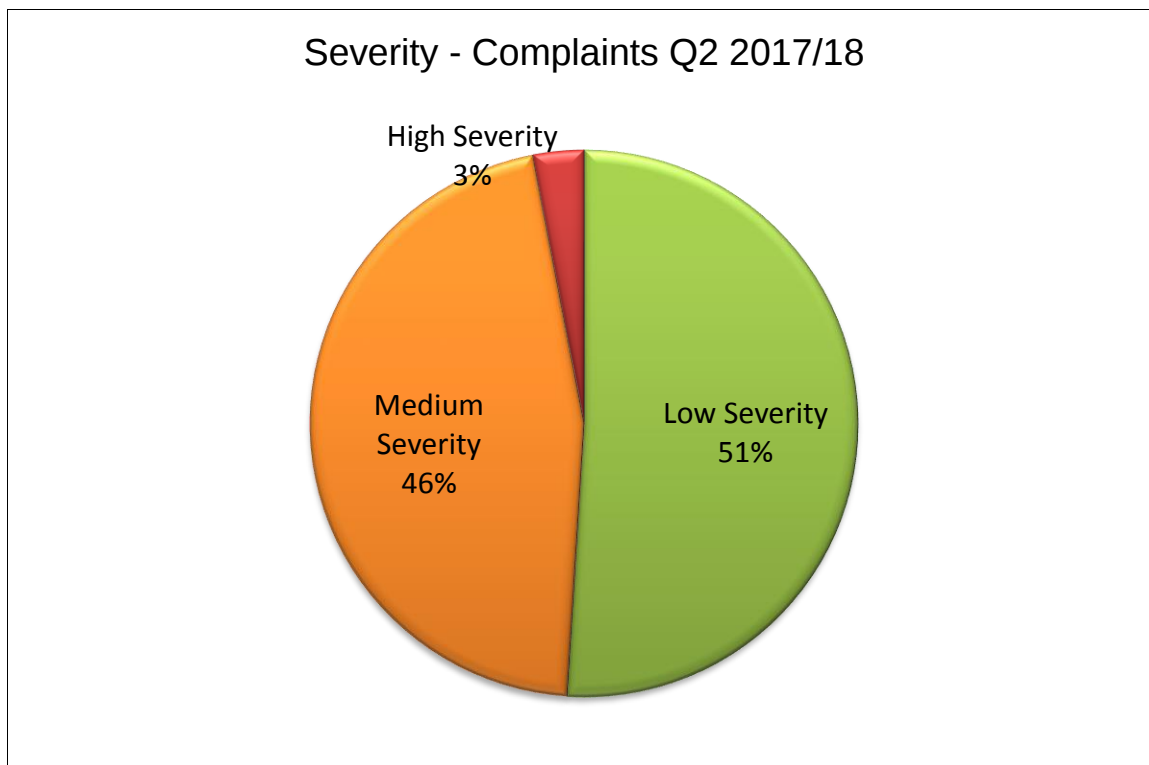
However, although the number of outpatient attendances has decreased from Q2 of 2015/16 to Q2 of 2017/18, the number of complaints per 1,000 attendances has risen at an increase of 36%.

3.3.2 Severity of Complaints Received

Complaints are triaged and graded on receipt for severity. The initial grading is determined by the Patient Advice and Complaints Department based on the content of the complaint. In 2017/18 the Trust changed its grading of complaints from a 4 tiered severity to a three tiered severity, moving away from rating complaints on harm (which is used in incidents) and looking at patient experience, consequence and likelihood of recurrence. This Trust's new complaints grading matrix is below.

CONSEQUENCE	LIKELIHOOD OF RECURRENCE				
	Frequent	Probable	Occasional	Uncommon	Remote
Serious	HIGH	HIGH	HIGH	MEDIUM	MEDIUM
Major	HIGH	HIGH	MEDIUM	MEDIUM	MEDIUM
Moderate	HIGH	MEDIUM	MEDIUM	MEDIUM	LOW
Minor	MEDIUM	MEDIUM	LOW	LOW	LOW
Minimum	LOW	LOW	LOW	LOW	LOW

The majority of complaints received in Q2 2017/18 were graded as green, low severity (51%). 46% were graded as amber, medium severity and 3% complaints received were graded red, high severity, this is a 0% decrease/increase from the same quarter of 2016/17.



Key: Green – Low Severity
 Amber – Medium Severity
 Red – High Severity

3.3.2.1 Red Complaints Data

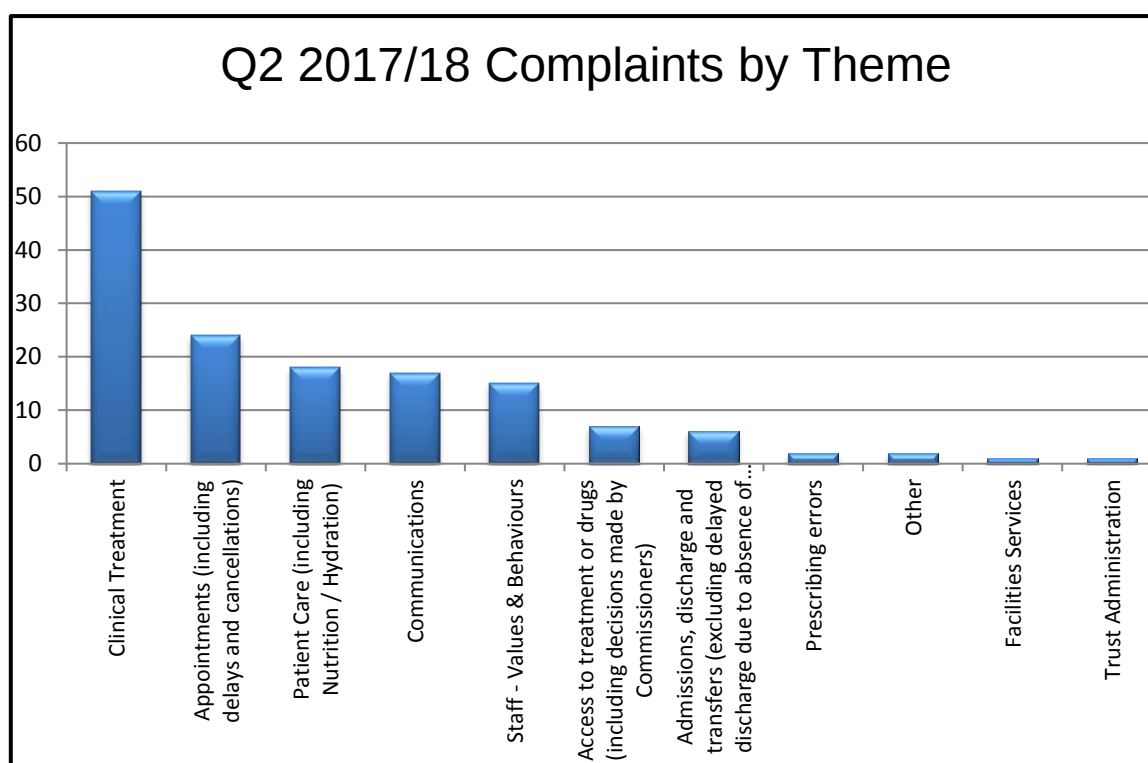
A red complaint is a case where there have been moderate to serious consequences and there is a frequent to occasional likelihood of recurrence. It is important to note consequence is not synonymous with harm, although harm maybe a factor. It is also important to note that consequence is taken from the complainant and/or patient's point of view.

Complaints that are triaged as red are reviewed at a red panel meeting and are linked to an incident where appropriate.

In Q2 2017/18 the Trust received a total of 5 red complaints, a similar number as the same quarter in 2016/17; however, the new grading matrix of complaints can mean that the red severity rating for complaints is wider.

3.3.3 Analysis of Complaints by Theme

Complaints are analysed below by primary subjects, within each complaint subject there will be a number of different sub categories with more detail relating to the



complaint. There are often a number of issues logged for a single complaint, which is why the number of primary subjects differs from the total number of complaints received.

The top three subjects of complaints for the Trust in Q2 2017/18 are as follows:

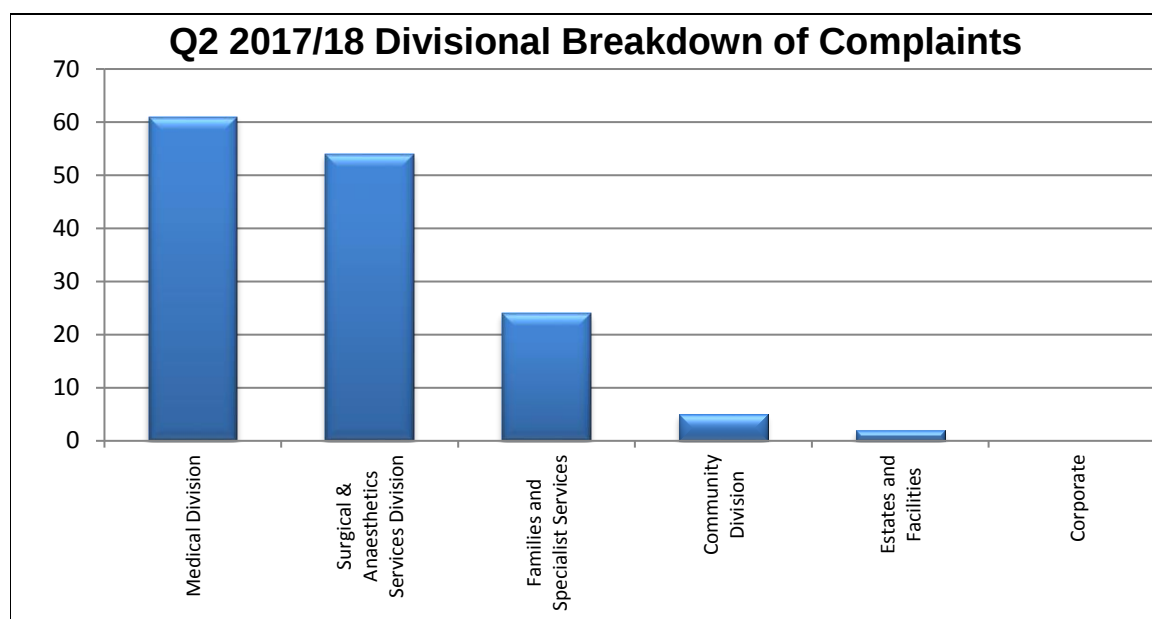
Subject	Percentage	Increase /decrease from 2016/17
Clinical Treatment	35%	↓ 19%
Appointments (including delays and cancellations)	16%	↑ 9%
Patient Care (including nutrition/hydration)	12%	↑ 8%

The top three complaint subjects have changed from Q2 2016/17; staff values and behaviours has been replaced with appointments (including delays and cancellations).

3.3.4 Acknowledgement Time

98% of the complaints received in Q2 2017/18 were acknowledged within three working days.

3.4 Divisional Breakdown of Complaints



42% of complaints received related to the division of Medicine, which is the largest division with Emergency Department services. There is a 4% increase from 2016/17. The Acute Medical directorate within Medicine received the highest number of complaints, a total of 24. The Emergency Network directorate received 19 complaints, the Medical Specialties directorate 10, and Integrated Medical directorate 8 complaints.

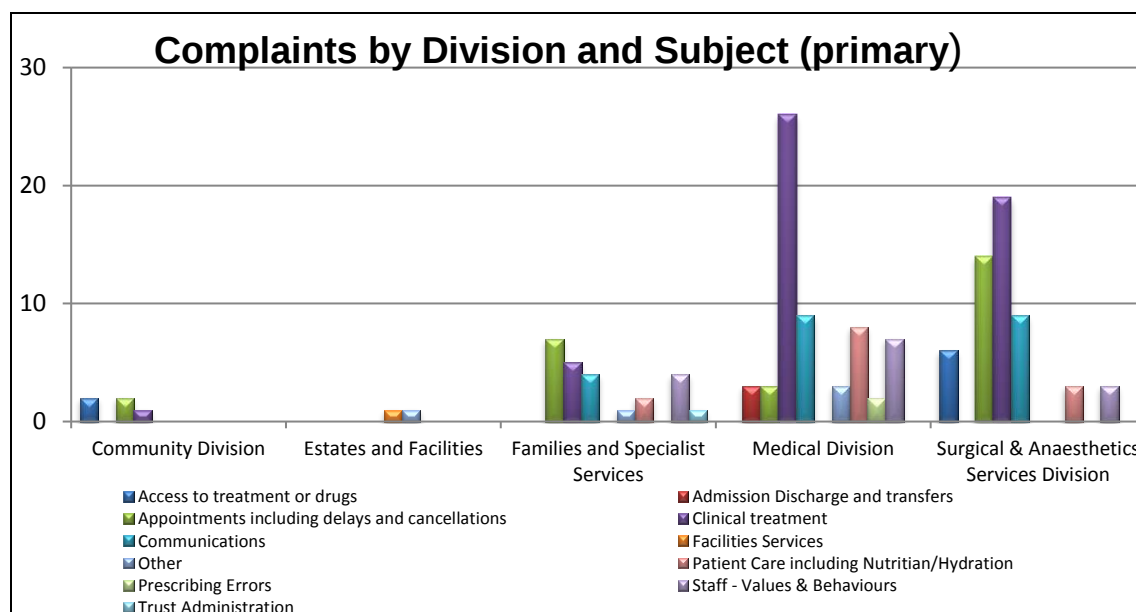
37% of complaints received related to the division of Surgery and Anaesthetic Services (SAS). This is a 2% increase from 2016/17. General and Specialist Surgery was the directorate within the division with the highest number of complaints, receiving a total of 27. Head and Neck received a total of 14 complaints, Orthopaedic 9, Operating Services 4. Critical Care did not receive any complaints.

16% of complaints received related to the division of Family and Support Services (FSS). This is an 8% decrease from Q2 2016/17. Children and Women's Services was the directorate within FSS with the highest number of complaints, receiving a total of 13. Appointments and records received 5 complaints, Radiology 2, Children's Services 2, Outpatients 1. No complaints were received for Pathology and Pharmacy.

3% complaints received related to the division of Community, which was decrease of

1% from Q2 2016/17. Intermediate and Community was the directorate within Community with the highest number of complaints, receiving a total of 5. The Families Directorate did not received any complaints.

3.4.1 Complaints received by Division and Primary Subject, Q2, 2017/18



*Appendix One to Complaints

The top subjects of complaints for Medicine were clinical treatment, representing 43% of all complaint subjects received for Medicine in Q2 2017/18. Communications represented 15% and patient care (including nutrition and hydration) 13%.

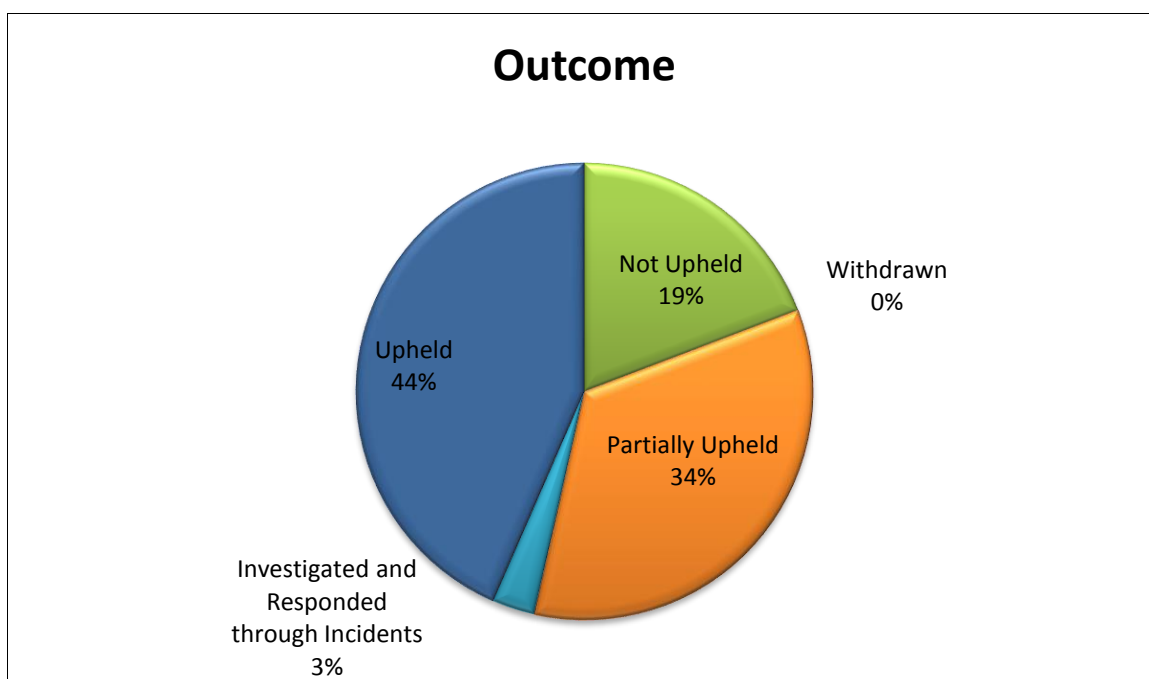
The top subjects of complaints for the Surgery and Anaesthetics division (SAS) were clinical treatment, representing 35% of all complaint subjects received for SAS in Q2 2017/18. Appointments (including delays and cancellations) represented 26% and Communication represented 17%.

The top subjects of complaints for FSS were appointments (including delays and cancellations), representing 29% of all complaint subjects received for FFS in Q2 2017/18. Clinical treatment, represented 21% and communications along with staff values and behaviours both represented 17% each.

The top subjects of complaint for Community were appointments (including delays and cancellations) along with access to treatment or drugs both represented 40% each of all complaint subjects received for Community in Q2 2017/18. Clinical treatment represented 20% of complaints received.

3.5 Complaints Closed

The Trust closed a total of 118 complaints in Q2 2017/18; this is a decrease of 30% from Q2 2016/17. Of the 118 complaints closed, 43% were upheld, 34% were partially upheld (NHS Digital counts partially upheld complaints as upheld complaints so if looked at in this way the figure is 77%), and 19% were not upheld



Red Complaints closed

The Trust closed 5 red complaints in Q2 2017/18; of these 20% were upheld and 20% were investigated as a serious incident.

3.6 Re-Opened Complaints

The Trust will re-open a complaint for one of the following three reasons.

- i. Response failed to address all issues and concerns
- ii. New issue and concern
- iii. Parliamentary and Health Service Ombudsman Investigation

The Trust re-opened a total of 14 complaints in Q2 2017/18, the same level as in Q2 2016/17.

3.7 Timeliness of Complaints Responses

The total number of overdue complaints at the end of Q2 2017/18 was 53. There

has been significant work undertaken by the Trust in 2017/18 to improve the timeliness of complaints responses.

Processes have been put in place to closely monitor timescales and escalate any delays in response to ensure that all complainants receive a timely response.

3.8 Parliamentary and Health Service Ombudsman Complaints

The Parliamentary and Health Service Ombudsman (PHSO) investigate complaints where an organisation has not been able to resolve the complaint at a local level. The PHSO have broadened their review process and have considerably increased the numbers of cases that they consider.

Below is a table with the figures relating to the Trust's PHSO complaints:

	Q2 2017/18
Number of Complaints Received by PHSO	2
Number of Complaints accepted for investigation by the PHSO	2
Number of Complaints the PHSO Upheld or Partly Upheld	2
Number of Complaints not upheld	0

Two cases were accepted for PHSO investigations between July and September 2017. One relates to the Family and Specialist Services division and the method of administration of medication. The second is within the Surgery and Anaesthetics Division and relates to a delay in diagnosis and treatment of cancer.

During this period the PHSO also concluded two complaints against the Trust, both complaints were partially upheld.

4. Concerns

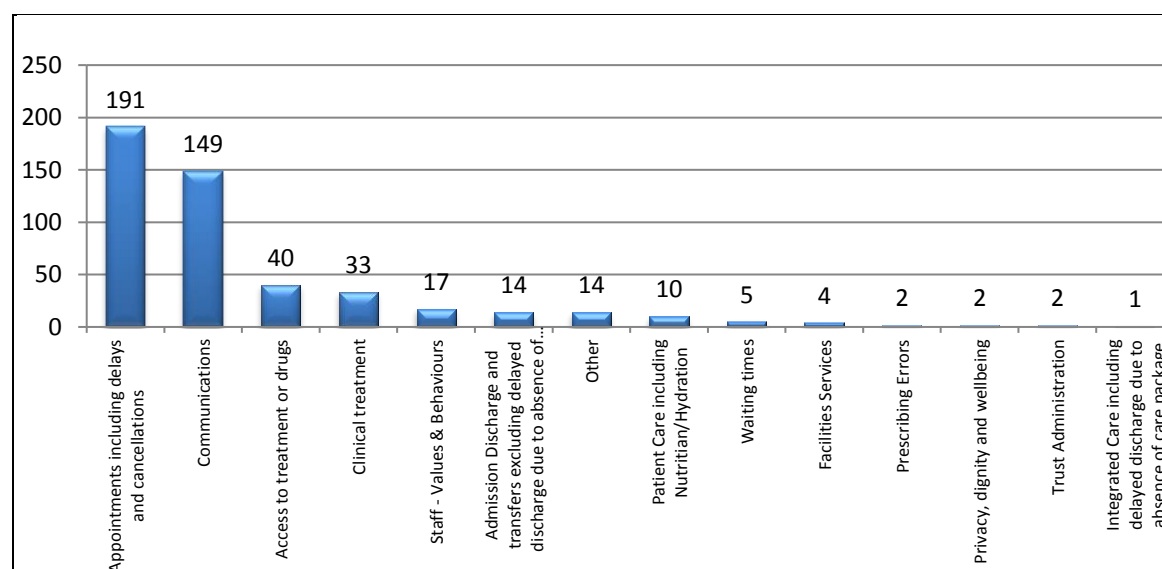
The Patient Advice Service offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

A concern is an issues raised by patients, their families and their carers to the Patient Advice Team which can be resolved within 72 hours of receipt.

4.1 Concerns Received

The Trust received a total number of 484 concerns in Q2 2017/18; this is a dramatic increase of 134% from Q2 2016/17 (207 concerns).

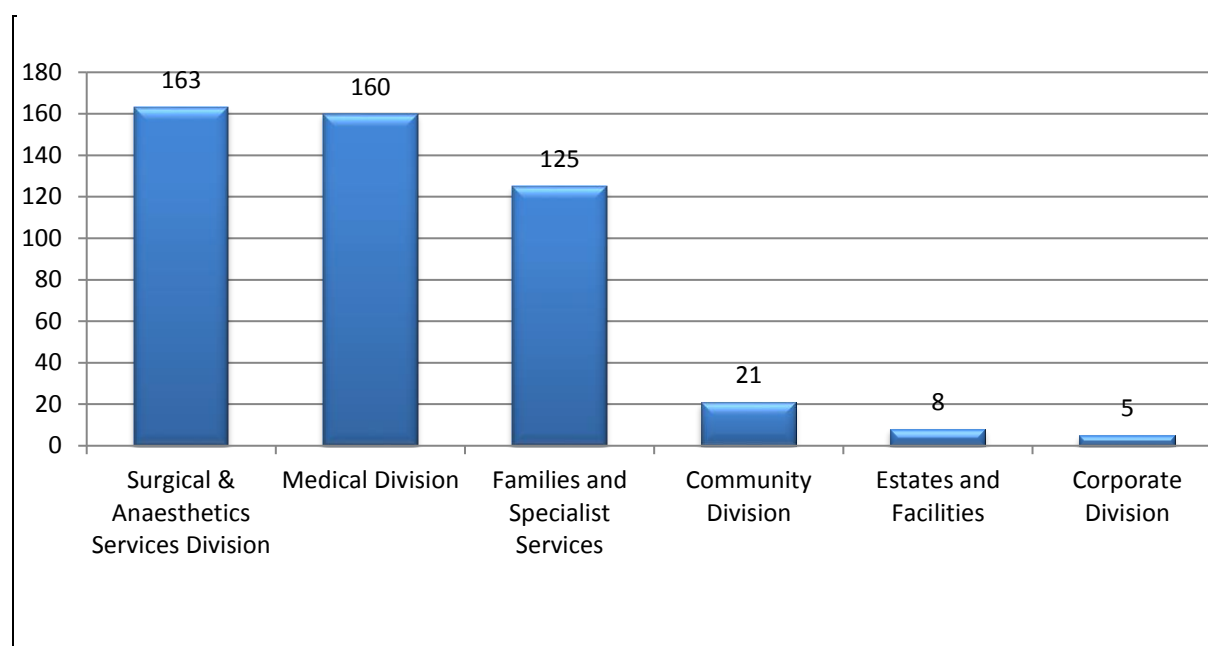
4.1.1 Analysis of Concerns by Theme



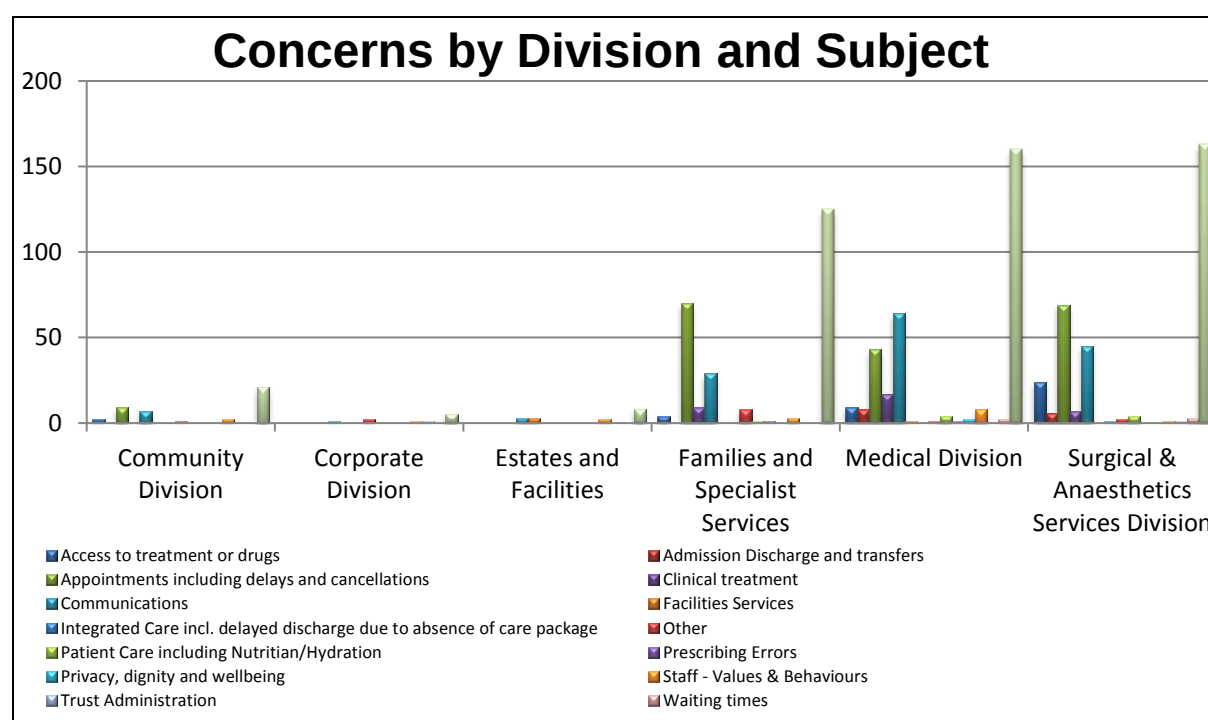
Appointments (including delays and cancellations) was the top subject of concern in Q2 2017/18 representing 39%. This was an increase of 4% from Q2 2016/17, which is indicative of the overall increase in concerns received. The second highest subject of concern was communication representing 31% and the third highest subject was access to treatment or drugs representing 8% of all concerns in Q2 2017/18.

Whilst appointments including delays and cancellations is the top subject of concern in Q2 2017/18 this is not an issue which is seen within complaints received, suggesting that the majority of these issues are satisfactorily resolved through the Patient Advice Service. Communication, the second most frequent concern, is also an issue identified in complaints in Q2, being the fourth highest subject of complaints.

4.2 Divisional Breakdown of Concerns



34% of concerns received related to the division of SAS, 33% related to Medicine, 26% related to FSS and 4% related to Community.



*Appendix Two to Complaints

- The top subject of concern for Medicine was Communications, representing 40% of all concerns received for Medicine in Q2 2017/18. Appointments (including delays and cancellations) was the second highest representing 27% and Clinical Treatment was the third highest subject of concern,

representing 11%.

- The top subject of concern for SAS was appointments (including delays and cancellations), representing 42% of all concerns subjects received for SAS in Q2 2017/18. Communication was the second highest representing 28%, and access to treatment or drugs was the third highest subject of concern, representing 15%.
- The top subject of concern for FSS was appointments (including delays and cancellations), representing 56% of all concerns subjects received for FSS in Q2 2017/18. Communication was the second highest representing 23% and clinical treatment was the third highest subject of concern, representing 7%.
- The top subject of concern for Community was appointments (including delays and cancellations), representing 43% of all concern subjects received for Community, in Q2 2017/18. Communication was the second highest representing 33% and access to treatment or drugs and staff values and behaviours, equally represented 10% each as the third highest subjects of concern.

5. Learning from Complaints

The feedback we receive from complaints gives the Trust a wealth of information that can be used to improve services as an individual complaint provides detailed insight into a patient's experience.

As an organisation we aim to ensure that we learn from complaints so that we can:

- Share good practice
- Increase patient safety
- Improve the patient experience
- Reduce the number of complaints

Our complaints process includes identifying learning from each complaint and sharing this and each service and division is required to be clear:

- How the services records learning from complaints
- How this learning is disseminated within the service / directorate / division
- How it can point to changes arising from learning from complaints

Complaints data and learning from complaints is reported quarterly to the Trust's Patient Experience Group to ensure that learning is shared across the Trust.

5.1 Divisional & Parliamentary and Health Service Ombudsman

Information on learning from complaints for each division is given below.

Learning:

Medicine		
Issue:	Findings:	Learning:
<u>Clinical Treatment:</u> Care and treatment of patient whilst using emergency services. Different information about diagnosis given to family. Patient discharged, then re-admitted a few days later with pneumonia and died three days later.	Difficulties reaching a firm diagnosis due to clinical symptoms, once diagnosis made patient appropriately commenced on antibiotics. Error on discharge summary - wrong diagnosis listed. Antibiotics should have been commenced within the first 24 hours to give the patient the best possible chance of recovery.	To share the patient's experience in the Junior Doctor Forum regarding the importance of commencing antibiotics in a timely manner and to share patient's experience in the next departmental governance meeting - Junior Doctors will use the learning to ensure they start patients with similar issues on antibiotics sooner. Further training in the use of EPR for junior doctors - Junior doctors will be competent in the use of EPR.
FSS		
Issue:	Findings:	Learning:
<u>Appointments:</u> Patient has been greatly inconvenienced with regard to cancelling, booking and re-arranging her appointments and is still waiting for consultant to write with her results.	Patient's appointments have been cancelled several times, due to availability of staff and EPR related issues. The consultant did not recall informing the patient that he would write with the results. and an appointment was arranged to discuss the	No learning was noted as this was unfortunately due to EPR migration issues. An appointment was made with the Consultant to discuss the patient's results.

	scan results.	
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PHSO		
Issue:	Findings:	Learning:
<u>Clinical Treatment :</u> The patient complained to the PHSO regarding the care and treatment she received from the Trust and that she experienced an injury whilst attending a physio appointment for her knee and hip as a result of an incorrect treatment plan. She complained about poor record keeping and follow up care.	The PHSO decided to partly uphold the complaint due to poor recording keeping by the Trust meaning they were unable to establish whether the physiotherapy provided to the patient was of an appropriate standard.	A generic documentation audit is carried out monthly on all Physiotherapy records across the Community Division. The results of this are reported monthly to the therapy Patient Safety and Quality Board (PSQB)

5.2 Featured Learning : Communication

Poor communication with our services caused a patient unnecessary anxiety and distress. Illustrated on a number of occasions regarding his outpatient appointment where he believed that his appointment with the consultant had not been made and had to chase this. He had been seen in the correct consultant clinic but on the day he was seen by another clinician in clinic. It was acknowledged that the service needed to make sure that all patients are aware of any changes to clinics which should include staff changes. It was also acknowledged that all members of staff introduce themselves to patients through active use of 'Hello my name is...'

Further distress incurred communicating the patient's diagnostic test findings. The patient was hard of hearing and it was not clear that anyone checked that the communication was effective in this instance. It was acknowledged that staff should have provided more help and support.

The patient had been informed he had a 'mass' over time, however the patient felt that at no point was he given a definitive diagnosis. It was deemed that staff should have explained what the tests were for and why he was having them and ensured that he fully understood all aspects of his care including the potential diagnosis at every stage of the process. It was only during a further appointment that the patient was given a clear diagnosis.

In conclusion it was found that staff did not communicate as well as they could have done with the patient. The staff did not give a clear diagnosis at the earliest opportunity, thus preventing him from having the time to explore his treatment options and come to terms with this diagnosis.

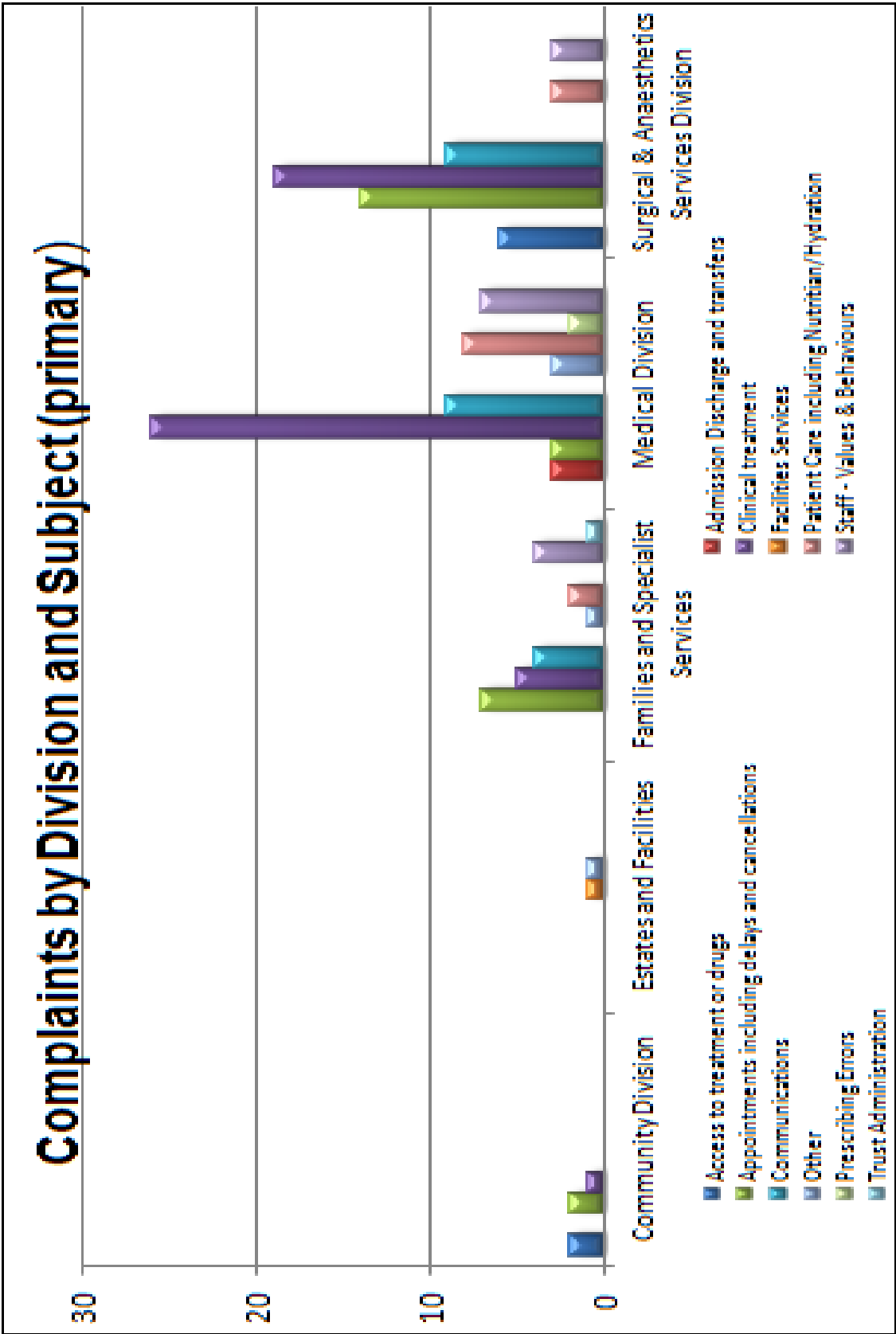
The patient's hearing difficulties were not taken into consideration, neither was he asked how he would like to be communicated with. This was upsetting for him and his family and at times made him feel like he was a nuisance.

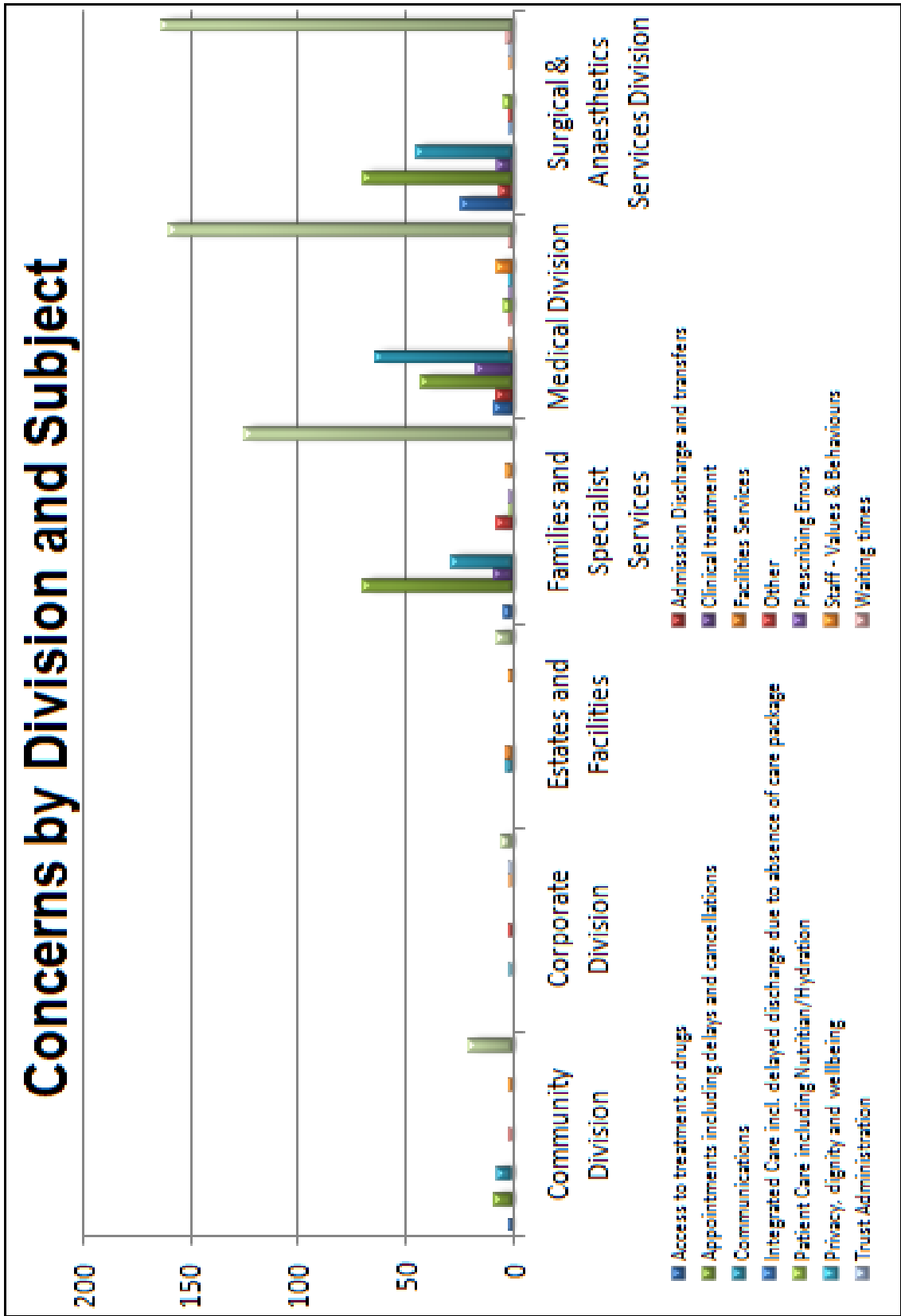
6. Areas for Improvement

An update against the key priorities for 2017 -18 for the complaints and patient advice service are:

- Sustain timely responses to complainants
- Undertake a 'go see' visit to an acute Trust to learn from their Complaints processes – visit undertaken in September 2017 and improvement plan being shared with Patient Experience Group
- Delivering complaints training to complaints investigators to improve the quality of investigations and support staff in the effective management of complaints – 62 staff trained by end of September 2017 (Q1 and Q2).
- Continue to focus on quality responses that address all aspects of complaints and analyse reasons for any re-opened complaints
- Improve learning from complaints, which is one of the three Trust's quality improvement priorities for 2017/18
- Improve identification of sharing and learning from complaints within the Trust learning from adverse events framework
- implement recommendations made from internal report on complaints
- Develop reporting of PALS concerns

Appendix One: Complaints by Division & Subject





Appendix Two: Concerns by Division & Subject