

MEMBERSHIP COUNCIL MEETING

A meeting of the Calderdale & Huddersfield NHS Foundation Trust Membership Council will take place on Wednesday 9 July 2014 commencing at 4.00 pm in the Boardroom, Huddersfield Royal Infirmary, HD3 3EA

A G E N D A

1	<p>APOLOGIES FOR ABSENCE:- Liz Schofield, Johanna Turner</p> <p>Welcome to: Mrs Jan Wilson, Non Executive Director/Vice Chair</p>		
2	<p>To <u>receive</u> a presentation from Mr John Rayner, Director of The Health Informatic Service UPDATE ON ELECTRONIC PATIENT RECORDS</p>		
3	<p>To <u>approve</u> the MINUTES OF THE LAST MEETING held on Tuesday 8 April 2014</p>	AH	APP A
4	<p>MATTERS ARISING a. Streamlining Board Governance Task & Finish Group – 2.7.14</p>	VP/JRH	VERBAL
5	<p>To <u>receive</u> an</p> <p>1. UPDATE ON CHAIR</p> <p>AND</p> <p>2. NON EXECUTIVE DIRECTORS APPRAISAL</p>	John Playle	<p>APP B1 CHAIR APPRAISAL TO FOLLOW</p> <p>APP B2</p>
6	<p>To receive an update on NOMINATIONS SUB COMMITTEE MEETING HELD ON 2 JULY 2014</p>	AH/JRH	VERBAL
7	<p>To <u>receive</u> details of the TRUST FINANCIAL AND SERVICE PERFORMANCE</p>	KG/LH	APP C

8	<p>To <u>receive</u> the CHAIRMAN'S REPORT</p> <p>a. Chairs Information Exchange Meeting – 26.6.14</p> <p>b. Update on Outline Business Case</p> <p>c. Feedback from AGM Planning Sub Group – 7.7.14</p> <p>d. Feedback from Extraordinary MC Meeting on 18.6.14 re STRATEGIC PLANNING 2014/19</p>	<p>RM/AH</p> <p>AH</p> <p>AH</p> <p>LH</p>	<p>APP D</p> <p>VERBAL</p> <p>VERBAL</p> <p>VERBAL</p>
9	<p>CONSTITUTION:</p> <p>a. To <u>approve</u> PROCEDURE FOR APPOINTMENT OF DEPUTY CHAIR/LEAD GOVERNOR APPOINTMENT</p> <p>b. To <u>approve</u> CONSTITUTIONAL CHANGE – NOMINATED STAKEHOLDER REPRESENTATION</p> <p>c. To <u>receive</u> the MEMBERSHIP COUNCIL REGISTER – RESIGNATIONS/ APPOINTMENTS</p> <p>d. To <u>receive</u> the updated REGISTER OF INTERESTS/DECLARATION OF INTEREST</p>	<p>JRH</p> <p>VP</p> <p>AH</p> <p>AH</p>	<p>APP E</p> <p>APP F</p> <p>APP G</p> <p>APP H</p>
10	<p>To receive an update on the QUALITY ACCOUNTS – PRIORITIES AND INDICATORS FOR 2013 AND 2014</p>	<p>Mel Johnson</p>	<p>APP I</p>
11	<p>To receive information on CAR PARKING ENFORCEMENT</p>	<p>LH</p>	<p>APP J</p>
12	<p>To <u>receive</u> FEEDBACK FROM LEARNING TOGETHER MEETING WITH YORK TEACHING HOSPITAL AND LEEDS & YORK PARTNERSHIP COMMUNITY TRUST</p>	<p>RM</p>	<p>APP K</p>

13	To agree PROPOSED SCHEDULE OF MEMBERSHIP COUNCIL FUTURE MEETINGS 2014/15	AH	APP L
14	To <u>receive and action</u> as appropriate the following FAST-TRACK ITEMS : a. Updated Membership Council Calendar 2014 b. Streamlining Board Governance – Task & Finish Group last meeting draft minutes – 2.7.14	RM VP	APP M APP N
15	Any Others Business		
16	Date and time of next meeting Health Fair and Annual General Meeting:- Thursday 18 September 2014 at The Shay Stadium, Halifax – commencing at 4.30 and 6.00 pm respectively.		

**MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON
TUESDAY 8 APRIL 2014 IN THE BOARDROOM, HRI**

PRESENT:

Andrew Haigh	-	Chair
Linda Wild	-	Public elected – Constituency 2
Wayne Clarke	-	Public elected – Constituency 2
Peter Middleton	-	Public elected – Constituency 3
Christine Breare	-	Public elected – Constituency 4
Marlene Chambers	-	Public elected – Constituency 4
Grenville Horsfall	-	Public elected – Constituency 5
Johanna Turner	-	Public elected – Constituency 6
Janette Roberts	-	Public elected – Reserve Constituency 6
Liz Schofield	-	Public elected – Constituency 7
Avril Henson	-	Staff-elected – Constituency 10
Liz Farnell	-	Staff-elected – Constituency 12
Bob Metcalfe	-	Nominated Stakeholder - Calderdale Metropolitan Council

IN ATTENDANCE:

Chris Benham		Deputy Director – Finance & Procurement
Julie Dawes	-	Director of Nursing
Lesley Hill	-	Director of Planning, Performance, Estates & Facilities
Julie Hull	-	Director of Workforce & Organisational Development
Melanie Johnson	-	General Manager - CGSU
Ruth Mason	-	Associate Director of Engagement & Inclusion
Victoria Pickles	-	Company Secretary

1/14

APOLOGIES:

Apologies for absence were received from:

Joan Taylor	-	Public elected – Constituency 1
Martin Urmston	-	Public elected – Constituency 1
Dianne Hughes	-	Public elected – Constituency 3
Bernard Pierce	-	Public elected – Reserve Constituency 5
Kate Wileman	-	Public elected – Constituency 7
Jennifer Beaumont	-	Public elected – Constituency 8
Andrew Sykes	-	Public elected – Constituency 8
Mary Kiely	-	Staff elected – Constituency 9
Eileen Hamer	-	Staff-elected – Constituency 11
Chris Bentley	-	Staff-elected – Constituency 13
Dawn Stephenson	-	Nominated Stakeholder – SWYPFT
John Playle	-	Nominated Stakeholder – Uni. of Hudds.
Sue Cannon	-	Nominated Stakeholder, NHS Calderdale CCG
Jan Giles	-	Nominated Stakeholder, NHS Kirklees CCG
Owen Williams	-	Chief Executive
Barbara Crosse	-	Medical Director

The Chair welcomed all Membership Councillors, Linda Patterson and Jeremy Pease, Non-Executive Directors

2/14 THE NATIONAL FUTURE HOSPITALS REPORT FROM THE ROYAL COLLEGE OF PHYSICIANS

Dr Linda Patterson gave a presentation on the *Future Hospitals* Report as one of its co-authors. The presentation highlighted the changing demography and morbidity of patient. More people are surviving to old age resulting in an increase in people with dementia and with multiple conditions. Dr Patterson explained the importance of 7 days services in improving outcomes for patients as the chances of dying are higher if a patient is admitted at a weekend than during the week as the time to senior review is often shorter.

Dr Patterson explained the implications of the report on the Trust's Strategic Outline Case. She pointed out that there was a need to put specialist expertise at the front door of A&E; 7 day rotas at the two hospitals; and the right number of beds. The changes would improve the quality of service provided and would give patients the right care, in the right place at the right time.

Liz Farnell asked whether the Trust was in a position to implement the recommendations in the Report. Dr Patterson explained there was a national challenge on implementing 7 day working as it would also require other services to be available 7 days, such as GPs and social care. This would need detailed discussion with local partners.

Jennifer Beaumont commented that older people are often described as a burden and rather their experience as patients should be considered. Dr Patterson responded that the NHS was just catching up to the fact that, with the exception of paediatrics, most patients were over 65 and that more needed to be done to capture patient experience in real time.

Peter Middleton asked whether the Strategic Outline Case could be implemented in phases. Dr Patterson explained that it required remodelling of services and working differently which would need to be implemented in steps. The Chair added that the services in community needed to be in place and that careful planning would be needed for recruitment, estates and training.

The Council thanks Dr Patterson for a clear and thought provoking presentation. It was agreed to circulate a copy of the presentation with the minutes of the meeting.

3/14 MINUTES OF THE LAST MEETING – 20 JANUARY 2014

The minutes of the last meeting held on 20 January 2014 were approved as a correct record.

4/14 MATTERS ARISING

a. STREAMLINING BOARD GOVERNANCE TASK & FINISH GROUP

The Executive Director of HR and Organisational Development explained that a lot of

the work related to the arrangements for quality governance. A timeout had been held to look at the Quality Assurance Board, and its supporting structures. This would be renamed Quality Committee and would be positioned as a key sub-committee of the Board. A standardised template had been produced for the reporting arrangements of the Committee sub-groups. A paper describing the work, along with a new organogram of the committee arrangements and the first principles of assurance would be shared with the Council.

- b. The Council were informed of changes to the Membership profile which had been based on the 2001 census. The 2011 census had shown gaps in representation from certain communities across Calderdale and Kirklees, including men and Asian members. A targeted recruitment campaign would be undertaken to address these gaps.

c. **MC/GOVERNORS LOCAL NETWORK MEETING**

The joint meeting with York Teaching Hospitals FT and Leeds and York Partnerships FT Membership Councils would take place on 16 April and Avril Henson would be attending. Feedback from the meeting would be shared with the whole Membership Council.

5/14 UPDATE ON STRATEGIC OUTLINE CASE

Catherine Riley presented an update on the Strategic Outline Case. It was noted that several concerns had been raised at the Chair's Information Exchange about the way in which the SOC was being communicated and that this would be fed back to the Clinical Commissioning Groups who were leading on the communications and engagement process.

Concerns were raised about the potential for fragmentation when working with two local authorities with two difference assessment models. Catherine explained that the joint working and an integrated model would help to address. Work was also being done with GPs as providers, through the Local Medical Committees to look at the impact of changes on them and their workforce and to ensure that any changes did not destabilise primary care. It was also noted that the bed base both inside and outside hospital needed to be right.

Catherine described the work to develop the five themes described in the SOC through a number of workshops with other providers and key stakeholders, along with 1 to 1 discussion with those unable to attend. Membership Councillors were invited to attend these workshops. The final workshop would be to develop the criteria for assessing the proposals to be developed in the Outline Business Case.

Work was also being progressed by an independent travel consultancy and Yorkshire Ambulance Service to look at both blue light and patient travel times to and between the two hospitals. This would address any anecdote about length of transfer time. The National Clinical Advisory Team had also been asked to test the clinical case for change against their report.

Catherine set out what had been done to communicate the SOC within the Trust and to key partners. This had generated a lot of queries, all of which were being responded to.

6/14 ACRE MILL DEVELOPMENT

Lesley Hill provided the Membership Council with an update on the Acre Mill development and explained that the external work had been completed. The Internal Work had started and would take around 9 months. Rooms had been set up so that staff could see what the building would look and feel like. The aim was to move services in the first quarter of 2015. Discussion took place about the bleeper system proposed for ophthalmology whereby patients would be able to take a bleeper and go and sit in the café prior to or between appointments if they chose to do so.

The Membership Council asked for clarification on what the affect would be on the operating budget. Lesley confirmed that the annual charge would start once the development work was completed but that this cost had been forecasted and included in the CIP plans.

7/14 TRUST FINANCIAL AND SERVICE PERFORMANCE REPORT

Lesley Hill presented the service performance report as at the end of February 2014 and explained that the up to date position would be given where it was known. The key issues of concern were noted:-

Discharge medication as patients transfer from one provider to another – It was noted that this had now been achieved following the work by Pharmacists monitoring new arrangements to ensure timely patient medication information transfer from one provider to another.

HSMR (Hospital Standardised Mortality Rate) - Although the HSMR continued to fall steadily the Trust's rebased position had not moved. The plan for the Care of the Acutely Ill patient was being reviewed to look at those actions that would have the biggest impact and that were nationally known to work.

Improving management of patients presenting with Asthma in A&E – It was noted that the Division had done a lot of work to raise the profile of this target and were now achieving over 80% compliance.

Fractured Neck of Femur – It was noted that a detailed presentation on progress had been made to the Board of Directors meeting in January. Reduced capacity for fractured neck of femur operations due to work on laminar flow equipment in theatres continued. Work would begin on the theatres in June as this would allow time for the appropriate design work and contracting process to take place.

Stroke % of people who spent at least 90% of time on a stroke unit - It was noted that there had been some issues in achieving this target due to norovirus and resulting ward closures. The target continues to be monitored closely.

Patient Flow – Work continued to reduce the number of patients who experience delays and the number of days waiting. A lot of work is required to continue to achieve this target and it remains a challenge.

18 week RTT – while this target has been achieved there were some specialties close to the 90% target: Trauma and orthopaedics, ENT and 'other'. This is being closely monitored and some additional clinics have been arranged.

Cancelled Operations – Work is being done to reduce the number of operations that are cancelled on the day and to ensure that if it is absolutely necessary there is a clear reason why.

DNA Appointments – Partial booking had been introduced for follow up appointments whereby the Trust contacts patients 6 weeks prior to expected appointments and this was contributing to the reduction in DNAs. SMS and voice messaging continue to be well utilised.

Sufficiency of Appointment Slots on Choose and Book – The position continues to improve with an increase of 3%. Work was still on going to ensure slots are available and that patients are able to walk out of the GP practice with an appointment or contact details to make an appointment.

FINANCE

Chris Benham presented the finance report as at 28th February 2014, Month 11.

The main points highlighted from the report were:-

- The year to date Income and Expenditure position for Month 11 is a surplus of £1.69m, against a planned surplus of £1.82m.
- The cash position at the end of February 2014 is £19.46m (£1.95m above plan).
- Capital spend to date of £12.09m (£1.94m above plan).
- The current forecast year end position is to achieve a surplus of £1.93m, compared with a plan of £3.00m.
- The Monitor 'Continuity of Service Risk Rating' is 2 at the end of February 2014 (plan was 2), and the forecast is to end the year at level 3, as per plan (on a scale of 1= poor to 4= good)
- Since the last meeting Monitor had reported back and supported the Quarter 3 return. There continues to be high levels of outpatient and daycase attendances. The financial position has slightly improved with a strong cash position and funding received through the nurse technology fund for observation equipment on the wards. The risk of not achieving CQUIN has fallen with on 0.2M remaining amber-rated.

Key Risks

- There is a shortfall in identified of CIP of £3.86m and only £3.19m of Reserves being used to offset any resulting cost pressure. The Trust is £300,000 behind in achieving its planned surplus of £3m, which would in turn impact on investment opportunities in 2014/15.

- There continues to be high levels of expenditure on agency staff and other non-contracted pay.

8/14 CHAIRMAN'S REPORT

- a. **CHAIR'S INFORMATION EXCHANGE MEETING – 31.3.14** – The minutes of the meeting held on the 31 March 2014 were accepted as read. It was noted that the Divisional Reference Groups were working well and putting good challenge into the Divisions. Liz Schofield commented on the good work done by the Multiple Sclerosis Nurses working with the Multiple Sclerosis Trust and that this was a prestigious opportunity.
- b. **UPDATE ON QUALITY ASSURANCE BOARD/QUALITY COMMITTEE**
It was noted that the main items from the Quality Assurance Board had been discussed at item 4a.
- c. **ELECTION TIMETABLE**
Ruth Mason informed the Council that the contract for the election partner had ended a procurement process had been undertaken to appoint a new partner for the next three years. The outcome would be announced shortly. It was noted that while electronic voting was not yet allowed under foundation trust rules, this was likely to change and the successful partner would need to offer this. The elections for 2014 would begin in June to enable new Membership Councillors to be in place by the Annual Meeting in September.
- d. **NOMINATIONS SUB COMMITTEE – NON EXECUTIVE DIRECTOR APPOINTMENTS**
Julie Hull explained that there would be a Nominations Sub Committee meeting in June to consider the appointment of four Non Executive Directors including the Chairman.

9/14 CONSTITUTION

- a. **Amendments to the Constitution – Membership Boundaries**
Ruth Mason presented the amended constitution whereby the membership constituencies had been changed to reflect the electoral ward boundary changes in Calderdale.
The Membership Council approved the Constitution.
- b. **Membership Council Register – Resignations/Appointments**
The updated register of members was received for information.
- c. **Register of Interests/Declaration of Interests**
The updated Register of Interests/Declarations was received. Any amendments were requested to be notified to the Board Secretary as soon as possible.

10/14 QUALITY ACCOUNTS – PRIORITIES AND INDICATORS

Mel Johnson presented the report setting out the agreed quality priorities and indicators. Voting on the priorities had closed at the beginning of March and the four selected had been approved by the Board of Directors. Mel explained that new guidance had been

issued by Monitor on 28 February 2014 and there had been two changes as a result. The Trust had been asked to select a local indicator and it had been agreed to include real time patient monitoring as there had been some concerns about this raised previously by the Membership Council. A mandatory indicator had been introduced lined to the Monitor risk assurance framework.

Mel explained that the draft Quality Account was ready to come to the Membership Council for comment and would need to be finalised by the end of May. A regular report on progress would be brought to the Membership Council.

11/14 APPRAISAL PROCESS FOR CHAIRMAN AND NON EXECUTIVE DIRECTORS

Julie Hull set out the timetable for the appraisal of the Chairman and Non Executive Directors. She confirmed that John Playle would be supporting the process. All Membership Councillors were asked to complete and return the form by 23 April 2014 along with any feedback on the process. Julie explained that the Trust had achieved 92.6% of all staff receiving an appraisal and the next step would be to assess the quality of appraisals.

12/14 FASTTRACK ITEMS

The following fast track items were received and noted:

- a. **Updated Membership Council Calendar 2014.**

13/14 ANY OTHER BUSINESS

Ruth Mason asked for feedback from the Council on the new Membership Council Charter which has been developed to help newly elected membership councillors. It sets out the duties of a councillor as well as information on skills and behaviours expected.

14/14 DATE AND TIME OF NEXT MEETING

Wednesday 9 July 2014 at 4.00 pm in the Boardroom, Huddersfield Royal Infirmary.

The Chair thanked everyone for their contribution and closed the meeting at 6.40 pm.

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Mr Andrew Haigh, Chairman

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Date

Non-Executive Appraisals.

The appraisals of the Non-Executive Directors (NEDs) were carried out during March and April 2014 by the Chair with input from the Executive team. All the NEDs were assessed to be carrying out their duties to a satisfactory standard and at least fulfilling their time commitment to the Trust. In respect of attendance at Board meetings Peter Roberts and Jan Wilson have both attended 12 out of 13 meetings and David Anderson 11. Jeremy Pease has attended 6 out of 6, Linda Patterson 4 out of 6 and Philip Oldfield 4 out of 7. Some clashes of dates are to be expected at the start of a NED's tenure and discussions with both Linda and Philip had taken place during the year as there were specific reasons for their struggling to make the meetings which are now resolved.

During the year we have undertaken an analysis of the time commitment for the NEDs which falls into two sections. Those activities that all NEDs carry out and those that are dependant on role. In the first category are:

- Board Meetings
- MC/NED workshops
- MC meetings
- Board workshops
- Board/MC workshops
- Finance Briefings
- Leadership walkrounds
- 1:1 meetings with the Chair and NED meetings with the Chair
- Training
- Ad hoc meetings such as the SOC work

In addition to these the NEDs get involved in a variety of activities. Meetings with NED Chairs and/or attendance include Audit & Risk, Quality, Health & Safety, Charitable Funds, Equality, Pennine Property Partnership, Governance Task & Finish and Revalidation; All the NEDs have a link to one of the Executive Directors (based on skill sets/interest) in a buddying type arrangement; Oversight roles on Trust initiatives including IT strategy, Non pay procurement, Care of the Acutely Ill Patient, Lean developments, Future Hospital, Pharmacy development and the Efficiency Programme (CIP).

There is also NED involvement on Clinical Excellence Awards, Infection Control, Procurement, Clinical Research and Consultant recruitment to name but a few.

Objectives for the current year have been developed using the Trust's standard non medical appraisal tool and closely follow the above activities in terms of input and areas covered. In addition there are three "standard" objectives for all NEDs which are:

- Effective input into Board and Committees
- Demonstrate the 4 pillar behaviours in carrying out the NED role
- Support the Trust in attaining a CQC assessment of "good" or better.

Andrew Haigh
Chairman

Quality and Performance Report May 2014 Highlights

The information provided to the Board within this paper comprises:

- The dashboard information across the 'Outcomes Framework domains'
- An exceptions report on the indicators which are off target
- The finance dashboard

There are a number of areas which should be brought to the attention of the Executive Board, as they currently present significant risk to the Trust.

Indicator	Update	Director Lead
Crude mortality, SHMI, HSMR	The Care of the Acutely Programme is working on reducing the HSMR and SHMI for a number of individual conditions. This work aims to inform a reduction in HSMR/SHMI to the below the national average	David Birkenhead
Fractured Neck of Femur	Lists from 23rd June will be staffed with 2 anaesthetists, and a surgeon will be present from 8.30 to start the first case. From Aug 2014 there will be a mobile laminar van which allows us to structure theatre sessions.	Julie O'Riordan
Stroke: % of patients who spend at least 90% of time on a stroke unit	<p>In month, there were 47 patients diagnosed with a stroke and there were 13 patients who did not spend 90% of their stay on a stroke ward.</p> <p>The reasons for the breaches 5 x no beds available on ASU, 4 x late diagnosis, 1 x patient stepped down to 5B (delayed discharge due to social care), 1 x direct referral to MAU via GP, 2 admissions coded as stroke not referred.</p> <p>Each breach is currently being scrutinised in detail to understand what the underlying issue is behind them as there are no</p>	Ashwin Verma

Indicator	Update	Director Lead
	obvious trends to the poor performance overall.	
<p>Patient Flow –</p> <ul style="list-style-type: none"> • Delayed transfer bed days • Time in A/E and Ambulance handover 	<p>We continue to closely manage the patients whose discharge/transfers are delayed. This is being done by continuing daily calls to partner organisations. Whilst this action has had some effects delayed patients continue to need to be managed. As a part of this we are monitoring patients whose length of stay exceeds 50 days and using this to take action where required. We are also working with our internal processors via Plan For Every Delay and Plan For Every Patient to ensure our referrals and assessments are done in a timely manner.</p> <p>There have been an increase in A&E attendances over the last month. As 70% of Middle Grade Workforce are locums it has been challenging due to working practices. A&E Consultants are now working until 10pm. Focussed work has taken place to achieve discharge levelling. Daily and weekly actions are in place to reduce the patients with an over 20 day LOS. We have seen improvements in performance since 26th May.</p>	Mags Barnaby
Meeting the Clostridium difficile (Post 48 Hours) objective	<p>The four cases appear to be unrelated with no common factors.</p> <p>Each case is complex and further analysis is being performed.</p>	David Birkenhead
DNA first appointment and follow up appointment.	<p>Due to capacity and demand pressures. Wait times in most specialties for first appointment have been pushed out which means that some first appointments are now booked 9-16 weeks in advance of the appointment date. By extending the waiting time the risk of the patient failing to attend increases. There have also been issues with the availability of junior doctors.</p> <p>Follow-up DNAs continue to reduce and are now lower than Peer Group Trusts. The SMS and Interactive Voice Messaging continue to be well utilised and processes</p>	Mags Barnaby

Indicator	Update	Director Lead
	<p>are in place to update contact telephone numbers to help improve performance. Analysis has shown that 30% of patients are not receiving a reminder. This is either because the patient has opted out or we do not hold an up to date contact number. Efforts to improve the collection of accurate contact numbers are being made and will include the ability to up date contact numbers via the self-check-in kiosk. The software is currently in testing phase. Partial Booking for >6 weeks appointments is being rolled out in conjunction with the Newton time line for template review. A survey of DNA patients has been completed and has highlighted a number of reasons for DNA's. From these results a controlled pilot of reminders by age range is underway.</p>	
<p>Sufficiency of appointment slots on choose and book</p>	<p>Orthopaedics, ophthalmology and ENT are the specialties with appointment slot issues. Each specialty is in the process of appointing additional medical staff to increase capacity.</p>	<p>Anna Basford</p>
<p>Clinical coding - signs and symptoms - depth of coding</p>	<p>Work is currently ongoing within the Trust to highlight to clinicians the importance of recording appropriate specific diagnoses including comorbidities. There is coder attendance at mortality meetings and regular deceased validation carried out with clinicians. Work is underway to try and improve the quality content of the key source documentation through awareness sessions.</p>	<p>John Rayner</p>

The Board are asked to:

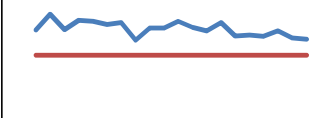
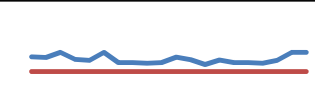
- Consider the information provided in the attached report
- Consider the risk areas described in this report and whether further support/action is required from Board

Domain 1: Preventing People Dying Prematurely										
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 May 14)				
Cancer: 31 day wait from diagnosis to first treatment	≥96%	100.00% ●	≥96%	99.54% ●	MB/AV					
Cancer: 31 day for second or subsequent treatment comprising surgery	≥94%	100.00% ●	≥98%	100.00% ●	MB/AV					
Cancer: 31 day for second or subsequent treatment comprising drugs	≥94%	100.00% ●	≥94%	100.00% ●	MB/AV					
Cancer: 62 day wait from urgent GP referral to first treatment	≥85%	84.03% ●	≥85%	88.14% ●	MB/AV					
Cancer: 62 day wait from screening service referral to first treatment	≥90%	90.00% ●	≥90%	92.31% ●	MB/AV					
Cancer: 62 day referral to treatment from hospital specialist	≥87.5%	100.00% ●	≥87.5%	100.00% ●	MB/AV					
Cancer: 62 day aggregated GP urgent Referral to treatment and screening Referral to treatment	≥86%	85.31% ●	≥86%	89.12% ●	MB/AV					
Access to Maternity services before 12 weeks and 6 days	≥90%	90.40% ●	≥90%	90.20% ●	MB					
Improving Medicines Safety Part A - support the effective transfer of information about medicines when patients are being transferred from one provider to another following an unplanned admission to hospital	Q1-3 70% target, Q4 80%	90.40% ●	Q1-3 70% target, Q4 80%	92.70% ●	AV					
Improving Medicines Safety Part B Discharge Accuracy Checks	Q1 - 55% Q2 - 60% Q3 - 65% Q4 - 70%	62.75% ●	Q1 - 55% Q2 - 60% Q3 - 65% Q4 - 70%	62.75% ●	AV					
HRI - Crude Mortality Rate (hospital deaths per 1,000 discharges)	The most recent information available (May 2014) shows a rate of 16.45 (against 19.48 for the same calendar month last year).				●					
CRH - Crude Mortality Rate (hospital deaths per 1,000 discharges)	The most recent information available (May 2014) shows a rate of 9.75 (against 11.10 for the same calendar month last year).				●					
TRUST - Crude Mortality Rate (hospital deaths per 1,000 discharges)	Year to Date Crude Mortality for April 14 to May 14 is 12.7 (255 Deaths in 2 months) Looking at the rolling 12 months figure – June 13 to May 14 - crude mortality is 12.20 (1485 deaths), slight drop from 12.40 (1510 deaths) for the previous rolling 12 month period (May 13 to April 14).				●					
Standardised Hospital Mortality Indicator (SHMI) (Rolling 12 month relative indicator of mortality published by the Information Centre).	Our SHMI for the 12 months September 12 to October 13 has raised slightly from the previous period. It is 106.13, compared to 105.71 for the 12 months of July 12 to June 13. .				●					
Hospital Standardised Mortality Ratio (HSMR) (year to date relative indicator of mortality published each month from June data onward, published by Dr Foster)	Year to Date HSMR position is 95.99 (rebased to 107). This is a reduction from 96.69 for April 2013– January 2014 (107 for that time period). Looking at the rolling 12 month HSMR of 97.84 (March 13 – February 14), the score is a very slightly improved position from 99.54 (for the time period of Feb 13 – Jan 14) February's individual HSMR score of 89.75 is lower than the previous month score of 105.53. This reduction was anticipated in light of a lower crude mortality rate in February's dataset. *Further data not due to be released from HSCIS until 1st July.				●					

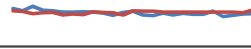
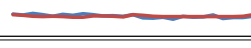




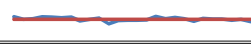





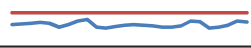
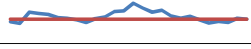
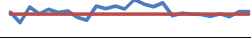
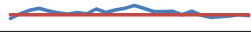
Referral to Tertiary Centre (Leeds)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Patient Seen within 7 days	29.6%	34.1%										
Patients Referred to Tertiary with 38 Days	55.6%	43.5%										
Patients Treated within 54 Days	65.7%	50.7%										

NOTE: Referral to Tertiary activity for information only
Financial penalties attached Quarterly Submission

Domain 2: Enhancing quality of life for people with long term conditions



















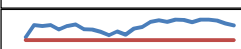















Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - May 14)
Dementia 3A- Emergency Admission 75 years & Above reported as having been asked the SQUID question (NATIONAL)	≥90%	93.5% ●	≥90%	93.5% ●	AV	
Dementia 3A- Number of Non elective patients aged 75 and above who have scored positively on the SQUID and reported as having had a dementia diagnostic assessment (AMTS)	≥90%	100.0% ●	≥90%	100.0% ●	AV	
Dementia 3A- Number of Non elective patients aged 75 and above who have had a positive diagnostic assessment, who are referred on for further diagnostic advice	≥90%	100.0% ●	≥90%	100.0% ●	AV	
Dementia 3B- Ensuring 90% of wards have 1 WTE dementia 'expert' and 75% of wards to have 1 WTE 'competent' dementia lead	Reports end of Q2 & Q4	Report & % required September 14	Reports end of Q2 & Q4	Report & % required September 14	AV	
Dementia 3c- Ensuring carers feel supported	Reports end of Q2 & Q4	Report required September 14	Reports end of Q2 & Q4	Report required September 14		
Pneumonia Care Bundle - No of patients attending A&E/MAU with pneumonia & receive CAP care bundle on admission to hospital	Q1 Report, Q4 -55%	Report required for June 14	Q1 Report, Q4 -55%	Report required for June 14	AV	
Diabetes Self Care- Part 5A Number of patients supported to self care	Q2 50%, Q3 Report, Q4 50%	80.0% ●	Q2 -50%, Q3 Report, Q4 50%	66.7% ●	AV	
Diabetes - Part 5B those attending A&E,CDU or MAU with diabetic hypoglycaemia who are referred to a specialist nurse and receive written educational support	Q2 60%, Q4 90%	87.5% ●	Q2 60%, Q4 90%	83.3% ●	AV	

Financial penalties attached

























Domain 3: Helping people to recover from episodes of ill health or following injury						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - May 14)
Emergency readmissions within 30 days of discharge from all admission	≤7.72%	6.84% ●	≤7.88%	7.17% ●	MB	
Emergency readmissions within 30 days of discharge from all admission - CALDERDALE CCG	≤8.47%	7.70% ●	≤8.71%	8.10% ●	MB	
Emergency readmissions within 30 days of discharge from all admission - GREATER HUDDERSFIELD CCG	≤7.21%	6.30% ●	≤7.32%	6.60% ●	MB	
Fractured neck of femur operations carried out within 36 hours of admission (linked to best practice tariff)	≥85%	36.30% ●	≥85%	43.70% ●	JO'R	
Stroke: % of patients who spend at least 90% of time on a stroke unit	≥80%	67.35% ●	≥80%	77.42% ●	AV	
Stroke: % of patients who spend at least 90% of time on a stroke unit - CALDERDALE CCG	≥80%	69.57% ●	≥80%	80.95% ●	AV	
Stroke: % of patients who spend at least 90% of time on a stroke unit - GREATER HUDDERSFIELD CCG	≥80%	68.18% ●	≥80%	76.19% ●	AV	
Stroke: % TIA cases with a higher risk of stroke who are treated within 24 hours	≥60%	77.50% ●	≥60%	70.67% ●	AV	
Stroke % of stroke patients thrombolysed	≥5%	55.56% ●	≥5%	30.00% ●	AV	
A&E Clinical Quality – Unplanned Re-attendance Rate - HRI	≤5%	4.88% ●	≤5%	4.81% ●	MB/JO'R	
A&E Clinical Quality – Unplanned Re-attendance Rate - CRH	≤5%	4.97% ●	≤5%	5.13% ●	MB/JO'R	
A&E Clinical Quality – Left Without Being Seen Rate - HRI	≤5%	3.24% ●	≤5%	2.76% ●	MB/JO'R	
A&E Clinical Quality – Left Without Being Seen Rate - CRH	≤5%	3.01% ●	≤5%	3.12% ●	MB/JO'R	
Delayed transfer bed days as a percentage of occupied bed days	≤5%	5.00% ●	≤5.0%	5.12% ●	MB	
Delayed transfer bed days as a percentage of occupied bed days - CALDERDALE CCG	≤5%	5.60% ●	≤5%	5.59% ●	MB	
Delayed transfer bed days as a percentage of occupied bed days - GREATER HUDDERSFIELD CCG	≤5%	4.40% ●	≤5%	4.70% ●	MB	
Delayed transfer bed days as a percentage of occupied bed days - COHORT patients with specific reasons	≤3.5%	4.00% ●	≤3.5%	4.21% ●	MB	

Domain 4: Ensuring that people have a positive experience of care						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - May 14)
Maximum time of 18 weeks from Referral treatment for admitted patients	≥90%	93.06% ●	≥90%	92.86% ●	MB	
Maximum time of 18 weeks from Referral treatment for admitted patients - CALDERDALE CCG	≥90%	91.77% ●	≥90%	92.00% ●	MB	
Maximum time of 18 weeks from Referral treatment for admitted patients - GREATER HUDDERSFIELD CCG	≥90%	95.09% ●	≥90%	93.71% ●	MB	
Maximum time of 18 weeks from Referral treatment for non admitted patients	≥95%	98.86% ●	≥95%	98.86% ●	MB	
Maximum time of 18 weeks from Referral treatment for non admitted patients - CALDERDALE CCG	≥95%	98.95% ●	≥95%	98.86% ●	MB	
Maximum time of 18 weeks from Referral treatment for non admitted patients - GREATER HUDDERSFIELD CCG	≥95%	98.72% ●	≥95%	98.89% ●	MB	
Maximum time of 18 weeks from Referral treatment for direct access audiology	≥95%	100.00% ●	≥95%	100.00% ●	PH	
Patients on an "incomplete pathway" who have waited less then 18 weeks	≥92%	95.31% ●	≥92%	95.2% ●	MB	
Maximum time of 6 weeks from referral for diagnostics	≥99%	99.59% ●	≥99%	99.61% ●	DB	
Total time in A&E: Less than 4 hours - HRI	≥95%	94.76% ●	≥95%	95.32% ●	MB/JO'R	
Total time in A&E: Less than 4 hours - CRH	≥95%	94.42% ●	≥95%	94.29% ●	MB/JO'R	
Handovers between AMBULANCE and A&E within 15 minutes- HRI	100.0%	90.16% ●	100.0%	91.28% ●	MB	<ul style="list-style-type: none"> within 15 minutes 15-30 mins 30 - 60 mins 60+ mins
Handovers between AMBULANCE and A&E % 15 to 30 mins - HRI	0.0%	9.24% ●	0.0%	7.84% ●	MB	
Handovers between AMBULANCE and A&E % 30 to 60 mins - HRI	0.0%	0.60% ●	0.0%	0.81% ●	MB	
Handovers between AMBULANCE and A&E % 60+ mins - HRI	0.0%	0.00% ●	0.0%	0.08% ●	MB	
Handovers between AMBULANCE and A&E within 15 minutes- CRH	100.0%	92.12% ●	100.0%	91.40% ●	MB	<ul style="list-style-type: none"> within 15 minutes 15-30 mins 30 - 60 mins 60+ mins
Handovers between AMBULANCE and A&E % 15 to 30 mins - CRH	0.0%	7.41% ●	0.0%	7.41% ●	MB	
Handovers between AMBULANCE and A&E % 30 to 60 mins - CRH	0.0%	0.47% ●	0.0%	1.18% ●	MB	
Handovers between AMBULANCE and A&E % 60+ mins - CRH	0.0%	0.00% ●	0.0%	-	MB	

Financial penalties attached

Domain 4: Ensuring that people have a positive experience of care						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - May 14)
Zero tolerance trolley waits over 12 hours	0	0 	0	0 	MB	
A&E Clinical Quality – Time to Initial Assessment (95 th percentile)-HRI	≤00:15:00	00:17:00 	≤00:15:00	00:17:00 	MB/JO'R	
A&E Clinical Quality – Time to Initial Assessment (95 th percentile)-CRH	≤00:15:00	00:23:00 	≤00:15:00	00:20:00 	MB/JO'R	
A&E Clinical Quality – Time to Treatment Decision (median) - HRI	≤01:00:00	00:22:00 	≤01:00:00	00:21:00 	MB/JO'R	
A&E Clinical Quality – Time to Treatment Decision (median) - CRH	≤01:00:00	00:29:00 	≤01:00:00	00:25:00 	MB	
Cancer: 2 week wait from referral to date first seen for suspected cancer	≥93%	97.50% 	≥93%	97.86% 	MB/AV	
Cancer: 2 week from referral to date first seen for symptomatic breast	≥93%	96.00% 	≥93%	95.80% 	MB/AV	
Cancer: 2 week aggregated referrals seen and Breast symptomatic	≥93%	97.18% 	≥93%	97.43% 	MB/AV	
Mixed Sex Accommodation breaches	Zero	0 	Zero	0 	JD	
52 Weeks breaches (adjusted for patient choice or condition precludes treatment)	Zero	0 	Zero	0 	MB	
52 Weeks breaches (unadjusted)	10 per month	0 	10 per month	0 	MB	
Provider cancellation of planned operation for non clinical reasons	≤0.6%	0.36% 	≤0.6%	0.67% 	MB	
Number of urgent operations cancelled for a second time	0	0 	0	0 	MB	
Friends and Family Test - Part 1A Implementation of the staff FFT across the provider from April 2014	Report by end Q1	Report	Report by end Q1	Report	JD	
Friends and Family Test - Part 1B Implementation of FFT across outpatient and day case departments across the Trust	Report by end of Q2	Report	Report by end of Q2	Report	JD	
Friends and Family Test - Part 1C Implementation of FFT across Community Services	Report by end of Q3	Report	Report by end of Q3	Report	JD	
Friends and Family Test - Part 1.2D A&E response rate to F&F test question	Achieve Q1 15%, Q4 20%	26.2% 	Achieve Q1 15%, Q4 20%	23.9% 		
Friends and Family Test - Part 1.2D Inpatient response rate to F&F test question	Achieve Q1 25%, Q4 30%	33.0% 	Achieve Q1 25%, Q4 30%	35.2% 	JD	
Friends and Family Test - Part 1.3E Inpatient response rate to F&F test question - Further Improvement required to achieve 40% in any month during Q4	40% in any month during Q4	33.0%	40% in any month during Q4	35.2%		

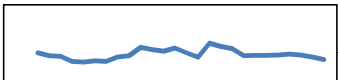

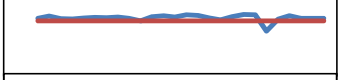
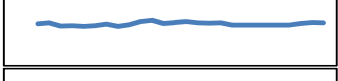

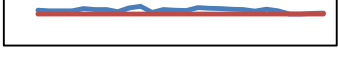
Financial penalties attached

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - May 14)
Meeting the MRSA bacteraemia (Post 48 Hours) objective	Zero	0 	Zero	0 	DB	
Meeting the Clostridium difficile (Post 48 Hours) objective	4.5 per quarter	4 	4.5 per quarter	7 	DB	
MSSA Bacteraemias - (Post 48 hours) objective	No set Target	1 	No set Target	1 	DB	
E-Coli rates	No set Target	0 	No set Target	4 	DB	
Screening all elective in-patients for MRSA	≥95%	96.80% 	≥95%	96.80% 	DB	
Venous Thrombo Embolism - % risk assessed	≥95%	95.80% 	≥95%	95.60% 	BC	
Number of Root Cause Analyses carried out on cases of hospital associated Thrombolysis	≥95%	100.00% 	≥95%	100.00% 	BC	
NHS Safety Thermometer 2B - reduction in the prevalence of Pressure Ulcers using thermometer	≤4.1%	3.49% 	≤4.1%	4.14% 	JD	
Use of Safety Thermometer - 2A	Qly payment conditional on use	Y 	Qly payment conditional on use	Y 	JD	
All Falls (1)	TBC	132	TBC	155	JD	
Harm Falls (2)	TBC	43	TBC	39	JD	
Medication Errors (3)	TBC	29	TBC	28	JD	
Duty of Candour: Number of patients notified in line with the duty of candour process	100.0%	No Patients	100.0%	100.0%	JD	










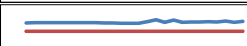


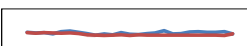
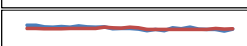

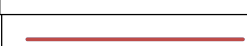
Activity - one month in arrears
Financial penalties attached

Integrated Board Report - May 2014

Domain 6: Resources

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - May 14)
Operating Surplus/Deficit (£M - excluding exceptional items)	(0.04)	(0.92) ●	(0.39)	(2.16) ●	KG	
Cash (£M)	0.82	0.60 ●	20.75	16.12 ●	KG	
Monitor Risk Rating	3	2 ●	3	2 ●	KG	
Bed Capacity	No Target	706	No Target	724	MB	
Bed Occupancy	DOH recommend not > 85%	86.7%	DOH recommend not > 85%	85.4%	MB	
Theatre Usage (%)	≥90%	91.7% ●	≥90%	91.8% ●	JO'R	
Standardised ALOS (excludes DC & Acute DC) (2)	TBC	5.37	TBC	5.40	MB	
DNA Rate - First Appointment	≤7%	7.2% ●	≤7%	7.0% ●	MB	
DNA Rate - Follow up Appointment	≤7.5%	7.9% ●	≤7.5%	7.8% ●	MB	

Domain 7: Reform/Information

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - May 14)
Booking to services where named consultant led team was available (even if not selected)	≥95%	100.00% ●	≥95%	100.00% ●	AB	
Proportion of GP referrals to first outpatient booked using C&B	≥48.9%	72.00% ●	≥48.9%	72.00% ●	AB	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) (3)	<5%	13.70% ●	<5%	14.70% ●	AB	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) SURGERY	<5%	17.40% ●	<5%	18.10% ●	AB	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) MEDICAL	<5%	9.00% ●	<5%	11.20% ●	AB	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) CWF	<5%	4.10% ●	<5%	5.70% ●	AB	
Data Completeness in community services: Referral to Treatment information - CIDS	≥50%	100.00% ●	≥50%	100.00% ●	JR	
Data Completeness in community services: Referral Information - CIDS	≥50%	96.50% ●	≥50%	98.46% ●	JR	
Data Completeness in community services: Treatment activity information - CIDS	≥50%	100.00% ●	≥50%	97.47% ●	JR	
Data Completeness in community services: Patient Identifiers - CIDS	≥50%	75.20% ●	≥50%	72.89% ●	JR	
Data Completeness in community services: Patients dying at home/care homes - CIDS	≥50%	100.00% ●	≥50%	100.00% ●	JR	
Data Completeness in community services: Venous Ulcer treatments - CIDS	≥50%	95.12% ●	≥50%	95.12% ●	JD	
Data Quality on ethnic group - Inpatients/ Outpatients/Accident & Emergency	≥85%	98.00% ●	≥85%	97.98% ●	JR	
Clinical Coding - Signs & Symptoms	<10.9%	10.50% ●	<10.9%	10.5% ●	JR	
Clinical Coding - coded as unspecified	<14.1%	13.80% ●	<14.1%	13.8% ●	JR	
Clinical Coding - Average Diagnosis per coded Episode	>4.7	4.04 ●	>4.7	4.04 ●	JR	
Infant Health - data completeness, breastfeeding and smoking	100.0%	100.0% ●	100.0%	100.00% ●	JR	
Maternity hospital episode statistics	≤15%	0.11% ●	≤15%	0.11% ●	JR	
Information Governance Toolkit (4)	≥80%	80.00% ●	≥80%	80.00% ●	JR	
Time to approval for NIHR portfolio research studies (Median Days)	≤30	20 ●	≤30	35 ●	DB	
Number of staff attending the Fire Warden Training	100.0%	86% of Band 7	100.0%	86% of Band 7	LH	
Number of trained staff Vs Fire Safety Awareness Session	100% by Dec 14	60.5%	100% by Dec 14	60.5%	LH	
Number of update fire risk assessments	100% by Jul 14	Complete for Trust, Community still outstanding	100% by Jul 14	Complete for Trust, Community still outstanding	LH	

Activity - one month in arrears

No Exception Reports received:-
 Delayed transfers of Care for Trust and Calderdale CCG

Preventing		Indicator	Target	May-14	YTD
Cancer: 62 day wait from urgent GP referral to first treatment		85.0%		84.03%	88.14%
What is driving the reported underperformance ?	What actions have we taken to improve performance ?				
<p>A action plan has been completed in conjunction with the majority Tumour sites to reduce the length of the pathways. Weekly meetings have been set up with the relevant General managers to discuss all patients at 31 days or over on their pathway. The need to implement patients to be seen and diagnosed earlier is being taken to WEB in the near future.</p>		Completed By		Kathryn Lancaster	
		Lead Director		Kathryn Lancaster	

Preventing		Indicator	Target	May-14	YTD
Cancer: 62 day aggregated GP urgent Referral to treatment, Upgrade and screening Referral to treatment		86.0%		85.31%	89.12%
What is driving the reported underperformance ?	What actions have we taken to improve performance ?				
<p>The number of patients treated in month is low in comparison to previous months, therefore our tolerance to breaches is reduced. The targets for both screening and upgrade have been achieved, but failing the 62 day target has impacted on the aggregate.</p>		Completed By		Kathryn Lancaster	
		Lead Director		Kathryn Lancaster	

Preventing		Indicator	Target	May-14	YTD
Standardised Hospital Mortality Indicator (SHMI) (Rolling 12 month relative indicator of mortality published by the Information Centre)		N/A		105.71	N/A
Hospital Standardised Mortality Ratio (HSMR) (Year to date relative indicator of mortality published each month from June data onward, published by Dr Foster)		N/A		107	N/A

Preventing		Indicator	Target	May-14	YTD
What is driving the reported underperformance ?	What actions have we taken to improve performance ?				
<p>HSMR and SHMI continue above the aspirational levels of 98 and 100 respectively. It is recognised that further work is needed to influence these in the right directions and work continues in the trust to improve our positions. The rolling 12 month HSMR continues to drop each month.</p>		Completed By		Lisa Fox	
		Lead Director		Mr Alex Hamilton	

Helping		Indicator	Target	May-14	YTD
Fractured neck of femur operations carried out within 36 hours of admission		85.0%		36.30%	43.70%
What is driving the reported underperformance ?	What actions have we taken to improve performance ?				
<p>laminar theatre space at HRI and a high volume of patients with #NOF in both April and May. High demand for trauma theatre in general.</p>		Completed By		Andrew Bottomley	
		Lead Director		Julie O'Riordan	

Helping		Indicator	Target	May-14	YTD				
Stroke: % of patients who spend at least 90% of time on a stroke unit		80.0%		72.34%	77.42%				
Stroke: % of patients who spend at least 90% of time on a stroke unit - CALDERDALE CCG		80.0%		76.19%	80.95%				
Stroke: % of patients who spend at least 90% of time on a stroke unit - GREATER HUDDERSFIELD CCG		80.0%		72.73%	76.19%				
What is driving the reported underperformance ?	What actions have we taken to improve performance ?								
In month, there were 47 patients diagnosed with a stroke and there were 13 patients who did not spend 90% of their stay on a stroke ward. There are still some potential problems with coding which are being addressed. The reasons for the breaches 5 x no beds available on ASU, 4 x late diagnosis, 1 x patient stepped down to 5B (delayed discharge due to social care), 1 x direct referral to MAU via GP, 2 admissions coded as stroke not referred.	Each breach is currently being scrutinised in detail to understand what the underlying issue is behind them as there are no obvious trends to the poor performance overall. The team are also working with coding on the issues identified in month.	<table border="1"> <tr> <td>Completed By</td> <td>Helen Jones</td> </tr> <tr> <td>Lead Director</td> <td>Dr Verma</td> </tr> </table>				Completed By	Helen Jones	Lead Director	Dr Verma
Completed By	Helen Jones								
Lead Director	Dr Verma								

Helping		Indicator	Target	May-14	YTD				
Delayed transfer bed days as a percentage of occupied bed days - COHORT with identified patients with specific reasons		3.5%		4.00%	4.44%				
What is driving the reported underperformance ?	What actions have we taken to improve performance ?								
Whilst this month's data shows an improvement from the previous month, it still remains an area of some concern, demonstrating that despite ongoing work with partner organisations, systems are not yet delivering the smooth process required	We continue to closely manage the patients whose discharge / transfers are delayed. This is being done by continuing daily calls to partner organisations. Whilst this action has had some effect, delayed patients continue to need to be managed. As a part of this we are monitoring patients whose length of stay exceeds 50 days, and using this to take action where required. We also are working with our internal processors via Plan For Every Delay, and Plan For Every Patient to ensure our referrals and assessments are done in a timely manner.	<table border="1"> <tr> <td>Completed By</td> <td>Tania King</td> </tr> <tr> <td>Lead Director</td> <td>Mags Barnaby</td> </tr> </table>				Completed By	Tania King	Lead Director	Mags Barnaby
Completed By	Tania King								
Lead Director	Mags Barnaby								

Ensuring		Indicator	Target	May-14	YTD				
Total time in A&E: Less than 4 hours - HRI		95.0%		94.76%	95.32%				
Total time in A&E: Less than 4 hours - CRH		95.0%		94.42%	94.29%				
What is driving the reported underperformance ?	What actions have we taken to improve performance ?								
Increasing demand for A&E Services/Lack of inpatient capacity	Increasing A&E attendances over the last month, 70% of Middle Grade Workforce are locums and therefore challenging due to inconsistencies. OOH period most vulnerable, A&E Consultants working until 10pm. Focused work on achieving discharge levelling, daily and weekly actions taken to reduce the patients with an over 20 day LOS. Improvements in performance seen since 26th May, inpatient capacity good impacting on good patient flow through the hospital.	<table border="1"> <tr> <td>Completed By</td> <td>Bev Walker</td> </tr> <tr> <td>Lead Director</td> <td>Mags Barnaby</td> </tr> </table>				Completed By	Bev Walker	Lead Director	Mags Barnaby
Completed By	Bev Walker								
Lead Director	Mags Barnaby								

Ensuring	Indicator	Target	May-14	YTD
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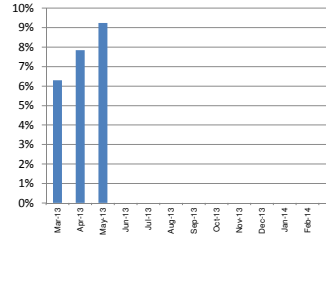
A&E Clinical Quality – Time to Initial Assessment (95th percentile)- HRI	00:15:00	00:17:00	00:17:00
A&E Clinical Quality – Time to Initial Assessment (95th percentile)- CRH	00:15:00	00:23:00	00:20:00

What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
Data Capture/Cubicle space/Lack of flow out of the two departments	Manual process for capturing time to initial assessment completed by clinical staff, this challenges the staff to complete in a timely manner, reviewing opportunity to provide admin staff to support process. Operational management in place. Reviewing internal professional standards within the rest of the hospital to support achievement of discharge levelling which improves flow out of the departments.		
		Completed By	Bev Walker
		Lead Director	Mags Barnaby

Ensuring	Indicator	Target	May-14	YTD
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Handovers between AMBULANCE and A&E				
within 15 minutes - HRI	100.0%	90.16%	91.28%	
15 to 30 mins - HRI	0.0%	9.24%	7.84%	
30 to 60 mins - HRI	0.0%	0.60%	0.81%	
within 15 minutes - CRH	100.0%	92.12%	91.40%	
15 to 30 mins - CRH	0.0%	7.41%	7.41%	
30 to 60 mins - CRH	0.0%	0.47%	1.18%	

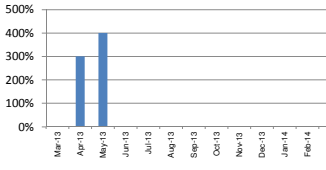
What is driving the reported underperformance ?	What actions have we taken to improve performance ?	Completed By	
Lack of timely patient flow out of the department. Ambulance personnel compliance with handover process.	The new EDIT process and change in ED layout continues to deliver week on week improvements in performance. Challenges continue with flow of patients out of the departments but improvements seen since 26th with good inpatient capacity. Increased senior support to patient flow continues, all opportunities to prevent avoidable hospital admissions is taken, increase support to expediate the needs of the patients on a green cross pathway given. Discharge levelling Meetings attended now by Nurse in charge. Ambulance staff compliance improving.	Bev Walker	Mags Barnaby



Treating	Indicator	Target	May-14	YTD
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Meeting the Clostridium difficile (Post 48 hours) objective	18	4	7
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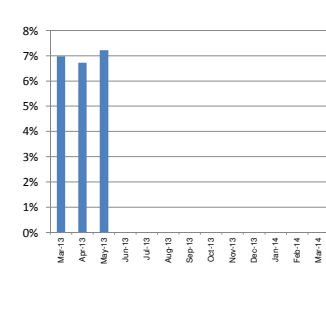
What is driving the reported underperformance ?	What actions have we taken to improve performance ?	Completed By	
The four cases appear to be unrelated with no common factors. Each case is complex and further analysis is being performed.	Each case has been investigated using root cause analysis. Three of the four cases have been agreed by the RCA meeting attendees to be unavoidable cases. The infection control team have carried out independent FLO audits on the wards at CRH	Carole Hallam	David Birkenhead



Resources	Indicator	Target	May-14	YTD
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DNA - First Appointment	7.0%	7.22%	6.98%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?	Completed By	
Due to capacity and demand pressures, wait times in most specialties for first appointment have been pushed out which means that some first appointments are now booked 9-16 weeks in advance of the appointment date. By extending the waiting time the risk of the patient failing to attend increases. Late publication of Drs rotas is also impacting on DNA's as where additional Drs are allocated to Clinic, patients are being booked to attend at 2-3 days notice.	The SMS and Interactive Voice Messaging reminder service is proving a success and a slow but steady reduction in first appointment DNAs is evident. In order to build on these improvements a communication has been sent to all General Practices reminding them of the importance of including the mobile contact details on all new referrals. Divisional capacity plans to reduce the maximum waiting time will also assist. The reduction of DNAs is included in the Newton Project and a patient survey has been undertaken to help understand the reasons for missed appointments.	Katharine Fletcher	Mags Barnaby



Resources	Indicator	Target	May-14	YTD
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DNA Rate - Follow up Appointment	7.5%	7.94%	7.84%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?																													
<p>Follow up appointments are booked months in advance which increases the risk of patients forgetting the appointment and failing to attend. Late publication of Drs rotas is also impacting on DNA's as where additional Drs are allocated to Clinic, patients are being booked to attend at 2-3 days notice.</p>	<p>Follow-up DNAs continue to reduce and are now lower than Peer Group Trusts. The SMS and Interactive Voice Messaging continue to be well utilised and processes are in place to update contact telephone numbers to help improve performance. Analysis has shown that 30% of patients are not receiving a reminder, this is either because the patient has opted out, or we do not hold an up to date contact number, efforts to improve the collection of accurate contact numbers are being made and will include the ability to update contact numbers via the self-checkin kiosk, the software is currently in testing phase. Partial Booking for >6 weeks appointments is being rolled out in conjunction with the Newton time line for template review. A survey of DNA patients has been completed and highlighted a number of reasons for DNA. From these results a controlled pilot of reminders by age range is underway.</p>	<table border="1"> <caption>DNA Rate - Follow up Appointment (Monthly)</caption> <thead> <tr> <th>Month</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr><td>Mar-13</td><td>7.5%</td></tr> <tr><td>Apr-13</td><td>7.5%</td></tr> <tr><td>May-13</td><td>7.94%</td></tr> <tr><td>Jun-13</td><td>7.84%</td></tr> <tr><td>Jul-13</td><td>7.84%</td></tr> <tr><td>Aug-13</td><td>7.84%</td></tr> <tr><td>Sep-13</td><td>7.84%</td></tr> <tr><td>Oct-13</td><td>7.84%</td></tr> <tr><td>Nov-13</td><td>7.84%</td></tr> <tr><td>Dec-13</td><td>7.84%</td></tr> <tr><td>Jan-14</td><td>7.84%</td></tr> <tr><td>Feb-14</td><td>7.84%</td></tr> <tr><td>Mar-14</td><td>7.84%</td></tr> </tbody> </table>	Month	Rate (%)	Mar-13	7.5%	Apr-13	7.5%	May-13	7.94%	Jun-13	7.84%	Jul-13	7.84%	Aug-13	7.84%	Sep-13	7.84%	Oct-13	7.84%	Nov-13	7.84%	Dec-13	7.84%	Jan-14	7.84%	Feb-14	7.84%	Mar-14	7.84%
Month	Rate (%)																													
Mar-13	7.5%																													
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Feb-14	7.84%																													
Mar-14	7.84%																													
		Completed By																												
		Katharine Fletcher																												
		Lead Director																												
		Mags Barnaby																												

Reform_information	Indicator	Target	May-14	YTD
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Sufficiency of appointments slots on choose and book (measured by appointment <5%)	5.0%	13.70%	14.70%
Sufficiency of appointments slots on choose and book (measured by appointment <5%) SURGERY	5.0%	17.40%	18.10%
Sufficiency of appointments slots on choose and book (measured by appointment <5%) MEDICAL	5.0%	9.00%	11.20%

What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
Appointment Slots issues continue to rise with insufficient appointments to meet demand particularly in the specialties of Ophthalmology, Orthopaedics and ENT	<p>Orthopaedics - Has seen a reduction in ASIs from last month</p> <p>This is in part due to paediatric Ortho clinics, more are planned when we have Doctor available. The expected benefits of the new templates will be delivered in the next 6 weeks. We also plan to try encourage "Dear Doctor" referrals from CCGs so we can manage individual surgeons with waiting lists. We have a new upper limb surgeon starting in July, Mr Fogerty</p> <p>Ophthalmology - Appointed 3 Specialty doctors to fill vacancies – start dates to be confirmed (will provide 6 additional clinics per week than currently undertaking). The 2 shortlisted applicants for Consultant post both withdrew prior to interview – back out to advert and also for NHS Locum Consultants. 1 Consultant returning from Mat Leave in August will mean that recurrent capacity is improved by 4 + clinics per week. Existing Consultants continue to provide additional capacity through WLI</p> <p>ENT – additional capacity has been required for ENT fastracks which has displaced routine capacity. Additional clinics on top of this are being pursued. The 5th ENT Consultant takes up post in September – this will result in recurrent additional clinic capacity</p> <p>Children & Adolescent Services - ASIs mainly relate to the services above.</p>	Completed By	Katharine Fletcher
		Lead Director	Anna Basford

Specialty Name	Total	%
Ophthalmology	248	29%
Ear, Nose & Throat	125	15%
Children's & Adolescent Services	121	14%
Orthopaedics	70	8%

Total ASIs	DBS Bookings	ASIs Per
848	6168	14%

Reform_information	Indicator	Target	Apr-14	YTD
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Latest data from CHKS website

Clinical Coding - Average Diagnosis per coded Episode - Depth of Coding	4.72	4.04	4.04
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
Average number of diagnosis codes per episode of care. A higher depth of coding reflects a wide source of clinical information captured in the casenotes that then goes on to be coded. The quality of the source diagnoses in the casenotes is important as having many non specific diagnoses will not benefit the Trust in relation to mortality indicators. Recording of co-morbidities is also important to monitor as they affect the risk given to the patient in the SHMI statistical model. If co-morbidities are not recorded this could be reducing the "expected number of deaths" and therefore potentially raising the SHMI score.	<p>Work is currently ongoing within the Trust to highlight to clinicians the importance of recording appropriate specific diagnoses including co-morbidities. There is coder attendance at mortality meetings and regular deceased validation carried out with clinicians. Work is underway to try and improve the quality content of the key source documentation through awareness sessions. Work is also being undertaken to try establish if there are any differences between divisions/specialties. We have also been working together with Mr Debono to establish Clinical Leads who will work together with Coding Leads for all specialties. We are also in the process of developing a generic co-morbidity/charlson capture sheet which once agreed and signed off will be rolled out hopefully in the very near future. It is worth adding that improvement does involve a multitude of others in order for the program being delivered to work effectively.</p>	Completed By	Diana Wilson/Sharan Boothroyd
		Lead Director	John Rayner

Reform_information	Indicator	Target	Mar-14	YTD
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Latest data from CHKS Website

Reform_information	Indicator	Target	Apr-14	YTD
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Participants recruited to NIHR portfolio research studies to time and target	108	N/a	
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?	Mar 2013 - Feb 2014																													
Due to Research Network changes new host Sheffield have not released any study data to enable reporting for this target.		<table border="1"> <caption>Monthly Recruitment Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Recruitment</th> </tr> </thead> <tbody> <tr><td>Mar-13</td><td>50</td></tr> <tr><td>Apr-13</td><td>100</td></tr> <tr><td>May-13</td><td>110</td></tr> <tr><td>Jun-13</td><td>160</td></tr> <tr><td>Jul-13</td><td>90</td></tr> <tr><td>Aug-13</td><td>95</td></tr> <tr><td>Sep-13</td><td>75</td></tr> <tr><td>Oct-13</td><td>80</td></tr> <tr><td>Nov-13</td><td>100</td></tr> <tr><td>Dec-13</td><td>60</td></tr> <tr><td>Jan-14</td><td>140</td></tr> <tr><td>Feb-14</td><td>75</td></tr> <tr><td>Mar-14</td><td>0</td></tr> </tbody> </table>		Month	Recruitment	Mar-13	50	Apr-13	100	May-13	110	Jun-13	160	Jul-13	90	Aug-13	95	Sep-13	75	Oct-13	80	Nov-13	100	Dec-13	60	Jan-14	140	Feb-14	75	Mar-14	0
Month	Recruitment																														
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Oct-13	80																														
Nov-13	100																														
Dec-13	60																														
Jan-14	140																														
Feb-14	75																														
Mar-14	0																														
		<i>Completed By</i>	Asifa Ali																												
		<i>Lead Director</i>	David Birkenhead																												

Trust Financial Overview as at 31st MAY 2014 - Month 02

YEAR TO DATE POSITION: M02

CLINICAL ACTIVITY

	M02 Plan	M02 Actual	Var	
Elective	1,552	1,411	(141)	●
Non Elective	8,312	8,078	(234)	●
Daycase	6,541	6,564	23	●
Outpatients	52,587	54,395	1,808	●
A & E	24,158	24,208	50	●

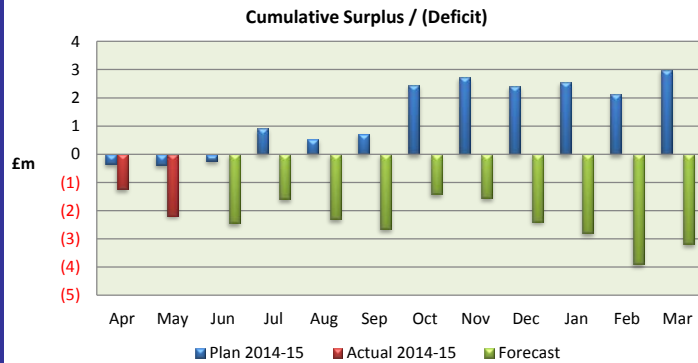
TRUST: INCOME AND EXPENDITURE

	M02 Plan	M02 Actual	Var	
	£m	£m	£m	
Elective	£4.11	£4.05	(£0.06)	●
Non Elective	£13.71	£13.69	(£0.02)	●
Daycase	£4.79	£4.80	£0.00	●
Outpatients	£6.30	£6.31	£0.01	●
A & E	£2.39	£2.37	(£0.01)	●
Other-NHS Clinical	£19.94	£19.71	(£0.23)	●
Other Income	£6.16	£6.51	£0.36	●
Total Income	£57.39	£57.44	£0.05	●
Pay	(£36.00)	(£36.94)	(£0.94)	●
Drug Costs	(£4.25)	(£4.53)	(£0.28)	●
Clinical Support	(£4.85)	(£4.99)	(£0.14)	●
Other Costs	(£6.60)	(£6.93)	(£0.33)	●
PFI Costs	(£1.92)	(£1.94)	(£0.02)	●
Total Expenditure	(£53.62)	(£55.33)	(£1.71)	●
EBITDA	£3.77	£2.11	(£1.66)	●
Non Operating Expenditure	(£4.16)	(£4.27)	(£0.11)	●
Surplus / (Deficit)	(£0.39)	(£2.16)	(£1.77)	●

DIVISIONS: INCOME AND EXPENDITURE

	M02 Plan	M02 Actual	Var	
	£m	£m	£m	
Surg & Anaes	£4.62	£4.49	(£0.14)	●
Medical	£4.95	£3.94	(£1.01)	●
CWF	£3.09	£2.94	(£0.15)	●
DATS	(£2.32)	(£2.62)	(£0.30)	●
Est & Fac	(£4.53)	(£4.44)	£0.09	●
Corporate / THIS	(£2.87)	(£3.12)	(£0.25)	●
Central Inc/Tech	(£3.34)	(£3.35)	(£0.01)	●
Reserves	£0.00	£0.00	£0.00	●
Surplus / (Deficit)	(£0.39)	(£2.16)	(£1.77)	●

TRUST SURPLUS / (DEFICIT)

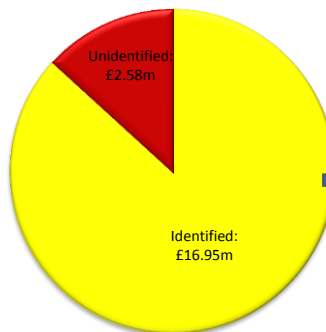


KEY METRICS

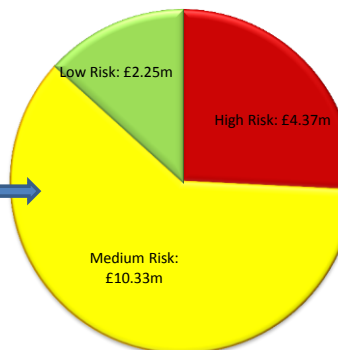
	Year To Date			Year End: Forecast			
	M02 Plan	M02 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£0.39)	(£2.16)	(£1.77)	£3.00	(£3.15)	(£6.15)	●
Capital	£2.91	£1.36	£1.55	£29.20	£29.26	(£0.06)	●
Cash	£20.75	£16.12	(£4.63)	£22.71	£15.51	(£7.20)	●
	Plan	Actual		Plan	Forecast		
Continuity of Service Risk	3	2		3	2		●

COST IMPROVEMENT PROGRAMME (CIP)

CIP Forecast Year End Position



Identified CIP - Risk



Total Planned: £19.53m

Total Identified: £16.95m

YEAR END 2014/15

CLINICAL ACTIVITY

	Plan	Forecast	Var	
Elective	9,676	8,858	(819)	●
Non Elective	50,642	49,344	(1,298)	●
Daycase	40,851	40,991	140	●
Outpatients	327,239	338,492	11,253	●
A & E	141,505	142,283	778	●

TRUST: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Elective	£25.60	£25.52	(£0.08)	●
Non Elective	£83.29	£83.18	(£0.11)	●
Daycase	£29.93	£29.96	£0.03	●
Outpatients	£39.20	£39.25	£0.05	●
A & E	£13.98	£13.96	(£0.02)	●
Other-NHS Clinical	£122.37	£121.47	(£0.90)	●
Other Income	£37.27	£36.87	(£0.40)	●
Total Income	£351.64	£350.21	(£1.43)	●
Pay	(£217.10)	(£219.44)	(£2.34)	●
Drug Costs	(£26.36)	(£27.69)	(£1.33)	●
Clinical Support	(£28.04)	(£28.42)	(£0.38)	●
Other Costs	(£40.29)	(£40.70)	(£0.41)	●
PFI Costs	(£11.52)	(£11.66)	(£0.14)	●
Total Expenditure	(£323.31)	(£327.91)	(£4.60)	●
EBITDA	£28.33	£22.30	(£6.03)	●
Non Operating Expenditure	(£25.33)	(£25.45)	(£0.12)	●
Surplus / (Deficit)	£3.00	(£3.15)	(£6.15)	●

DIVISIONS: INCOME AND EXPENDITURE

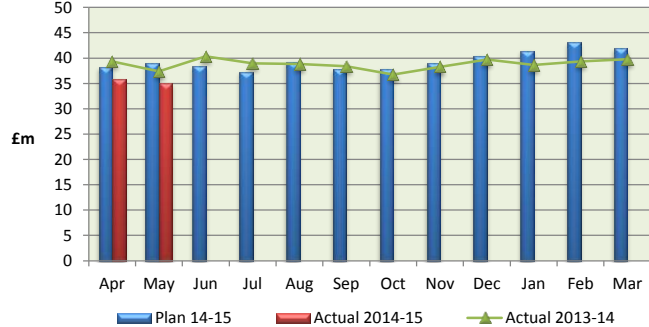
	Plan	Forecast	Var	
	£m	£m	£m	
Surg & Anaes	£33.41	£31.99	(£1.42)	●
Medical	£29.92	£28.35	(£1.57)	●
CWF	£19.85	£19.63	(£0.22)	●
DATS	(£12.19)	(£12.29)	(£0.10)	●
Est & Fac	(£26.71)	(£26.71)	£0.00	●
Corporate / THIS	(£16.87)	(£17.36)	(£0.49)	●
Central Inc/Tech	(£20.42)	(£22.76)	(£2.34)	●
Reserves	(£4.00)	(£4.00)	£0.00	●
Surplus / (Deficit)	£3.00	(£3.15)	(£6.15)	●

Trust Financial Overview as at 31st MAY 2014 - Month 02

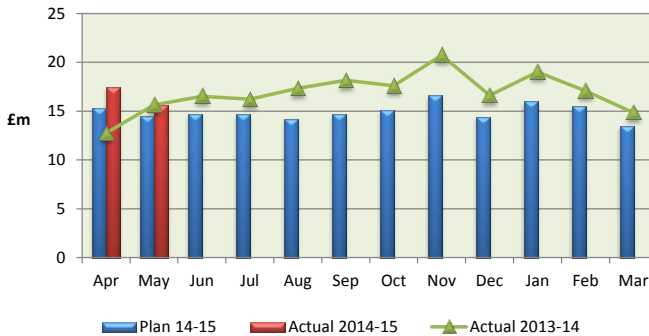
WORKING CAPITAL

	M02 Plan £m	M02 Actual £m	Var £m	M02
Payables	(£38.92)	(£35.10)	(£3.82)	●
Receivables	£14.52	£15.60	(£1.08)	●

Payables

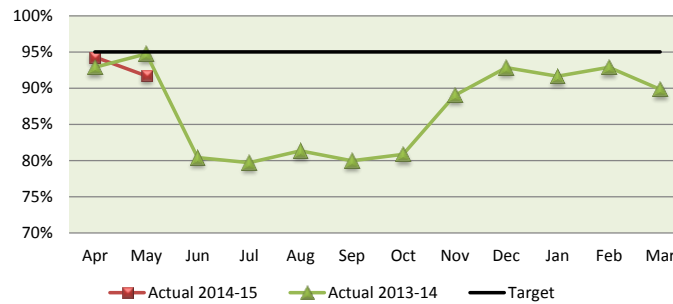


Receivables



BETTER PAYMENT PRACTICE CODE

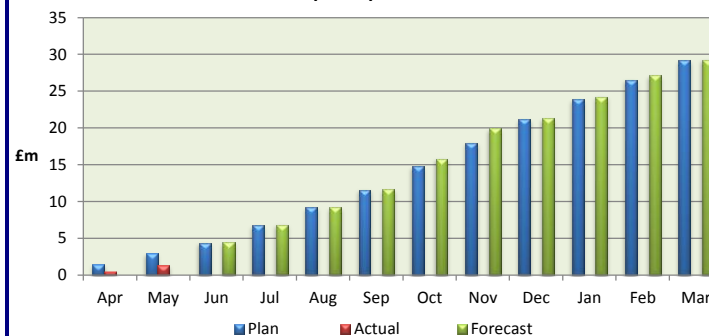
% Number of Invoices Paid within 30 days



CAPITAL

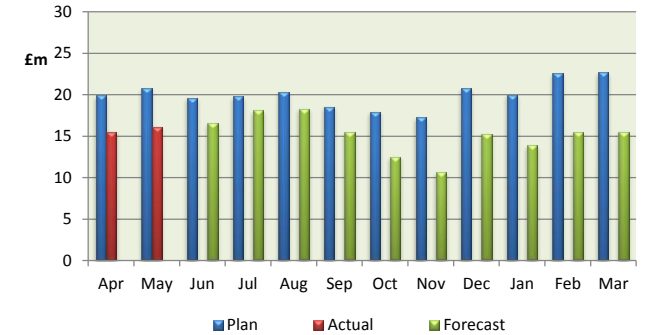
	M02 Plan £m	M02 Actual £m	Var £m	M02
Capital	£2.91	£1.36	£1.55	●

Capital Spend

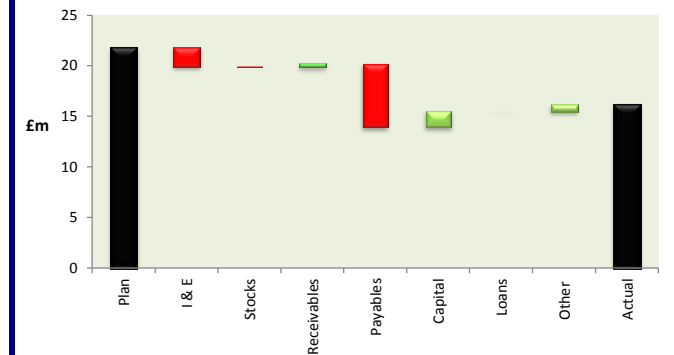


CASH

	M02 Plan £m	M02 Actual £m	Var £m	M02
Cash	£20.75	£16.12	(£4.63)	●



CASH FLOW VARIANCE



SUMMARY

- Activity continues to be behind plan for inpatient non elective and electives, with the latter being only very marginally offset by an increase in daycases. Additional unplanned capacity remained open throughout May.
- Whilst the clinical income position has largely been protected by fixed contract agreements, contribution from commercial activities continues to be below plan in both PMU and THIS.
- The pay overspend was largely driven by Nursing pay in Medical Division, partly linked to additional capacity.
- A year to date deficit of £2.16m against a planned deficit of £0.39m, giving a Monitor Continuity of Service Risk Rating (COSRR) of 2 (against a planned level of 3).
- Capital expenditure was £1.36m against a plan of £2.91m, 53% below plan and exceeding the Monitor 15% tolerance.
- The cash balance was £16.12m, versus a planned £20.75m, significantly below plan.

- The year end forecast is a deficit of £3.15m against a planned £3.00m surplus. Corrective action needs to be taken with immediate effect to rectify this position.
- In total there is currently a shortfall of £2.58m in identification of CIP schemes, with a further £14.70m considered medium or high risk. In the year to date only £0.46m out of a target of £1.28m was achieved. A full year shortfall on CIP delivery of £6.95m is assumed.
- Extra resource has been committed from Trust Reserves to substantive nurse staffing on the proviso that this must coincide with a reduction in non-contracted pay spend.
- The cash position has been impacted by the poor I&E performance in the year to date as well as the payment of creditors at a faster rate than planned.
- The capital forecast is currently to achieve the planned £29.2m spend. This forecast is under review and will be risk assessed if the Trust has to deliver a reduced capital programme from internally generated funds only.

RAG KEY: ● Actual / Forecast is on plan or an improvement on plan (Excl: Cash)
 ● 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 Monitor risk indicator).

RAG KEY - Cash: ● At or above planned level or > £17.2m (20 working days cash)
 ● < £17.2m (unless planned) but > £8.6m (10 working days cash)
 ● < £8.6m (less than 10 working days cash)

Financial Position to May 2014

- The year to date Income & Expenditure position for Month 2 is a deficit of £2.16m, against a planned deficit of £0.39m.
- The cash position at the end of May 2014 is £ 16.12m (£4.63m below plan).
- Capital spend to date of £1.36m (£1.55m below plan).
- The current forecast year end position is a **deficit** position of £3.15m, compared with a planned **surplus** of £3.00m.
- The Monitor 'Continuity of Service Risk Rating' is 2 at the end of May 2014 (plan was 3), and the forecast is to end the year at level 2, against the plan of 3 (on a scale of 1= poor to 4= good).

Financial Position to May 2014

- Additional, unplanned bed capacity has remained open
- Contribution from commercial activities remained below plan
- CIP shortfall

- Key Points and Risks
- Additional investment within nurse staffing
- Forecasting an I&E deficit of £3.5m
- Forecasting a CIP shortfall of £6.95m, with reserves fully utilised
- Forecast CoSRR of 2

CHAIRS' INFORMATION EXCHANGE MEETING

Thursday 26 June, 9.30 am to 11.30 am
Chair's Office, HRI

NOTES

PRESENT: Andrew Haigh Chairman
Ruth Mason Associate Director of Engagement & Inclusion
Vanessa Henderson Business Manager, Membership & Inclusion
Liz Schofield Chair, Estates & Facilities DRG
Johanna Turner Chair, Medical DRG
Kate Wileman Chair, CWF DRG

1 Apologies

Martin Urmston
Peter Middleton
Janette Roberts
Eileen Hamer

2 Minutes of the meeting held on 31 March 2014

The minutes of the meeting held on 31 March 2014 were approved as a correct record.

3 Matters arising from the minutes

- 3 Matters arising: 4b) Strategic review (invite to MPs to meet with NEDs and MCs)

Andrew said it had been decided that this avenue would not be pursued.

- 4 Update from the Chair: g) Governors' Exchange & Learn Workshop

Andrew reported that the workshop had been a success. A number of ideas came out of it, which would be raised at the forthcoming Membership Council meeting. There was a debate about whether it would be appropriate for CHFT to adopt the approach of one of the other Trusts in terms of the NEDs presenting performance reports at the Membership Council meetings. This would be debated further at the next joint NEDs/Membership Councillors workshop.

4 Update from the Chair

- 4.1 Private board sessions

Andrew reported that in the private board session in April the Board approved the Q4 submission to go to Monitor and had a session on the OBC. In May, the Board approved the annual report and accounts and had a commercial

strategy discussion about its services, to identify which are profitable and which are not and how we might capitalise on some of the commercial opportunities. There had also been a lengthy debate about the OBC and at a subsequent extra meeting on 12 June the Board all considered the final OBC document and reached agreement that it should be taken forward.

At the June meeting, the Board will have a discussion around the 5 year strategy, a session on car parking enforcement and John Rayner will be speaking about the document management system in relation to the digitising of all our records. The proposal is to use an external supplier to digitise the first tranche of records and then train our staff up so that the work will eventually continue in house. Liz suggested this may be something that volunteers could help with so as to free up Trust staff. There will also be an update on the OBC at the Board meeting.

4.2 HayGroup Report – Remuneration

A review of job content and salary for the Exec Directors has been commissioned and our directors have been compared against those in other public sector organisations and wider commercial organisations (excluding banking and finance). The results suggest that we are broadly at the right level although Andrew said CHFT's approach is to aim to pay above the median (but not excessively so) in order to attract good candidates. There were ongoing discussions about rewarding performance but this avenue will not be pursued until the new appraisal system is firmly embedded. Consideration also needs to be given to the fact that currently the Execs do not receive any rewards over and above their salary. Andrew's recommendation to the Remuneration and Terms of Service Committee will be that arrangements should remain as they currently are.

4.3 Performance

Andrew advised that there is currently a significant amount of pressure in the system and performance has been affected. The Trust still has some winter beds open which means we are overspending on pay. There have now been 8 cases of C-Diff, 7 at CRH. Root cause analysis suggests that all cases were unconnected and unavoidable, and the incidence rate has now slowed.

Financially the Trust is approximately £2 million over plan and the forecast for the year end is an overspend of just over £6 million. The key to recovery is delivery of the Cost Improvement Programme and there were plans to reduce the number of beds by circa 60 by September.

Kate referred to delays in providing patient medication on discharge which resulted in patients remaining in beds for longer. It was acknowledged that this is an issue, but there are a number of workstreams in place to alleviate delays.

4.4 Medical Director

Andrew reported that David Birkenhead will be in post for 12 months and will be attending his first Board meeting in June. He confirmed that Barbara Crosse is currently on sick leave from her clinical duties also.

4.5 Stakeholder Membership Councillors

Previously there had been 2 Stakeholder Membership Councillors from the PCTs. We would like to appoint 2 new ones, with Membership Council agreement: someone from Locala and a joint representative from the CCGs. Andrew said the CCGs have indicated that they are concerned there may be a conflict of interest. We are going to forward an outline of the role to them.

4.6 CQC

We have a new rating from the CQC, and have remained in group 4.

4.7 Safe Hospitals

A new website is about to be launched around safe hospitals. Andrew expects that we expect to be in a good position although there may be issues around nurse staffing levels. It was felt that this would be the position for most Trusts.

4.8 OBC

Andrew reported that the OBC has now been sent to the CCGs with an accompanying letter from all 3 Chairs (CHFT, Locala and South West Yorkshire Mental Health Partnership Trust) stressing that there is a compelling need for change. The status of the document is “commercial in confidence” and it sets out the position clearly, as we anticipate we will have a “burning platform” in the years ahead.

National statistics which show us as average or an outlier have been included in order to emphasise the need for change, and Andrew gave some examples of these. The OBC describes in detail how the proposed model will work out in the community around community hubs and locality teams but does not specify which of the sites should be planned and which should be unplanned.

The OBC includes travel analysis, estates analysis, workforce analysis and costs breakdowns. Andrew gave details of the likely impact on the workforce (predominantly non-front line staff) over a period of years. The travel analysis shows that whatever changes are made to service provision the length of journeys does not increase significantly. In terms of estates, there would be different implications for each hospital depending on which site became planned or unplanned but it would be far more difficult to reconfigure CRH than HRI.

In terms of cost the most expensive option is to “do nothing” and the situation will worsen if you extend the analysis beyond 10 years. The Trust feels the model is affordable.

The commissioners must now decide which elements of the OBC they want to take forward. We have asked them to make their decision as quickly as possible and are hoping that they will start the formal consultation in September at the latest.

5 DRG SOAPs and Action Logs

The DRG SOAPs and Action Logs were received and a number of points were highlighted by the individual Chairs.

Ruth confirmed to the Membership Councillors that they were entitled to ask for assurance from the DRGs.

6 Agenda items for the MC Meeting – 09.07.14

Agenda items for the forthcoming MC meeting to include:

- Presentation from John Rayner on the EPR project
- Update on Chair and Non-exec director appraisal
- Update from Nominations Sub-committee
- Update on financial and service performance
- Update from Andrew Haigh on the OBC
- Update following extraordinary MC meeting on 18 June
- Trust Constitution – Deputy Chair and Lead Governor appointment process
- Stakeholder MC representation
- Update on Quality Accounts

7 MC Development Session

Ruth reminded the Chairs about the MC Development session being held on Monday 30 June at CRH.

8 Date and time of next meeting

Wednesday 22 October 2014, 10:00 am to 12 noon
Discussion Room 1, Learning Centre, HRI

**PROCEDURE FOR THE APPOINTMENT OF DEPUTY CHAIRMAN/
LEAD GOVERNOR-COUNCILLOR**

TIMELINE 2014

DATE	ACTION
9 July 2014	Procedure approved at Membership Council Meeting
w/c 21 July 2014	Board Secretary to send out letters requesting expressions of interest
8 August 2014	Deadline for receipt of expressions of interest
11 August 2014	Deadline for receipt of Candidate Supporting Statements and Letters of support
18 August 2014	Candidate Supporting Statements and Voting Papers sent to all MCs
4 September 2014	Closing date for receipt of completed Voting Papers
18 September 2014	Formal announcement of Deputy Chair/Lead Governor-Councillor at Annual General Meeting
19 September 2014	Appointment effective.

**PROCEDURE FOR THE APPOINTMENT OF DEPUTY CHAIRMAN/LEAD
GOVERNOR-COUNCILLOR OF THE MEMBERSHIP COUNCIL**

Introduction

The Membership Council has agreed the following process for the appointment of the Deputy Chairman.

Constitutional Context

1. In accordance with the Constitution the Deputy Chair will act as Deputy of the Membership Council when the Chairman and the Vice Chairman of the Board of Directors are not available or have a declaration of interest in an agenda item.
2. The Deputy Chair will serve for a period of 12 months from the start of their office as Deputy or until the expiry of their Membership Council tenure, whichever is the sooner. In the event that Membership Council tenure of the Deputy Chair terminates in advance of the 12 month period and the Member holding office is re-elected to serve a further term, then the unexpired portion of their appointment as Deputy Chair will be served out by that Member.
3. The Membership Council re-elects the Deputy Chair on an annual basis. Any appointee can serve as Deputy Chair for three terms i.e. three years, again linked to their Membership Council tenure and the same arrangements as outlined in paragraph 2 will apply.
4. The skills and experience required of the Deputy-Chair are:-

Person Specification Essential

- Excellent communication skills.
- Commitment to the values of the Foundation Trust and support for its goals and objectives.
- Ability to work with others as a team and encourage participation from less-experienced members.
- Time management skills.

Desirable

- Previous experience of chairing meetings within a formal setting i.e. local authority, education, independent sector businesses, preferably involving participants from a variety of backgrounds.

Members will need to demonstrate, by way of written expression of interest, experience in all areas of the person specification – in the event that there is no evidence of experience in two or more categories, the expression of interest will not be able to proceed to voting stage. In addition letters of support from 4 existing Membership Council Members will be required.

Candidates will also need to provide a paragraph by way of a supporting statement which can be circulated to the Membership Council as part of the Deputy Chair Voting Paper.

Members may not vote for more than one candidate.

All public and staff elected members are eligible to stand.

In the event of a tie the Chairman will have casting vote.

Attached - Deputy Chair Voting Paper template for information.
 - Monitor's Code of Governance, appendix B 'The role of the nominated lead governor'

References:

Constitution of the Calderdale & Huddersfield NHS Trust
Monitor – NHS Foundation Trust Code of Governance
Initial Standing Orders – Membership Council – Sept 2006

/KB/MC-DEPUTY-CHAIR-PROCEDURE
27.12.06
12.12.06
24.6.14



MEMBERSHIP COUNCIL – DEPUTY CHAIR/LEAD GOVERNOR-COUNCILLOR VOTING PAPER

- The following nominations have been received for the position of Deputy Chairman for the Membership Council
- Members may not vote for more than one candidate
- In the event of a tie the Chairman will have casting vote
- This is an informal process. Details will be confidential but not anonymous. Voting papers will need to be signed in order to be valid.

Please indicate with a 'X' the candidate(s) of your choice	Candidates supporting statement

Please return this Ballot Paper in the envelope provided by close of play on Thursday 4 September 2014
The appointment will be announced at the Annual General Meeting on Thursday 18 September 2014 and will become effective on Friday 19 September 2014.

Kathy Bray
Board Secretary

Member details:-

Signed:

Name (printed):

Date:

Appendix B: The role of the nominated lead governor

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor's board of its formal powers to remove the chairperson or non-executive directors. The council of governors appoints the chairperson and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor's concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand Monitor's role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor.

The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairperson, other members of the board of directors or the trust secretary may have been involved in the process by which

these appointments or other decisions were made, a lead governor may provide a point of contact for Monitor.

Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update Monitor with their contact details as and when these change.

Membership Council Meeting – Wednesday 9 July 2014**Proposed Amendment to the Trust's Membership Council Constitution**

Purpose

The purpose of this paper is to highlight an anomaly in the Membership Council and propose a solution that will require amendments to the Trust's Constitution.

The issue

Last year the Constitution was amended to take account of the changes in the commissioning arrangements and remove the primary care trusts from the appointed council members. In doing so no replacements were identified leaving two appointed council member gaps.

Next steps

In order to address the issue, an amendment to the Trust's constitution is proposed, as outlined below. If approved, the Chair will approach the Clinical Commissioning Groups to recommend a single representative and ask Locala to nominate a representative.

Recommendations

The Membership Council is asked to approve the following amendment to the Trust's constitution:

12.3 The Membership Council of the Trust is to comprise:

12.3.1 up to 16 Public Council Members - *wording remains unchanged*

12.3.2 up to 6 Staff Council Members - *wording remains unchanged*

12.3.3 2 Local Authority Council Members - *wording remains unchanged*

12.3.4 One Council Member appointed by the University of Huddersfield

12.3.5 Up to three Council Members appointed by Partnership Organisations from the local health economy. The Partnership Organisations shall appoint a Council Member to represent their organisation on the membership council. The Partnership Organisations are identified in Appendix 3.

Victoria Pickles
Company Secretary

Calderdale and Huddersfield



NHS Foundation Trust
MEMBERSHIP COUNCIL REGISTER
AS AT 1 JULY 2014

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	Mrs Joan Doreen Taylor	19.9.13	3 years	2016
1	Mr Martin Urmston	20.9.12	3 years	2015
2	Mrs Linda Wild	1.10.08 22.9.11	3 years 3 years	2014
2	Rev Wayne Clarke	19.9.13	3 years	2016
3	Mr Peter John Middleton	22.9.11	3 years	2014
3	Ms Dianne Hughes	19.9.13	3 years	2016
4	Mrs Marlene Chambers	20.9.12	3 years	2015
4	Mrs Christine Breare	1.10.08 22.9.11	3 years 3 years	2014
5	Mr Grenville Horsfall	19.9.13	3 years	2016
5 (RESERVE REGISTER)	Mr Bernard Pierce	20.9.13	1 year	2014
6	Mrs Johanna Turner	4.1.13	3 years (to Sept 2015)	2015
6 (RESERVE REGISTER)	Mrs Janette Roberts	20.9.13	1 year	2014
7	Ms Kate Wileman	4.1.13	2 years (to Sept 2014)	2014
7	Mrs Liz Schofield	22.9.11	3 years	2014
8	Mr Andrew Sykes	20.9.12	3 years	2015
8	Mrs Jennifer Beaumont	19.9.13	3 years	2016
STAFF – ELECTED				
9 - Drs/Dentists	Dr Mary Kiely	22.9.11	3 years	2014
10 - AHPs/HCS/Pharm's	Miss Avril Henson	4.1.13	3 years (to Sept 2015)	2015

11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer	20.9.12	3 years	2015
12 - Ancillary	Miss Liz Farnell	6.10.09 20.9.12	3 years 3 years	2012 2015
13 - Nurses/Midwives	Mrs Chris Bentley	6.10.09 20.9.12	3 years 3 years	2012 2015
13 - Nurses/Midwives	VACANT POST			
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof John Playle	1.9.12	3 years	2015
Calderdale Metropolitan Council	Cllr R Metcalfe	18.1.11	3 years	2014
Kirklees Metropolitan Council	VACANT POST			
NHS Kirklees CCG	Mrs Jan Giles	6.7.11	3 years	2014
NHS Calderdale CCG	Mrs Sue Cannon	16.4.08 23.9.11	3 years 3 years	2011 2014
South West Yorkshire Partnership NHS FT	Mrs Dawn Stephenson	23.2.10 15.8.13	3 years 3 years	2013 2016

MC-REGISTER MC – 1.7.14

**DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL
AS AT 1 JULY 2014**

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

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
10.10.07	Janette A ROBERTS	From 20.9.13 Reserve Register Constituency 6	-	-	-	-	<ul style="list-style-type: none"> - Patient Rep of Yorkshire Cancer Network. - Patient Rep on Cancer Local Implementation Team. - Patient Rep for Clinical Audit. - Patient Rep for PEAT Inspection. - Co-Chair of Cancer Connections. - Patient Rep for Gynae. Forum. - Member – CHFT Organ Donation Cttee 	
29.10.07	Bernard PIERCE	From 20.9.13 Reserve Register Constituency 5	-	-	-	-	<ul style="list-style-type: none"> - Patient Rep for PEAT Information to Patient Steering Group - Patient Rep for local GP Practice's Groups 	
12.6.08 47	Sue CANNON	Nominated Stakeholder – Calderdale PCT	Executive Director of Quality & Engagement	-	-	-	-	

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
18.9.08	Linda WILD	Public-elected Constituency 2	-	-	-	-	Employed by BMI Hospitals	
6.10.08	Christine BREARE	Public-elected Constituency 4	-	-	-	-	-	
6.10.09	Christine BENTLEY	Staff-elected Constituency 13	-	-	-	-	-	
6.10.09	Liz FARNELL	Staff-elected Constituency 12	-	-	-	-	-	
1.3.10	Dawn STEPHENSON	Nominated Stakeholder – South West Yorkshire Partnership Foundation Trust	Director of Corporate Development	-	-	Voluntary Trustee - Dr Jackson Cancer Fund	Voluntary Trustee - Kirklees Active Leisure (KAL)	
11.1.11	Bob METCALFE	Nominated Stakeholder – Calderdale Council	-	-	-	-	-	-
22.6.11	Jan GILES	Nominated Stakeholder, NHS Kirklees	-	-	-	-	-	University of Huddersfield Sessional Lecturer. Member of Managers in Partnership. Member of AVMA
6.10.11	Mary KIELY	Staff-elected Constituency 9	-	-	-	Consultant in Palliative Medicine, Kirkwood Hospice	As before	- Medical Defence Union. - B.M.A. - Assoc. for Palliative Medicine of GB & Ireland

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
10.10.11	Elizabeth SCHOFIELD	Public-elected Constituency 7	-	-	-	Support Officer for Halifax & Calder Valley M.S. Society		- MS Society - Patients Group, King Cross Surgery, Halifax
10.10.11	Peter John MIDDLETON	Public-elected Constituency 3	-	-	-	-	-	-
10.9.12	Prof John PLAYLE	Nominated Stakeholder – Huddersfield University	-	-	-	-	-	Nursing Midwifery Council
16.10.12	Marlene CHAMBERS	Public-elected Constituency 4	-	-	-	-	-	-
15.10.12	Andrew SYKES	Public-elected Constituency 8	-	-	-	-	-	- School Governor Hinchliffe Mill J&I - Employee (Internal Audit) Baker Tilly Limited - Member of the Holme Valley Hospital League of Friends
9.10.12	Eileen HAMER	Staff-elected Constituency 11	-	-	-	-	-	-
10.10.12	Martin URMSTON	Public-elected Constituency 1	-	-	-	-	-	- Department of Justice Tribunal Service - Chartered Society of Physio
13.2.13	Kate WILEMAN	Public-elected Constituency 7	-	-	-	-	-	Chair of Cancer Partnership Group at St James' Leeds

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
15.1.13	Johanna TURNER	Public-elected Constituency 6	-	-	-	-	-	Retired member of Royal College of Nurses (RCN)
13.2.13	Avril HENSON	Staff-elected Constituency 10	-	-	-	-	-	HPC CSP
5.8.13	Grenville HORSFALL	Public-elected Constituency 5	-	-	-	-	-	-
28.9.13	Wayne CLARKE	Public-elected Constituency 2	-	-	-	-	-	Employed as Minister of New North Road Baptist Church
1.10.13	Joan Doreen TAYLOR	Public-elected Constituency 1	Director of The White Ribbon Campaign	-	-	-	-	-
11.10.13	Jennifer BEAUMONT	Public-elected Constituency 8	-	Lindley Park Associates – provider of Occupational Therapy, Case management & Intermediary Services	-	-	Civic Trust Accessible Design Assessor	CQC – Specialist Advisor and Compliance Inspector. Registrant member HCPC Council. British Association of Occupational Therapists. College of Occupational Therapists. Health & Care Professions Council.

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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.

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:- COMPLETE

Quality Account – Membership Council Update July 2014

Mel Johnson – General Manager
Clinical Governance

Selecting priorities

- Mandated process – tight timescales.
- Need to demonstrate consultation with our patients and local population.
- Long list pulled from Trust discussions/concerns in past – need to improve this.
- Choice re how to present long list for voting – can we be more creative?
- If changed need to provide assurance old priority work either completed or will carry on.

Selecting Local Indicators

- Guidance changed this year – released after our consultation!
- If changing need auditable trail of discussion with rationale.
- If discontinuing need to demonstrate improvements or irrelevance.
- New section this year – indicators from monitor risk framework.

Planning for 2014-15

- Priorities – wider source of ideas for long list
- Consultation – can we be more creative?
- Indicators – Consider Mandatory, past local ones and others likely e.g. Monitor risk framework – aim to avoid duplication!
- Choice for external auditors

Supported Self Management

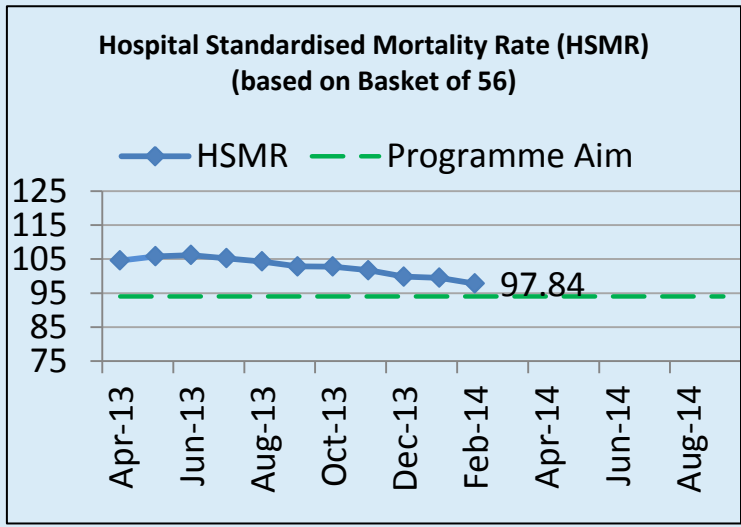
New Poster with new logo co-designed with our volunteers



<p>Why this work is important to us</p>	<ul style="list-style-type: none"> Improves patients confidence to manage their long term condition resulting in an improved quality of life.
<p>What we are doing</p>	<ul style="list-style-type: none"> Delivered Train the Trainer Training for Self Management Training Redesign of leaflets and posters Reducing waiting list
<p>Progress/results?</p>	<ul style="list-style-type: none"> Trained 12 new tutors – 7 Staff and 5 Volunteers (patients). Now have 10 trained and active volunteers. Delivered 6 Self Management Programmes in 2014 so far; 8 Delivered in 2013. No waiting list currently Monitoring Improvement scores Redesigned patient leaflets (June 2014)

CAIP Programme

<p>Why this work is important to us</p>	<p>Overarching aim for the Trust – reducing harm and mortality. Links to with key aim of reducing the Trusts HSMR</p>
<p>What are we doing</p>	<p>7 themes encompassing leadership, staffing, coding and bed management. 14 clinical work streams driving improvement work for priority conditions (i.e. where we have room for improvement and/or high mortality rates) and 5 cross cutting processes e.g. missed doses and deteriorating patients.</p>
<p>Progress/Results?</p>	<p>Progress across all themes. Currently prioritising some of the clinical work streams to improve pace of change</p>



Diabetes

<p>Why this work is important to us</p>	<p>To reduce harm along with Diabetic patients stay on average 2 days longer than patients without diabetes. Patients who are capable of administering their own insulin reduces the chance of missed doses.</p>
<p>What are we doing</p>	<p>Work has taken place so far on 4 collaborative wards and a further 2 wards have just come on line. Patients are assessed to administer their own insulin & test their own blood sugars</p>
<p>Progress/Results?</p>	<p>In April achieved 50% compliance, in May increased to 80%.</p>



IV - Antibiotics

<p>Why this work is important to us</p>	<p>It is essential antibiotics are given on time and correctly to prevent further deterioration.</p>
<p>What are we doing</p>	<p>Testing designs of an antibiotics pathway/bundle to ensure safe prescribing and review. Focussing on understanding and improving medicines admin process on wards.</p>
<p>Progress/Results?</p>	<p>New bundle tested by FY1 doctors – initial results promising. Ward focussed work shown barriers and areas for improvement.</p>

ANTIBIOTICS BUNDLE									
Patient Identification:					Weight: eGFR:		Ward: Allergies:		
Infection Episode (1) Consider / Screen for Sepsis			Diagnosis: <input type="checkbox"/> Pneumonia <input type="checkbox"/> UTI <input type="checkbox"/> Meningitis <input type="checkbox"/> Line infection <input type="checkbox"/> Cellulites <input type="checkbox"/> Intra-abdominal infection <input type="checkbox"/> Other _____						
Source: CA = Community acquired within ≤48h of admission HA = Hospital acquired >48h after admission or within 30 days of discharge					Indication P= Prophylactic E= Empirical D= Definitive				
SEND APPROPRIATE CULTURE BEFORE PRESCRIBING ANTIBIOTICS									
Cultures: <input type="checkbox"/> Sent before antibiotics <input type="checkbox"/> Sent after antibiotics <input type="checkbox"/> Not sent									
Indication		Medicine Approved Name or GE			Route:		Dose:		
<input type="checkbox"/> P									
<input type="checkbox"/> E	Start Date:	Time Started:	Stop /Review Date:	Frequency:	<input type="checkbox"/> P				
<input type="checkbox"/> D	Dr Signature & Name:		Contact / Bleep:	Pharmacy:	<input type="checkbox"/> E				
					<input type="checkbox"/> D	Start Date:	Time Started:	Stop /Review Date:	Frequency:
						Dr Signature & Name:		Contact / Bleep:	Pharmacy:
Microbiology / Culture Results					Date:		Time:		
NEW / AMENDED ANTIBIOTICS									
Indication		Medicine Approved Name or GE			Route:		Dose:		
<input type="checkbox"/> P									
<input type="checkbox"/> E	Start Date:	Time Started:	Stop /Review Date:	Frequency:	<input type="checkbox"/> P				
<input type="checkbox"/> D	Dr Signature & Name:		Contact / Bleep:	Pharmacy:	<input type="checkbox"/> E				
					<input type="checkbox"/> D	Start Date:	Time Started:	Stop /Review Date:	Frequency:
						Dr Signature & Name:		Contact / Bleep:	Pharmacy:

Next Steps

- Continue to monitor progress against priorities
- Start collecting ideas for next years long list
- Consider which local indicators we would like to see.

Calderdale and Huddersfield NHS Foundation Trust

Car Park Enforcement Scheme

June 2014

Introduction

An ongoing issue within the trust is that regarding on site car parking, a recent report recommended various solutions to help resolve these issues. One of the recommendations was for the trust to set up a car parking enforcement scheme. The scheme will monitor and control by the use of enforcement, parking on, Huddersfield Royal Infirmary, Calderdale Royal Hospital and Princess Royal Community Health Centre car parks, the scheme will be managed by ISS mediclean and meet the trusts requirements to produce an effective car park management system.

The following report illustrates how the system will be implemented, regulated and administered during operation.

Car Park Enforcement Scheme (ISS Car Park Notice Scheme C.P.N.S)

What does the scheme offer?

The scheme ensures all regulations and compliance is met. It will also elevate on site congestion that produces access risks to ambulance and essential deliveries.

Why ISS C.P.N.S?

ISS mediclean have successfully implemented this scheme on other hospital sites they manage.

It is quick to apply and implementation of the scheme can be undertaken within 6-8 weeks.

It is a socially acceptable method of car park management.

It is non-confrontational and car park managers do not handle cash as any penalties issued are via a hand held device

How is C.P.N.S implemented?

To implement C.P.N.S. a practiced scheme of works is employed, surveys are undertaken allowing for such issues as signage to be considered

How does C.P.N.S work?

Car Park Officers carry out proactive high profile patrols, during patrols penalties will be issued to car park offenders. The penalty is issued at £60, however if paid within 14 days it is discounted to £30, this reflects the current practice employed by Calderdale and Kirklees councils.

Consultation and Communications

Consultation will be held between;

- Trust Board
- Executive Board
- Staff Partnership
- Membership Council
- Divisions

And a full communications plan is currently being developed and will be delivered to all service users, local authorities, locala, SWIFT and P.F.I Partners by use of press/web/Intranet and will be on forthcoming patient letters.

Summary

The scheme will give CHFT the opportunity to increase compliance, reduce risk, reduce congestion and increase income. ISS have a proven record and the sector knowledge required to implement and establish an equitable scheme, and CHFT are not raising costs which will always produce complaints we are simply asking users to abide by our existing policies in relation to car parking, ultimately providing an enhanced quality of service to all our service users.

Recommendation

The public membership council is asked to support the implementation of a car parking enforcement scheme.

FOUNDATION TRUST GOVERNORS' EXCHANGE AND LEARN WORKSHOP

Wednesday 16 APRIL 2014

Discussion Room 1, Learning Centre, South Drive,

Huddersfield Royal Infirmary HD3 3EA

2.15 – 5.00 pm

Purpose

Foundation Trusts are working hard to provide the best patient care in a very challenging environment. This is an opportunity for Governors/Membership Councillors from three local Foundation Trusts to share experiences, swap ideas and learn from each other. This informal, discussion based afternoon will be facilitated by Ruth Mason, Associate Director of Engagement & Inclusion at Calderdale and Huddersfield NHS Foundation Trust.

What we liked/what we learned:

<ul style="list-style-type: none"> • The Divisional Reference Groups at CHFT They provide direct access to clinical decision makers. We can ask the real questions. We can 'drill down' into specific issues in specific areas such as themes from complaints or pressure ulcers on specific wards
<ul style="list-style-type: none"> • The stakeholder governor from the 'landlord' of L&YPFT Trust
<ul style="list-style-type: none"> • Today's opportunity to share ideas with other governors from other FTs – could we share opportunities again? Training?
<ul style="list-style-type: none"> • The increased profile and involvement of the NEDS, e.g. NEDS making a presentation at governors' meetings about how they have challenged the directors and held them to account. At L&YPFT, they are trialling the process of NEDS presenting the finance and performance information to their board of governors
<ul style="list-style-type: none"> • Being involved in the appointment of senior Trust colleagues, e.g. senior nurses, consultants, directors. This brings a different perspective and adds 'the voice of the patient' to the recruitment process
<ul style="list-style-type: none"> • PALs information cards with the role of an FT governor on the other ? form York FT

SCHEDULE OF MEMBERSHIP COUNCIL FUTURE MEETINGS 2014-15

DAY/DATE	TIME	VENUE	PURPOSE OF MEETING
2014			
Thursday 18 September 2014	4.30 pm – Health Fair 6.00 pm – Formal AGM	Shay Stadium Shaw Hill Halifax HX1 2YT	Joint BOD & MC Annual General Meeting for Members and Public
Thursday 6 November 2014	4.00 pm	Boardroom Huddersfield Royal Infirmary HD3 3EA	Members Public Meeting
2015			
Tuesday 20 January 2015	4.00 pm	TO BE CONFIRMED	Members Public Meeting
Wednesday 8 April 2015	4.00 pm	TO BE CONFIRMED	Members Public Meeting
Thursday 9 July 2015	4.00 pm	TO BE CONFIRMED	Members Public Meeting
Thursday 17 September 2015	To be confirmed	TO BE CONFIRMED	Joint BOD & MC Annual General Meeting for Members and Public
Wednesday 4 November 2015	4.00 pm	TO BE CONFIRMED	Members Public Meeting

/KB/SCHEDULE OF MC MEETINGS 2014-15.mc

MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2014 & ALLOCATION TO SUB COMMITTEES/GROUPS AS AT 1 JULY 2014

JULY 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Wed 2	Familiarisation Tour, E&F, CRH	1.30 – 4.30	CRH	Any
Wed 9	MC Informal Meeting	3.00 – 4.00	Boardroom, Sub-basement, HRI	All
Wed 9	Members Public Meeting	4.00 – 6.00	Boardroom, Sub-basement, HRI	All
Thurs 17 (changed from 09 July)	MC Development session: 'Leadership in your Trust'	10.00 – 12.00	Board Room, CRH	Any

AUGUST 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND

SEPTEMBER 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Mon 8	MC Development session: 'Improving the Patient Experience'	1.00 – 4.00	Meeting room G1 (ground floor) Acre House, HRI	Any
Mon 8	MC/NED Informal Workshop	4.00 – 6.00	Large Training Room, CRH	All
Thur 11	MC Development day	9.00 – 1.00	Discussion room 1, LC, HRI	All
Thur 18	Joint BOD & MC AGM & Health Fair	4.30 – 7.00	Shay Stadium, Halifax	All
Tues 23	Embracing Diversity	9.30 – 12.30	Large Training Room, CRH	Any
Mon 29	MC Induction Day 1	9.00 – 3.00	Discussion Room 1, Learning Centre, HRI	New MCs

OCTOBER 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Fri 03	MC Induction Day 2	9.00 – 3.00	Large Training Room, CRH	New MCs
Mon 20	Staff MC Meeting - CANCELLED	1.00 – 3.00	Meeting Room 3, LC, HRI	AH, CBentley, EH, LF, MK
Mon 20	S & A agenda setting mtg	3.00 – 4.00	Julie Barlow's office, Surgical Divn offices, HRI	MU
Wed 22	Chairs' Information Exchange	10.00 – 12.00	Discussion Room 1, LC, HRI	MU, PM, LS, JTurner, AH
Wed 29	DaTS DRG agenda setting mtg	1.00 – 2.00	Emma Livesley's office, DaTS offices, HRI	PM

NOVEMBER 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Mon 3	CWF DRG agenda setting mtg	4.00 – 5.00	Kristina Arnold's office, CWF offices, CRH	KW
Wed 5	Embracing Diversity	9.30 – 12.30	Discussion Room 1, HRI	Any
Wed 5	S & A DRG meeting	1.00 – 3.00	Meeting Room 3, LC, HRI	MU, JTurner, LW, GH, AH
Thur 6	MC Informal Meeting	3.00 – 4.00	Boardroom, Sub-basement, HRI	All
Thur 6	Members Public Meeting	4.00 – 6.00	Boardroom, Sub-basement, HRI	All
Tues 11	MC/BOD Workshop	9.00 – 4.00	TBC	All
Wed 12	DaTS DRG meeting	11.00 – 1.00	DaTS Meeting Room, DaTS offices, HRI	PM, AH, WC, JR, MC, LS
Mon 17	CWF DRG meeting	11.00 – 1.00	Parentcraft Room, CWF Offices, CRH	CBreare, WC, LF, BP, MK, KW, MC
Mon 17	MC Development session: 'Knowing Me, Knowing You – effective Interactions'	2.00 – 4.30	Syndicate Room 1, L & D Centre, CRH	Any
Thur 20	Medical Divn agenda setting	11.00 – 12.00	Old Ward 10 meeting room, CRH	JTurner
Mon 24	E & F DRG agenda setting	10.30 – 11.30	Lesley Hill's office, Trust Offices, HRI	LS

DECEMBER 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Mon 1	Medical Divn DRG meeting	2.30 – 4.30	Small Training Room, LC, CRH	JTurner, CBentley, JB, JT, PM, DH
Wed 3	MC Development day	12.30 – 4.30	Blackley Centre	All
Mon 8	E & F DRG meeting	2.00 – 4.00	Hospital Boardroom, HRI	LS, CBreare, GH, EH, JTaylor, LF
Fri 12	MC Development session: 'Holding to Account'	9.30 – 12.30	Discussion Room 1, LC, HRI	Any
Wed 17	Chairs' Information Exchange	2.00 – 4.00	Discussion Room 1, LC, HRI	Chairs of each DRG+Deputy chair

DIVISIONAL REFERENCE GROUPS (Plus Divisional Reps)	QUORUM	3 per annum	ALLOCATION FROM 1 NOVEMBER 2013 • Denotes chair of DRG
Children, Women & Families (CWF) Divisional Reference Group	- 1 Divisional representative - 2 Membership Councillors - 1 Membership Office representative	13.2.14, 12-2 pm Boardroom CRH 9.6.14 9 – 11 am Parentcraft Room, CWF offices, CRH 17.11.14, 9-11 am Parentcraft Room, CWF offices, CRH	Chris Breare Wayne Clarke Liz Farnell Bernard Pierce Mary Kiely Kate Wileman* Marlene Chambers
Surgical & Anaesthetics (S&A) Divisional Reference Group	“	20.2.14, 2-4 pm Hospital Boardroom, HRI 11.6.14 2-4 pm Discussion Room 3, LC, HRI 26.11.14, 1 – 3 pm Discussion Room 1, LC, HRI	Bernard Pierce Martin Urmston* Johanna Turner Linda Wild Grenville Horsfall Avril Henson
Diagnostic & Therapeutic (DATs) Divisional Reference Group	“	4.3.14 1-3 pm 2.6.14 10am-12 noon 12.11.14, 11am –1pm All: DaTS Meeting Room, North Drive, HRI	Avril Henson Peter Middleton* Wayne Clarke Janette Roberts Marlene Chambers Liz Schofield
Medicine Divisional (Med) Reference Group	“	28.2.14, 10.30-12.30 pm Boardroom, HRI 19.6.14, 3-5 pm Boardroom, CRH 1.12.14, 2.30-4.30pm Small Training Room, LC, CRH	Chris Bentley Jennifer Beaumont Johanna Turner* Peter Middleton Dianne Hughes Liz Schofield
Estates & Facilities (E&F) Divisional Reference Group	“	6.3.14, 2-4 pm Discussion Room 2, HRI 4.6.14 2-4 pm Boardroom, HRI 8.12.14, 2 – 4 pm Boardroom, HRI	Liz Schofield* Chris Breare Grenville Horsfall Eileen Hamer Joan Taylor Liz Farnell

STATUTORY SUB COMMITTEE TITLE	AGREED COMPOSITION AS PER TERMS OF REFERENCE	PROPOSED MEETINGS	ALLOCATION
Remuneration & Terms of Services – Chair & Non Executive Directors (NEDs)	6 Members – including 1 staff (Declaration of Non-interest in NED post required)	28.1.14 9.00 am Chair’s Office, HRI	Eileen Hamer Chris Bentley Janette Roberts Jennifer Beaumont Andrew Sykes (apols 28.1.14) Wayne Clarke
Nominations Sub Committee Chair & NEDs	Trust Chairman (or Vice/Acting Chair in relation to Chair appointments) Trust Chief Executive 1 Appointed Member 3 Elected Members (at least 2 publicly elected)	2.7.14 Annually & As and when required	Chris Breare Johanna Turner John Playle Linda Wild
AGM Planning Sub Group	Not specified	4 per annum	Chris Breare Chris Bentley Janette Roberts Grenville Horsfall
Audit & Risk Committee	1 Membership Councillor to observe	5 per annum	Andrew Sykes (Peter Middleton – reserve)

RM/KB/MC SUB GROUPS
26.11.13(v3)

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

**STREAMLINING BOARD GOVERNANCE ARCHITECTURE -
TASK AND FINISH GROUP**

**NOTES FROM FINAL MEETING HELD ON
WEDNESDAY 2 JULY 2014
IN THE CHAIR'S OFFICE, TRUST HEADQUARTERS, HRI**

PRESENT: Andrew Haigh Chairman
 Juliette Cosgrove Assistant Director – Medical Director & Nurse Director
 Victoria Pickles Company Secretary
 Peter Roberts Non-Executive Director
 Johanna Turner Membership Councillor

1. APOLOGIES

Apologies were received from:-

- Julie Hull, Executive Director of Workforce and Organisational Development
- Kathy Bray, Board Secretary
- Keith Griffiths, Director of Finance
- Martin Urmston, Membership Councillor

2. NOTES FROM THE LAST MEETING

The notes from the last meeting held on 16 January 2014 were agreed as a correct record.

3. MATTERS ARISING

3.1 Intelligent Board Reporting

The Chair explained that the Trust had met with a consultancy in relation to board intelligence however this was not being pursued currently. Work to develop the Integrated Board Report was progressing and a first draft had been circulated to the executive for comment. The revised report would be presented to the Board in Q2 and would incorporate quality metrics from October.

3.2 Quality and Audit and Risk Committees

Victoria Pickles described the work to develop committee effectiveness reviews which would be presented to the Audit and Risk Committee in July in their role as scrutineer of governance arrangements. This would include a twice-yearly review of the work of the Committees and assurance that there were no gaps or duplication.

3.3 Board of Directors Update Paper – Assurance Architecture

Victoria Pickles explained that there had been a lot of work to streamline the governance groups reporting to the Quality Committee and give greater clarity on the focus of those groups. A structure had been built in consultation with staff across the divisions and in line with the Care Quality Commission (CQC) domains. Further work would be done to look at other meetings to test whether a) the group or meeting was require b) if so what the terms of reference and membership of those groups are and c) what reporting lines are in place. It was noted that the Board and all sub-committees now had revised terms of reference along with a clear work plan which was a dynamic

document able to respond to the needs of the organisation. The finalised structures would be presented to the Board and the Membership Council.

4. UPDATE ON THE GOVERNANCE ACTIONS

Victoria Pickles presented the updated action and highlighted outstanding items of work. The Group noted that alongside the actions identified, significant work was in place to improve the risk and incident reporting arrangements.

Discussion took place on the board development plan. It was agreed to consider how the Board could consider the work of the divisions on a regular basis using a SWOT model, as well as through board workshops. It was noted that this would be picked up as part of the board development plan.

The Chair confirmed that meetings between himself and the Non Executive Directors were now taking place on a quarterly basis.

Victoria Pickles confirmed that updates on progress against the actions would be included as part of the new regular governance report to the Board. Juliette Cosgrove added that the Board workshop on the CQC mock assessment would provide an opportunity to remind everyone of the updated quality governance arrangements. It was suggested that following the mock review, the feedback and learning would be shared with the Membership Council. A governance handbook would be developed and Peter Roberts asked that this include a glossary of terms and acronyms.

It was noted that significant progress had been made against the action plan and the Group thanked all staff who had contributed to delivering the governance changes over the previous 12 months.

5. MONITOR WELL LED GOVERNANCE REVIEWS

Victoria Pickles explained that Monitor had recently published the *Well-led framework for governance reviews: guidance for NHS foundation trusts* which set out the requirement for trusts to undertake a review every three years. This would form part of the well led domain of the CQC assessment. Victoria highlighted that the guidance was in line with the Trust's review in 2013 and that the Trust would therefore be compliant for the next three years. The Chair explained that a self assessment would be done in Q4 2015 and the next full review in Q1 2016. Juliette Cosgrove pointed out that this may need to be considered on a risk basis depending on the outcome of the mock CQC assessment.

6. RECOMMENDATION FOR FUTURE GOVERNANCE ARRANGEMENTS

Given the progress made against the action plan and the future monitoring arrangements through the Board of Directors, Audit and Risk Committee and Membership Council, it was agreed that the Task and Finish Group had fulfilled its remit and a recommendation would be made to the Board at its meeting in July to close the group.

7. ANY OTHER BUSINESS

None to report.