Calderdale and Huddersfield NHS
NHS Foundation Trust

## Meeting of the Board of Directors
To be held in public

**Thursday 25 June 2015 from 1:30pm**

Venue: Boardroom, Sub-Basement, Huddersfield Royal Infirmary HD3 3EA

## AGENDA

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| 1. | **Welcome and introductions:-**<br>John Playle, Nominated Membership Councillor<br>Johanna Turner, Publicly Elected Membership Councillor | Chairman | |
| 2. | Apologies for Absence:<br>Ms Julie Hull, Executive Director of Workforce and OD | Chairman | |
| 3. | Declaration of interests | All | **VERBAL** |
| 4. | Minutes of the previous meeting<br>▪ Held on 28 May 2015 | Chairman | **APP A** |
| 5. | **Action Log and Matters arising:**<br><br>73/15 Fractured Neck of Femur | Chairman | **APP B**<br><br>**VERBAL** |
| 7. | **Chairman's Report:-**<br>a. Yorkshire Chairs Meeting<br>b. NHS Providers Chair/CE Meeting 16.6.15 | Chairman | **VERBAL**<br><br>**VERBAL** |
| 8. | **Chief Executive's Report:-**<br>a. Email from David Williams, Director General – Finance, Commercial and NHS – 2.6.15<br>b. NHS – 5 Year Forward View : Time to Deliver | Chief Executive | **APP C** |
| **Keeping the base safe** | | | |
| 9. | **Integrated Board Report**<br>- Responsive<br>- Caring<br>- Safety<br>- Effectiveness<br>- Well Led<br><br>- CQUINs<br>- Community<br>- Monitor Indicators<br>- Finance | <br>Executive Director of PPEF<br>Executive Director of Nursing<br>Executive Director of Nursing<br>Executive Medical Director<br>Interim Director of Workforce and OD<br>Executive Director of Nursing<br>Executive Director of PPEF<br>Executive Director of Finance<br>" | **APP D** |
| 10. | Risk Register | Executive Director of Nursing & Operations | **APP E** |

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| 11. | Director of Infection Prevention and Control Report | Executive Medical Director | **APP F** |
| 12. | Revalidation Report<br>b. Doctors | Executive Medical Director | **APP G** |
| 13. | **Governance Report**<br>a. Board Workplan<br>b. Use of Trust Seal | Company Secretary | **APP H** |
| **Transforming and Improving patient care** | | | |
| 14. | National Patient Survey | Executive Director of Nursing and Operations | **APP I** |
| **No Items** | | | |
| **A Workforce for the future** | | | |
| 15. | Workforce Race Equality Standard | Interim Director of Workforce and Organisational Development | **APP J** |
| **Financial Sustainability** | | | |
| 16. | Month 2 – May 2015 Financial Narrative | Executive Director of Finance | **APP K** |
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| 17. | **Update from sub-committees and receipt of minutes**<br>▪ Quality Committee (Minutes of 26.5.15 and verbal update from meeting held 23.6.15)<br>▪ Audit and Risk Committee (Minutes of 28.5.15)<br>▪ Verbal update from Finance and Performance Committee (Minutes of 28.5.15 and verbal update from meeting held 24.6.15) | | **APP L**<br>**APP M**<br>**APP N** |
| **Date and time of next meeting**<br>Thursday 30 July 2015 at 1.30pm<br>Venue: Large Training Room, Learning Centre, Calderdale Royal Hospital HX3 0PW. | | | |

**Resolution**

The Board resolves that representatives of the press and public be excluded from the meeting at this point on the grounds that the confidential nature of the business to be transacted means that publicity of the matters being reviewed would be prejudicial to public interest. *(Section 1(2) Public Bodies (Admission to Meetings Act 1960).*

APPENDIX A

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

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| **Meeting:**<br>Board of Directors | **Report Author:**<br>Kathy Bray, Board Secretary |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Victoria Pickles, Company Secretary |
| **Title and brief summary:**<br>PUBLIC BOARD OF DIRECTORS MEETING MINUTES - 28.5.15 - The Board is asked to approve the minutes of the last Public Board of Directors Meeting held on Thursday 28 May 2015. | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>N/A | |
| **Governance Requirements:**<br>Keeping the base safe | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

The Board is asked to approve the minutes of the last Public Board of Directors Meeting held on Thursday 28 May 2015.

## Main Body

### Purpose:

Please see attached

### Background/Overview:

Please see attached

### The Issue:

Please see attached

### Next Steps:

Please see attached

### Recommendations:

The Board is asked to approve the minutes of the last Public Board of Directors Meeting held on Thursday 28 May 2015.

## Appendix

### Attachment:

BOD MINS - public bod minutes - 28.5.15.pdf

Calderdale and Huddersfield NHS
NHS Foundation Trust

# Minutes of the Public Board Meeting held on Thursday 28 May 2015 in the Large Training Room, Learning Centre, Calderdale Royal Hospital

**PRESENT**

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| Andrew Haigh | Chairman |
| Dr David Anderson | Non-Executive Director |
| Dr David Birkenhead | Executive Medical Director |
| Julie Dawes | Executive Director of Nursing and Operations |
| Keith Griffiths | Executive Director of Finance |
| Lesley Hill | Executive Director of Planning, Performance, Estates & Facilities |
| Philip Oldfield | Non-Executive Director |
| Dr Linda Patterson | Non-Executive Director |
| Jeremy Pease | Non-Executive Director |
| Prof Peter Roberts | Non-Executive Director |
| Owen Williams | Chief Executive |
| Jan Wilson | Non-Executive Director |

**IN ATTENDANCE/OBSERVERS**

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|---|---|
| Helen Barker | Associate Director of Community Services and Operations |
| Anna Basford | Director of Commissioning and Partnerships |
| Chris Bentley | Membership Councillor |
| Kathy Bray | Board Secretary |
| Jackie Green | Interim Director of Workforce and Organisational Development |
| Anne Hodgson | Staff Nurse, Stroke Rehabilitation Team (for the patient story item) |
| Andrea Moore | Sister, Stroke Rehabilitation Team (for the patient story item) |
| Victoria Pickles | Company Secretary |
| Liz Schofield | Membership Councillor |
| Caroline Wright | Communications Manager |

3 members from Price Waterhouse Coopers observing.

**Item**

**65/15 APOLOGIES FOR ABSENCE AND INTRODUCTIONS**

**Apologies were received from:**

Julie Hull Executive Director of Workforce and Organisational Development

The Chairman welcomed everyone to the meeting.

**66/15 PATIENT STORY**

The Executive Director of Nursing and Operations introduced Sister Andrea Moore and Anne Hodgson from the Stroke Team who shared with the Board their campaign to raise public awareness of the Act FAST (Face, Arms, Speech and Time) campaign and the difference this can have on the outcome for patients who suffer a stroke. It was noted that this was one of the areas being monitored as part of the Acutely Ill Patient Programme.

Anne Hodgson explained that May had been designated Stroke Awareness Month . The story highlighted what the staff had done to raise awareness through various social media including facebook and tweets and the travels of the knitted Teddy around the world. Popularity had grown and the campaign had currently 10 bears

and had raised about £300 to date. This had led to local media interest, increased staff morale as well as raising cash for patients.

A case study was shared showing the impact of public awareness of FAST. The Board heard about a 21 year old student who had suffered a mini-stroke/Transient ischaemic attack (TIA) at a local supermarket. Thanks to the speedy actions of a first aider, who was aware of the FACE campaign, the patient was administered with the clot-busting drugs to minimise the effects of the symptoms and the patient was discharged home within an hour.

The Board were advised that approximately 90 patients had been thrombolysed over the last year and that the service was provided 24/7.

Thanks were given to Ann and Andrea for sharing the patient story with the Board.

**67/15 DECLARATION OF INTERESTS**

There were no declarations of interest to note.

**68/15 MINUTES OF THE MEETING HELD ON THURSDAY 23 APRIL 2015**

The minutes of the meeting were approved as a true record.

**69/15 MATTERS ARISING FROM THE MINUTES**

**59/15 - Integrated Board Report –** It was noted that the Executive Director of Nursing and Operations and the Interim Director of Workforce and Organisational Development would take forward the developments on the report.

**62/15 - Emergency Planning** – The Executive Director of Planning, Performance, Estates and Facilities reported that she had arrangements in hand to liaise with the University of Huddersfield regarding overall business continuity.

**63/15 – Electronic Patient Record (EPR)** – The Chairman reported that he would be in contact with the Membership Council once Alistair Morris had confirmed how the Membership Council might help with the EPR implementation.

**70/15 ACTION LOG**

**183/14a – Voluntary Redundancy Scheme** – No further information was available. It was agreed that this matter would be closed from the Action Log.

**13/15 - Revalidation of Doctors and Nurses –** Nurse revalidation was on the agenda and doctor revalidation had been delayed until the June meeting.

**ACTION: BOD Agenda item – June 2015**

**71/15 CHAIRMAN'S REPORT**

**a. Upcoming Chairs' Meetings** – The Chairman updated the Board on the agenda topics from the Chairs/Chief Executive Meeting with West Yorkshire Providers which is going to be attended by NHS England. It was also noted that the Chairman was arranging to meet with local chairs and local health economy representatives to discuss winter pressures on the health system.

**b. Update on Monitor** – The Chairman reported that the Trust continued to have a monthly meeting with Monitor on progress against the enforcement actions. The next meeting was scheduled for 17 June 2015 when the Trust would give an update on:-

- Financial Delivery 2014/15
- Strategic & Financial Turnaround Plan
- Programme Management Office
- Development of 2015/16 Financial Plans and CIPs
- Well Led Governance Review

**c. Registration of Nurses** – The Chairman reported that a Membership Councillor had been asked by members of the public for assurance that the Trust had processes in place to mitigate against employing a nurse with false qualifications and registration in light of the recent incident at Stepping Hill Hospital. The Executive Director of Nursing and Operations reported that the Board could be assured that pre-employment checks were undertaken for all staff including bank/agency nursing staff.

The Interim Director of Workforce reported that a piece of work was being undertaken around the Disclosure and Barring Service process and an update would be brought back to the Board once this has been completed.

**ACTION: Future BOD Agenda**

**72/15 CHIEF EXECUTIVE'S REPORT**

**a. Update on Electronic Patient Record (EPR) Event** - The Chief Executive reported that he had recently attended the launch of the EPR Programme with Bradford Hospitals NHS Foundation Trust on the 12/13 May 2015. Significant support had been offered to the Trusts from the software supplier Cerner and thanks were given to colleagues for their involvement. A further session with the two Trusts and Cerner was due to held on 20 July and invitations would be circulated.

**b. Monitor Q4 Overview** – The Chief Executive reminded the Board that Monitor's report giving an overview of the national foundation trust quarter 4 position had been circulated to the Board for information. The Chief Executive stressed that although it was important to be aware of the deficit position it was important for the Trust to remain focussed on ensuring that Trust resources were used appropriately to provide efficient and compassionate care for our patients.

**c. NHS Confederation – 4 June 2014** – The Chief Executive advised that he had been invited to help lead a session "The Regulation Debate" at the NHS Confederation on the 4 June. This would involve the Care Quality Commission, Monitor and other Chief Executives having the opportunity to comment on the current position.

**73/15 INTEGRATED BOARD REPORT**

The Executive Director of Planning, Performance, Estates and Facilities introduced the Integrated Board report as at 30 April 2015 and explained that each area would be presented in detail by the appropriate director.

**Responsive -** the Executive Director of Planning, Performance, Estates and Facilities highlighted the key issues from the executive summary commentary:-

- It was noted that the report had been revised to include more Community information.
- April was a busy month for activity however, the Trust was below the baseline for all inpatient activity. Particular issues had been seen in ophthalmology, orthopaedics, cardiology and rheumatology compared to baseline.
- The theatre utilisation project 'touch time' assessment commenced at the end of April. Checks were being made on a weekly basis that all theatres are scheduled appropriately. This should lead to increases in elective and day case activity, through better theatre utilisation.
- One MRSA bacteraemia patient had been identified in April and an avoidable C.diff case. Root cause analysis was being undertaken.

The Executive Director of Nursing introduced Helen Barker, Associate Director of Community Services and Operations who had joined the Trust for a year. She reported:-

**Caring**
The following was noted and discussed:-

- **62 Day GP Aggregate Referral to Treatment and Screening** - a root cause analysis was being undertaken although it was felt that this missed target was due to the individual circumstances of one patient.

- **Patient Flow/Emergency Care Discharges** - concern was expressed that additional bed capacity remained open. Medical leadership of patient flow particularly out of hours was to be discussed with the Executive Medical Director.

- **Delayed Discharges of Care** – The structure of discharge meetings was being reviewed with clear triggers and escalation processes being put in place. Changes were expected by the end of June 2015.

- **Complaints** – The Executive Director of Nursing reported that unfortunately the expected progress against the backlog of complaints had not been achieved. A significant number of the backlog complaints had been closed but it was taking longer than expected. This was partly due to the staff re-locating offices and an increase in the number of car parking complaints/comments. Discussion took place on the need to ensure that a robust action plan is in place to track complaints. The Chief Executive suggested that if this did not materialise as expected, then a deep dive should be undertaken.

- **Friends and Family** – Although this was not a CQUIN target, it remained a challenge for A/E to get feedback. External help had been sought in order to learn from other organisations and it was hoped that the volume of responses would increase in the near future.

**Safety –** The Executive Director of Nursing and Operations reported:-

- **Falls** - Good progress was being seen in reducing the number of falls resulting in harm.

- **Pressure Ulcers** – It was noted that discussion had taken place at Quality Committee regarding the good progress made in reducing the number of pressure ulcers.

- **Duty of Candour** - There was a number of outstanding cases regarding pressure ulcer cases and plans were in place to complete these.

**Effectiveness** - The Medical Director reported:-

- **Fractured Neck of Femur (#NOF)** – The Trust received an exceptional 10 #NOF patients on the 22 April 2015. This increase, along with the reduced theatre capacity had challenged the Trust's ability to treat these patients in line with best practice guidelines. The Chief Executive asked if further assistance was required to help understand the position.
  Peter Roberts suggested that the review panel who had undertaken the last review be asked to look at the Trust's progress as soon as possible as the Board was concerned that this issue had been on the agenda for some considerable time. It was agreed that the Director of Planning, Performance, Estates and Facilities would take this issue forward.

**ACTION: Director of Planning, Performance Estates and Facilities**

**Well Led –** The Interim Director of Workforce and Organisational Development reported:-

- **Sickness** – Concern was expressed about the capacity lost due to sickness. It was suggested that a different set of metrics might be given to Board which would give a better picture and identify future work to be undertaken. It was noted that the Interim Director of Workforce and Organisational Development would liaise with the Director of Planning, Performance, Estates and Facilities to format the report to provide better management information. Focus should be given to the practical things the Trust could do to improve attendance including reviewing the attendance management policy and at staff appraisals to encourage staff to influence what is happening within the organisation.
- It was noted that the Health and Wellbeing Group was being re-launched with new initiatives. It was noted that feedback from the staff that had moved to Acre Mill Outpatients Building was that it was a good working environment to be in.

**CQUINS** – National CQUIN information had just been received and this would be included in the next report.

**Community** – The Director of Planning, Performance, Estates and Facilities explained that the report now contained all of the information that is shared with the Clinical Commissioning Groups as part of the contract management arrangements. It was agreed that this would be refined further.
Jeremy Pease asked if actual numbers could also be included against the targets rather than just percentages. The Chief Executive asked that the target dates be reviewed to ensure that they were realistic. The Executive Director of Planning, Performance, Estates and Facilities agreed to discuss the report in more detail with the Associate Director of Community Services and Operations.

**Monitor Indicators** - The Board noted the performance against the Monitor Indicators

**Finance –** the Executive Director of Finance reported on the content within the Integrated Board report and also presented the narrative of the financial position at Month 1. It was noted that these had been discussed in detail at the Finance and Performance Committee and Audit and Risk Committee held earlier that day:-

**Summary Year to Date:**

- The year to date deficit is £2.75m in line with the planned deficit of £2.76m. No contingency reserves were utilised.
- Non recurrent benefits have offset operating pressures to keep bed capacity open over the Easter period.
- Elective activity and income is behind planned levels whilst non-elective activity is above plan in the year to date.
- Capital expenditure year to date is £1.13m as planned.
- Cash balance is in line with plan at £15.51m. This includes £10m loan funded borrowing to support capital expenditure.
- CIP schemes delivered £0.72m in Month 1 against a planned target of £0.62m.
- The Continuity of Service Risk Rating (CoSRR) stands at 2 against a planned level of 2. The underlying trading position is CoSRR level 1, this is falsely inflated in the short term by the cash receipt of loan funding.

**Summary Forecast:-**

- The forecast is to deliver the year end planned position, however at present this relies on use of £1m contingency reserves.
- The Trust must remain responsive to meet the capacity requirements between elective and non elective activity at Divisional level in a financially efficient way.
- The year end cash balance is predicated on external cash support being received from September onwards.
- The plans incorporate CIP delivery at £14m, however the Trust is aiming to exceed this to deliver a stretch target, against which detailed schemes are in place to the value of £17.1m.
- The year end CoSRR is forecast to be at level 1.

**RESOLVED: The Board approved the Integrated Board Report**

**74/15 REVIEW OF STRATEGY/STRATEGY ON A PAGE**

The Company Secretary presented a report which outlined the significant engagement which had taken place recently with the Board, divisional teams and Membership Councillors to review the Strategy on a Page and how this would be progressed going forward within the Trust.

It was noted that the new one and five year strategy would be built into the appraisal process.

It was noted that the Company Secretary was to undertake a piece of work to link these into the Board Assurance Framework (BAF). It was agreed that the BAF would be developed and brought back to the Board on a quarterly basis.

**ACTION: BOD Agenda Item – July/August 2015 – BAF Update**

The Director of Commissioning and Partnerships updated the Board on the year-end position with progress with the 2014 strategy and it was noted that a more detailed update was available to the Board if required.

The Chief Executive advised that it was the role of the Board to ensure that all our colleagues understood and could talk about the Trust Behaviours as a minimum.

**RESOLVED: The Board approved the 1 and 5 Year Strategy.**

**75/15 RISK REGISTER**

The Executive Director of Nursing and Operations reported the top risks (scored 15+) within the organisation. The top four risks were:-

- Progression of service reconfiguration impact on quality and safety
- Risk of poor patient outcomes due to dependence on middle grades
- Hospital Standardised Mortality Rate (HSMR) & Summary Hospital-Level Mortality Indicator (SHMI)
- Lack of ophthalmology capacity due to consultant gaps and impact of Electronic Document Management System (EDMS)
- Progression of service reconfiguration impact on quality and safety

Risks with Increased score:-
Lack of Ophthalmology capacity due to Consultant gaps and impact of EDMS – increased from 16 to 20

Risks with Reduced score:-
Risk of poor patient outcomes and experience caused by blocks in patient flow – 20 to 16
Failure to meet CIP – 20 to 15
Overarching risk for Infection Control – 20 to 15
Finance: breach of licence - 20 to 10
Completion of Appraisal and Mandatory Training – 16 to 12
Failure to meet Capital programme – 15 to 10

New Risk:-
Compliance with CQC Standards

Other issues arising from the debate included:-

- Jeremy Pease noted that no finance risks had been included at this stage in the top risks although some had been reduced that month. The Chief Executive advised that once Monitor interventions were complete and delivery against cost improvement schemes was clearer then it may be appropriate to reduce the finance risk score. It was agreed that this would be considered in more detail at the next Risk and Compliance Group Meeting.

- Dr Linda Patterson suggested that Trust risks should not be reviewed in isolation and the Trust needed to articulate clinical risks and link these together. The Executive Director of Nursing agreed to take these comments on board.

- The Chief Executive gave an example of risk 2827 (Clinical decision making in A/E) and questioned whether further actions were required and whether there had been enough challenge undertaken by the Board as to whether the risks were within the gift of the Board. The Executive Director of Nursing and Executive Medical Director agreed to take this forward and test the mitigations thoroughly before the next meeting. It was noted that the remaining work around 'Progression of service reconfiguration impact on quality and safety' would take longer.

**ACTION: JD/DB – BOD AGENDA ITEM – JUNE 2015**
**RESOLVED: The Board received and approved the Risk Register report.**

**76/15 ANNUAL QUALITY REPORT**

The Executive Director of Nursing and Operations presented the annual quality report. It was noted that this highlighted good progress around falls and stroke. Areas of further work and development for next year included fractured neck of femur and safeguarding training.

Dr Linda Patterson challenged why patients were not being seen within the 12 hours of admission and questioned whether this was due to outliers. It was agreed that this would be discussed at the next Quality Committee Meeting.

The Executive Director of Finance made an observation that 'record keeping/documentation' was not contained within the report and perhaps should be, bearing in mind the feedback from the last CQC audit. The Executive Director of Nursing and Operations agreed that this would be included in the next quarterly update.

The Chairman acknowledged the level of activity and initiatives currently on going and the need to make sure we are able to match ambition with capacity for the many competing priorities.

**RESOLVED: The Board received the report.**

**77/15 DIRECTOR OF INFECTION PREVENTATION AND CONTROL (DIPC) REPORT**

The Executive Medical Director presented the report and specific discussion took place regarding:-

- **MRSA** – 1 unavoidable case had been allocated to the Trust in April.
- **C.Diff** – 2 cases had been reported in April (1 avoidable and 1 unavoidable). The ceiling was 21 cases for the year to March 2016.

- **Isolation Breaches** – 32 isolation breaches had been recorded for the Trust in April.

**RESOLVED: The Board received the report.**

**78/15 TRUST HEALTHCARE ACQUIRED INFECTION ANNUAL PROGRAMME AND ACTION PLAN 2015-2016**

The Executive Medical Director presented the programme and action plan. The key priorities were noted which the Board had been sighted on through the monthly DIPC reports and these mainly focused around keeping policies up to date and compliance with training requirements.

**RESOLVED: The Board received and approved the HCAI Annual Programme and Action Plan 2015-2016**

**79/15 ANNUAL REPORTS**

The Executive Director of Planning, Performance, Estates and Facilities presented the Annual Fire Report. The contents of the report were noted particularly the on-going work at HRI to provide fire compartmentisation facilities as upgrades take place. It was noted that all high risk areas have had this work undertaken.

The Health and Safety Annual Report and action plan was presented. It was noted that this updated the Board on the work which had been undertaken since the last report. This included a review of the governance arrangements, rolling out mandatory training for COSHH and medical devices as well as manual handling.

Dr Linda Patterson asked whether workstation assessments for staff working on computers should be built into the report in the future.

Jan Wilson reported that from her experience as Chair of the Health and Safety Committee she was assured that the Trust had improved the health and safety of the organisation over the past 12 months. It was noted that the governance arrangements had changed and that there appeared to be an issue relating to attendance at the meeting. Peter Roberts added that he felt that the Board should feedback the importance of regular divisional attendance on the group going forward

**RESOLVED: The Board received and approved the Annual Fire and Health and Safety reports.**

**80/15 CARE OF THE ACUTELY ILL PATIENT REPORT**

The Executive Medical Director presented the Care of the Acutely Ill Patient Report on the programme which is aims to reduce avoidable mortality for our patients. It was noted that the report had been discussed in detail at the last Quality Committee held on 22 May 2015.

The key issues were noted:-

- SHMI position 105.34 – higher than the 100 target required
- Crude mortality – The latest data for December 2014 showed the Trust to be a in a relatively good position for crude mortality when compared to other Trusts.
- DNACPR – improved position – liaising with organisations identified as good practice.
- Stroke – significant improvements but work still to do on COPD
- Hospital at Night – Work on going towards 7 day working
- Coding – scoring has been improved but still work to do.

Dr David Anderson asked whether shared learning takes place between the hospital and community clinicians. The Executive Medical Director reported that he was in

the process of establishing a forum for consultants and GPs to move this issue forward.

The Executive Medical Director reported that the Care of the Acutely Ill Patient programme would be reviewed next month to ensure that focus is put into the right issues.

The Executive Director of Nursing and Operations highlighted that some areas of the programme were duplicated in the Quality Report and it was agreed that in the future it may be right to combine the data. It was agreed that the two reports would continue until the Board had reviewed the programme at its July meeting.

**ACTION: BOD AGENDA ITEM – JULY 2015**

**81/15 STAFF SURVEY AND ACTION PLAN**

The Interim Director of Workforce and Organisational Development presented the Staff Survey and Action Plan from the survey undertaken in October 2014. It was noted that 370 staff had completed the survey. An action plan had been developed in association with colleagues and management representatives. It was noted that a number of the actions represented work already happening across the Trust and some had been progressed and completed.

Concern was expressed regarding the increase in violence from other staff. It was noted that a staff focus group had been developed and further information would be fed back on this in due course.

**82/15 REVALIDATION REPORT – NURSES**

The Executive Director of Nursing reported that one recommendation of the Francis Report was the review of the validation of all qualified nurses from 2016. The details of the annual revalidation included a self-assessment, maintaining a portfolio of practice, 450 hours of relevant job experience, 3rd party review and patient feedback. Three national pilots were underway to test the methodology and it was suggested that this may be as part of the appraisal process. It was noted that work was being undertaken with staff to help support them in their revalidation although it was stressed that it was the responsibility of individuals to ensure their own revalidation is completed.

Dr David Anderson agreed to give oversight on revalidation and agreed to discuss this outside the meeting with the Interim Director of Workforce and Organisational Development.

**83/15 BOARD OF DIRECTORS STANDING ORDERS**

The Company Secretary presented the updated Board Standing Orders. Minor amendments had been undertaken to ensure that they remain fit for purpose.
In particular reference was included to what action would be taken should standing orders not be followed together with reference to the appropriate Bribery and Fraud Acts. It was noted that this had been discussed and recommended to the Board following the last Audit and Risk Committee held on the 21 April 2015.

**RESOLVED: The Board received and approved the Board of Directors Standing Orders.**

**84/15 UPDATE FROM SUBCOMMITTEES AND RECEIPT OF MINUTES**

The following information was received and noted:-

- **Quality Committee** – The Board received the minutes of the 21.4.15 and a verbal update from Dr Linda Patterson (Acting Chair) on the meeting held on

26.5.15 which had been the quarterly review of divisional Patient Safety and Quality Board reports. She shared two good news stories:

- the significant reduction in the still birth rate; and
- the work of the bed clearning team which had achieved 1500 beds cleaned in a month, saving over 500 hours of nursing time.

Issues highlighted included the need to review compliance with NICE Guidance which would be looked at by the Clinical Effectiveness Group, and the ongoing position in relation to medical outliers. She also highlighted that the mandatory training plan had been received which set out clearly the mandatory training requirements and frequencies.

- **Audit and Risk Committee** - The Board received the minutes of the 21.4.15 and a verbal update from Prof. Peter Roberts on the meeting held on 21.4.15 which included:-
  - **Annual Report, Accounts and Quality Report** – received and approved with a recommendation for adoption by the Board of Directors. It was noted that this would be discussed in detail in the private session of the meeting.
  - **Letter of Representation –** received and approved with recommendation for adoption by the Board of Directors
  - **Annual Governance Statement –** received and approved with recommendation for adoption by the Board of Directors
  - **Review of Code of Governance Compliance** - this had been received by the Committee to provide context to the declarations being made within the Annual Report.
  - **Quality Account** - received and approved with recommendation for adoption by the Board of Directors
  - **Head of Internal Audit Opinion and External Audit Opinion (ISA260 & ISA700)** received and noted.

- **Finance and Performance Committee** - The Board received the minutes of the 21.4.15 and a verbal update from Phil Oldfield on the meeting held on 28.5.15 which included:-
  - **End of Year position** – Details noted.
  - **Contract Position –** now heading to Arbitration. Potential risks for the Trust discussed.
  - **5 Year Plan –** expected to be delivered by September 2015. This will be key work for the F&P Committee going forward.

The Chairman thanked everyone for their attendance and contributions.

**85/15 DATE AND TIME OF NEXT MEETING**

Thursday 25 June 2015 at 1.30 pm in the Boardroom, Sub-Basement, Huddersfield Royal Infirmary HD3 3EA

The Chairman closed the meeting at approximately 4.20 pm.

APPENDIX B

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

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| **Meeting:**<br>Board of Directors | **Report Author:**<br>Kathy Bray, Board Secretary |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Victoria Pickles, Company Secretary |
| **Title and brief summary:**<br>ACTION LOG - PUBLIC BOARD OF DIRECTORS - 1 JUNE 2015 - The Board is asked to approve the Action Log for the Public Board of Directors Meeting as at 1 June 2015 | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>N/A | |
| **Governance Requirements:**<br>Keeping the base safe | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

The Board is asked to approve the Action Log for the Public Board of Directors Meeting as at 1 June 2015

## Main Body

### Purpose:

Please see attached

### Background/Overview:

Please see attached

### The Issue:

Please see attached

### Next Steps:

Please see attached

### Recommendations:

The Board is asked to approve the Action Log for the Public Board of Directors Meeting as at 1 June 2015

## Appendix

### Attachment:

DRAFT ACTION LOG - BOD - PUBLIC - As at 1 JUNE 2015.pdf

# ACTION LOG FOR BOARD OF DIRECTORS (PUBLIC)

Position as at: 1 June 2015 / APPENDIX B

| Red | Amber | Green | Blue |
|---|---|---|---|
| Overdue | Due this month | Closed | Going Forward |

| Date discussed at BOD Meeting Date | AGENDA ITEM | LEAD | CURRENT STATUS / ACTION | DUE DATE | RAG RATING | DATE ACTIONED & CLOSED |
|---|---|---|---|---|---|---|
| 30.10.14<br>140/14 | **PATIENT/STAFF STORY**<br>30.10.14 - 'Carol's Story' extract video.<br>27.11.14 – 'Mr P' – Drug Error<br>18.12.14 – Dr Sarah Hoye<br>29.1.15 – Dr Mary Kiely – Care of the Dying<br>26.2.15 – Catherine Briggs, Matron – Green Cross Patient<br>26.3.15 – Diane Catlow – Families Senior Locality Manager<br>23.4.15 – Dr Mark Davies – Perfect Week<br>28.5.15 – Stroke Team - Patient Story/FAST Awareness | Executive Director of Nursing | Regular item on BOD Agenda going forward. | Monthly Reports | | |
| 25.7.13<br>113/13 | **HSMR/MORTALITY/CARE OF THE ACUTELY ILL PATIENT**<br>Presentation received from BC & HT. Action Plan discussed. Update on actions to be brought to BOD Meetings on a bi-monthly basis. | Executive Medical Director | Regular Updates to be brought back to BoD as plan progresses (bi- monthly).<br>26.9.13 – Update on worsened position received. Key themes and actions identified. Agreed that an updated plan would be brought back to the October 2013 BoD Meeting.<br>24.10.13 – Update and Action Plan received and note. Board endorsed plan and supported its implementation. Regular Updates to be brought back to BoD as plan progresses (bi- monthly).<br>19.12.13 – Update on progress received. Agreed that updated Action Plan would be brought to the Board in February 2014.<br>27.2.14 – Further work being undertaken by Divisions – roll out of mortality review process from March 2014<br>24.4.14 – Update received.<br>26.6.14 – Update received<br>25.9.14 – Update received | 30.7.15 | | |

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| | | | 27.11.14 – Update received<br>29.1.15 – Update received<br>26.3.15 – Update received<br>28.5.15 – Update received | | | |
| 29.1.15<br>14/15 | **QUALITY REPORT**<br>Report received. Feedback welcomed to the Executive Director of Nursing and Operations. To be updated on a quarterly basis. | Executive Director of Nursing & Operations | Progress against Annual position reported to the Board in May 2015. | September 2015 | | Added to workplan |
| 24.11.11<br>134/11b. | **APPOINTMENT OF VICE CHAIR & SINED**<br>Role of Vice Chair and SINED split into two. Alison Fisher – Vice Chair and Jane Hanson – SINED. Effective from 1.12.11. To be reviewed October 2012. | Chairman/ Director of Workforce & OD | 18.10.12 – Agreed that current arrangements continue for a further 12 months<br>26.9.13 – Appointments made:- Jan Wilson and Vice Chair, David Anderson, SINED. To be reviewed 25.9.14<br>25.9.14 – Appointments extended for 12 months for Vice Chair, SINED and Audit & Risk Committee Chair – to be reviewed in September 2015 | 24.9.15 | | Added to workplan |
| 29.1.15<br>13/15 | **REVALIDATION REPORT**<br>Update on progress within Trust on medical revalidations and appraisals was received. | Executive Medical Director | 1. Full year report to be brought to Board in June. | 25.6.15 | | |
| | Revalidation for nurses to be introduced by end of financial year. Information on implementation awaited. | Executive Director of Nursing and Operations | 2. Revalidation for nurses report to be brought to the Board in May. | September 2015 | | Added to workplan |

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| 42/15<br>26.3.15 | **BOARD ASSURANCE FRAMEWORK**<br>Contents of the revised BAF discussed in detail. Amendments would be made and the document would be brought to the Board on a regular basis and used as a management tool | | Next update to be brought to the Board following sign off of the Strategy on a page.<br>28.5.15 - The Company Secretary was to undertake a piece of work to link the Strategy into the Board Assurance Framework (BAF) and the BAF would be brought back to the Board on a Quarterly basis. | July 2015 | | Added to workplan |
| 71/15<br>28.5.15 | **REGISTRATION OF NURSES**<br>The Interim Director of Workforce reported that a piece of work was being undertaken around the Disclosure and Barring Service process and an update would be brought back to the Board once this has been completed. | Interim Director of Workforce and OD | | 30.7.15 | | Added to workplan |
| 73/15<br>28.5.15 | **IBR – FRACTURED NECK OF FEMUR**<br>Board concerned that issue had been on agenda for some considerable time. Suggested that Review Panel who undertook last review be asked to look at position. Director of PPEF agreed to take this issue forward. | Executive Director - PPEF | | TBC | | Added to workplan |
| 26.3.15<br>26/15 | **STAFF SURVEY**<br>Item deferred until May 2015 | Executive Director of W& OD | | 28.5.15 | | |
| 18.12.14 | **VOLUNTARY REDUNDANCY SCHEME – WORKFORCE PLAN**<br>27.11.14 – Draft proposal discussed in Private Board Meeting. Discussions to take place with Staff Representatives. | Executive Director of Workforce & OD | 18.12.14 – Verbal update received<br>29.1.15 – Verbal update received<br>26.2.15 – Verbal update received<br>26.3.15 – Verbal update received<br>23.4.15 – Verbal update received | | | |

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

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|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Kathy Bray, Board Secretary |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Owen Williams, Chief Executive |
| **Title and brief summary:**<br>CHIEF EXECUTIVE'S REPORT - The Board is asked to receive and note the contents of: a. the email received from David Williams, Director General - Finance, Commercial and NHS and b. NHS - 5 Year Forward View : Time to Deliver | |
| **Action required:**<br>Note | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>N/A | |
| **Governance Requirements:**<br>Keeping the Base Safe | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

The Board is asked to receive and note the contents of:
a. the email received from David Williams, Director General - Finance, Commercial and NHS and
b. NHS - 5 Year Forward View : Time to Deliver

## Main Body

### Purpose:

Please see attached

### Background/Overview:

Please see attached

### The Issue:

Please see attached

### Next Steps:

Please see attached

### Recommendations:

The Board is asked to receive and note the contents of:
a. the email received from David Williams, Director General - Finance, Commercial and NHS and
b. NHS - 5 Year Forward View : Time to Deliver

## Appendix

### Attachment:

COMBINED CHIEF EXEC REPORT - 25.6.15.pdf

Department of Health

**David Williams**
Director General, Finance, Commercial and NHS
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T **0207 210 5685**
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***BY EMAIL***

NHS Foundation Trust Chief Executives
NHS Trust Chief Executives
Clinical Commissioning Group Accountable Officers

**2 June 2015**

As we all know, the NHS is facing substantial financial pressure over the next five years. The NHS has developed the Five Year Forward View which the Government has accepted and the Government has committed to provide the additional £8bn funding identified in the plan. NHS leaders, with our support, are focussed on planning how to deliver the £22bn efficiency savings identified in the plan. A collective effort across the whole NHS will be needed to deliver those savings.

2015-16 is a particularly challenging year. The NHS is facing increased prices for agency staff, pressures on the prices paid for clinical and non-clinical supplies and increased litigation costs, amongst other items. The current planned provider financial deficit is not sustainable and needs to be addressed.

Sound financial discipline is a necessary underpinning to the continued improvements in quality and performance that we all want to see. It is important that the NHS acts together to ensure we achieve the most from our collective bargaining power and work together to reduce these pressures where we can. Many of you have told us that your greatest concern is on the price of agency staff, where rates for individual shifts are rapidly reaching exorbitant levels.

This letter outlines some specific measures which we are taking to focus the collective bargaining power of the NHS, as well as a number of other initiatives designed to reduce cost pressures on litigation, procurement and increase the supply of nursing staff.

We have been working closely with NHS England (NHSE), Monitor and the NHS Trust Development Authority (TDA) on what specific measures to adopt. As a result, we will require providers who are receiving financial support from the Department to comply with these controls, along with all NHS Trusts, Foundation Trusts in breach of their licence and CCGs. The Department will continue to apply similar controls to all of its Arms' Length Bodies. However to have maximum effect, we are asking all other parts of the NHS to apply them. Indeed we expect all parts of the system to support these necessary measures and work with us to make them as effective as possible as we implement them. The Department has asked NHSE, Monitor and the TDA to support their sectors in moving towards financial balance and specifically to take the lead in introducing these controls.

NHSE, Monitor and the TDA will write later today setting out the details of the controls and how they relate to your organisations, but in summary:

- Organisations will be required to procure all agency staff from frameworks. Off-framework arrangements will not be permitted except in exceptional circumstances;

- NHS Trusts and Foundation Trusts in receipt of financial support or in breach of their licence will have a ceiling put on the level of spend they are able to incur on agency staff;
- A shift-based or day/hourly rate-cap will be set for agency staffing. Exceeding this cap will only be possible in exceptional circumstances;
- All professional services consultancy contracts above £50,000 will require sign-off from NHSE, Monitor or the TDA. Similar controls on these three bodies will continue to be exercised by the Department ;
- The Department will be writing separately to set out expectations on the remuneration of Very Senior Managers.

Monitor will also be consulting on changes to the regulatory regime for Foundation Trusts through its Risk Assessment Framework.

**Implementation**

The control over consultancy applies with immediate effect for all CCGs, Arms' Length Bodies, NHS Trusts and Foundation Trusts in receipt of financial support. The controls over agency staff will be rolled-out as soon as practicable from 1 July and be fully in place by the start of September. They will initially apply to nursing staff and then to other clinical and management staff. NHSE, Monitor and the TDA will be working with you over the next few weeks on how this control will operate.

Details about how the limits on agency spend and the use of non-framework suppliers will operate will be discussed with your regulators over the next few weeks, but we are clear that exceptions will be rare. However while the focus is necessarily on saving money, we are clear that this should not compromise patient safety. Where there is a high risk to patient safety the 'exceptions process' should be followed and we are consulting with Monitor and the TDA on how this will work.

We are also working on other initiatives designed to reduce the cost pressures on the system. There are three particular items where we are looking for your support to develop proposals and take the work forward:

- The Department and NHS Litigation Authority (NHSLA) are working with the Ministry of Justice and others in Government to review a number of issues including the potential to introduce fixed legal costs for clinical negligence and reviewing whether 'After the Event Insurance' costs should continue to be recoverable from the defendant in a clinical negligence claim.
- Health Education England (HEE) and the NHS system leaders are working to bring nurses back into the workplace. HEE have invested in training additional numbers of nurses which will begin to yield an increase in nursing staff numbers from 2017. In the interim, HEE and NHS leaders are investing in a continued major national campaign that will allow former nurses to return to the workforce. HEE's programme fast tracks experienced nurses back into the NHS in 3-6 months.
- We are looking to change how the NHS leverages better shared procurement options to maximise the benefit to the NHS. Our intention is that use of collective procurement channels will be mandatory for all providers in receipt of financial support, to apply from

later this financial year. However, we are looking to consult widely on how this will be developed.

Over the next few weeks NHSE, Monitor and the TDA will be working with you to develop these plans further, but we are looking to you for your collective support in delivering the efficiencies needed to ensure that the £8bn additional funding is used to best effect and we can deliver a sustainable NHS.

Yours sincerely

**DAVID WILLIAMS**
**DIRECTOR GENERAL, FINANCE, COMMERCIAL and NHS**

ANNEX A

## 1. Agency Staff Controls

The total spend by providers on agency staffing was over £3.3bn in 2014-15 - an increase of more than 28% since the previous year. Much of the increase has been driven by individual provider assessments of the number of additional nursing staff required to meet safe staffing levels and which is met from the agency market. Agency staff are generally more expensive than employed or 'bank' staff. Agency staff engaged through framework arrangements often offer a good value and flexible resource, but there are an increasing number of agency engagements which are procured off-framework, at vastly increased rates. There is evidence that some agencies hold back agency staff at framework rates to force trusts into a situation where they have to engage off the framework. The controls we are putting in place are designed to improve the collective bargaining power of the NHS by requiring agency staff to be procured from a framework and at less than a maximum allowable rate per shift.

**Use of Frameworks:** All agency staff will be procured from existing framework agreements. Off-framework arrangement may only be used in exceptional circumstances. All providers have access to one or more local framework arrangements and all providers have access to a national framework operated by Crown Commercial Services. Requiring providers to use only these frameworks will reduce the average cost of agency nursing staff. Where providers wish to procure off-framework this will be in exceptional circumstances and will be overseen by the Trust Development Authority or Monitor. Similar controls already apply to the Department and its Arms' Length Bodies (ALBs) and will be extended to Clinical Commissioning Groups, with details to be worked out shortly.

**Application of a shift based rate cap:** There will be maximum rates set for grades and specialities of staff on a geographical basis. Breaking this cap will only be permitted in exceptional circumstances and will be overseen by one of the Trust Development Authority, Monitor, the Department or NHSE. Requiring providers to engage only at levels below this cap will reduce the average cost of agency staff. Initially this cap will apply to nursing staff, but will be extended to other clinical, medical and management/administrative staff. Capped rates will be reduced from the initially set level over time.

**Setting of a ceiling for Agency spending by providers:** There are currently no limits on the amount of resource which providers can spend on Agency resources. For providers in receipt of financial support or in breach of their Monitor licence, a maximum level of agency spend will be set. The level will be set locally by the TDA or Monitor based on reductions in current levels of spend, a percentage of overall nursing costs, geographical workforce factors, the relative size and nature of the trust the type of services that a trust delivers and the type of trust (acute, mental health, community, etc). Spend against the ceiling will be overseen by the TDA and Monitor who will consider what action is required if the cap is breached.

## 2. Management Consultancy

NHS providers spent £420m on consultancy services in 2014-15, with a further £160m spent by NHSE and clinical commissioning groups. Consultancy can be a good source of independent advice and provide additional capacity to support delivery, but this is not always the case.

For providers in receipt of financial support or in breach of their Monitor licence all consultancy contracts above £50,000 would require approval in advance from Monitor or TDA. An organisation intending to procure or let a consultancy contract will submit a request for approval to TDA or Monitor who will then consider whether in their view it represents good value for money. The decision on approval will be made by a panel of senior staff from Monitor or the TDA.

Approval would most likely be given for contracts which were in support of a national programme such as 'Vanguard' or internal/external audit. Monitor are developing guidance on behalf of the sector on the type of consultancy that is likely to be approved.

Consultancy which is approved will be subject to subsequent reporting on the value-added by that consultancy work and Monitor and TDA will maintain a database of the consulting work engaged by the sector to understand more fully what the sector is paying for.

Similar arrangements already apply to the Department and its ALBs and these controls will continue.

### Application to bodies other than providers

The Department and its ALBs (including NHSE) are already subject to similar controls, and these will continue. The controls will also apply to CCGs.

## 3. Very Senior Managers Pay

Junior staff in the NHS are subject to tight restraint over their pay, but this is not always transparently the case for the pay of very senior managers. VSMs have some of the most important jobs in the country but it is vital that we do not lose sight of the need to ensure that executive pay remains proportionate and justifiable. Latest figures show that half of all directors in provider trusts are paid between £100,000 and £142,500, with more than a fifth over £142,500. The department is asking all provider remuneration committees to review their policies on executive remuneration and consider whether they remain justifiable. We are specifically asking remuneration committees to ensure that Treasury guidance on off-payroll engagements for senior staff are followed rigorously. This guidance requires all board members and all staff with significant financial responsibilities to be on payroll. We are also announcing a series of measures on transparency and disclosure, the use of retire and return provisions and that we will consult on a national VSM pay framework and benchmarked rates for executive roles. We are looking for these to be applied voluntarily but will consider taking additional legal powers if this is necessary.

# FIVE YEAR FORWARD VIEW

## Time to Deliver

4 June 2015

## 1. Introduction

When the NHS came together to produce the *Five Year Forward View*[1], our ambition was to reframe the terms of debate: to set out a shared view of the challenges ahead and the choices we face about the kind of health and care service we want in 2020. Working with patient groups, clinicians, local government and think tanks, we tapped into an overwhelming consensus on the need for change, and a shared ambition for the future.

It's a future that empowers patients, their families and carers to take more control over their own care and treatment: a future that dissolves the artificial divide between family doctors and hospitals, between physical and mental health and between health and social care. One that no longer locks expertise into outdated buildings, with services fragmented, patients having to visit multiple professionals for multiple appointments; one organised to support people with multiple conditions not just a single disease.

The *Five Year Forward View* argued that this future was perfectly possible, provided that the NHS does its part, together with the support of the public and the Government. Last week the newly elected Government put our plan at the heart of the Queen's Speech:

*"In England, my Government will secure the future of the NHS by implementing NHS's own Five Year Forward View, by increasing the health budget, integrating health care and social care and ensuring the NHS works on a seven day basis. Measures will be taken to increase access to General Practitioners and to Mental Health care."*

This is a unique moment in time: we have a consensus about the challenges ahead, a shared vision for the future, a Government commitment to at least £8bn additional funds and support for the changes to drive it.

But the scale of the transformation required cannot be delivered by the NHS alone; nor can it be driven solely from Whitehall. Just as we developed the vision together, so we must deliver it together. That's why today we are launching a programme to bring together 'a coalition of the willing' to share knowledge, energy and ideas on how to

[1] http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

deliver the *Five Year Forward View* at scale and pace. We cannot afford to lose momentum, so today we set out:

- What we have achieved so far
- Initial actions to support the service during 2015/16
- The next steps we will take to transform the NHS and deliver the *Five Year Forward View.*

## 2. Progress to date

The NHS has responded with energy and enthusiasm since the publication of the *Five Year Forward View*, with local and national bodies coming together to lay the foundations for its vision for 2020 and start delivering it.

269 local areas came forward with their ideas on how to design new models of care. Following a process of peer assessment, 29 Vanguards were selected to form the initial cohort, and this leading edge of NHS organisations and Local Authorities will improve care for over 5 million patients, as well as help us identify and solve problems in a way that can be replicated more widely across the NHS.

Greater Manchester has developed radical proposals for bringing health and social care together into a £6bn pooled budget in 2016/17 that will accelerate improvement of the health and wellbeing of its 2.8 million people. And leaders in eight areas across the country are demonstrating how individuals with complex needs can be given more control over their combined health and social care budgets for the benefit of their citizens.

Reinforcing our commitment to help people stay well and independent, support carers and families, we have marshalled the resources of the voluntary and community sector through the Peoples and Communities Board, chaired by Jeremy Taylor of National Voices. The Board has developed a national alternative to the standard contract to enable the NHS to partner with or commission from the voluntary sector.

Nationally, we are taking action to create the conditions within which local leaders can deliver the Five Year Forward View, including:

- Reinforcing our commitment to become a service that prevents as well as treats illness by launching a nationwide Diabetes Prevention Programme together with Diabetes UK to engage 10,000 people at risk of diabetes in its first year.
- Initiated independent taskforces to help us improve cancer and mental health services led by Harpal Kumar of Cancer Research UK and Paul Farmer of Mind, respectively, with Baroness Cumberlege leading a task force on maternity services.
- Published a 10 point plan to underpin our new deal for primary care, focused on recruiting more GPs, retaining them better and encouraging those who have left to return to practice, and invested the first of a £250m per year fund into primary care premises, with further investment to follow.
- Created the Workforce Race Equality Standard that will – for the first time – require organisations employing the 1.3 million NHS workforce to demonstrate progress against indicators of workforce equality, including low levels of black, minority and ethnic Board representation.
- Established the NHS Five Year Forward View Board, comprising the CEOs of the NHS's principal leadership bodies, to provide strategic oversight of the delivery of the Forward View and support greater alignment between the different statutory bodies at a national and local level.

We have made a good start, but there is much more to do. The pressures described in the *Forward View* – demographics, expectations, technology – do not just apply in the future; they are faced by the service today. This means that we cannot treat 'transformation' as a separate project, distinct from the day job, nor can we afford to delay it whilst we stabilise the system. It is exactly because the service is under so much pressure today that we have to upgrade our prevention efforts and design new models of care.

But we need to do more to create the conditions within which local services can deliver during 2015/16. Over the next few months, we will be discussing with front line staff

what further actions we can all take to relieve some of the pressures in 2015/16. In advance of this, there are some clear areas where collective action can support local delivery.

## 3. Creating the conditions for success in 2015/16

Overall, the health sector managed within its budget in 2014/15, with the provider sector delivering more than £2bn of efficiencies, but this was only achieved thanks to the extraordinary efforts of frontline staff, and with provider deficits beginning to appear. This week we have announced a series of measures to support local leaders deliver on their responsibilities to deliver high quality care and financial control in 2015/16:

*Collective action to support sustainable staffing*

Whilst in the short term, agency staff can seem like a quick and flexible solution, over reliance on agency staff can compound and embed problems with quality and finance further down the line. So to support providers to take a more sustainable approach that provides a better deal for patients, tax payers and staff, we have announced a set of collective actions to help organisations reduce the costs currently charged by agencies. Subject to the detail set out in a letter to the service we will:

- Require all agency staff to be procured from existing, agreed frameworks
- Set maximum rates for grades and specialities of staff on a geographical basis
- Set a ceiling for agency spend for each provider.

More information can be found here.[2]

In addition to these controls, HEE will lead national action through the Workforce Advisory Board to tackle the underlying cause of the growth in use of agency staff, including:

[2] https://www.gov.uk/government/news/clampdown-on-staffing-agencies-charging-nhs-extortionate-rates

- Ensuring a greater supply of NHS nurses through extending the successful national Return to Practice Campaign which has already supported over 1,300 experienced nurses to come back to the NHS within months at a cost of £2,000 per person, rather than 3 years at a cost of £50,000
- Sharing of best practice on staff retention, and joint action on short-term international recruitment to alleviate immediate pressures whilst increased domestic supply from recent increases to training commissions comes on stream
- Supporting efforts to provide NHS staff with more flexible working including looking at shift patterns and pensions and supporting better career paths for our nurses
- Reduce staff sickness rates and the need for agency staff by improving the health of the NHS workforce, linking with the work led by the Prevention Board.

*Leveraging our national buying power*

NHS commissioners and providers spent £580m on consultancy services in 2014/15. Consultancy can be a good source of independent advice and delivery support, as well as external audit, but the NHS does not always use its purchasing power as well as it might. In order to help the service ensure better value for money, we will:

- Require all consultancy contracts over £50,000 to have advance approval from the relevant oversight body
- Discuss with the big consultancy firms how we can share the knowledge we commission from them where relevant across the NHS
- Explore other ways the NHS can combine its purchasing power to leverage better prices for the NHS locally.

Securing high quality care and financial balance today is a vital part of our shared ambition to deliver a new kind of health service tomorrow, but we cannot continue to manage these pressures through a series of quick fixes. The only sustainable solution is fundamental reform: getting serious about prevention, changing the way in which care is provided and delivering high quality care wherever it is provided, and getting the most value out of every pound that we spend.

## 4. Delivering the vision for 2020

The *Five Year Forward View* set out three underpinning principles for change:

- Our shared challenge is to close three gaps in health care: the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap. For the NHS to meet the needs of future patients in a sustainable way, we need to close all three of these gaps. This means we can no longer simply respond to the forecasts of ill health and increased costs; the NHS must become a pro-active agent of change, taking bold action to 'bend the curve' on predicted trends.
- The NHS will not succeed in closing these three gaps by delivering the care in the same way that we have always delivered it. Success will require us all to think beyond our statutory and organisational borders to meet the needs of the people we serve. The role of national bodies is to create the conditions for local leaders to succeed.
- The NHS cannot close these three gaps alone. If we are to close all three gaps, then we will need our partners across health and social care in Local and National Government, individuals and their communities, the corporate and charitable sectors to use their levers, unleashing local energies to help create the future we want.

The following sections sets out the actions we will need to take as a system if we are to close all three gaps by 2020.

### *4a. Closing the care and quality gap*

In the Five Year Forward View, we signed up to a double opportunity: to narrow the gap between the best and the worst whilst raising the quality bar higher for everyone.

*Raising the quality bar higher for everyone*

As a catalyst to create new ways of delivering care that are better suited to modern health needs and more productive, we are working with 29 Vanguard areas to develop and implement the new care models outlined in the Forward View. Our aim is not just to improve services in the Vanguard areas, but to develop models that can be replicated

elsewhere, drawing on recent lessons from other leading edge areas, such as the integrated care pioneers.

By July, we will publish a support programme to tackle common problems and accelerate implementation of new care models. Each Vanguard area will personally be sponsored by one of the ALB Chief Executives. This association will help national bodies deepen their understanding of barriers to implementation so that they can help to remove them. In tandem with the support programme, we will begin investing the £200m Transformation Fund available in 2015/16.

We have invited expressions of interest from hospitals across England interested in developing new ways of delivering and improving their local acute services. These new Vanguard sites will focus on promoting collaboration between acute providers. Drawing on the findings of Sir David Dalton's review, these new models may include greater use of clinical networks across nearby sites, joint ventures between NHS organisations, or the delivery of specialist single services across a number of different providers. Like the other Vanguards, they will benefit from a programme of support as well as investment from the Transformation Fund.

In addition, we are inviting areas covering five million people to become Urgent and Emergency Care Vanguards. Sir Bruce Keogh's *Urgent and Emergency Care Review* showed a strong consensus that this system should be redesigned. We must ensure people with more serious or life-threatening emergency needs are treated in hospitals with the very best expertise and facilities. Those with urgent but non-life threatening needs could be much more effectively treated outside of hospital but, in the past, out-of-hours services have been difficult to access or understand and the potential of the ambulance service has been under-utilised. The new Vanguards will help us design this differentiated approach in a way that can be replicated elsewhere, with a particular focus on developing convenient and technologically-enabled out of hospital services for people with urgent but non-life threatening needs. Similar to other Vanguards, we will partner with areas that are enthusiastic about implementing the Keogh review, moving further and faster with intensive national support, problem solving and transformation funding.

Workforce issues will be central to all Vanguards, as organisations do not deliver care to patients: people do. Through its local LETBs, HEE will work with the Vanguard areas to support the development of the new workforce required to deliver the New Care Models. The Workforce Advisory Board will shortly launch a drive for Exemplars – organisations who have already successfully implemented such changes and develop bespoke training and development packages to support staff in leading and delivering change.

*Narrowing the gap between the best and the struggling*

We know from the CQC's inspections and other national and international reports that there is still too much variation in the NHS. 65% of services across health and social care deliver good or outstanding care, but that means that about 1 in 3 services still require improvement, and they require this improvement now. Under the leadership of the National Quality Board, we will further align our understanding of quality in the NHS, how we measure it, and set common priorities for quality improvement. Ultimately, we want all parts of the NHS to provide high quality services through the New Care Models in the future. Focusing on individual providers alone will not achieve this, however. There are a number of local health and care systems where, unlike the Vanguard areas, the conditions for transformation do not yet exist. In these most challenged areas, we will introduce a new regime of support for whole health care economies to help create the conditions for success, the 'Success Regime'. This new approach will:

- Work across whole health and care economies as opposed to just individual organisations
- Be overseen jointly by NHS England, Monitor and the NHS Trust Development Authority at both a national and regional level, so that the efforts of the various statutory bodies and regulators are aligned
- Provide the necessary support and challenge to health and care economies by diagnosing the problems, identifying the changes required and implementing them
- Strengthen local leadership capacity and capability, with a particular focus on radical change and developing collaborative system leadership

- Actively consider how the New Care Models might form part of the solution for the selected health and care economies, rather than trying to patch up struggling services in old ways.

Following a period of national and regional assessment, work will now begin with the three health and care economies that will be the first to benefit from the Success Regime. These are:

- North Cumbria
- Essex
- Northern, Eastern and Western Devon.

More details on how the Success Regime will work, the first cohort of entrants and how the Success Regime Board will make decisions about future areas is available here. [3]

### *4b. Closing the health gap*

We are living longer lives but we are not living healthier lives. The overwhelming majority of ill health and premature death in this country is due to diseases that could be prevented if people lived healthier lives. Many could also be detected earlier and better managed to prevent deterioration and hospitalisation.

The NHS cannot achieve this alone: bending the curve on ill health will require concerted action from individuals, local government and other public, private and third sector bodies alongside the health service. To drive this increased emphasis on prevention, and to coordinate between bodies, we have established a national prevention board, chaired by Public Health England and reporting directly to the NHS *Five Year Forward View* Board, composed of the CEOs of the seven national leadership bodies.

The early focus of this Board is diabetes prevention. Diabetes is a growing problem: since 1996, the number of people living with diabetes has more than doubled. If we do nothing, there could be more than four million people in England with diabetes in the

[3] https://www.gov.uk/government/publications/five-year-forward-view-the-success-regime-a-whole-systems-intervention

next 10 years. Treating the condition and its complications including blindness, amputations, stroke and heart attacks already accounts for around 10% of the NHS budget.

The Diabetes Prevention Programme aims to halt this rise, delivering at scale lifestyle interventions that have been shown to help individuals at high risk of developing Type 2 diabetes. Announced earlier this year, seven local demonstrator sites have been developing the early stages of the programme, in line with international evidence. Over the next few years, we will be rolling the programme out across England with the ambition of enrolling 100,000 people who are at risk.

The Diabetes Prevention Programme is the first step in upgrading our prevention efforts. Improving the health of the 1.3 million people who work for the NHS is another early priority. We will also continue to underline the importance of bringing obesity up the national agenda, with the development of a new cross-Government drive that will be developed over the coming months.

### *4c. Closing the funding and efficiency gap*

The Forward View set the ambition for the NHS to achieve an extra 2 - 3% average annual net efficiency gain over the next period. This does not represent a cut in funds, but the headroom we need to find within our own growing budget to meet the forecast rise in demand. In order to achieve this there are three main areas where the NHS needs to take action:

- *Preventing and managing demand* – reducing, wherever possible, the need for health care in the first place by supporting people to keep healthy
- *Maximising the value of our £115bn spend* – driving up productivity and reducing inefficiencies so that more of our budget is spent on patients who need our care
- *Redesigning services* – investing in new ways of providing joined up care in a more clinical and cost-effective way for patients and their carers.

Some of the required actions are a matter for individual organisations to lead: Trusts are best placed to reduce staff sickness levels, for example. Other actions – such as levering our national clout to get the best pricing deals – are best taken at a national level whilst some issues – such as the redesign of services or preventing ill-health – are best achieved through collective action: not just by partnering with other sectors, but by harnessing the energy of local communities and voluntary groups.

So instead of simply drawing up a national blue print for how we plan to make £22bn efficiency gains in Whitehall, we will develop key elements of the programme just as we developed the vision: together with the service, our partners and the patients we serve. Below we set out some of the initial actions we will take at a national level to start making the efficiency gains, but we will embark upon a major programme of engagement to help identify the further opportunities that lie within organisations or as part of wider collective action.

*Preventing and managing demand*

Demand for health services is growing. Demand will continue to grow, driven by population growth, an increase in chronic conditions, technological change and an ageing society. In the *Five Year Forward View* we argued that we should not sit back and let forecasts become reality, but take active steps to moderate predicted hospital activity, whilst recognising that some demand will be dependent upon the ability of social care services to respond to needs in their sector. The most important way of doing this is to radically upgrade our prevention efforts, particularly in those areas that have an impact in the short – medium term. This is why we've already committed to a nationwide diabetes prevention programme: international evidence suggests that people completing these programmes achieve 5% weight-loss and within three years reduced downstream spending will outweigh initial costs.

Continued support to help people stop smoking brings immediate benefits in addition to long-term decreases in the risk of cardiovascular disease and cancer. Similarly, reduction in alcohol misuse immediately reduces the risk of ending up in A&E, and reductions in the prevalence of hypertension and high cholesterol can help avoid

hospitalisations. Even action on obesity can have short-term and well as long-term benefits: weight loss of 5-10% quickly lowers blood pressure and cholesterol, underlining the importance of bringing obesity up the national agenda, with the development of a new cross-government drive on obesity.

Supporting people to manage their own health and healthcare can both improve outcomes and reduce costs—something that 70-80% of the approximately 15 million people with long-term conditions could do with appropriate support. The Expert Patient Programme, for example, suggests that at a typical investment of £400 per patient could save about £4,000 per year.

We know that a small number of patients consume a very large proportion of total resources. Increasingly, we are able to identify these patients before their health deteriorates using a mix of predictive software and professional judgment. Through the Vanguard programme, we will develop effective tools for identifying and managing people at risk to all CCGs and providers—including care homes. The Vanguards will also implement new types of capitated contracts that will strengthen incentives to identify people at risk of falling seriously ill, to intervene early and to manage their care in the most cost-effective way. In mental health, we are investing substantially in improving early intervention for psychosis, as well as the introduction of the first ever mental health access standards.

*Maximising the value of our £115bn spend*

We will also take further steps to ensure that the money we spend returns the highest possible health dividend. Alongside investing more in prevention and early intervention, it also means examining our current patterns of expenditure for unwarranted variation.

For commissioners, tools such as RightCare's *NHS Atlas of Variation* and Commissioning for Value analyses illustrate how areas can achieve very different outcomes despite similar levels of expenditure, and vice versa. NICE's Quality Standards, dovetailing with CQC's inspection framework, pinpoint the practice that needs to be standardised to deal

with this variation. By benchmarking costs and outcomes across comparable areas, these tools help areas understand how they could change spending patterns to achieve better overall value and where to target their improvement programmes. For example, the RightCare approach helped Warrington CCG to identify higher non-elective admissions compared to its peers, which in turn led to implementing decision aids and other clinical improvements that have held down admissions and saved £15m per year. NHS England working in partnership with PHE will roll out the RightCare to all CCGs. In terms of provider efficiency, there is still a significant variation between the best and worst performers on a whole raft of areas including length of stay, day case rates and new-to-follow up ratios and so forth. Costs for the same goods can vary by as much as 35% between hospitals. In addition, estate efficiencies across the acute and mental health sectors could yield a gain of perhaps £1bn pa, with perhaps a further £1bn one-off gain from the sale of surplus estate; some estimates, even suggest figures up to £7.5bn. Although this would be a one-off, there may be opportunities to repurpose some of this estate in other ways.

To support the sector meeting this challenge, we will set clear expectations and incentives for the system to improve, ensuring consistency of approach and alignment between the different national bodies. This will be underpinned by making improvements to how we set incentives as part of the payment system, including setting a stretching and credible efficiency factor consistent with the size of the opportunity.

Following the introduction of CQC's new inspection and ratings approach, we now have greater transparency about the quality of care in our services than ever before, and the work of the National Information Board will support patients to make better choices by providing transparency on the quality of care. To understand if we are spending our money well we will need similar transparency about efficiency. We will work together to develop a common, comparable measure of the good use of resources in the NHS, and to ensure insights about service quality and use of resources sit alongside each other. Good performance and management information will be critical to driving improvements. We will support providers by making transparent and high quality productivity information available, building on the benchmarking work that is

developing through Lord Carter's review, so that they can lead the conversations about areas for improvement and greater efficiency.

We will develop a programme of support for the provider sector to help build management capability and align investments in leadership and management more closely with the productivity agenda, following the Smith Review. Further investment will be made in developing and disseminating good practice which can be shown to support productivity improvement, and we will harness the benefits of the information revolution to deliver further change.

Over the last four years, we have reduced central administration costs by a third in order to maximise funding for frontline services, including £700m of reductions to Department of Health and NHS England central programmes. Nationally, we will continue to hold central administrative costs and budgets down to ensure that frontline services take priority.

*Redesigning more productive services*

Monitor estimates that between 2-4 million A&E attendances could be dealt with outside hospital and up to 20% of admissions could be treated by ambulatory emergency services and sent home on the same day. Between 20-30 million elective attendances currently led by hospital consultants could also be shifted to out-of-hospital settings**.** Opportunities like these illustrate how we can rewire healthcare to increase its productivity.

This is already happening in some of our Vanguards. For example, Multispecialty Community Providers will incorporate some acute specialists such as consultant geriatricians, psychiatrists and paediatricians to provide integrated specialist services in out-of-hospital settings. We will be working with our first 29 sites to redesign these more efficient models and to do so in a way that can be replicated elsewhere.

Although delivering care that is more coordinated and delivers better outcomes or patients is the primary focus of our new models of care programme, it is also important that they are more productive – that they can do more with the same or less. The recently launched acute collaboration Vanguards will design ways of sharing clinical and/or back office services between hospitals in networks or chains, sweating assets more and making a fixed amount of resources go further—giving some district general hospitals a path to long term sustainability. Similarly, the new urgent and emergency care Vanguards announced yesterday will design ways of ensuring people's needs are met in the right place, making the most of the total resources available across a network of services primary, community and hospital services.

## 5. Delivering together

The publication of the *Five Year Forward View* was as an important moment for the NHS. If we are to achieve the profound changes in care that we know are needed, then we must work in partnership with patient groups, front line staff, social care and local government partners, as well as Government, business and representative bodies. In recognition of this, engagement is integral to our collective governance: the NHS *Five Year Forward View* Board meets quarterly with wider representatives of the system leadership, including NHS Confederation, NHS Providers, National Voices, Local Government Association, and Clinical Commissioners to discuss key issues, and each Programme Board has representation and advice from stakeholders relevant to the particular issue

We have now asked a range of stakeholders to come together and agree how best to implement the changes, drawing on their expertise and energy to help develop implementation plans over the next four months:

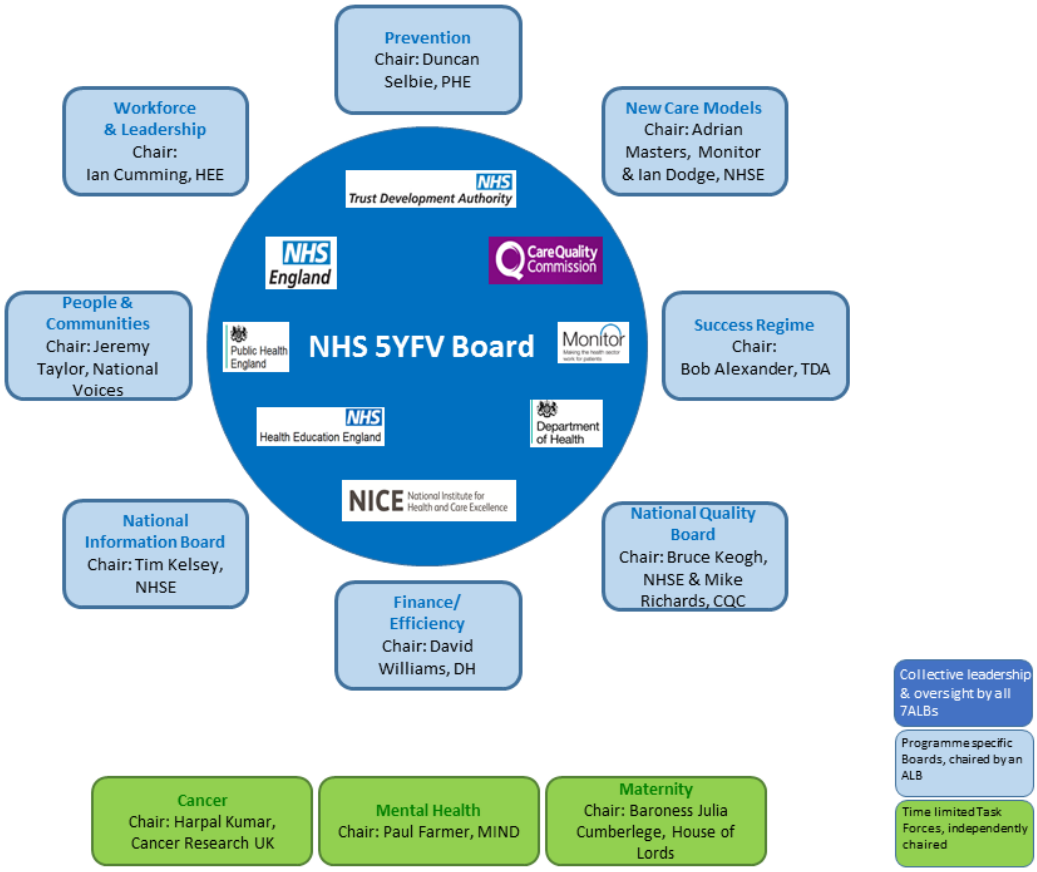
- *Closing the finance and efficiency gap*: The NHS Confederation and NHS Providers will work together with other partners to lead a series of round table discussions, bringing together local and national leaders from all professions and sectors, on behalf of the Finance Board.
- *Closing the care and quality gap*: The Stakeholder Forum of the National Quality Board will lead a series of engagement events through their existing networks on

how we can best close the quality gap, working with the stakeholder forum of the New Care Models Board.

- *Closing the health and wellbeing gap*: The Stakeholder Forum of the Prevention Board will work with the LGA and representatives of the People and Communities Board to lead a series of engagement exercises through their existing networks on how we can best close the health and wellbeing gap.

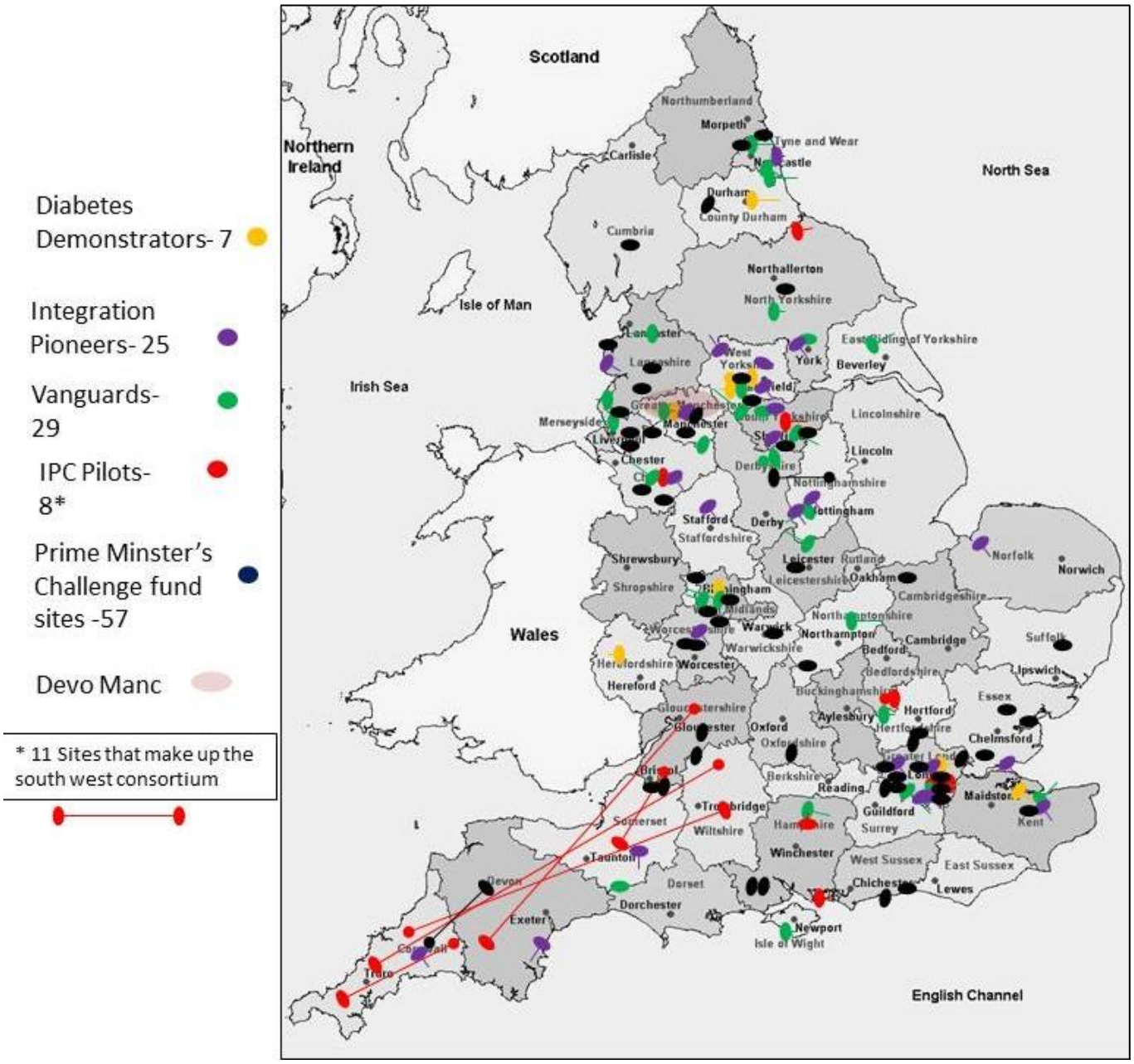
The results of this engagement process will inform our local and national planning processes in the autumn, but more importantly, it will provide the foundation for our success: we have a plan; we have the support, now we must deliver the *Five Year Forward View* together.

## Annex A: Governance arrangements for driving forward the *Five Year Forward View*




The NHS *Five Year Forward View* Board consists of the CEOs of each of the seven Arm's Length Bodies. Non-statutory, it does not replace the individual accountabilities of each board, but provides the opportunity for collective oversight of the delivery of the 5YFV.

## Annex B: Forward View progress to date: Pilot programme map




Care Quality Commission
NHS England
NHS Health Education England
NHS Trust Development Authority
Monitor
Public Health England
NICE National Institute for Health and Care Excellence

APPENDIX D

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

| |
|---|
| |

## Cover Sheet

| | |
|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Kathy Bray, Board Secretary |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Victoria Pickles, Company Secretary |
| **Title and brief summary:**<br>INTEGRATED BOARD REPORT - The Board is asked to receive and note the contents of the Integrated Board Report. | |
| **Action required:**<br>Note | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>Weekly Executive Board Quality Committee | |
| **Governance Requirements:**<br>Keeping the base safe | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

The Board is asked to receive and note the contents of the Integrated Board Report.

## Main Body

### Purpose:

Please see attached

### Background/Overview:

Please see attached

### The Issue:

Please see attached

### Next Steps:

Please see attached

### Recommendations:

The Board is asked to receive and note the contents of the Integrated Board Report.

## Appendix

### Attachment:

Integrated Board Performance Report V3 .pdf

# Board Of Directors Integrated Performance Report

Report For: May 2015

Calderdale and Huddersfield NHS
NHS Foundation Trust

compassionate care

## Contents

Calderdale and Huddersfield NHS
NHS Foundation Trust

# Executive Summary Commentary

compassionate care

May was a busy month for activity, all inpatient and day case activity is reported green. The theatre utilisation project continues and focuses on scheduling patient flow, staff and skill mix and scheduling and will be rolled out to July. This should lead to increases in elective and day case activity, through better theatre utilisation. For non-elective activity, we continue to have issues with discharging patients in a timely fashion. We are working with our partners to try and reduce the number of delays due to external issues, and improving processes within the hospitals where there are issues with our own patient flow.

Outpatient activity is slightly under plan.

The A&E 4 hour wait performance was 94.8% against 95% target and has continued to struggle in June which poses a slight risk for the quarter. Divisional teams have implemented additional mitigations to manage the risk and secure delivery.

The drive to close complaints in the required time continues. At the end of April , 52 complaints were ongoing over timescale, compared to 23 at the end of May. Whilst older complaints are being completed there will be an effect upon timeframe performance.

Two cases of MSSA were detected this month. Both cases have been reviewed and it was noted that both patients had predisposing skin lesions colonised with MSSA (for which we do not decolonise) which would indicate that these were not hospital Acquired Infections.

Our SHMI is 109, a reduction on last month. Our HSMR is 108.53. A review of the Care of the Acutely ill Patient (CAIP) programme took place at the end of May 2015, and a refocused programme will look to be formed in the next month. Works continues on the Mortality review process and lesson learnt are being feedback to the appropriate forums and clinical teams. The data collection process is being streamlined to ensure more timely data is gathered.

Time to theatre for fractured neck of femur patients continues to be off plan, current performance is 72.5% against a target of 85% A recovery plan for performance in peak times will be in place by the end of June.

Calderdale and Huddersfield NHS Foundation Trust

# Responsive Executive Summary - Helen Barker Associate Director of Operations

compassionate care

| | Report For: May 2015 | Indicator Source | Report For: May 2015 Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Year To Date Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Trend (Rolling 12 Months) | Year End Forecast | Data Quality |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Activity | % Elective Variance against Plan | Local | 0.00% | 4.76% | 3.13% | -6.64% | 22.09% | - | 0.00% | 0.00% | -2.44% | -8.41% | 18.96% | - | | | |
| | % Day Case Variance against Plan | Local | 0.00% | 0.32% | -1.33% | 0.55% | 25.16% | - | 0.00% | -1.35% | -1.91% | -2.45% | 10.76% | - | | | |
| | % Non-elective Variance against Plan | Local | 0.00% | 3.15% | 1.38% | 0.88% | 8.57% | - | 0.00% | 1.26% | -5.56% | 3.56% | 1.45% | - | | | |
| | % Outpatient Variance against Plan | Local | 0.00% | -0.18% | -1.73% | -3.83% | 11.76% | - | 0.00% | 1.13% | -0.82% | -2.87% | 15.03% | - | | | |
| RESPONSIVE - Operational Targets | Theatre Utilisation (TT) - Main Theatre - CRH | Local | 92.50% | 87.28% | 85.49% | - | 101.04% | - | 92.50% | 87.53% | 85.72% | - | 101.04% | - | | | |
| | Theatre Utilisation (TT) - Main Theatre -HRI | Local | 92.50% | 95.08% | 95.08% | - | - | - | 92.50% | 93.22% | 93.22% | - | - | - | | | |
| | Theatre Utilisation (TT) - HRI DSU | Local | 92.50% | 75.67% | 74.76% | - | 85.44% | - | 92.50% | 76.40% | 75.41% | - | 85.44% | - | | | |
| | Theatre Utilisation (TT) - HRI SPU | Local | 92.50% | 84.46% | 84.46% | - | - | - | 92.50% | 82.32% | 82.32% | - | - | - | | | |
| | % Daily Discharges - Pre 11am | Local | 28.00% | 9.98% | 11.95% | 9.14% | 9.50% | - | 28.00% | 10.02% | 12.15% | 8.77% | 9.80% | - | | | |
| | Delayed Transfers of Care | Local | 5.00% | 6.30% | - | - | - | - | 5.00% | 6.80% | - | - | - | - | | | |
| | Green Cross Patients | Local | 40 | 91 | - | 91 | - | - | 40 | 91 | - | 91 | - | - | | | |
| | Number of Outliers (Bed Days) | Local | 665 | 791 | 205 | 589 | 0 | - | 1184 | 1601 | 484 | 1120 | 0 | - | | | |
| | First DNA Rate | Local | 7.00% | 6.45% | 6.35% | 5.57% | 7.74% | 3.41% | 7.00% | 6.57% | 6.36% | 6.26% | 7.54% | 3.60% | | | |
| | % Hospital Initiated Outpatient Cancellations | Local | 21.00% | 14.50% | 15.42% | 14.30% | 12.01% | - | 21.00% | 14.76% | 15.27% | 15.75% | 11.86% | - | | | |
| | Appointment Slot Issues on Choose & Book | Local | 5.00% | 12.99% | 11.44% | 18.08% | 4.64% | - | 5.00% | 15.00% | 12.25% | 22.56% | 7.38% | - | | | |
| | No of Spells with > 2 Ward Movements | Local | - | 125 | 22 | 73 | 30 | - | - | 278 | 45 | 172 | 61 | - | | | |
| | % of Spells with > 2 ward movements (2% Target) | Local | 2.00% | 1.97% | 1.38% | 4.11% | 1.01% | - | 2.00% | 2.26% | 1.48% | 4.85% | 1.06% | - | | | |
| | No of Spells with > 5 Ward Movements | Local | - | 4 | 0 | 4 | 0 | - | - | 9 | 0 | 9 | 0 | - | | | |
| | % of spells with > 5 ward movements (No Target) | Local | - | 0.06% | 0.00% | 0.23% | 0.00% | - | - | 0.07% | 0.00% | 0.25% | 0.00% | - | | | |
| | Total Number of Spells | Local | - | 6331 | 1591 | 1775 | 2965 | - | - | 12326 | 3034 | 3550 | 5742 | - | | | |
| RESPONSIVE:18 Weeks and Other Access Indicators | % Non-admitted Closed Pathways under 18 weeks | National & Contract | 95.00% | 98.89% | 98.91% | 98.58% | 99.53% | - | 95.00% | 98.61% | 98.64% | 98.57% | 98.57% | - | | | |
| | % Admitted Closed Pathways Under 18 Weeks | National & Contract | 90.00% | 92.41% | 91.62% | 100.00% | 95.45% | - | 90.00% | 92.03% | 91.27% | 100.00% | 94.87% | - | | | |
| | % Incomplete Pathways <18 Weeks | National | 92.00% | 95.85% | 94.83% | 98.71% | 97.39% | - | 92.00% | 95.85% | 94.83% | 98.71% | 97.39% | - | | | |
| | 18 weeks Pathways >=26 weeks open | Local | 0 | 251 | 220 | 3 | 28 | - | 0 | 251 | 220 | 3 | 28 | - | | | |
| | 18 weeks Pathways >=40 weeks open | National | 0 | 7 | 7 | 0 | 0 | - | 0 | 7 | 7 | 0 | 0 | - | | | |
| | % Diagnostic Waiting List Within 6 Weeks | National & Contract | 99.00% | 99.80% | 100.00% | 100.00% | 99.71% | - | 99.00% | 99.82% | 100.00% | 100.00% | 99.75% | - | | | |
| | Community AHP - 18 Week RTT Activity | National | 95.00% | 97.41% | - | - | - | 97.41% | 95.00% | 97.41% | - | - | - | 97.41% | | | |
| | Paediatric Therapies - 18 Week RTT Speech Therapy | National | 95.00% | 98.95% | - | - | - | 98.95% | 95.00% | 98.95% | - | - | - | 98.95% | | | |
| | Paediatric Therapies - 18 Week RTT Occupational Therapy | National | 95.00% | 97.68% | - | - | - | 97.68% | 95.00% | 97.68% | - | - | - | 97.68% | | | |
| | Paediatric Therapies - 18 Week RTT Physiotherapy | National | 95.00% | 99.24% | - | - | - | 99.24% | 95.00% | 99.24% | - | - | - | 99.24% | | | |
| | % Last Minute Cancellations to Elective Surgery | National & Contract | 0.60% | 0.74% | 1.04% | 0.00% | 1.67% | - | 0.60% | 0.73% | 0.98% | 0.07% | 1.78% | - | | | |
| | 28 Day Standard for all Last Minute Cancellations | National & Contract | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | | | |
| | No of Urgent Operations cancelled for a second time | National & Contract | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | | | |

Calderdale and Huddersfield NHS
NHS Foundation Trust

# Responsive Executive Summary - Helen Barker Associate Director of Operations

compassionate care

| | Report For: May 2015 | Indicator Source | Report For: May 2015 | | | | | | Year To Date | | | | | | Trend (Rolling 12 Month) | Year End Forecast | Data Quality |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Target | Trust | Surgical | Medical | Families and Specialist Services | Community | | | |
| RESPONSIVE: Cancer | 62 Day Gp Referral to Treatment | National & Contract | 85.00% | 92.31% | 93.33% | 91.84% | 100.00% | - | 85.00% | 90.94% | 93.06% | 88.99% | 84.62% | - | | | |
| | 62 Day Referral From Screening to Treatment | National & Contract | 90.00% | 100.00% | 100.00% | - | - | - | 90.00% | 92.86% | 91.67% | - | 100.00% | - | | | |
| | 31 Day Subsequent Surgery Treatment | National & Contract | 94.00% | 100.00% | 100.00% | 100.00% | - | - | 94.00% | 97.30% | 100.00% | 97.30% | - | - | | | |
| | 31 day wait for second or subsequent treatment drug treatments | National & Contract | 98.00% | 100.00% | 100.00% | 100.00% | - | - | 98.00% | 100.00% | 100.00% | 100.00% | 100.00% | - | | | |
| | 62 Day Aggregated Gp Urgent Referral To Treatment And Screening Referral To Treatment | National & Contract | 86.00% | 92.86% | 93.98% | 90.29% | 100.00% | - | 86.00% | 91.17% | 93.05% | 88.96% | 88.89% | - | | | |
| | 31 Days From Diagnosis to First Treatment | National & Contract | 96.00% | 100.00% | 100.00% | 100.00% | 100.00% | - | 96.00% | 100.00% | 100.00% | 100.00% | 100.00% | - | | | |
| | Two Week Wait From Referral to Date First Seen | National & Contract | 93.00% | 98.43% | 99.17% | 96.24% | 100.00% | - | 93.00% | 97.36% | 98.58% | 93.13% | 100.00% | - | | | |
| | Two Week Wait From Referral to Date First Seen: Breast Symptoms | National & Contract | 93.00% | 93.75% | 93.75% | - | - | - | 93.00% | 93.56% | 93.56% | - | - | - | | | |
| RESPONSIVE: Accident & Emergency | A and E 4 hour target | National & Contract | 95.00% | 94.80% | - | 94.80% | - | - | 95.00% | 94.90% | - | 94.90% | - | - | | | |
| | Time to Initial Assessment (95th Percentile) | National | 00:15:00 | 00:20:00 | - | 00:20:00 | - | - | 00:15:00 | 00:22:00 | - | 00:22:00 | - | - | | | |
| | Time to Treatment (Median) | National | 01:00:00 | 00:17:00 | - | 00:17:00 | - | - | 01:00:00 | 00:17:00 | - | 00:17:00 | - | - | | | |
| | Unplanned Re-Attendance | National | 5.00% | 4.82% | - | 4.82% | - | - | 5.00% | 5.07% | - | 5.07% | - | - | | | |
| | Left without being seen | National | 5.00% | 3.09% | - | 3.09% | - | - | 5.00% | 3.37% | - | 3.37% | - | - | | | |
| | A&E Ambulance 30-60 mins | National | 0 | 36 | - | 36 | - | - | 0 | 65 | - | 65 | - | - | | | |
| | A&E Trolley Waits | National | 0 | 0 | - | 0 | - | - | 0 | 0 | - | 0 | - | - | | | |
| | Improving recording of diagnosis in A&E | CQUINS | 85.00% | 85.84% | - | 85.84% | - | - | 85.00% | 85.50% | - | 85.50% | - | - | | | |

Calderdale and Huddersfield NHS
NHS Foundation Trust

# Responsive/Operational Targets - Associate Director of Operations

compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Theatre Utilisation (TT) - Main Theatre - CRH | 92.50% | 87.28% | 85.49% | - | 101.04% | - |
| Theatre Utilisation (TT) - Main Theatre - HRI | 92.50% | 95.08% | 95.08% | - | - | - |
| Theatre Utilisation (TT) - HRI DSU | 92.50% | 75.67% | 74.76% | - | 85.44% | - |
| Theatre Utilisation (TT) - HRI SPU | 92.50% | 84.46% | 84.46% | - | - | - |
| % Daily Discharges - Pre 11am | 28.00% | 9.98% | 11.95% | 9.14% | 9.50% | - |
| Delayed Transfers of Care | 5.00% | 6.30% | - | - | - | - |
| Green Cross Patients | 40 | 91 | - | 91 | - | - |
| Number of Outliers (Bed Days) | 665 | 791 | 205 | 589 | 0 | - |
| First DNA Rate | 7.00% | 6.45% | 6.35% | 5.57% | 7.74% | 3.41% |
| % Hospital Initiated Outpatient Cancellations | 21.00% | 14.50% | 15.42% | 14.30% | 12.01% | - |
| Appointment Slot Issues on Choose & Book | 5.00% | 12.99% | 11.44% | 18.08% | 4.64% | - |
| No of Spells with > 2 ward movements | - | 125 | 22 | 73 | 30 | - |
| % of Spells with > 2 ward movements (2% Target) | 2.00% | 1.97% | 1.38% | 4.11% | 1.01% | - |
| No of Spells with > 5 Ward Movements | - | 4 | 0 | 4 | 0 | - |
| % of spells with > 5 ward movements (No Target) | - | 0.06% | 0.00% | 0.23% | 0.00% | - |
| Total Number of Spells | - | 6331 | 1591 | 1775 | 2965 | - |

**% Daily Discharges Pre 11am**

**1. Why off Plan?** : There is poor use of the discharge lounge and lack of prioritisation at ward level compounded by the outlier volume which complicates planning. Board rounds are currently being further reviewed as should facilitate earlier decision making and ther is further work required on the roles and responsibilities of the Clinical Commanders and the Discharge Coordinators with specific focus needed on afternoon planning.

**2. Action to get back on Plan:** All projects relating to patient flow/LOS are being brought together under a single governance structure to ensure traction on delivery. A comprehensive improvement plan will be developed with clear timelines for improvement

**3. Achieved by date**: An improvement plan is in development and will be updated in the next report.

**First DNA Rate** -

**1.Why off plan:** Target 7%, performance 6.57% - Performance has recovered and is within target levels with only one Division out of range.

**2. Action to get back on Plan:**The SMS and Interactive Voice Messaging continues to deliver a reduction in missed appointments, and patients are now able to update contact numbers at the self-checking kiosks. Evening staff have now been recruited to support the extended working in OP reception, the role includes telephoning potential DNAs as an added precaution - the work will focus on high DNA clinics and age ranges. Overall the DNA rate is in line with peer Trusts. RAG rating GREEN

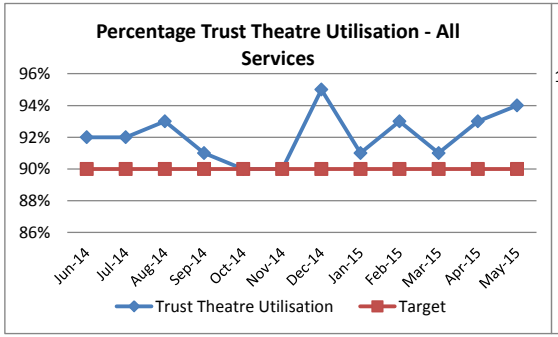
Theatre Utilisation -

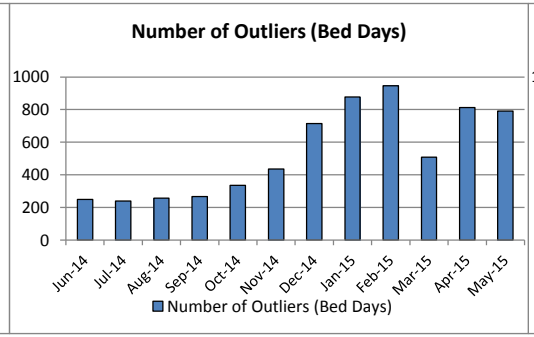
**1.Why off plan** : Unfortunately not all surgeons have been fully utilising their theatre time and this has been identified by the "four eyes" deep dive work that has taken place within the surgical division.

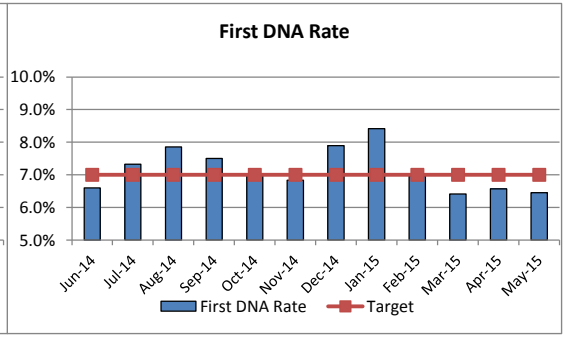
**2. Action to get back on plan**: There is a great deal of work taking place, through the theatre PMO scheme, initially this is with 10 surgeons spread over orthopaedics, ENT and general surgery. Areas that have been looked at are scheduling, patient flow to and from theatre, staff and skill mix, start and finish times of theatre lists. These have all been agreed with the CD's and the surgeons concerned and the "better week" did show some improvements in orthopaedics and ENT. Theatre Touch Time (TT) is the way in which the utilisation is now measured, we are working with individual surgeons and specialties regarding their scheduling of patients.

**3.Achieved by date:** The full roll out should be complete by July 2015, therefore over the next 2 months we should see an improvement in the utilisation figures.

ASI Performenace continues to be challenging with 3 specialties accounting for 37% of the issues that relate to a Capacity & Demand missmatch for which work is in progress. The remaining 63% are spread across all specialties with varying explanations. When all non capacity issues are resolved the Trust will be delivering close to target. An external review has been arranged for 26th June from which a revised action plan will be agreed with improvement trajectories by specialty



Calderdale and Huddersfield NHS Foundation Trust

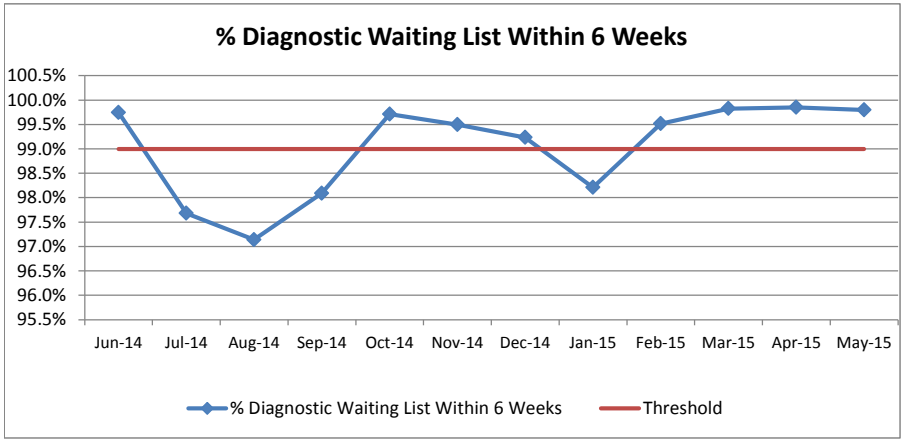
# Responsive - RTT - Associate Director of Operations

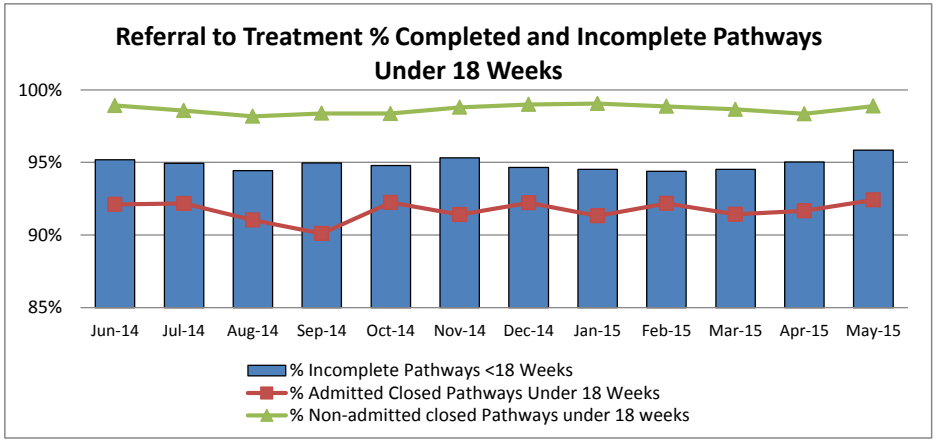
compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| % Non-admitted closed Pathways under 18 weeks | 95.00% | 98.89% | 98.91% | 98.58% | 99.53% | - |
| % Admitted Closed Pathways Under 18 Weeks | 90.00% | 92.41% | 91.62% | 100.00% | 95.45% | - |
| % Incomplete Pathways <18 Weeks | 92.00% | 95.85% | 94.83% | 98.71% | 97.39% | - |
| 18 weeks Pathways >=26 weeks open | 0 | 251 | 220 | 3 | 28 | - |
| 18 weeks Pathways >=40 weeks open | 0 | 7 | 7 | 0 | 0 | - |
| RTT Waits over 52 weeks Threshold > zero | 0 | 0 | 0 | 0 | 0 | - |
| Community AHP - 18 Week RTT Activity | 95.00% | 97.41% | - | - | - | 97.41% |
| Paediatric Therapies - 18 Week RTT Speech Therapy | 95.00% | 98.95% | - | - | - | 98.95% |
| Paediatric Therapies - 18 Week RTT Occupational Therapy | 95.00% | 97.68% | - | - | - | 97.68% |
| Paediatric Therapies - 18 Week RTT Physiotherapy | 95.00% | 99.24% | - | - | - | 99.24% |
| % Diagnostic Waiting List Within 6 Weeks | 99.00% | 99.80% | 100.00% | 100.00% | 99.71% | - |
| % Last Minute Cancellations to Elective Surgery | 0.60% | 0.74% | 1.04% | 0.00% | 1.67% | - |
| 28 Day Standard for all Last Minute Cancellations | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | - |
| No of Urgent Operations cancelled for a second time | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | - |

Good performance on reportable RTT metrics. A deep dive undertaken on elective access incompassing the Intensive Support Team report, and interview assurance review and the KPMG report. An action plan has been developed and ratified by WEB.

Cancelled Operations were above threshold this month in both Surgery and Womens. Some issues relate to the drive for improving utilisation where there are some bedding in issues with some cultural issues highlighted by Divisions in terms of unplanned list overruns. Discussed with Divisions and agreement to raise the threshold for cancellation to ADD level only which is being communicated to Theatre staff, Anaesthetists and surgeons with immediate effect



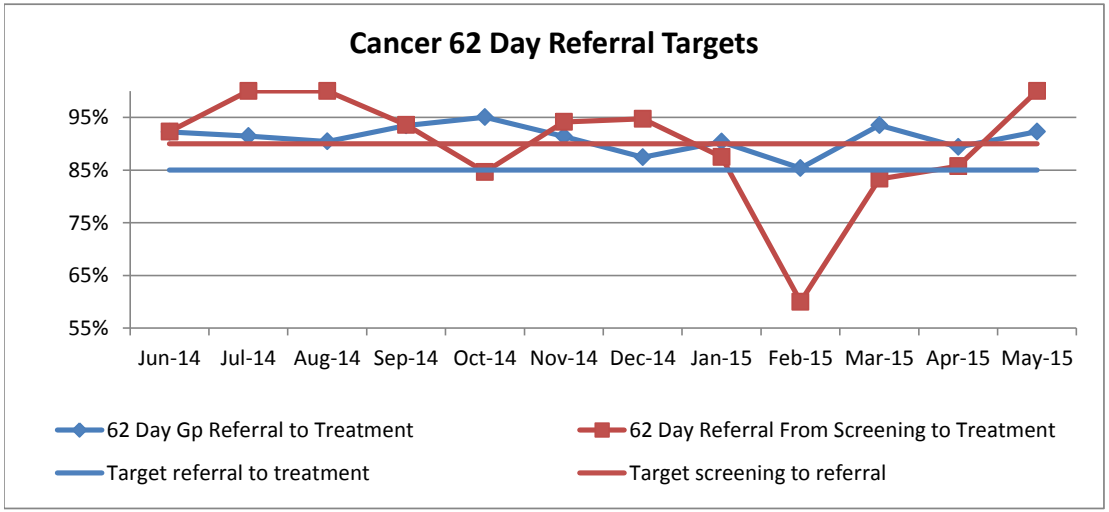
Calderdale and Huddersfield NHS
NHS Foundation Trust

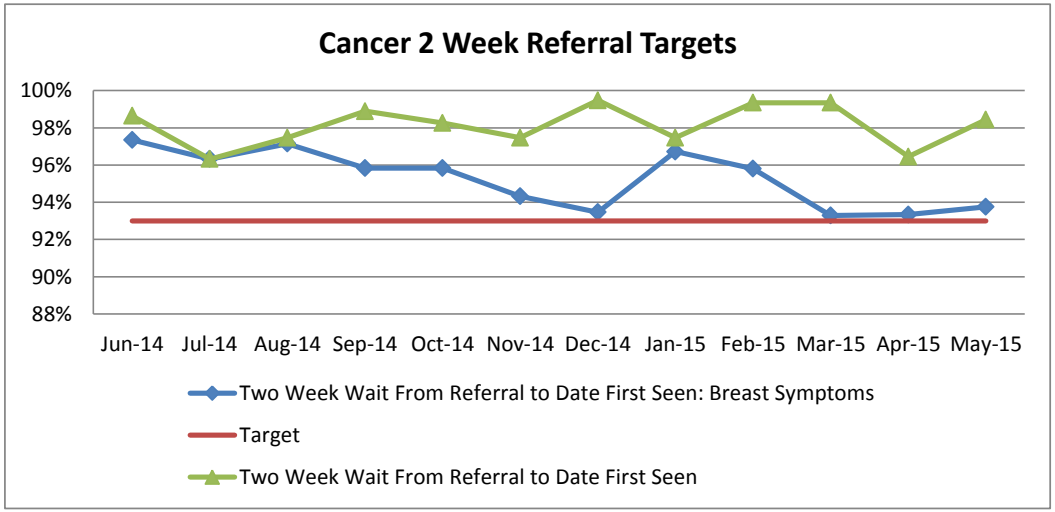
# Responsive - Cancer - Associate Director of Operations

compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Two Week Wait From Referral to Date First Seen | 93.00% | 98.43% | 99.17% | 96.24% | 100.00% | - |
| Two Week Wait From Referral to Date First Seen: Breast Symptoms | 93.00% | 93.75% | 93.75% | - | - | - |
| 31 Days From Diagnosis to First Treatment | 96.00% | 100.00% | 100.00% | 100.00% | 100.00% | - |
| 31 Day Subsequent Surgery Treatment | 94.00% | 100.00% | 100.00% | 100.00% | - | - |
| 31 day wait for second or subsequent treatment drug treatments | 98.00% | 100.00% | 100.00% | 100.00% | - | - |
| 62 Day Aggregated Gp Urgent Referral To Treatment And Screening Referral To Treatment | 86.00% | 92.86% | 93.98% | 90.29% | 100.00% | - |
| 62 Day Gp Referral to Treatment | 85.00% | 92.31% | 93.33% | 91.84% | 100.00% | - |
| 62 Day Referral From Screening to Treatment | 90.00% | 100.00% | 100.00% | - | - | - |

All cancer targets have been achieved for May 2015



Calderdale and Huddersfield NHS Foundation Trust

# Responsive/Accident & Emergency - Associate Director of Operations

compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| A and E 4 hour target | 95.00% | 94.80% | - | 94.80% | - | - |
| Time to Initial Assessment (95th Percentile) | 00:15:00 | 00:20:00 | - | 00:20:00 | - | - |
| Time to Treatment (Median) | 01:00:00 | 00:17:00 | - | 00:17:00 | - | - |
| Unplanned Re-Attendance | 5.00% | 4.82% | - | 4.82% | - | - |
| Left without being seen | 5.00% | 3.09% | - | 3.09% | - | - |
| A&E Ambulance 30-60 mins | 0 | 36 | - | 36 | - | - |
| A&E Trolley Waits | 0 | 0 | - | 0 | - | - |
| Improving recording of diagnosis in A&E | 85.00% | 85.84% | - | 85.84% | - | - |

**Time to Initial Assessment & Ambulance Turnaround**

**Why off plan**

1) Increase in attendances – on occasions unprecedented numbers of attendances
2) 'Exit block' – lack of flow out of the department for patients waiting for admission predominately due to increase in green crosses causes lack of cubicle space
3) Staffing - A combination of gaps and varability in teams both CHFT and LCD
4) ED estate does not meet demand

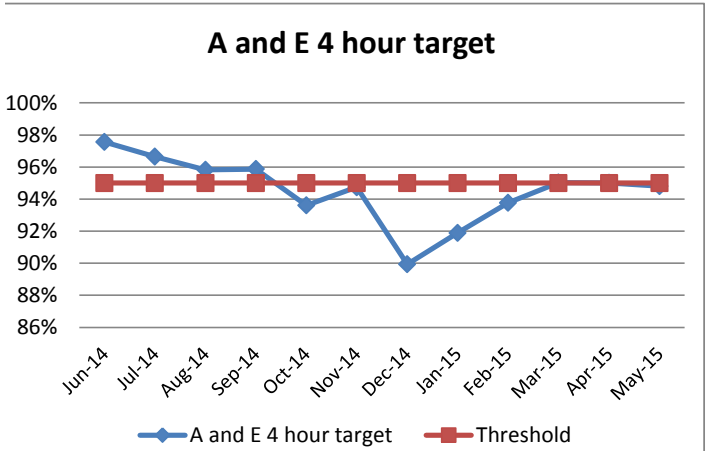
**Actions to get back on track**

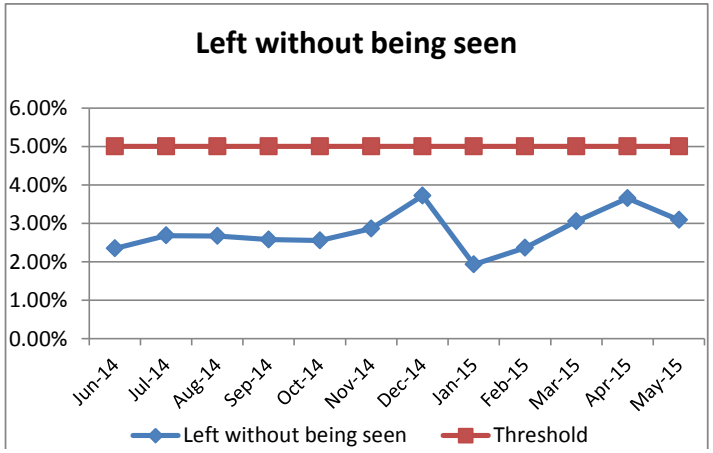
1) Increase in attendances:
-Awareness of this issue to commissioners so that a review of capacity of services Local Care Direct streaming service review
-Out of area attendances appear to be increasing
-Appropriateness of ED presenting complaints
-Workforce model to reflect the demand
2) 'Exit block':
- daily meetings to review green cross patients
- increased focus and work ensuring EDD for all patients
- introduction of the discharge improvement meeting (all health economy partners involved)
- clinical commanders in post to take control of site and improve flow, further work on roles and responsibilities in progress
- System capacity modelling to ensure correct capacity available
- discharge levelling
3)Staff
- Closer review of rotas and overviewnew workforce model being developed in line with demand profile. Additional Medical Cover on Mondays to secure Q1

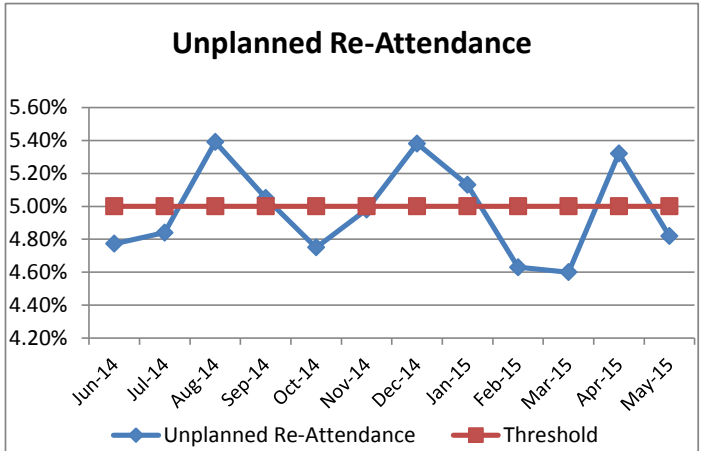
**Anticipated achieve by date:**

**Time to Initial Assessment** – HRI achieved the required standard over the last 3 weeks, site specific issues causing challenges at CRH. Expected anticipated date to achievement July 2015.

**Ambulance Turnaround** Some discrepancy with the breach numbers that require further validation. Local intelligence suggests significant improvement in May with onlly 3 breaches but requires confirmation.



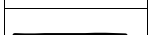



Calderdale and Huddersfield NHS
NHS Foundation Trust

# Caring Executive Summary - Julie Dawes Director of Nursing

compassionate care

| | | | | | Report For: May 2015 | | | | | | Year To Date | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Report For: May 2015 | Indicator Source | Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Trend (Rolling 12 Month) | Year End Forecast | Data Quality |
| Caring | Number of Mixed Sex Accommodation Breaches | National & Contract | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - |  | | |
| | % Complaints closed within target timeframe | Local | 100.00% | 47.30% | 13.60% | 50.00% | 80.00% | 50.00% | 100.00% | 40.00% | 28.00% | 39.00% | 50.00% | 33.00% |  | | |
| | Total Complaints received in the month | Monitor | - | 51 | 22 | 16 | 11 | 1 | - | 111 | 36 | 38 | 27 | 3 |  | | |
| | Inpatient complaints per 1000 bed days | Monitor | - | 0.7 | 0.9 | 0.6 | - | - | - | 0.9 | 1.1 | 0.7 | - | - |  | | |
| | Complaints acknowledged within 3 working days | Local | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | | | |
| | Total Concerns in the month | Monitor | - | 42 | 13 | 12 | 10 | 3 | 0 | 92 | 28 | 30 | 22 | 3 | | | |
| | % of diabetic patients supported to self-care | CQUINS | 50.00% | 46.00% | - | 46.00% | - | - | 50.00% | 38.10% | - | 38.10% | - | - | | | |
| | End of Life Care Plan in place | CQUINS | - | 33.33% | - | - | - | - | - | 35.81% | - | - | - | - | | | |
| | Percentage of non-elective inpatients 75+ screened for dementia | CQUIN | 90.00% | 92.24% | - | - | - | - | 90.00% | 92.24% | - | - | - | - |  | | |
| | Nutrition and Hydration - Patient Satisfaction (Reported quarterly) | CQUINS | - | - | - | - | | | - | - | - | - | | | | | |
| | Nutrition and Hydration - Reducing Hospital Food Waste (reported quarterly) | CQUINS | - | - | - | - | | | - | - | - | - | | | | | |
| Caring - Friends & Family | Friends & Family Test (IP Survey) - Response Rate | Contract | - | 21.40% | 29.40% | 41.80% | 26.10% | - | - | 23.30% | 26.50% | 39.10% | 19.40% | - |  | | |
| | Friends & Family Test (IP Survey) - % would recommend the Service | Contract | - | 96.90% | 96.00% | 96.00% | 99.20% | - | - | 97.10% | 97.40% | 96.00% | 98.20% | - |  | | |
| | Friends and Family Test A & E Survey - Response Rate | Contract | - | 10.00% | - | 10.00% | - | - | - | 8.40% | - | 8.40% | - | - |  | | |
| | Friends and Family Test A & E Survey - % would recommend the Service | Contract | - | 90.50% | - | 90.50% | - | - | - | 90.60% | - | 90.60% | - | - |  | | |
| | Friends & Family Test (Maternity) - % would recommend the Service | Contract | - | 89.30% | - | - | 89.30% | - | - | 91.40% | - | - | 91.40% | - |  | | |
| | Friends and Family Test Community Survey - % would recommend the Service | Local | - | 89.00% | - | - | - | 89.00% | - | 90.00% | - | - | - | 90.00% | | | |

Calderdale and Huddersfield NHS
NHS Foundation Trust

# Caring - Director of Nursing

compassion

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Number of Mixed Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | - |
| % Complaints closed within target timeframe | 100.00% | 47.30% | 13.60% | 50.00% | 80.00% | 50.00% |
| Total Complaints received in the month | - | 51 | 22 | 16 | 11 | 1 |
| Complaints acknowledged within 3 working days | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Inpatient complaints per 1000 bed days | - | 0.7 | 0.9 | 0.6 | - | - |
| Total Concerns in the month | - | 42 | 13 | 12 | 10 | 3 |
| % of diabetic patients supported to self-care | 50.00% | 46.00% | - | 46.00% | - | - |
| End of Life Care Plan in place | - | 33.33% | - | - | - | - |
| Percentage of non-elective inpatients 75+ screened for dementia | 90.00% | 92.24% | - | - | - | - |
| Nutrition and Hydration - Patient Satisfaction (reported quarterly) | - | - | - | - | | |
| Nutrition and Hydration - Reducing Hospital Food Waste (reported quarterly) | - | - | - | - | | |

**% Complaints closed within target timeframe**

**1. Why off plan?** The performance rate has improved in month, but still below target. The drive to conclude all cases ongoing over timescale continues. This situation is showing significant improvements. At the end of April , 52 complaints were ongoing over timescale, compared to 23 at the end of May. Whilst older complaints are being completed there will be an effect upon timeframe performance. The surgical division closed 22 outstanding complaints down in the month, however 19 of these were complaints tat had been outstanding for quite some time and therefore over the Target time.

**2. Actions to get on plan?** Weekly performance report with detailed reports of open cases continue to be provided with increased monitoring both within Division and the Patient Advice and Complaints team.

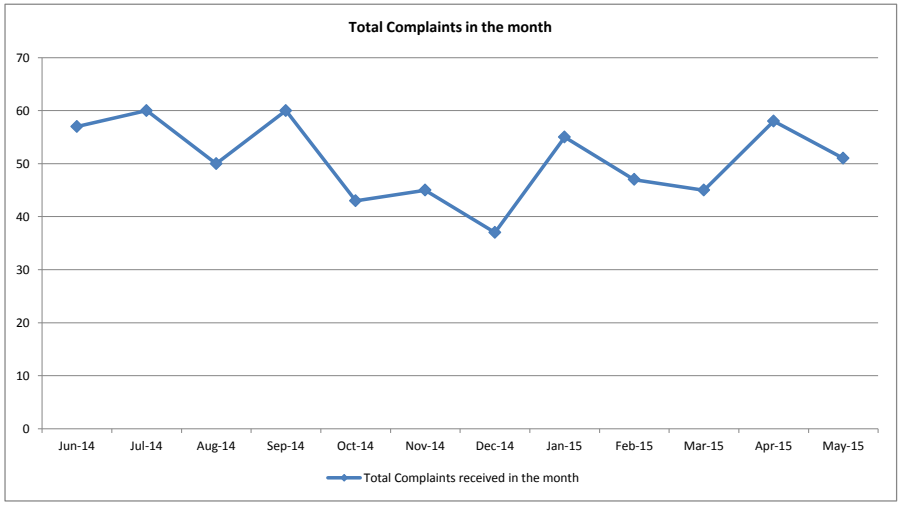
**3.Achieved by date:** All cases ongoing over target to be completed as a matter of urgency by the end of June 2015. All new and remaining cases to be managed in target.

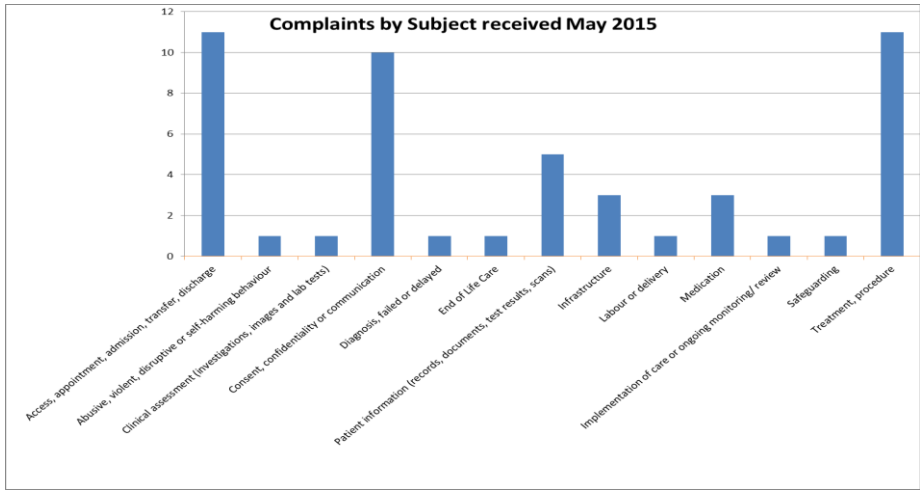
**% of diabetic patients supported to self-care:**

**1. Why off plan?** The diabetes self-care bundle is being embedded in 2 new wards each quarter. As each new area comes on board the number of patients who could be given the opportunity to self-care increases but the staff engagement and learning will take time to embed

**2. Actions to get on plan?** Continue to deliver the training packages and support to staff on ward 15 HRI and 8AB CRH

**3. Achieved by date:** By the end of the Quarter the programme would be expected to be achieving 50%. It is worth noting that the following month's performance is likely to drop when the two additional areas come on board in July.



Calderdale and Huddersfield NHS
NHS Foundation Trust

# Caring - Director of Nursing

compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Friends & Family Test (IP Survey) - Response Rate | - | 21.40% | 29.40% | 41.80% | 26.10% | - |
| Friends & Family Test (IP Survey) - % would recommend the Service | - | 96.90% | 96.00% | 96.00% | 99.20% | - |
| Friends and Family Test A & E Survey - Response Rate | - | 10.00% | - | 10.00% | - | - |
| Friends and Family Test A & E Survey - % would recommend the Service | - | 90.50% | - | 90.50% | - | - |
| Friends & Family Test (Maternity) - % would recommend the Service | - | 89.30% | - | - | 89.30% | - |
| Friends and Family Test Community Survey - % would recommend the Service | - | 89.00% | - | - | - | 89.00% |

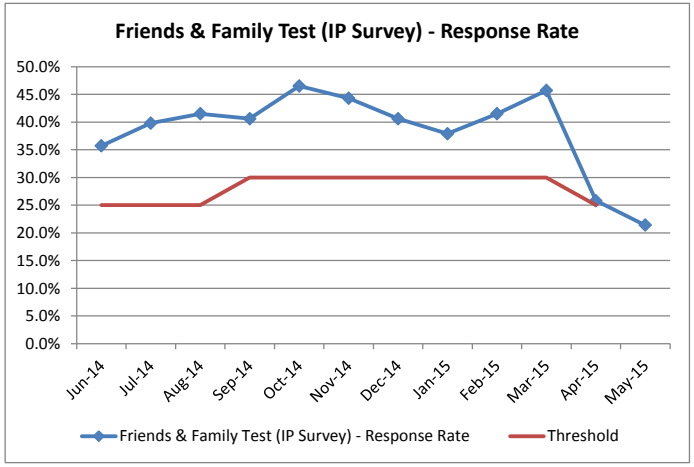
**Friends and Family Test (IP Survey) Response Rate**

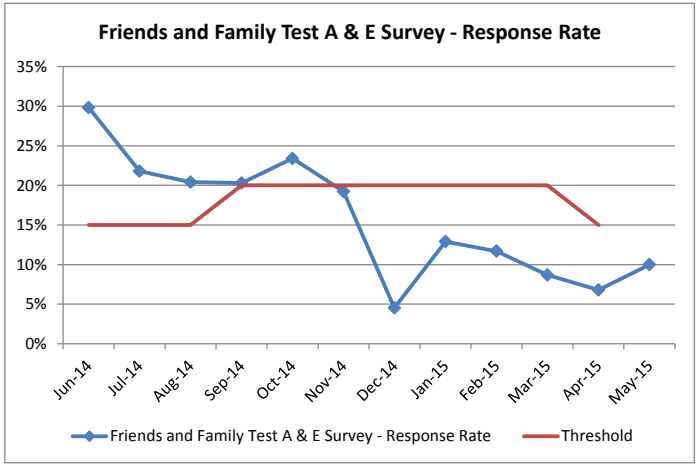
**1. Why off plan:** Whist patients admitted to a Day Case unit have been asked to complete a FFT response for some time from the 1st April 2015 patient who are admitted into any inpatient area regardless of whether they have an overnight stay should be included. Prior to April 2015 this was not the case.

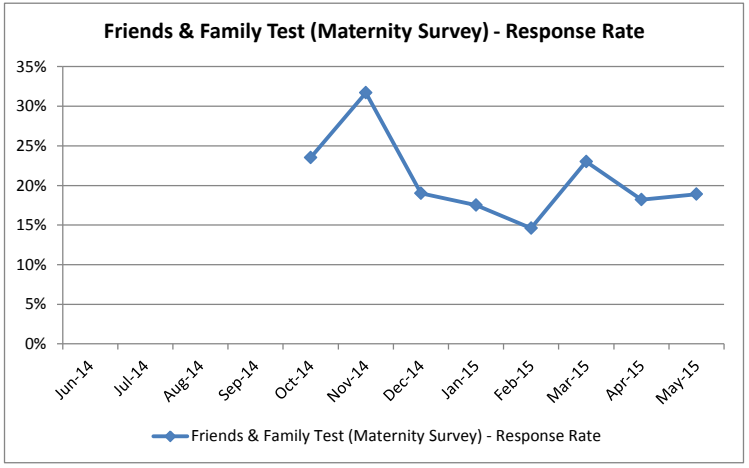
**2 .Actions to get back on plan:** Staff in all areas have now been briefed as to the requirement to ensure all patient are given the opportunity to respond to the FFT questions and will be given a postcode on discharge and response rate are expected to rise.

**3. Achieved by date:** Improvement in response rate expected to be seen next month.

**Friends and Family Test (A&E Survey) Response Rate**
**Of note:** Improvements have been seen this month in the response rates for A&E. The A&E team have introduced a daily safety huddle, as part of this each member of staff are issued with 5 cards to distribute to patients they provide care for. This commenced at HRI and is now being introduced at CRH with further improvements expected next month.



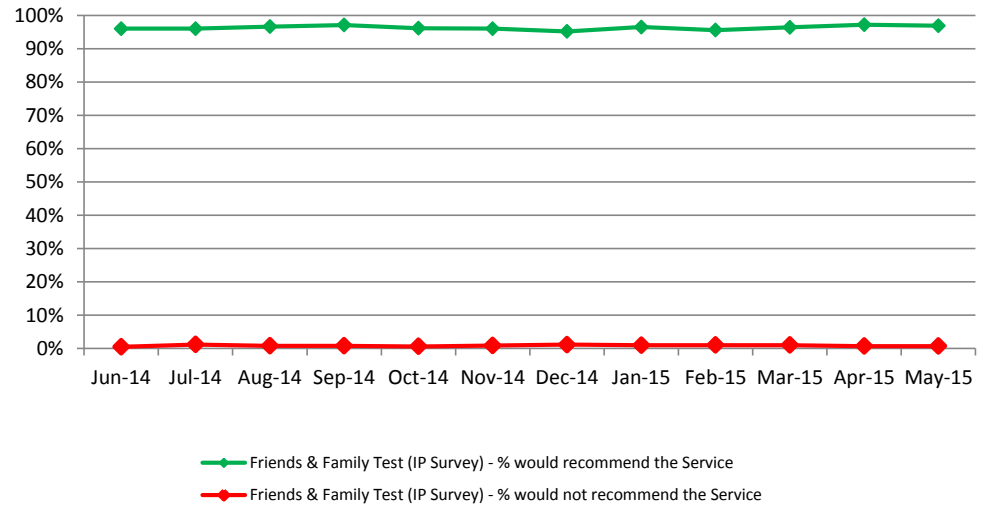



Calderdale and Huddersfield NHS
NHS Foundation Trust

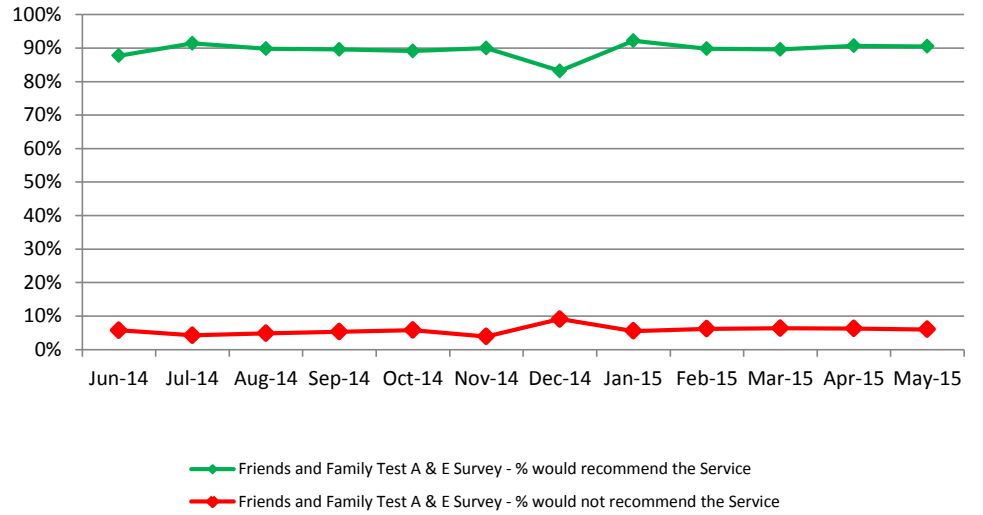
# Caring - Director of Nursing

compassionate care

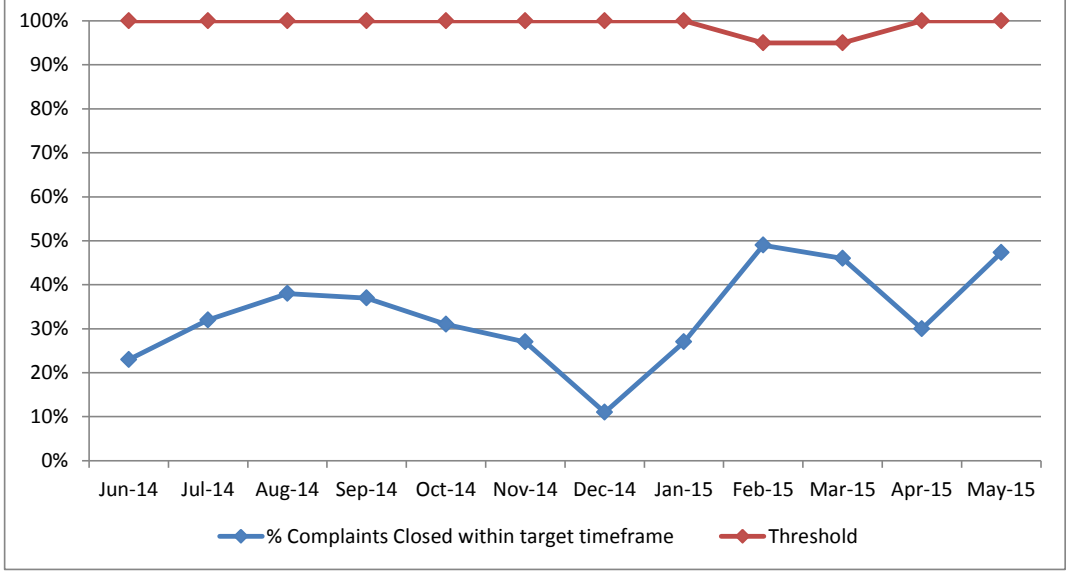
## Friends and Family (IP Survey) % would / wound not recommend the Service



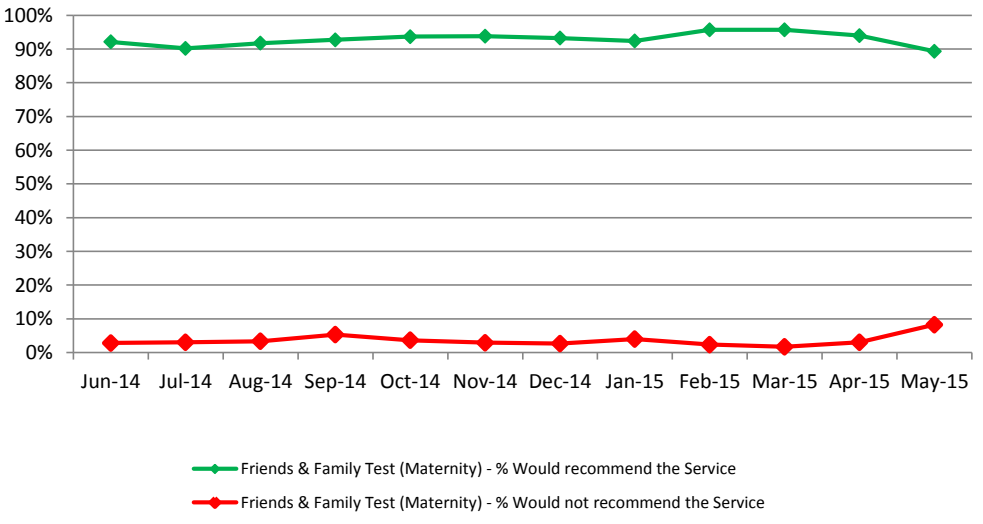

## Friends and Family (A&E Survey) % would / wound not recommend the Service




## Complaints Response Times




## Friends and Family (Maternity Survey) % would / wound not recommend the Service



Calderdale and Huddersfield NHS Foundation Trust

# Safety Executive Summary - Julie Dawes Director of Nursing

compassionate care

| | | | Report For: May 2015 | | | | | | Year To Date | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Report For: May 2015 | Indicator Source | Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Trend (Rolling 12 Month) | Year End Forecast | Data Quality |
| Safety | Inpatient Falls with Serious Harm (10% reduction on 14/15) | Local | 2 | 2 | 0 | 2 | 0 | - | 14 | 3 | 0 | 3 | 0 | - | | | |
| | All Falls | Local | - | 127 | 21 | 102 | 4 | - | - | 325 | 57 | 260 | 8 | - | | | |
| | Number of Trust Pressure Ulcers Acquired at CHFT | Local | 16 | 16 | 3 | 11 | 2 | - | 189 | 39 | 11 | 26 | 2 | - | | | |
| | Number of Category 2 Pressure Ulcers Acquired at CHFT | Local | 11 | 12 | 3 | 7 | 2 | - | 127 | 28 | 8 | 18 | 2 | - | | | |
| | Number of Category 3 Pressure Ulcers Acquired at CHFT | Local | 0 | 4 | 0 | 4 | 0 | - | 0 | 11 | 3 | 8 | 0 | - | | | |
| | Number of Category 4 Pressure Ulcers Acquired at CHFT | Local | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | | | |
| | Number of Category 3 & 4 Pressure Ulcers Acquired at CHFT | Local | 0 | 4 | 0 | 4 | 0 | - | 0 | 4 | 3 | 8 | 0 | - | | | |
| Safety 2 | Percentage of Completed VTE Risk Assessments | National & Contract | 95.00% | 95.10% | 94.40% | 95.20% | 96.60% | - | 95.00% | 95.20% | 94.50% | 94.80% | 97.10% | - | | | |
| | Percentage of Stage 1 RCAs completed for all Hospital Acquired Thrombosis | Local | 100.00% | 70.00% | 50.00% | 83.00% | - | - | 100.00% | 70.00% | 50.00% | 83.00% | - | - | | | |
| | % Harm Free Care | CQUIN | 95.00% | 95.04% | 96.15% | 92.22% | 100.00% | 95.67% | 95.00% | 94.39% | 96.73% | 90.75% | 100.00% | 95.10% | | | |
| | Safeguarding Alerts made by the Trust | Local | - | 23 | - | - | - | - | - | 30 | - | - | - | - | | | |
| | Safeguarding Alerts made against the Trust | Local | - | 8 | - | - | - | - | - | 15 | - | - | - | - | | | |
| | Improving Medicines Safety – Reconciliation (Effective Transfer of Medicines) | CQUINS | 80.00% | 80.46% | - | - | - | - | 80.00% | 80.63% | - | - | - | - | | | |
| | Improving Medicines Safety Discharge Accuracy Checks | CQUINS | 70.00% | 74.10% | - | - | - | - | 70.00% | 72.34% | - | - | - | - | | | |
| | World Health Organisation Check List | National | 100.00% | 98.02% | - | - | - | - | 100.00% | 97.83% | - | - | - | - | | | |
| | Missed Doses (Reported quarterly) | National | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| Safety 3 | Number of Patient Incidents | Monitor | - | 468 | 106 | 198 | 138 | 23 | - | 1119 | 226 | 525 | 304 | 65 | | | |
| | Number of SI's | Monitor | - | 4 | 0 | 4 | 0 | 0 | - | 13 | 1 | 11 | 1 | 8 | | | |
| | Number of Incidents with Harm | Monitor | - | 114 | 22 | 50 | 37 | 5 | - | 311 | 51 | 151 | 74 | 35 | | | |
| | Never Events | National | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Percentage of SI's reported externally within timescale (2 days) | Local | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | - | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | - | | | |
| | Percentage of SI's investigations where reports submitted within timescale (45 days unless extension agreed) | Local | 100.00% | 21.00% | - | 20.00% | 100.00% | - | 100.00% | 45.45% | 25.00% | 46.15% | 100.00% | - | | | |
| | Total Duty of Candour reported within the month | National & Contract | 100.00% | 80.00% | 33.00% | 78.00% | - | 100.00% | 100.00% | 87.50% | 50.00% | 89.00% | - | - | | | |
| | Total Duty of Candour outstanding at the end of the month | National & Contract | 0 | 4 | 2 | 4 | 0 | 0 | 0 | 5 | 3 | 4 | 0 | 0 | | | |

Calderdale and Huddersfield NHS
NHS Foundation Trust

# Safety - Director of Nursing

compassionate care

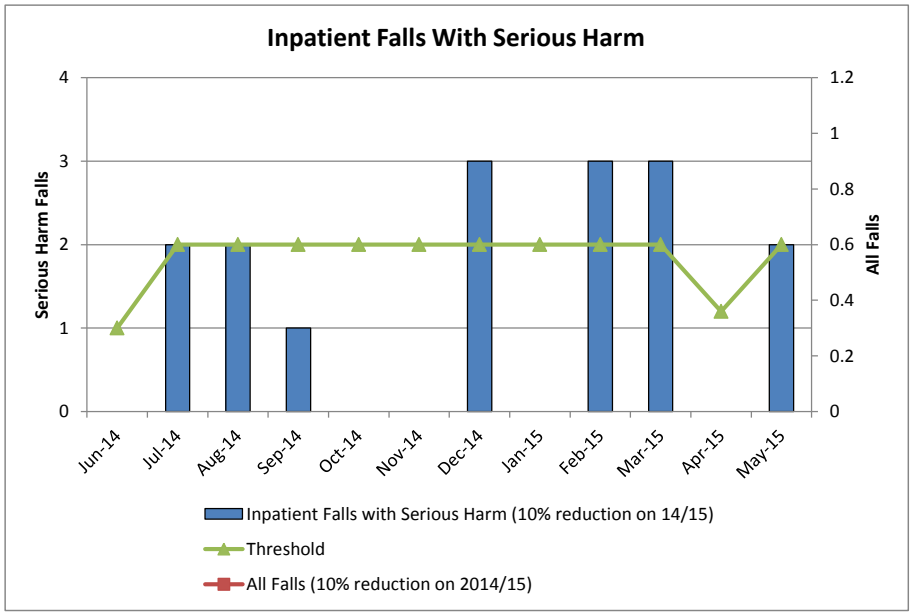
| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Inpatient Falls with Serious Harm (10% reduction on 14/15) | 2 | 2 | 0 | 2 | 0 | - |
| All Falls | - | 127 | 21 | 102 | 4 | - |
| Number of Trust Pressure Ulcers Acquired at CHFT | 16 | 16 | 3 | 11 | 2 | - |
| Number of Category 2 Pressure Ulcers Acquired at CHFT | 11 | 12 | 3 | 7 | 2 | - |
| Number of Category 3 Pressure Ulcers Acquired at CHFT | 0 | 4 | 0 | 4 | 0 | - |
| Number of Category 4 Pressure Ulcers Acquired at CHFT | 0 | 0 | 0 | 0 | 0 | - |
| Number of Category 3 & 4 Pressure Ulcers Acquired at CHFT | 0 | 4 | 0 | 4 | 0 | - |

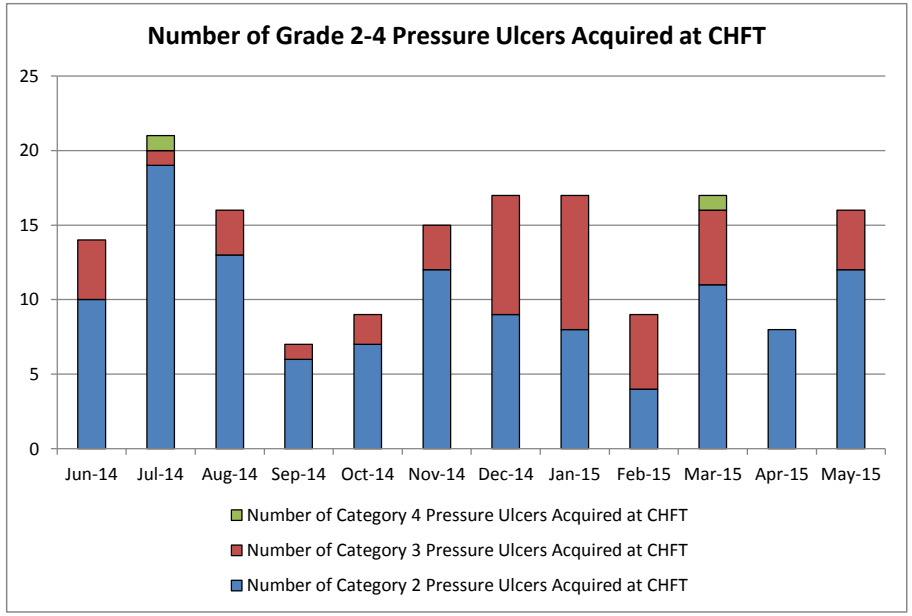
**Pressure Ulcers - Category 3 & Category 4.**

**1.Why off plan?** There were four category 3 ulcers noted in May and no category 4s. All cases were in high risk patients who had underlying medical complications i.e newly diabetic, pre existing moisture lesions, refusing medications

**2. Actions to get back on plan:** Wards with the highest reported incidences continue to review ward level action plans and develop plans to support improvement . Tissue Viability (TV) support is being provided to help ward staff in the recognition of high risk patients and devise appropriate treatment plans.

**3. Achieved by date:** TV support given through the month of May, the impact of this is expected from June 2015 onwards.



Calderdale and Huddersfield NHS
NHS Foundation Trust

# Safety - Director of Nursing

compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Percentage of Completed VTE Risk Assessments | 95.00% | 95.10% | 94.40% | 95.20% | 96.60% | - |
| Percentage of Stage 1 RCAs completed for all Hospital Acquired Thrombosis | 100.00% | 70.00% | 50.00% | 83.00% | - | - |
| % Harm Free Care | 95.00% | 95.04% | 96.15% | 92.22% | 100.00% | 95.67% |
| Safeguarding Alerts made by the Trust | - | 23 | - | - | - | - |
| Safeguarding Alerts made against the Trust | - | 8 | - | - | - | - |
| Improving Medicines Safety – Reconciliation (Effective Transfer of Medicines) | 80.00% | 80.46% | - | - | - | - |
| Improving Medicines Safety Discharge Accuracy Checks | 70.00% | 74.10% | - | - | - | - |
| Missed Doses (Reported quarterly) | - | - | - | - | - | - |
| World Health Organisation Check List | 100.00% | 98.02% | - | - | - | - |

**% Stage 1 RCAs**

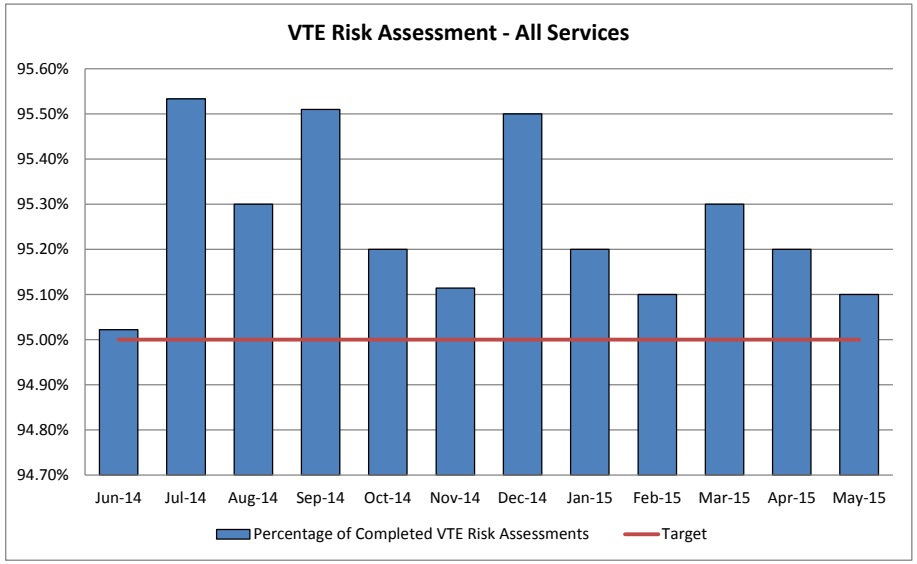
**1. Why off Plan?** There were 10 hospital acquired thrombosis in May. Three of these still require a stage 1 RCA however the notes are not currently available due to being processed post discharge.
2.**Actions to get back to plan:** This will be followed up this month and the report amended in time for Junes submission.
**3. Achieved by date:** End of June 2015

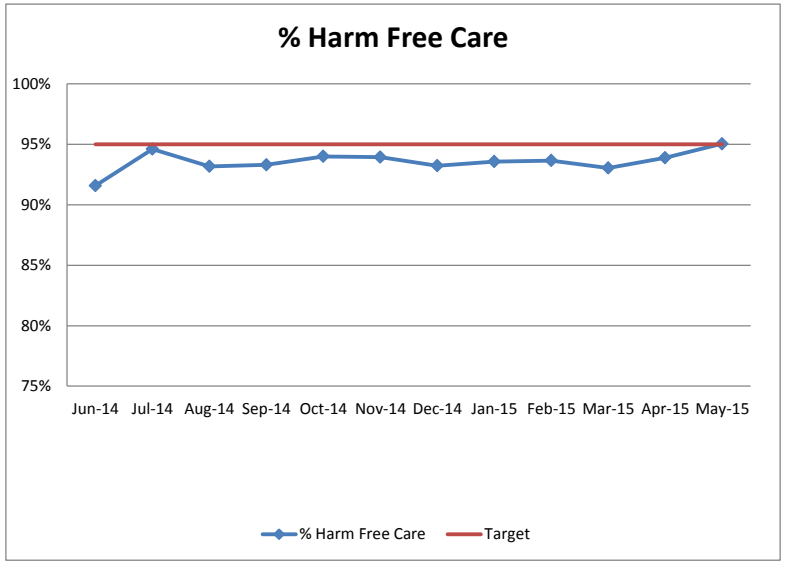
**Harm Free Care (medicine):**
**1. Why off plan?** The only division showing less than the 95% in May was Medical. The division reported 7 new pressure ulcers (5 category 2 and 2 category 3), alongside 1 Catheter associated UTI and 4 new PEs. The number of PEs was unusual in a single month but all were unavoidable cases in oncology due to the nature of the treatment.
**2. Actions to get it back to plan:** Improvement work in relation to the trust Falls, Ulcers and Catheter programme will assist in the achievement of this target.
**3. Achieved by date:** Continue to be monitor as part the Trust contact for 15/16.

**World Health Organisation Check List**
**1. Why off plan?** There are groups of patients who don't require the WHO checklist. The current theatre system is unable to exempt these cases. There are also a few technical issues where part of the form is not saved which leads to an uncompleted case being noted. It is very rare event that a person does not have a checklist completed.

**2. Actions to get it back on plan:** Performance monitoring for the small number of non-compliant cases, leading to engagement work in the clinical teams. For the exempt patients a theatre system upgrade has been requested to have a N/A option included.

**3. Achieved by date:** The next system upgrade will be in September 2015. Engagement working expected to have an impact in May/June 2015. Improvement have been seen in the May data.



Calderdale and Huddersfield NHS
NHS Foundation Trust

# Safety - Director of Nursing

compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Estates and Facilities | Corporate |
|---|---|---|---|---|---|---|---|---|
| Number of Patient Incidents | - | 468 | 106 | 198 | 138 | 23 | - | - |
| Number of SI's | - | 4 | 0 | 4 | 0 | 0 | - | - |
| Number of Incidents with Harm | - | 114 | 22 | 50 | 37 | 5 | - | - |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | - | - |
| Percentage of SI's reported externally within timescale (2 days) | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | - | - | - |
| Percentage of SI's investigations where reports submitted within timescale (45 days unless extension agreed) | 100.00% | 21.00% | - | 20.00% | 100.00% | - | - | - |
| Total Duty of Candour reported within the month | 100% | 80.00% | 33.00% | 78.00% | - | 100.00% | - | - |
| Total Duty of Candour outstanding at the end of the month | 0 | 4 | 2 | 4 | 0 | 0 | - | - |

**Percentage of SI's investigations where reports submitted with timescale (45 days unless extension agreed):**

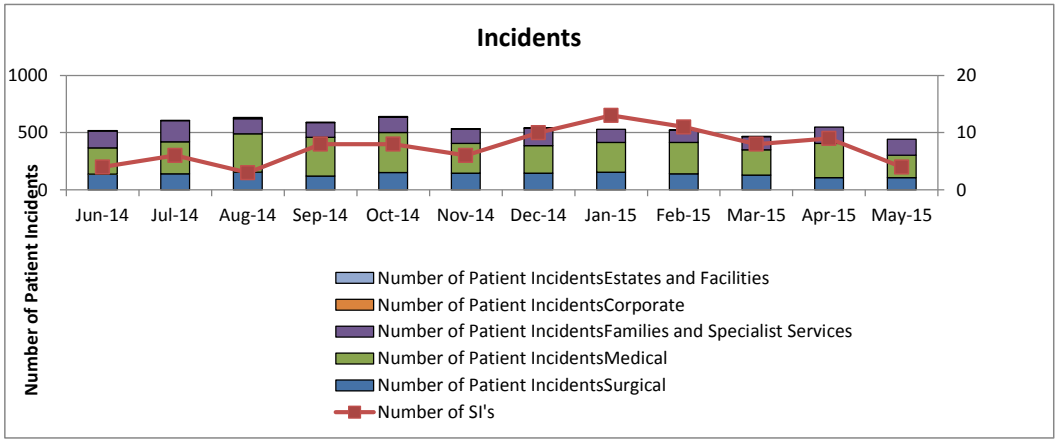
**1. Why off Plan: there were** 14 reports due for submission in May, all related to pressure ulcers. The Corporate divsion submitted their reports early. Medical had 10 due, 2 were submitted on time; 2 x 1 day late; 2 x 3 days late; 1 x 5 days late; 3 x 8 days late. Surgical - 3 were submitted out of time (1 x 1 day late; 1 x 3 days late; 1 x 4 days late).
**2. Action taken:** There is a new process regarding presure ulcer reporting which will ensure the process is more timely going forward.
**3.Achieved by:** July 2015

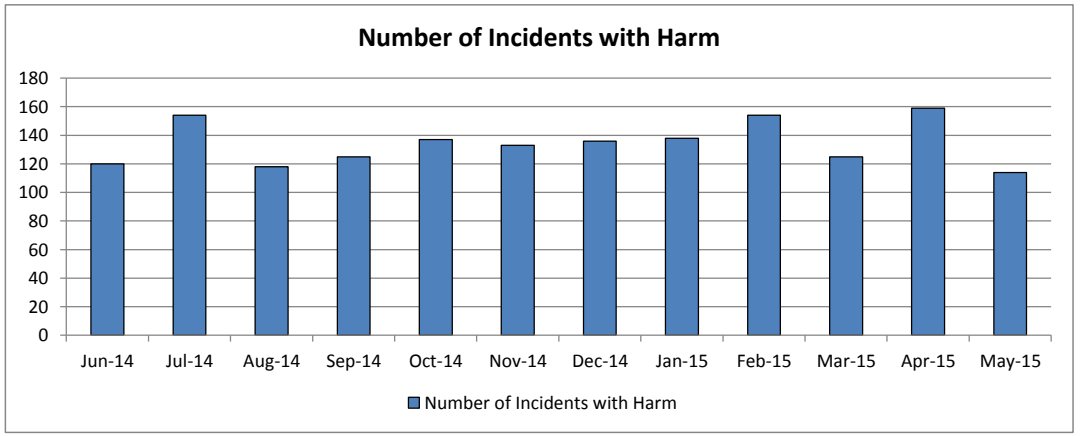
**Total Duty of Candour reported within the month**

**1. Why off Plan?** On 27 November the Statutory Duty of Candour came into effect. From December we have been recording our compliance against this and have developed a monitoring tool to ensure this is captured.
May data: There were 20 incidents were Duty of Candour was required to be completed within May. Of these, we are still awaiting confirmation for 4 incidents that the duty has been complied with.

**2. Action taken:** Each division asked to ensure that all outstanding Duty of Candour compliance was completed. As at 15 June 2015 4 cases remain outstanding. Divisions continue to receiving weekly reports setting out the status of each serious and orange incident

**3. Achieved By:** End of June 2015.



Calderdale and Huddersfield NHS
NHS Foundation Trust

# Effectiveness Executive Summary

compassionate care

| | Report For: May 2015 | Indicator Source | Report For: May 2015 Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Year To Date Target | Trust | Surgical | Medical | Families and Specialist Services | Community | Trend (Rolling 12 Monthl) | Year End Forecast | Data Quality |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Effectiveness | Number of MRSA Bacteraemias – Trust assigned | National & Contract | 0 | 0 | 0 | 0 | 0 | - | 0 | 1 | 0 | 1 | 0 | - | | | |
| | Total Number of Clostridium Difficile Cases - Trust assigned | National & Contract | 2 | 0 | 0 | 0 | 0 | - | 21 | 2 | 0 | 2 | 0 | - | | | |
| | Avoidable number of Clostridium Difficile Cases | National & Contract | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 1 | 0 | 1 | 0 | - | | | |
| | Unavoidable Number of Clostridium Difficile Cases | National & Contract | 2 | 0 | 0 | 0 | 0 | 0 | 21 | 1 | 0 | 1 | 1 | - | | | |
| | Number of MSSA Bacteraemias - Post 48 Hours | National | 1 | 2 | 1 | 1 | 0 | - | 12 | 2 | 1 | 1 | 0 | - | | | |
| | % Hand Hygiene Compliance | Local | 95.00% | 99.71% | 99.41% | 99.80% | 100.00% | 100.00% | 95.00% | 99.74% | 99.49% | 99.80% | 100.00% | 100.00% | | | |
| | MRSA Screening - Percentage of Inpatients Matched | Local | 95.00% | 97.00% | 96.26% | 98.75% | 97.37% | - | 95.00% | 97.00% | 96.26% | 98.75% | 97.37% | - | | | |
| | Number of E.Coli - Post 48 Hours | Local | 3 | 3 | 1 | 2 | 0 | - | 29 | 4 | 1 | 3 | 0 | - | | | |
| | Central Line Infection rate per 1000 Central Venous Catheter days | Local | 1.50 | 1.05 | - | - | - | - | 1.50 | 1.05 | - | - | - | - | | | |
| Effectiveness 2 | Emergency Readmissions Within 30 Days (With PbR Exclusions) | National | 7.70% | 7.80% | 4.40% | 12.10% | 5.00% | - | 7.87% | 7.98% | 4.10% | 12.60% | 6.20% | - | | | |
| | Local SHMI - Relative Risk (1yr Rolling Data Oct 13- Sept 14) | National | 100 | 109 | - | - | - | - | 100 | 109 | - | - | - | - | | | |
| | Hospital Standardised Mortality Rate (1 yr Rolling Data Mar 14 - Feb 15) | National | 100 | 108.53 | - | - | - | - | 100.00 | 108.53 | - | - | - | - | | | |
| | Mortality Reviews – March Deaths | local | 100.00% | 40.50% | 31.60% | 41.70% | - | - | 100.00% | 55.90% | 50.00% | 56.60% | - | - | | | |
| | Crude Mortality Rate (Latest Month April 15) | National | 1.00% | 1.41% | 0.36% | 3.55% | 0.06% | - | 1.00% | 1.51% | 0.45% | 3.67% | 0.10% | - | | | |
| | Completion of NHS numbers within acute commissioning datasets submitted via SUS | Contract | 99.00% | 99.90% | 100.00% | 99.90% | 99.90% | - | 99.00% | 99.90% | 100.00% | 99.90% | 99.90% | - | | | |
| | Completion of NHS numbers within A&E commissioning datasets submitted via SUS | Contract | 95.00% | 99.20% | - | 99.20% | - | - | 95.00% | 99.90% | - | 99.20% | - | - | | | |
| | Average Diagnosis per Coded Episode | National | 4.90 | 3.71 | 3.18 | 5.19 | 2.18 | - | 4.90 | 3.84 | 3.27 | 5.38 | 2.22 | - | | | |
| Effectiveness 3 | Acute Kidney Injury (Reported quarterly) | CQUINS | Baseline | - | - | - | - | - | - | - | - | - | - | - | | | |
| | Sepsis Screening (Reported quarterly) | CQUINS | Baseline | - | - | - | - | - | - | - | - | - | - | - | | | |
| | Sepsis Antibiotic Administration (Reported Quarterly) | CQUINS | Baseline | - | - | - | - | - | 90.00% | - | - | - | - | - | | | |
| | Respiratory Care Bundle - Improving management of patients attending A&E with pneumonia (Reported quarterly) | CQUINS | - | - | | - | - | - | 60.00% | - | | - | - | - | | | |
| | Respiratory Care Bundle - Improving management of patients presenting with Asthma in ED (Reported quarterly) | CQUINS | - | - | | - | - | - | 65.00% | - | | - | - | - | | | |
| | Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours | National | 85.00% | 72.50% | 72.50% | - | - | - | 85.00% | 65.91% | 65.91% | - | - | - | | | |

Calderdale and Huddersfield NHS Foundation Trust

# Effectiveness - Medical Director

compassionate care

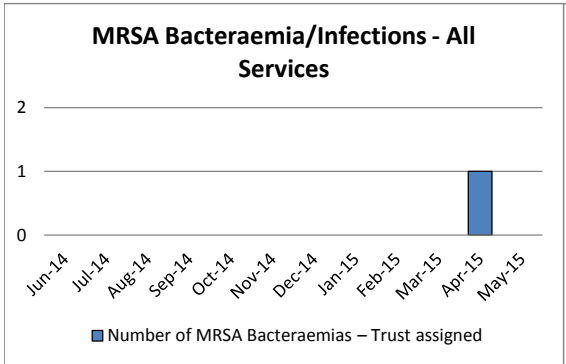
| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Number of MRSA Bacteraemias – Trust assigned | 0 | 0 | 0 | 0 | 0 | - |
| Total Number of Clostridium Difficile Cases - Trust assigned | 2 | 0 | 0 | 0 | 0 | - |
| Avoidable number of Clostridium Difficile Cases | 0 | 0 | 0 | 0 | 0 | 0 |
| Unavoidable Number of Clostridium Difficile Cases | 2 | 0 | 0 | 0 | 0 | 0 |
| Number of MSSA Bacteraemias - Post 48 Hours | 1 | 2 | 1 | 1 | 0 | - |
| % Hand Hygiene Compliance | 95.00% | 99.71% | 99.41% | 99.80% | 100.00% | 100.00% |
| MRSA Screening - Percentage of Inpatients Matched | 95.00% | 97.00% | 96.26% | 98.75% | 97.37% | - |
| Number of E.Coli - Post 48 Hours | 3 | 3 | 1 | 2 | 0 | - |
| Central Line Infection rate per 1000 Central Venous Catheter days | 1.50 | 1.05 | - | - | - | - |

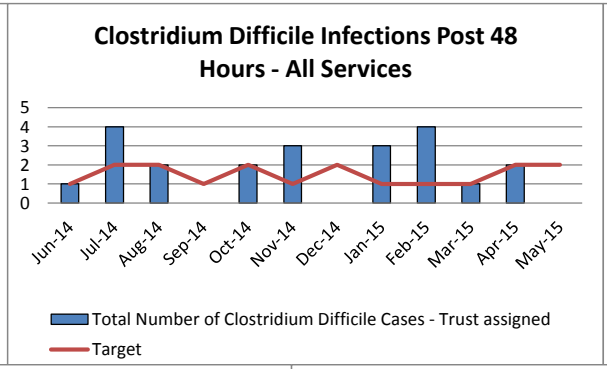
**MSSA Bacteraemia**

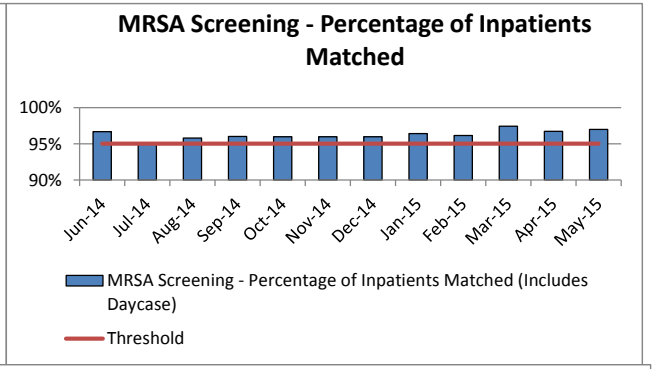
**1. Why off plan? Two cases of MSSA were detected this month.** Both cases have been reviewed and it was noted that both patients had predisposing skin lesions colonised with MSSA (for which we do not decolonise) which would indicate that these were not hospital Acquired Infections.

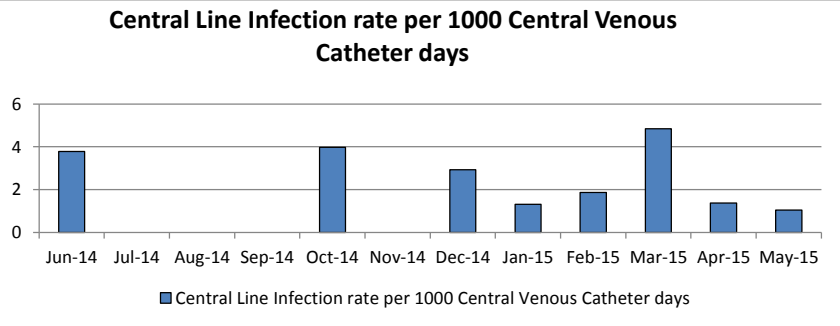
**2. Actions to get back on plan:** A peice of work began in March 2015 to look at broadening screening to include MSSA screening for those patients undergoing high risk procedures.

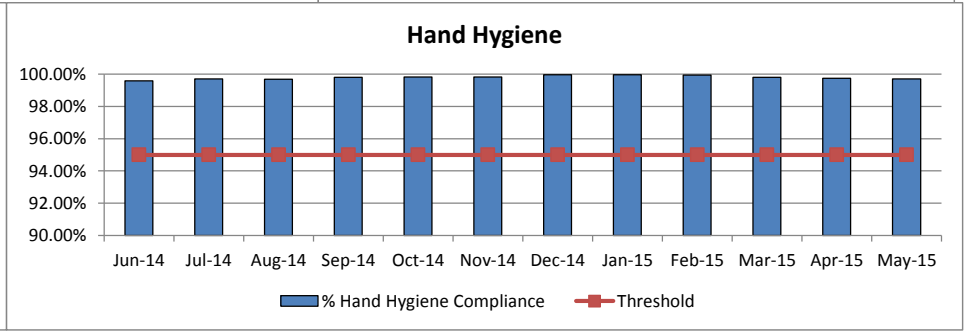
**3. Achieved by date:** Additional screening to commence in September 2015.



Calderdale and Huddersfield NHS
NHS Foundation Trust

# Effectiveness - Medical Director

compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Emergency Readmissions Within 30 Days (With PbR Exclusions) | 7.70% | 7.80% | 4.40% | 12.10% | 5.00% | - |
| Local SHMI - Relative Risk (1yr Rolling Data Oct 13- Sept 14) | 100 | 109 | - | - | - | - |
| Hospital Standardised Mortality Rate (1 yr Rolling Data Mar 14 - Feb 15) | 100 | 108.53 | - | - | - | - |
| Crude Mortality Rate (Latest Month April 15) | 1.00% | 1.41% | 0.36% | 3.55% | 0.06% | - |
| Mortality Reviews – March Deaths | 100.00% | 40.50% | 31.60% | 41.70% | - | - |
| Completion of NHS numbers within acute commissioning datasets submitted via SUS | 99.00% | 99.90% | 100.00% | 99.90% | 99.90% | - |
| Completion of NHS numbers within A&E commissioning datasets submitted via SUS | 95.00% | 99.20% | - | 99.20% | - | - |
| Average Diagnosis per Coded Episode | 4.90 | 3.71 | 3.18 | 5.19 | 2.18 | - |

**Emergency Readmissions Within 30 Days (With PbR Exclusions)**

**1.Why is it off plan?** Readmissions target is an overall trust level target which takes into account the difference in patient cohort into each division. The target level varies each month and is based on the same point last year.Our current performance within the month is 7.8% overall readmissions against a target of 7.7%.

**2. Action to get back on plan:** An electronic LACE tool (identifies those patients most at risk of readmissions) has been developed and implemented. The virtual ward team are working with individual wards to ensure completion which will allow earlier and more accurate identification of patients at risk.

**3.Achieved By:**We anticipate that with increased compliance the virtual ward team will be able to better target their resources to try and manage pts in the community most at risk of readmitting and as a result positively impact on the overall readmissions rate in the next Quarter.

**SHMI/HSMR/Crude Mortality**

**1. Why it is off plan?** The most recent release indicated a SHMI of 109 the 12 months of Oct 13 to Sept 14. This has reduced from the 110 published in June 13 - July 14 but is still higher than target. It does remain in the "as expected" category indicating that there are not significantly more deaths than would be expected for the trusts patient population. The most recent 12 months data for HSMR indicates a score of 108.53, which is a slight increase from previous release. May's crude mortality is also higher than target but is following the national trend. The number of mortality reviews carried out on March's deaths is under target.

**2.Action to get back on plan:** A review of the Care of the Acutely ill Patient (CAIP) programme took place at the end of May 2015, and a refocused programme will look to be formed in the next month. Works continues on the Mortality review process and lesson learnt are being feedback to the appropriate forums and clinical teams. The data collection process is being streamlined to ensure more timely data is gathered.

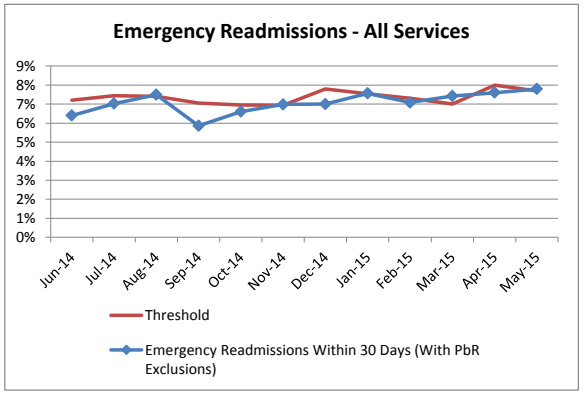
**3.Achieved By:** Revised programme plan expect by next month. Improvements in Mortality Review compliance also expected.

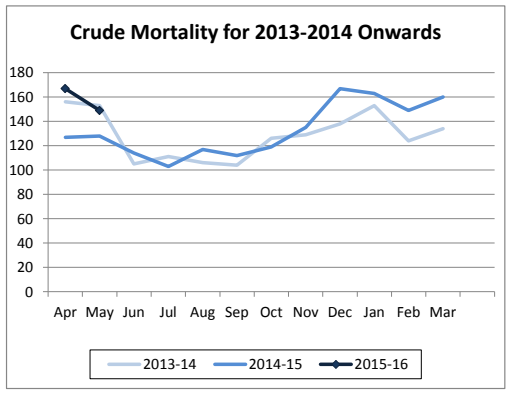
**Average Diagnosis per Coded Episode**

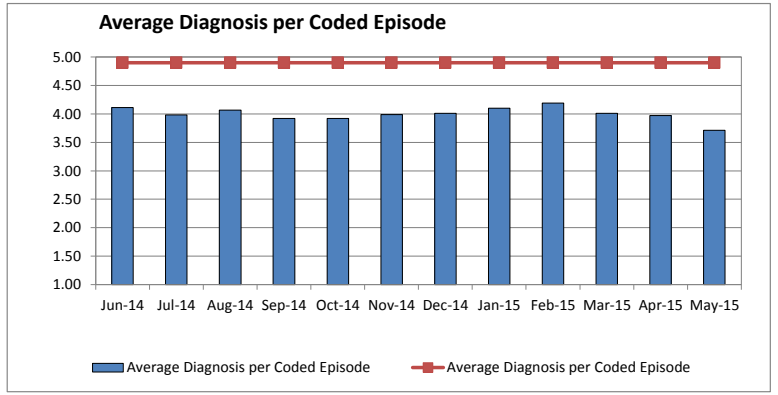
**1. Why off plan?** CHFT depth of coding is less than plan due to missed or undocumented relevant comorbidities within the coding source documentation. May also be due to incomplete coding documentation at the time of coding. Clinical Coding depth is falling largely due to the result of changes to coding rules at the start of April 2015. Prior to April 2015 patients admitted for blood transfusions, drug infusions, terminations, pain injections, eye injections codes were included to specify admission for drug therapy or admission for blood transfusion. From April 2015 under the new national coding rules these codes should not be included in the coding of the stay. Consequently the average diagnoses per episode has dropped quite dramatically. Omission of the codes does not affect the comorbidity score or income.

**2. Action to get it back on plan**: Clinical engagement and presentations continue around importance of complete and accurate documentation including work to develop existing documentation to assist coding process. Co-morbidity form compliance continues to be monitored on a fortnightly basis. Work is ongoing to address recruitment issues within the coding team.

**3. Achieve by date:** End of FY 2015/16



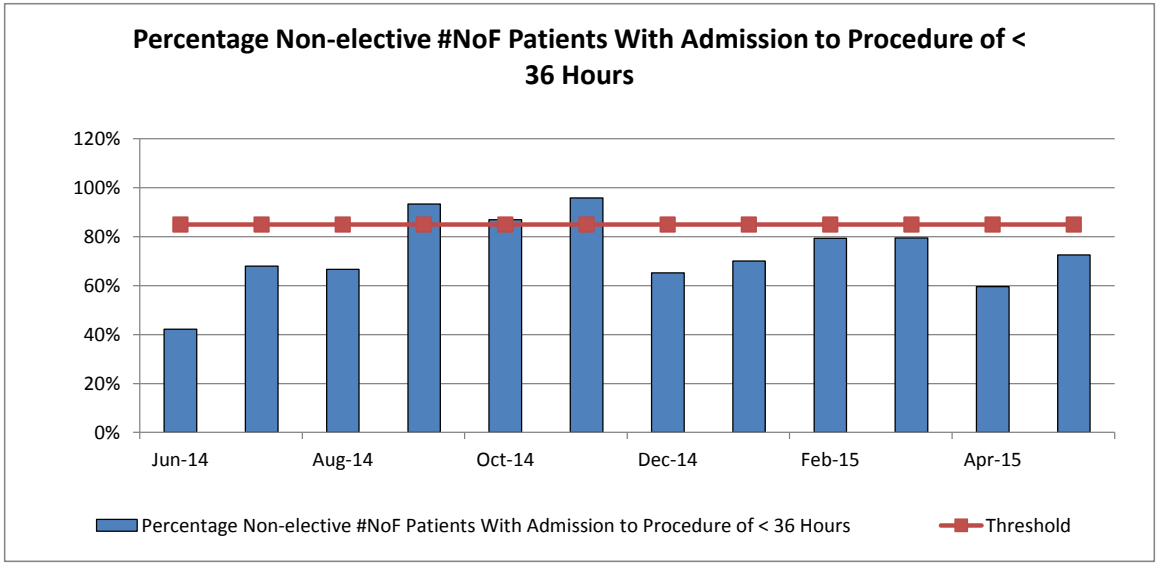



Calderdale and Huddersfield NHS
NHS Foundation Trust

# Effectiveness - Medical Director

compassionate care

| Report For: May 2015 | Target | Trust | Surgical | Medical | Families and Specialist Services | Community |
|---|---|---|---|---|---|---|
| Acute Kidney Injury (Reported quarterly) | - | - | - | - | - | - |
| Sepsis Screening (Reported quarterly) | - | - | - | - | - | - |
| Sepsis Antibiotic Administration (Reported Quarterly) | - | - | - | - | - | - |
| Respiratory Care Bundle - Improving management of patients attending A&E with pneumonia (Reported quarterly) | - | - | | - | - | - |
| Respiratory Care Bundle - Improving management of patients presenting with Asthma in ED (Reported quarterly) | - | - | | - | - | - |
| Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours | 85.00% | 72.50% | 72.50% | - | - | - |




**Non-Elective #NOF**

**1.Why off plan?**

Some breaches relating to variation on demand with a capacity plan not currently flexible enough to respond combined with pathway issues where %0% of the dealys in May relate to 'clinical need to delay operation'.

**2. Actions to get back on plan:**

A full exception report and action plan is on the agenda for the Divisions Business meeting. The main actions in relation to the 36 hour operating target are:

-Establish whether there is a shortfall in operating capacity and if so make recommendations to provide it.

-Provide a definition for and recovery plan for peak demand, to include consequences on other specialties.

-Work with orthopaedic surgeons and trauma coordinator to understand clinical protocols for on day organisation of lists.

-Understand the reasons behind the clinical need to delay operating until after the 36 hours as this appeared to be 50% of the delays in May. - External review team to be invited back to assure the improvement plan and any associated outcome risks

**3. Achieved by date:**

Exception report and action plan available for Junes business meeting.
Definition and recovery plan for peak demand by the end of June.
Understanding clinical delays and organisation of lists by mid July.

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## Workforce indicators

The first row of tables below show sickness absence rates for CHFT for May 2015, broken down by division, identifying movement from the previous month and performance against the 4% threshold.
The second row of tables show the average length of a sickness episode, identifying movement from the previous month. The next tables look at the year to date performance of CHFT and the divisions against the 4% target. The final table looks at staff in post by headcount and full time equivalent (FTE)

**Sickness Absence rate (%) (1 Month Behind)**

| Division | Mar-15 | Apr-15 | Movement |
|---|---|---|---|
| Surgery | 4.33% | 4.48% | ↑ |
| Medical | 4.50% | 5.04% | ↑ |
| Community | 2.03% | 2.60% | ↑ |
| CWF | 5.85% | 5.81% | ↓ |
| DATS | 2.66% | 3.30% | ↑ |
| Estates | 6.35% | 7.05% | ↑ |
| Corporate | 1.72% | 1.43% | ↓ |
| THIS | 4.99% | 5.21% | ↑ |
| **Trust** | **4.56%** | **4.48%** | ↓ |

**Sickness Absence rate (%) (1 Month Behind)**

| Division | Short Term | Long Term | Overall % | RAG |
|---|---|---|---|---|
| Surgery | 1.12% | 3.36% | 4.48% | 🔴 |
| Medical | 1.12% | 3.92% | 5.04% | 🔴 |
| Community | 0.80% | 1.80% | 2.60% | 🟢 |
| CWF | 0.94% | 4.87% | 5.81% | 🔴 |
| DATS | 1.13% | 2.17% | 3.30% | 🟢 |
| Estates | 1.46% | 5.59% | 7.05% | 🔴 |
| Corporate | 0.33% | 1.10% | 1.43% | 🟢 |
| THIS | 1.30% | 3.91% | 5.21% | 🔴 |
| **Trust** | **1.05%** | **3.43%** | **4.48%** | 🔴 |

**Sickness Absence full time equivalent (F.T.E) breakdown (1 Month Behind)**

| Division | Available F.T.E | Short Term F.T.E | Long Term F.T.E | F.T.E LOST |
|---|---|---|---|---|
| Surgery | 32763.87 | 366.41 | 1100.75 | 1467.16 |
| Medical | 38216.35 | 429.53 | 1498.12 | 1927.65 |
| Community | 14211.58 | 114.08 | 255.80 | 369.88 |
| CWF | 22296.85 | 210.26 | 1086.01 | 1296.27 |
| DATS | 21501.35 | 243.94 | 465.91 | 709.85 |
| Estates | 8464.60 | 123.73 | 473.32 | 597.05 |
| Corporate | 8206.92 | 27.31 | 90.00 | 117.31 |
| THIS | 5400.20 | 70.13 | 211.00 | 281.13 |
| **Trust** | **151061.72** | **1585.39** | **5180.90** | **6766.28** |

**Sickness Average FTE Lost per Episode**

| Division | Apr-15 | May-15 | Movement |
|---|---|---|---|
| Surgery | 10.01 | 10.95 | ↑ |
| Medical | 11.33 | 11.34 | ↑ |
| Community | 8.22 | 8.22 | → |
| CWF | 10.14 | 11.78 | ↑ |
| DATS | 6.45 | 7.98 | ↑ |
| Estates | 11.16 | 10.86 | ↓ |
| Corporate | 5.66 | 10.66 | ↑ |
| THIS | 11.36 | 13.39 | ↑ |
| **Trust** | **10.67** | 10.66 | ↓ |

**Sickness Absence full time equivalent (F.T.E) breakdown Year to Date**

| Division | Available F.T.E | F.T.E LOST | YTD Sicknes % | RAG |
|---|---|---|---|---|
| Surgery | 32763.87 | 32763.87 | 4.48% | 🔴 |
| Medical | 38216.35 | 38216.35 | 5.04% | 🔴 |
| Community | 14211.58 | 14211.58 | 2.60% | 🟢 |
| CWF | 22296.85 | 22296.85 | 5.81% | 🔴 |
| DATS | 21501.35 | 21501.35 | 3.30% | 🟢 |
| Estates | 8464.60 | 8464.60 | 7.05% | 🔴 |
| Corporate | 8206.92 | 8206.92 | 1.43% | 🟢 |
| THIS | 5400.20 | 5400.20 | 5.21% | 🔴 |
| **Trust** | **151061.72** | **151061.72** | **4.48%** | 🔴 |

**Staff in Post Full Time Equivalent**

| Division | Apr-15 | May-15 | Movement |
|---|---|---|---|
| Surgery | 1093.27 | 1091.92 | ↓ |
| Medical | 1268.16 | 1269.75 | ↑ |
| Community | 473.91 | 475.22 | ↑ |
| CWF | 740.89 | 739.16 | ↓ |
| DATS | 713.96 | 706.23 | ↓ |
| Estates | 280.24 | 276.78 | ↓ |
| Corporate | 272.85 | 276.46 | ↑ |
| THIS | 179.77 | 177.33 | ↓ |
| **Trust** | **5023.05** | **5012.85** | ↓ |

**Staff in Post Headcount**

| Division | Apr-15 | May-15 | Movement |
|---|---|---|---|
| Surgery | 1222 | 1220 | ↓ |
| Medical | 1419 | 1420 | ↑ |
| Community | 577 | 577 | → |
| CWF | 888 | 885 | ↓ |
| DATS | 834 | 825 | ↓ |
| Estates | 365 | 361 | ↓ |
| Corporate | 313 | 317 | ↑ |
| THIS | 186 | 184 | ↓ |
| **Trust** | **5804** | **5789** | ↓ |

**Sickness Absence/Attendance Management at work**

**Why are we away from plan -** Community,Corporate and DATS are the only divisions with a % below the 4% threshold identified . Short term sickness absence for the Trust is at 1.05% long term absence at 3.43% . The April 2015 figure compares to a April 2014 figure of 1.17% short term absence and long term absence of 2.54%. The 2015-16 year to date sickness rate of 4.48% compares to a 2014-15 outturn sickness rate of 4.26%.

**Action to get on Plan -** Sickness absence deep dive May/June 2015, Attendance Management Policy update April/May 2015, enhanced line manager resource tool kit May/June 2015 supported by breakthrough events, ESR BI roll out from June/July 2015, Health and Wellbeing strategy development from April 2015, staff survey action plan May 2015

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## Training indicators

| Mandatory Training Indicators completetd since April 2015 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Division | Prevent | Equality & Diversity | Information Governance | Infection Control | Health & Saftey | Manual Handling | Safe Guarding | Fire Saftey |
| Surgery | 3.9% | 8.36% | 6.80% | 0.57% | 0.16% | 0.98% | 0.5% | 5.16% |
| Medical | 1.5% | 3.94% | 5.70% | 1.13% | 0.14% | 0.35% | 1.0% | 3.24% |
| CWF | 2.6% | 7.89% | 3.95% | 0.45% | 0.23% | 0.45% | 0.2% | 7.22% |
| DATS | 1.1% | 2.42% | 8.10% | 0.24% | 0.12% | 0.12% | 0.0% | 2.90% |
| Community | 2.8% | 7.09% | 7.79% | 1.04% | 0.17% | 0.35% | 0.0% | 5.71% |
| Estates | 0.3% | 0.28% | 1.66% | 0.28% | 0.28% | 0.28% | 0.0% | 3.05% |
| Corporate | 3.2% | 5.36% | 5.99% | 1.89% | 1.26% | 1.26% | 0.0% | 6.94% |
| THIS | 13.5% | 2.70% | 3.24% | 0.00% | 0.00% | 0.00% | 0.0% | 2.16% |
| **Trust** | **2.6%** | **5.38%** | **5.90%** | **0.72%** | **0.22%** | 0.50% | **0.6%** | **4.61%** |

| Appraisal- Completeted Since April 2015 | | |
|---|---|---|
| Division | Compliance | YTD Target (16%) |
| Surgery | 5.10% | 🔴 |
| Medical | 10.50% | 🔴 |
| CWF | 3.40% | 🔴 |
| DATS | 5.60% | 🔴 |
| Community | 0.20% | 🔴 |
| Estates | 0.00% | 🔴 |
| Corporate | 2.30% | 🔴 |
| THIS | 2.80% | 🔴 |
| **Trust** | **5.51%** | 🔴 |

| Medical Devices Training | | |
|---|---|---|
| Division | Compliance | 100% Target |
| Surgery | 74.00% | 🔴 |
| Medical | 75.00% | 🟢 |
| CWF | 80.00% | 🔴 |
| DATS | 78.00% | 🟢 |
| Community | - | 🔴 |
| Estates | - | 🟢 |
| Corporate | 92.00% | 🔴 |
| THIS | - | 🟢 |
| **Trust** | **80.00%** | 🔴 |

| Mandatory Training Indicators completetd in last 12 Months | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Division | Prevent | Equality & Diversity | Information Governance | Infection Control | Health & Saftey | Manual Handling | Safe Guarding | Fire Saftey |
| Surgery | 14.9% | 14.59% | 60.49% | 0.57% | 0.25% | 0.98% | 98.0% | 14.92% |
| Medical | 19.7% | 7.39% | 67.68% | 1.13% | 0.14% | 0.35% | 1.3% | 19.72% |
| CWF | 29.3% | 14.09% | 37.31% | 0.56% | 0.23% | 0.56% | 0.9% | 29.31% |
| DATS | 17.9% | 12.21% | 77.27% | 0.24% | 0.24% | 0.12% | 0.0% | 17.90% |
| Community | 41.7% | 13.67% | 71.28% | 1.04% | 0.17% | 0.35% | 0.0% | 41.70% |
| Estates | 6.9% | 3.88% | 91.14% | 0.28% | 0.28% | 0.28% | 0.0% | 6.93% |
| Corporate | 19.9% | 25.55% | 72.24% | 1.89% | 1.26% | 1.26% | 0.0% | 19.87% |
| THIS | 15.7% | 4.86% | 79.46% | 0.00% | 0.00% | 0.00% | 0.0% | 15.68% |
| **Trust** | **21.2%** | **11.94%** | **69.89%** | **0.74%** | **0.26%** | **0.52%** | **0.9%** | **21.18%** |

| Appraisal- completetd in last 12 Months | | |
|---|---|---|
| Division | Compliance | 100% Target |
| Surgery | 56.54% | 🔴 |
| Medical | 61.49% | 🔴 |
| CWF | 79.21% | 🔴 |
| DATS | 81.68% | 🔴 |
| Community | 60.85% | 🔴 |
| Estates | 91.06% | 🔴 |
| Corporate | 78.95% | 🔴 |
| THIS | 65.19% | 🔴 |
| **Trust** | **69.00%** | 🔴 |

**Appraisal**

**Why are we away from plan -** low numbers of appraisal anniversary dates in early part of the year as a result of activity programmed in Q4 in previous years, absence of appraisal activity plans which spread activity across a 12-month period and / or non-delivery of appraisal activity plans

**Action to get on Plan -** The development of appraisal activity plans for 2015 / 2016 which ensure that activity is not concentrated in the last quarter or the last month of the year, maintenance of appraisal resources and continued month by month performance management of appraisal activity. Appraisal compliance forecast tool is currently been piloted in Workforce and organisational development and will be released to the divisions by the end of June, to facilitate the development robust activity plans for 2015/2016.

NB: ESR is the only accepted reporting tool for appraisal compliance. The deadline for inputting appraisal activity data each month is 1st working day of month for previous month's appraisals. Activity recorded after this data will only be included in compliance reports in the following months.

**Mandatory Training**

Recognising that compliance was not at the preferred level in the previous year, the Trust is moving to a new mandatory training approach based on the Core Skills Training Framework (CSTF) which will begin in June 2015. The CSTF is a national framework with learning objectives for each included subject that have been created in conjunction with the relevant professional/advisory bodies. It facilitates quality assured and timely training that ensures patient safety and complies with the needs of Monitor and the CQC.

It is primarily an e-learning based approach which allows for ultimate flexibility of access for colleagues and also, for some subjects, allows pre learning input assessment which reduces the overall time taken to demonstrate compliance.

The e-learning is accessed through the electronic staff record (ESR) system which ensures rapid, flexible access for colleagues and automates the collection of compliance data. As ESR developments such as manager self-service become live over the coming months this will ensure managers have real-time access to mandatory training data so they can best manage compliance against the 100% target. The framework also reduces duplication of training by encouraging organisations to accept compliance for incoming colleagues from other aligned organisations.

The renewal periods for the mandatory subject are in various length, some being annual where the subject matter experts feel that colleagues need very regular updating.

Other subjects have a stretched renewal period one, two or three years. In this case these subjects the target number of colleagues expected to adhere to new training each year will neglect that scheduled target. For example; Equality &Diversity along with Human Rights training will have a 3 year renewal and therefore 33% of colleagues will be expected to attain re-accreditation on this module in each 12 month period.

**Medical Devices**

Medical Devices Training is currently at 80% compliance across the Trust.

**Action to get on Plan** - (1) Regular reminders to all staff re Medical Devices training requirements via newsletter, intranet notices, link nurse, matrons and department managers group emails (2)Discuss and remind Medical Devices training group and link nurse meeting members to cascade

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## Well Led indicators

The first row of tables below show the performance against the Friends and Family test scores for the quarter 4 identifying movement from the previous quarters performance.

The second row of tables show the Hard Truths staffing level indicators.

| FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) | | | |
|---|---|---|---|
| **Division** | Quarter 3 | Quarter 4 | **Movement** |
| **Trust** | **81.00%** | **78.00%** | ↓ |

| FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) | | | |
|---|---|---|---|
| **Division** | Quarter 3 | Quarter 4 | **Movement** |
| **Trust** | **59.00%** | **54.00%** | ↓ |

| Hard Truths Summary Day - Nurses/Midwives (1 Month Behind) | | |
|---|---|---|
| **Division** | May-15 | 100% Target |
| Surgery | 82.57% | |
| Medical | 80.64% | |
| CWF | 89.45% | |
| **Trust** | **82.85%** | |

| Hard Truths Summary - Day Care Staff (1 Month Behind) | | |
|---|---|---|
| **Division** | May-15 | 100% Target |
| Surgery | 97.02% | |
| Medical | 96.62% | |
| CWF | 94.00% | |
| **Trust** | **96.44%** | |

| Hard Truths Summary - Night Nurses/Midwives (1 Month Behind) | | |
|---|---|---|
| **Division** | May-15 | 100% Target |
| Surgery | 85.27% | |
| Medical | 90.69% | |
| CWF | 86.74% | |
| **Trust** | **88.20%** | |

| Hard Truths Summary - Night Care Staff (1 Month Behind) | | |
|---|---|---|
| **Division** | May-15 | 100% Target |
| Surgery | 116.45% | |
| Medical | 117.86% | |
| CWF | 80.91% | |
| **Trust** | **112.50%** | |

Hard Truths Staffing Levels

**Why we are away from plan**

The overall average fill rates by site have been maintained above 80% for qualified nurses (Day and Night,) and above 94% for unqualified nurses

| | Day | | Night | | |
|---|---|---|---|---|---|
| | Qualified | Unqualified | Qualified | Unqualified | |
| Red (less than 75% fill rate) | 6 | 4 | 3 | 1 | |
| Amber (75 – 89% fill rate) | 19 | 6 | 14 | 1 | |
| Green (90-100% fill rate) | 8 | 10 | 15 | 6 | |
| Blue (greater than 100%) | 0 | 13 | 0 | 20 | |

There were 6 ward areas with average fill rates for Qualified Nurses (Day) of less than 75% compared to 7 areas within this bracket in April 2015.
MAU (CRH) - Vacancies; Additional long days worked (resulting in 11.5 hrs instead of 15hrs of nursing time) to cover vacancies; Sickness.
5AD -Vacancies; Additional long days worked (resulting in 11.5 hrs instead of 15hrs of nursing time) to cover vacancies; Sickness.
21 -Supporting additional capacity areas; Sickness
19 -Vacancies; Sickness.
4C -Workforce model planned hours for ward area not accurate – workforce model review in progress.

3 ward areas had average fill rates for Qualified Nurses (Night) of less than 75% . Each of these areas were supported by between 100% and 196% HCA average fill rate.
8D -Supporting Additional Capacity areas; vacancies;
10 -Vacancies; Sickness
SAU -Vacancies

We have continued to transfer nurses within the trust to maintain safe staffing levels on additional capacity areas. Additional unqualified staff have supported areas where qualified nurse fill rates have been low which has led to 33 instances of greater than 100% fill rates for unqualified staff.

Action Plan
Robust recruitment continues. We have offered substantive positions to 68 nurses due to qualify in September 2015. A new daily staffing template has been designed which incorporates a risk assessment which will assist with providing a current overview of staffing for the next 36 hours. The staffing template will be updated and utilised throughout each day and will contribute to achieving safe staffing levels across the organisation. The tool has been trialled this month with the aim of launching in June 2015.
Acuity and Dependency audits are been completed on all inpatient adult wards at present ahead of nursing workforce model reviews in June and July 2015.

Achieved by Date
The Trust expects to see increased fill rates as additional capacity is reduced.
The continued focus will be on recruitment and reduction in vacancies through this and increasing retention of the workforce.
The vacancies are expected to considerably reduce as the newly qualified nurses join CHFT in September / October.

# Financial YTD



| | | Trust Threshold | Trust Actual |
|---|---|---|---|
| Finance | Continuity of Service Risk Rating | 2 | 2 |
| | Operational Performance (Debt service cover) | 1 | 1 |
| | Cash & Balance Sheet Performance (Liquidity) | 2 | 2 |
| | Use of Capital | £3.33m | £3.08m |
| | Income and Expenditure | (£5.22m) | (£5.05m) |
| | Cost Improvement Programme (CIP) | £1.27 | £1.70m |

# Trust Financial Overview as at 31st May 2015 - Month 2

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

## YEAR TO DATE POSITION: M02

### CLINICAL ACTIVITY

| | M02 Plan | M02 Actual | Var |
|---|---|---|---|
| Elective | 1,347 | 1,346 | (1) |
| Non Elective | 8,204 | 8,315 | 111 |
| Daycase | 6,530 | 6,443 | (87) |
| Outpatients | 51,266 | 51,372 | 106 |
| A & E | 24,980 | 24,855 | (125) |

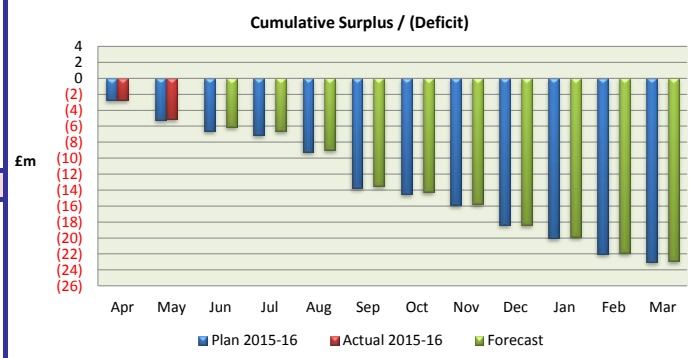
### TRUST: INCOME AND EXPENDITURE

| | M02 Plan | M02 Actual | Var |
|---|---|---|---|
| | £m | £m | £m |
| Elective | £3.35 | £3.38 | £0.03 |
| Non Elective | £13.34 | £13.87 | £0.54 |
| Daycase | £4.27 | £4.24 | (£0.03) |
| Outpatients | £6.14 | £6.21 | £0.07 |
| A & E | £2.63 | £2.65 | £0.02 |
| Other-NHS Clinical | £18.85 | £19.53 | £0.68 |
| CQUIN | £1.09 | £1.11 | £0.02 |
| Other Income | £6.15 | £5.78 | (£0.37) |
| **Total Income** | **£55.81** | **£56.77** | **£0.96** |
| Pay | (£37.27) | (£37.45) | (£0.18) |
| Drug Costs | (£4.94) | (£5.04) | (£0.10) |
| Clinical Support | (£4.97) | (£4.97) | (£0.00) |
| Other Costs | (£7.63) | (£8.20) | (£0.57) |
| PFI Costs | (£1.99) | (£1.97) | £0.02 |
| **Total Expenditure** | **(£56.79)** | **(£57.63)** | **(£0.84)** |
| **EBITDA** | **(£0.98)** | **(£0.86)** | **£0.12** |
| Non Operating Expenditure | (£4.23) | (£4.18) | £0.05 |
| **Deficit excl. Restructuring** | **(£5.22)** | **(£5.05)** | **£0.17** |
| Restructuring Costs | £0.00 | £0.00 | £0.00 |
| **Surplus / (Deficit)** | **(£5.22)** | **(£5.05)** | **£0.17** |

### DIVISIONS: INCOME AND EXPENDITURE

| | M02 Plan | M02 Actual | Var |
|---|---|---|---|
| | £m | £m | £m |
| Surgery & Anaesthetics | £2.57 | £2.72 | £0.15 |
| Medical | £4.37 | £4.27 | (£0.10) |
| Families & Specialist Services | (£0.47) | (£0.39) | £0.08 |
| Community | £0.47 | £0.49 | £0.02 |
| Estates & Facilities | (£4.83) | (£4.42) | £0.41 |
| Corporate | (£3.47) | (£3.66) | (£0.19) |
| THIS | £0.02 | £0.08 | £0.06 |
| PMU | £0.45 | £0.28 | (£0.18) |
| Central Inc/Technical Accounts | (£3.80) | (£3.89) | (£0.09) |
| Reserves | (£0.53) | (£0.53) | £0.00 |

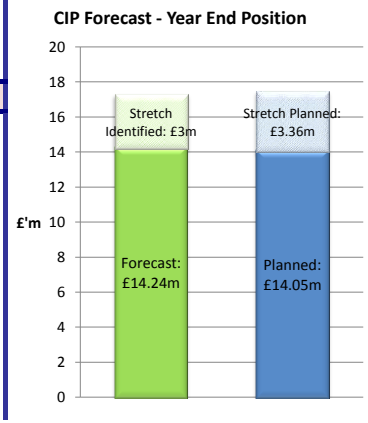
## TRUST SURPLUS / (DEFICIT)

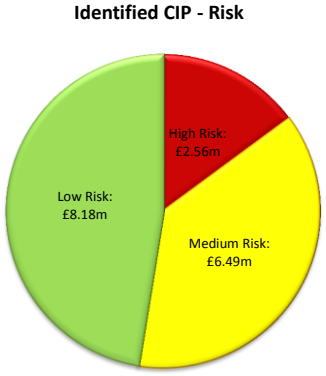



## KEY METRICS

| | Year To Date: M02 Plan | Year To Date: M02 Actual | Year To Date: Var | Year End: Forecast: Plan | Year End: Forecast: Forecast | Year End: Forecast: Var |
|---|---|---|---|---|---|---|
| | £m | £m | £m | £m | £m | £m |
| I&E: Surplus / (Deficit) | (£5.22) | (£5.05) | £0.17 | (£23.01) | (£22.96) | £0.05 |
| Capital (forecast Plan) | £3.33 | £3.08 | £0.25 | £20.72 | £20.72 | £0.00 |
| Cash | £13.31 | £11.13 | (£2.18) | £1.92 | £1.98 | £0.06 |
| CIP | £1.27 | £1.70 | £0.43 | £14.05 | £14.24 | £0.19 |
| | Plan | Actual | | Plan | Forecast | |
| Continuity of Service Risk Rating | 2 | 2 | | 1 | 1 | |

## COST IMPROVEMENT PROGRAMME (CIP)




## YEAR END 2015/16

### CLINICAL ACTIVITY

| | Plan | Forecast | Var |
|---|---|---|---|
| Elective | 8,577 | 8,423 | (153) |
| Non Elective | 49,263 | 49,402 | 139 |
| Daycase | 41,664 | 41,342 | (322) |
| Outpatients | 327,200 | 325,264 | (1,936) |
| A & E | 146,774 | 146,649 | (125) |

### TRUST: INCOME AND EXPENDITURE

| | Plan | Forecast | Var |
|---|---|---|---|
| | £m | £m | £m |
| Elective | £21.36 | £21.67 | £0.31 |
| Non Elective | £79.89 | £82.00 | £2.11 |
| Daycase | £27.23 | £27.43 | £0.20 |
| Outpatients | £39.31 | £39.46 | £0.15 |
| A & E | £15.44 | £15.42 | (£0.02) |
| Other-NHS Clinical | £119.93 | £118.23 | (£1.70) |
| CQUIN | £6.69 | £6.84 | £0.14 |
| Other Income | £38.90 | £38.64 | (£0.26) |
| **Total Income** | **£348.75** | **£349.69** | **£0.94** |
| Pay | (£223.00) | (£224.68) | (£1.68) |
| Drug Costs | (£31.93) | (£31.65) | £0.27 |
| Clinical Support | (£30.49) | (£30.28) | £0.21 |
| Other Costs | (£45.89) | (£45.87) | £0.02 |
| PFI Costs | (£11.92) | (£11.87) | £0.05 |
| **Total Expenditure** | **(£343.23)** | **(£344.34)** | **(£1.11)** |
| **EBITDA** | **£5.52** | **£5.35** | **(£0.17)** |
| Non Operating Expenditure | (£25.53) | (£25.31) | £0.22 |
| **Deficit excl. Restructuring** | **(£20.01)** | **(£19.96)** | **£0.05** |
| Restructuring Costs | (£3.00) | (£3.00) | £0.00 |
| **Surplus / (Deficit)** | **(£23.01)** | **(£22.96)** | **£0.05** |

### DIVISIONS: INCOME AND EXPENDITURE

| | Plan | Forecast | Var |
|---|---|---|---|
| | £m | £m | £m |
| Surgery & Anaesthetics | £21.66 | £20.48 | (£1.18) |
| Medical | £27.45 | £27.17 | (£0.27) |
| Families & Specialist Services | (£1.25) | (£1.20) | £0.06 |
| Community | £2.93 | £3.21 | £0.28 |
| Estates & Facilities | (£28.90) | (£28.67) | £0.23 |
| Corporate | (£20.35) | (£20.65) | (£0.29) |
| THIS | £0.53 | £0.53 | £0.00 |
| PMU | £3.16 | £3.16 | £0.00 |
| Central Inc/Technical Accounts | (£25.23) | (£24.71) | £0.52 |
| Reserves | (£3.00) | (£2.30) | £0.70 |

| | | | | |
|---|---|---|---|---|
| Surplus / (Deficit) | (£5.22) | (£5.05) | £0.17 | |

Total Planned: £14.05m Total Forecast & Identified: £17.24m

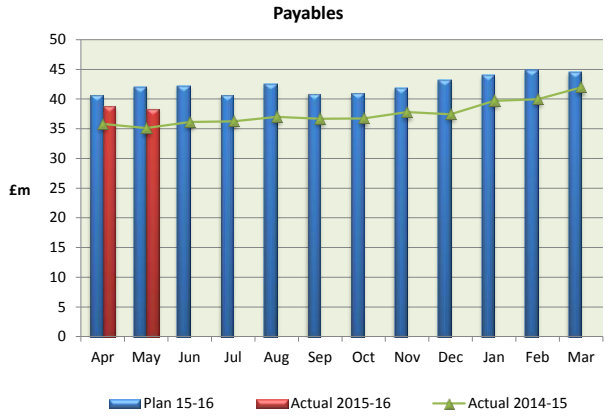
| | | | | |
|---|---|---|---|---|
| Surplus / (Deficit) | (£23.01) | (£22.96) | £0.05 | |

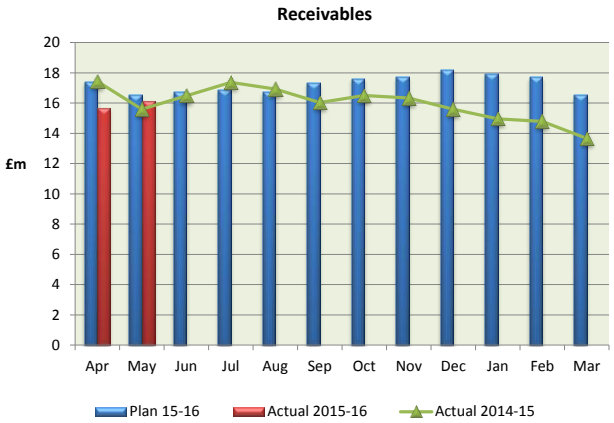
# Trust Financial Overview as at 31st May 2015 - Month 2

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

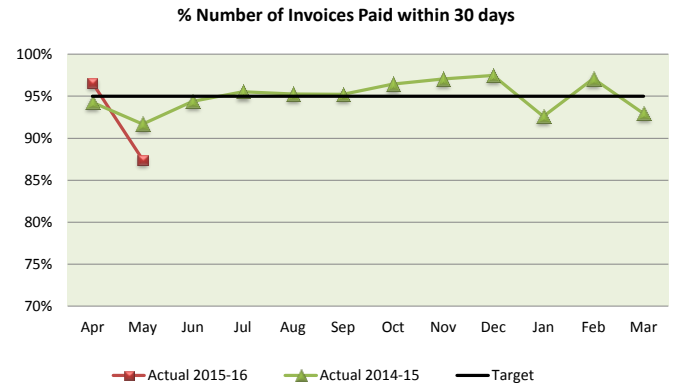
### WORKING CAPITAL

| | M02 Plan £m | M02 Actual £m | Var £m | M02 |
|---|---|---|---|---|
| Payables | (£42.08) | (£38.40) | (£3.68) | |
| Receivables | £16.53 | £16.13 | £0.40 | |



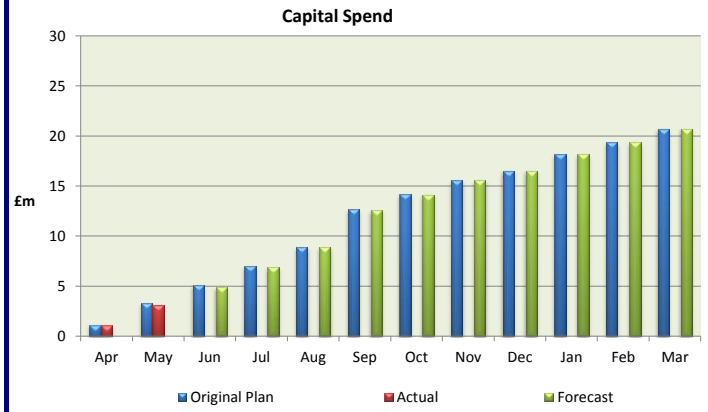




### BETTER PAYMENT PRACTICE CODE



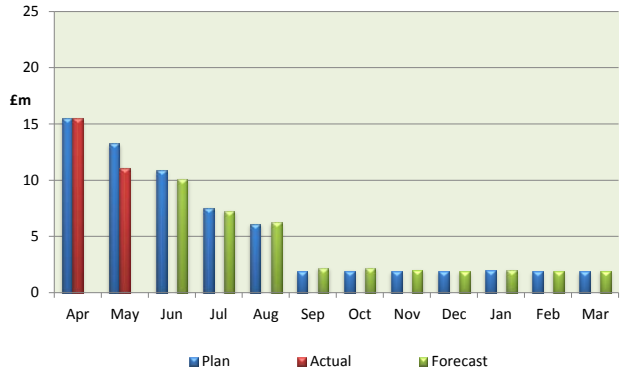

### CAPITAL

| | M02 Plan £m | M02 Actual £m | Var £m | M02 |
|---|---|---|---|---|
| Capital | £3.33 | £3.08 | £0.25 | |

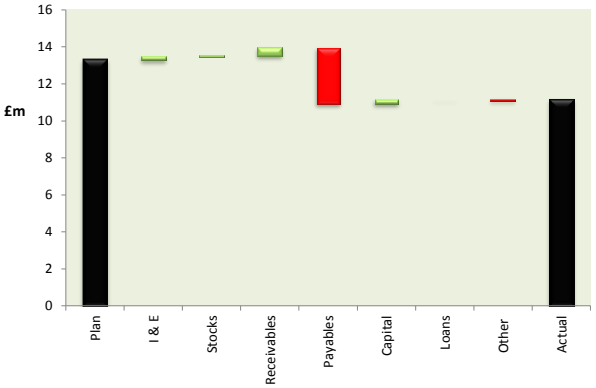



### CASH

| | M02 Plan £m | M02 Actual £m | Var £m | M02 |
|---|---|---|---|---|
| Cash | £13.31 | £11.13 | (£2.18) | |




### CASH FLOW VARIANCE




### SUMMARY YEAR TO DATE

- The year to date deficit is £5.05m versus the planned deficit of £5.22m, no contingency reserves were released.
- Elective activity is slightly behind planned levels whilst non-elective continues to be above plan in the year to date.
- The main area of ongoing expenditure pressure is non-contracted pay, suppporting vacancy cover and extra bed capacity.
- Capital expenditure year to date is £3.08m against the planned £3.33m with slippage on both Estates and IT schemes.
- Cash balance is £2.18m below plan at 13.31m. This includes £10m loan funded borrowing for capital expenditure.
- CIP schemes delivered £1.70m in Month 1 against a planned target of £1.27m.
- The Continuity of Service Risk Rating (CoSRR) stands at 2 against a planned level of 2. The underlying trading position is at CoSRR level 1, this is falsely inflated in the short term by the cash receipt of loan funding.

### SUMMARY FORECAST

- The forecast is to deliver the year end planned position, however at present this relies on use of £0.7m contingency reserves.
- The Trust must remain responsive to meet the capacity requirements between elective and non elective activity at Divisional level in a financially efficient way.
- The plans incorporate CIP devilvery at £14m, however the Trust is aiming to exceed this to deliver a stretch target, against which detailed schemes are in place to the value of £17.24m. At present the forecast I&E position includes CIP delivery to the value of £14.24m with the balance of the stretch target being held back at this early stage against potential slippage or other pressures.
- The year end cash balance is predicated on external cash support being received from September onwards.
- Year end capital expenditure is forecast to be in line with plan at £20.72m. The year end CoSRR is forecast to be at level 1 as planned.

**RAG KEY:** (Excl: Cash)

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

**RAG KEY - Cash:**

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

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).

< £9.3m (less than 10 working days cash)

Calderdale and Huddersfield NHS
NHS Foundation Trust

# CQUINS Performance Report Month 1 2015-16

compassionate care

Performance is formally assessed quarterly

| | |
|---|---|
| High Risk | |
| Moderate Risk | |
| No known Risk | |

**Goals - CCG CQUINs** **6,270,712**

| Goal Number | Goal Name | Value of CQUIN (£) | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|---|---|
| 1 | Acute Kidney Injury | 627,071 | 62,707 | 125,414 | 125,414 | 313,536 |
| 2a | Sepsis | 313,536 | 78,384 | 78,384 | 78,384 | 78,384 |
| 2b | Sepsis | 313,536 | | 62,707 | 125,414 | 125,414 |
| 3 | Urgent care | 1,254,142 | 125,414 | 376,243 | 376,243 | 376,243 |
| 4.1 | Dementia | 250,828 | 62,707 | 62,707 | 62,707 | 62,707 |
| 4.2 | Dementia | 125,414 | | 62,707 | | 62,707 |
| 4.3 | Dementia | 250,828 | | 125,414 | | 125,414 |
| 5.1 | Respiratory - Asthma | 250,828 | 62,707 | 62,707 | 62,707 | 62,707 |
| 5.2 | Respiratory - Pneumonia | 376,243 | 94,061 | 94,061 | 94,061 | 94,061 |
| 6 | Diabetes | 627,071 | 156,768 | 156,768 | 156,768 | 156,768 |
| 7.1 | Improving Medicines Safety | 125,414 | 31,354 | 31,354 | 31,354 | 31,354 |
| 7.2 | Improving Medicines Safety | 501,657 | 125,414 | 125,414 | 125,414 | 125,414 |
| 8 | End of Life Care | 627,071 | | 313,536 | | 313,536 |
| 9.1 | Hospital Food | 250,828 | | 125,414 | | 125,414 |
| 9.2 | Hospital Food | 250,828 | | 50,166 | 100,331 | 100,331 |
| 9.3 | Hospital Food | 125,414 | | | | 125,414 |
| | TOTAL | 6,270,712 | 799,516 | 1,852,995 | 1,338,797 | 2,279,404 |

**NHS England** **421,193**

| | Goal Name | Value of CQUIN (£) | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|---|---|
| | | | | | | |
| | NICU | 38,051 | 9,513 | 9,513 | 9,513 | 9,513 |
| | Oncotype DX | 38,051 | 9,513 | 9,513 | 9,513 | 9,513 |
| | QIPP | 126,836 | 31,709 | 31,709 | 31,709 | 31,709 |
| | Vac and Immunisations | 90,860 | 22,715 | 22,715 | 22,715 | 22,715 |
| | National CQUIN | 22,715 | 5,679 | 5,679 | 5,679 | 5,679 |
| | Health Visitor Building Community Capacity | 104,680 | 26,170 | 26,170 | 26,170 | 26,170 |
| | TOTAL | 421,193 | 105,298 | 105,298 | 105,298 | 105,298 |

| | | | | | |
|---|---|---|---|---|---|
| **Grand Total** | **6,691,905** | **904,814** | **1,958,294** | **1,444,095** | **2,384,702** |

Calderdale and Huddersfield NHS
NHS Foundation Trust

# Monitor Indicators

compassionate care

| Indicators | Thresholds | Weighting | May 2015 | Quarter 1 | YTD |
|---|---|---|---|---|---|
| Incidence of MRSA Year to Date | 0 | 1.0 | 0 | 1 | 1 |
| Incidence of Clostridium Difficile Year to Date | 3 | 1.0 | 0 | 2 | 2 |
| Maximum Time of 18 Weeks From Point of Referral to Treatment - Admitted | 90% | 1.0 | 92.41% | 92.03% | 92.03% |
| Maximum Time of 18 Weeks From Point of Referral to Treatment - Non-Admitted | 95% | 1.0 | 98.89% | 98.61% | 98.61% |
| Maximum Time of 18 Weeks From Point of Referral to Treatment - Incomplete Pathways | 92% | 1.0 | 95.85% | 95.85% | 95.85% |
| 62 Day Wait for First Treatment from Urgent GP Referral | 85% | 1.0 | 92.31% | 91.17% | 91.17% |
| 62 Day Wait for First Treatment from Consultant Screening Service Referral | 90% | 1.0 | 100.00% | 92.86% | 92.86% |
| 31 Day Wait for Second or Subsequent Treatment: Surgery | 94% | 1.0 | 100.00% | 97.30% | 97.30% |
| 31 Day Wait for Second or Subsequent Treatment: Anti Cancer Drug Treatments | 98% | 1.0 | 100.00% | 100.00% | 100.00% |
| 31 Day Wait from Diagnosis to First Treatment (All Cancers) | 96% | 0.5 | 100.00% | 100.00% | 100.00% |
| Two Week Wait From Referral to Date First Seen: All Cancers | 93% | 0.5 | 98.43% | 97.36% | 97.36% |
| Two Week Wait From Referral to Date First Seen: Symptomatic Breast Patients | 93% | 0.5 | 93.75% | 92.86% | 92.86% |
| A&E: Maximum Waiting Time of Four Hours from Arrival to Admission/Transfer/Discharge | 95% | 1.0 | 94.80% | 94.90% | 94.90% |
| Community care - referral to treatment information completeness | 50% | 0.5 | 100.00% | 100.00% | 100.00% |
| Community care - referral information completeness | 50% | 0.5 | 97.50% | 97.60% | 97.60% |
| Community care - activity information completeness | 50% | 0.5 | 100.00% | 100.00% | 100.00% |
| Overall Governance Rating | | | Amber-Green | Amber-Green | Amber-Green |

**Green:<1.0, Amber-Green: >=1.0, <2.0, Amber-Red: >=2.0, <4.0, Red: >4.0**

Calderdale and Huddersfield NHS
NHS Foundation Trust

# Data Quality Assessment

compassionate care

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

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

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

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

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

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

APPENDIX E

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

| |
|---|
| |

## Cover Sheet

| | |
|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Claire Gruszka, Patient Safety Risk Manager - LSMS |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Julie Dawes, Director of Nursing |
| **Title and brief summary:**<br>Risk Register - The attached papers provide details of the organisation risks scoring 15 or higher as at 20 May 2015. | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>These papers were presented at the Risk & Compliance Group on 9 June 2015. | |
| **Governance Requirements:**<br>. | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

.

## Main Body

### Purpose:

.

### Background/Overview:

.

### The Issue:

.

### Next Steps:

.

### Recommendations:

To note.

## Appendix

### Attachment:

Risk_Register_-_Appendix_-_Risk_Register_Report_16 6 2015_(3_files_merged)11.pdf

# RISK REGISTER REPORT

**Risks as at 16 June 2015**

| **TOP RISKS** |
|---|
| 6131 (25): Progression of service reconfiguration impact on quality and safety<br>4706 (20): Risk that of the Trust failing to achieve its financial plans for 2015-16<br>2827 (20): Risk of poor patient outcomes due to dependence on middle grades<br>4783 (20): HSMR & SHMI |
| **RISKS WITH INCREASED SCORE** |
| No risks have increased in score. |
| **RISKS WITH REDUCED SCORE** |
| 5792 – Shortage of Consultants in Ophthalmology, reduced from 20 to 12<br>6143 – Complexities of working with Bradford Teaching Hospitals, reduced from 15 to 10<br>6144 – Tactical solutions for EPR – now scores10 |
| **NEW RISKS** |
| The following new risks have been added/have been carried over since/from the meeting:<br><br>6078 – NHS e-Referrals, increased score to 16 |
| **CLOSED RISKS** |
| No risks were closed. |
| **RISKS TO BE DISCUSSED AT NEXT RISK & COMPLIANCE COMMITTEE:** |
| • Paediatrics in A&E and Paediatric model of care;<br>• Out of date policies/procedures;<br>• Documentation (Regulation 28 issue). |

# Trust Risk Profile as at 16 June 2015

| LIKELIHOOD (frequency) | CONSEQUENCE (impact/severity) | | | | |
|---|---|---|---|---|---|
| | Insignificant (1) | Minor (2) | Moderate (3) | Major (4) | Extreme (5) |
| Rare (1) | | | | | |
| Unlikely (2) | | | | | |
| Possible (3) | | | | | = 4706 – Failure to meet CIP<br>= 6136 – Infection Control<br>= 6230 – Failure to deliver expected benefits of EPR |
| Likely (4) | | | | = 2828 – Blocks in patient flow in A&E<br>= 6130 = Loss of income/reduction in profit related to competitive procedures<br>! 6078 – NHS e-Referral<br>= 6300 – CQC inspection outcome<br>= 5806 – Privacy & Dignity issues on Ward 3, Chemo ward | = 2827 – Dependence on middle grade locums in A&E |
| Highly Likely (5) | | | | = 4783 – HSMR & SHMI | = 6131 – Progression of service reconfiguration impact on quality and safety |

**KEY:** = Same score as last period  < decreased score since last period
! New risk since last period  > increased score since last period

# Extreme and Major Risks (15 or over)

NHS
The Health Informatics Service
Informing Healthcare

| | Risk No | Div | Dir | Dep | Opened | Status | Strategic Objective | Risk Description plus Impact | Existing Controls | Gaps In Controls | Initail | Current | Target | Further Actions | Review | Target | RC | Exec Dir | Lead |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Extreme | 6131 | Corporate | Commissioning & Partnerships | Commissioning & Partnerships | Oct-2014 | Active | Transforming and improving patient care | There is a risk that the Trust will not be able to quickly progress service reconfiguration due to the requirements of a consultation process initiated by local CCG's resulting in delays to important clinical quality and safety issues e.g:<br>Compliance with A&E National Guidance<br>Compliance with Paediatric Standards<br>Compliance with Critical Care Standards<br>Speciality level review in Medicine<br>Unable to meeting 7 day standards<br>Difficulties in recruiting a medical workforce (increased reliance on Middle Grades and Locums)<br>Increased gaps in Middle Grade Doctors<br>Dual site working is one of the causes of the Trust;s underlying deficit. Delays in being able to reconfigure services will impact on the Trust's financial recovery plan.<br><br>***It should be noted that risks 2827 and 4783 should be read in conjunction with this risk. | The continued funding of medical staff on both sites<br>Nurse led service managing Paediatrics<br>Critical care still being managed on both sites<br>High usage of locum doctors<br>Frequent hospital to hospital transfers to ensure access to correct specialties<br>The Trust has developed a contingency plan should it not be able to provide sufficient medical staffing to provide safe A&E services on two sites. | Financial plans of associated reconfiguration not yet completed or agreed with CCG's<br>Estate limitations inhibit the present way of working<br>Consultant rotas cannot always be filled to sustain services on both sites<br>Interim actions to mitigate known clinical risks need to be progressed. | 25<br>5 x 5 | 25<br>5 x 5 | 15<br>5 x 3 | Joint working is in place with Commissioners to revisit the clinical model, activity, workforce and financial assumptions in the OBC. A joint Hospital Review Board has been established and external support arranged to refresh the OBC. A number of clinical workshops have been held. A Trust Assistant Director of Finance has been seconded to work jointly across the Trust and CCG.<br><br>Update: June 2015<br><br>Monitor is advising the Trust on the review and development of the business case that will be submitted to Monitor and DH in September. The business case will be an important part of the Trust's longer term financial and sustainability recovery plan. It will be used to request funding support from the DH. A key issue related to refresh of the OBC is capital requirements and use of the PFI site. CCGs are keen to include GP led urgent care in the clinical model.<br><br>The CCGs are developing a pre-consultation business case (that will be consistent with the Trust's business case) and aim to commence public consultation in Autumn 2015.<br><br>Continue to ensure compliance with current estate pending a decision.<br>Medical Workforce Plan to be developed by end of July15 examining overseas recruitment.<br>Interim actions to mitigate known clinical risks need to be progressed (paediatric service provision at HRI, cardiology and respiratory service configuration, Emergency Pregnancy Assessment configuration). | Sep-2015 | Dec-2015 | WEB | Anna Basford | Catherine Riley |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Major | 2827 | Medical | Emergency Network | Accident & Emergency | Apr-2011 | Active | Developing our workforce | There is a risk of poor clinical decision making in A/E due to a dependence on locum Middle Grade Doctors at weekends and on nights resulting in possible harm to patients, extended length of stay and increased complaints<br><br>***It should be noted that risks 4783 and 6131should be read in conjunction with this risk. | Associated Specialist and Regular locums for continuity appointed<br>Middle Grade Doctors moved within sites to respond to pressures<br>Where necessary other medical staff re-located to ED<br>Consultants act down into middle grade roles to fill gaps temporarily | Difficulty in recruiting Consultants, Middle Grade and longer term locums<br>Relatively high sickness levels amongst locum staff | 20 4 x 5 | 20 5 x 4 | 12 4 x 3 | Expedite Outline Business case for reconfiguration of services across sites to afford better deployment of medical staff<br>Explore use of ANP to fill vacant doctor posts<br>4 Consultant posts advertised currently. Closing date end of June 15<br>Business Continuity Plan awaiting approval of Urgent care Board covering ability to provide safe services for varying periods of time | Oct-2015 | Oct-2015 | WEB | David Birkenhead | Dr Mark Davies/Mrs Bev Walker |
| Major | 4783 | Corporate | All Directorates Corporate | All Departments/Wards Corporate | Aug-2011 | Active | Transforming and improving patient care | There is a risk that the Trust falls below national standards for mortality levels due to not delivering appropriate standards of care for acutely ill patients/frail elderly patients and possible incorrect clinical coding resulting in inaccurate reporting of preventable deaths, increased external scrutiny and a possible increase in complaints and claims.<br><br>***It should be noted that risks 2827 and 6131 should be read in conjunction with this risk. | Outlier areas are monitored (e.g. Stroke, Sepsis and COPD)<br>Outliers are investigated in depth to identify the cause. Improvement work is implemented via an action plan<br>Mortality dashboard analyses data to specific areas<br>Monitoring key coding indicators and actions in place to track coding issues | Mortality reviews to assess preventable deaths which is indicating there isn't a problem but not yet performed for long enough or to sufficient depth to determine causes<br>Coding improvement work not yet complete<br>Improvement to standardized clinical care not yet consistent. To be completed by Dec 15 | 20 4 x 5 | 20 4 x 5 | 16 4 x 4 | To complete the work in progress<br>CQUINS to be monitored by the Trust | Sep-2015 | Dec-2015 | COB | David Birkenhead | Juliette Cosgrove |
| Major | 2828 | Medical | Emergency Network | Accident & Emergency | Apr-2011 | Active | Keeping the base safe | There is a risk of too slow patient flow and breaches of national targets in A/E due to bed blockages across the Trust, resulting in harm to patients through delayed treatment and increased external scrutiny for the Trust. | Escalation protocol in place which requires ED Co-ordinator to link with Patient Flow/Clinical Site Commander to ensure patients are moved from ED to a bed within national guidelines<br>Site Commander can authorize additional beds by using flexible capacity<br>Level discharges (required discharges at certain points of the day) plan in place.<br>Site Commander to work with Ward Managers at 2 hourly meetings to ensure these happen<br>All patients have a personal plan established by their Ward which includes discharge arrangements<br>Medically stable patients are reviewed daily by the Discharge Team and Local Authority<br>Surge and escalation plan in place to escalate to higher levels of authority (e.g. cancel next day surgery) | Despite the controls, the bed base in still insufficient at certain times<br>The night period is particularly vulnerable.<br>There is a reliance on locum middle grade doctors due to vacancies | 20 4 x 5 | 16 4 x 4 | 12 4 x 3 | Bed modeling review underway as part of the ED Action Plan. To be completed by mid-June 15<br>Capacity and demand modeling being undertaken (matching resources to peak activity periods). To be complete by mid-June 15<br>Urgent Care Board is accessible to consider new initiatives and act as an escalation decision making body in the case of very urgent situations. The Board has reserve resources<br><br>Update: June 2015<br><br>- Silver Command put in place and escalation discussions re: whole system specific issues and creating more capacity.<br>- Business case being developed for 10 additional step down beds at Oakmoor.<br>Bed modelling to be presented to Star Chambers in June. | Sep-2015 | Sep-2015 | CG | Julie Dawes | Sajid Azeb |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Major | 4706 | Corporate | Finance | Corporate Finance | Jun-2011 | Active | Financial sustainability | There is a risk that the Trust fails to achieve it's financial plans for 2015/16 thereby breaching it's Monitor licence due to failure to deliver cost improvement plans or not adhering to good financial governance, resulting in compromised patient safety and increased external scrutiny. | Standing Financial Instructions set spending limits<br>Turnaround structure in place which has created a more robust Project Management Office and the rigorous administration of cost improvement schemes<br>Implementation of Turnaround Governance procedures (i.e. accurately reporting and projecting financial performance)<br>Divisions can respond to activity targets on a specialty basis (e.g. additional theatre sessions/outsourcing if necessary)<br>Formal Finance Our Future training Board to Budget Holders in place<br>Budget reviews hold budget holders to account<br>Accurate Income and Expenditure forecasting<br>CIP target greater than actual savings required and contingency reserve established by the Director of Finance | Signed contracts not yet in place with main Commissioners for 2015/16.<br>The unpredictability of Commissioners tendering process and possible decommissioning of services.<br>Financial plans for 2015/16 not yet formally accepted by Monitor in line with the enforcement undertaking following the breach in 2014/15. | 15<br>5 x 3 | 20<br>5 x 4 | 10<br>5 x 2 | Contracts to be agreed and signed following arbitration (date not yet fixed)<br>Plans to be agreed to manage gains or losses following tendering process<br>Monitor review of Trust financial plans to take place on 22 and 23 June 15<br><br>Update: June 2015<br><br>Externally assessed Well Led Governance Review being undertaken with headlines reported to June 15 Board of Directors and final report to be concluded July 2015. | Aug-2015 | Mar-2016 | FPC | Keith Griffiths | Chris Benham |
| Major | 6130 | Corporate | Commissioning & Partnerships | Commissioning & Partnerships | Oct-2014 | Active | Financial sustainability | There is a risk of a significant loss of income to the Trust due to Greater Huddersfield CCG and Kirklees and Calderdale Councils undertaking competitive procurements for a range of services (e.g.Care Closer to Home; Sexual Health; School Nursing). This could have negative impact by increasing the Trust's underlying deficit and on the clinical resilience and stability of retained services. | There is a robust system of horizon scanning in place to identify when services are to be tendered both within and beyond the catchment area. this ensure the Trust is able to repond and make decision of whether to submit tenders.<br>New models of care have been developed in response to the requirements of tenders.<br>A commercial strategy is in place which identifies core/non-core services by division and by immediacy of commercial risk (Clinical Services Model Wagon Wheel). | Need to anticipate weaknesses and gaps in services through risk assessments prior to tender processes to make service model changes rather than wait for pressure of a tender to force changes<br>Use of Service Line Reporting needs to be strengthened to identify profitability of services and whether to bid against tenders or disinvest.<br>Need to develop appropriate market exit strategies (disinvestment) to eliminate costs where income is lost. | 16<br>4 x 4 | 16<br>4 x 4 | 12<br>4 x 3 | Develop new models of care in advance of Commissioner tendering processes with advance notice of services likely to be tendered in the future<br><br>Update: June 2015<br><br>Ensure where income is lost there is a managed and clear reduction in cost to minimise residual cost pressure. | Jul-2015 | Dec-2015 | CISC | Anna Basford | Rob Aitchison & Lisa Williams |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Major | 6078 | Diagnostics & Therapeutic Services | Appointment and Records | Appointments Service | Aug-2014 | Active | Keeping the base safe | NHS e-referral – A failure to provide sufficient appointment slots to manage demand. Caused by an increase in referrals to services or reduced available capacity to manage demand. Resulting, poor patient experience, inability to access referral letter as e-referrals cannot be accessed until an appointment is allocated, increased administration (reliance on spreadsheets to track capacity requirements). | Process: Daily spreadsheet to Clinical Divisions highlighting capacity requirements. Regular communications with Specialty capacity leads. Reallocation of cancelled slots to maximise capacity. | Variations in capacity and demand plans. Consultant vacancy factor. | 16 4 x 4 | 16 4 x 4 | 4 4 x 1 | Capacity issues reported at Planned Care Board, and Clinical Specialties developed actions plans to reduce ASIs. Weekly x-divisional Access Meetings established (at ADD level) to monitor performance as position has worsened in months Jan - May.<br><br>Update: June 2015<br><br>THIS are working on a live document that clinical and administrative leads can access to eliminate the emailing and filtering of spreadsheets on a daily basis.<br><br>Locum Consultant in place and substantive post out to advert. Business Case for additional Consultant has been developed and hope to appoint to both posts.<br>Changes to clinic templates undertaken which is providing increased capacity for new patient slots<br><br>Two new consultants have commenced. Once consultant vacancy to be appointed to. Additional Clinics to continue to address shortfall.<br><br>Additional clinics to be agreed to address the backlog. Review of capacity and demand plan to be undertaken to understand recent increase in demand.<br>• Call wrap up time halved from 20 seconds to 10 seconds<br>• Increased staffing at peak times<br>• Monitoring downtime of call handlers<br>• Reviewing hot spots (by hour) and flexing across core tasks as required<br>• Reallocating and monitoring evening activity<br>• Reviewing call handler KPIs and stretch targets<br>• Review of call messages | Jul-2015 | Aug-2015 | PCB | Julie Dawes | Emma Livesley |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Major | 6136 | Diagnostics & Therapeutic Services | All Directorates Diagnostics | All Departments/Wards Diagnostics | Oct-2014 | Active | Keeping the base safe | There is a risk that the Trust will exceed its post 48 hours C Difficile target for 2015/16 due to non-compliance with Trust policies and procedures resulting in avoidable patient harm or death, increased external scrutiny and a reduced Governance Rating | Hand hygiene visual audits challenge non-compliance<br>Hand hygiene is part of mandatory training requirements<br>Anti-Biotic policy in place<br>Standard Isolation policy in place<br>Precautions to prevent the spread of C-difficile policy in place<br>Major ward refurbishment always includes increases in the numbers of side rooms for isolation (over the last 5-6 years)<br>PPM risk assessments cover defects which could harbor c-diff e.g. cracks<br>Standards of cleaning agreed and in place<br>High level decontamination with hydrogen peroxide following the identification of a case<br>Learning from Root Cause Analysis is routinely applied | The relatively low numbers of Medical and Nursing staff on duty particularly out of hours<br>The duration of anti-biotic usage by certain patients gives rise to increased vulnerability<br>Availability of side rooms causes delays in the isolation of patients | 25<br>5 x 5 | 15<br>5 x 3 | 10<br>5 x 2 | Numbers of side rooms gradually increases following refurbishments to wards. This will improve further following the site re-configuration plans<br>Hospital at Night and 7 day working plans are being produced by Autumn 2015<br>Compliance audits continue all year<br>The Anti-Microbial Steering Group meets to endorse policies and agree an audit plan | Oct-2015 | Mar-2016 | ICPB | David Birkenhead | Jean Robinson |
| Major | 6300 | Trustwide | All Divisions | All Departments/Wards | May-2015 | Active | Keeping the base safe | A number of clinical, operational and estates risks causing increased risks to patients and non-regulatory compliance which may result in CHFT not achieving a CQC rating of good or outstanding (e.g. Estates risks; Paediatric Standard compliance; A&E National Standards compliance), which could cause the Trust to have breach of licence. | - System for regular assessment of Divisional and Corporate compliance<br>- Routine policies and procedures<br>- Quality Governance Assurance structure<br>- CQC compliance reported in Quarterly Quality and Divisional Board reports | - Full Divisional and Corporate self-assessment still to be completed<br>- Some out of date policies and procedures | 16<br>4 x 4 | 16<br>4 x 4 | 8<br>4 x 2 | - CQC compliance Steering Group<br>- Implementation CQC Compliance action plan<br>- CQC Operational Group<br>- Further embedding of CQC assurance into the Divisions and Corporate Governance structures | Aug-2015 | Aug-2015 | WEB | Julie Dawes | Juliette Cosgrove |
| Major | 6230 | Corporate | Finance | Corporate Finance | Feb-2015 | Active | Transforming and improving patient care | There is a risk that the Trust will not be able to deliver the expected financial benefits of the Electronic Patient Record (EPR) system due to the implementation being impeded by financial and operational constraints (eg additional costs incurred due to time delays or lack of appropriate resource being made available) resulting in a failure to demonstrate return on investment or value for money.<br><br>There are two elements to this risk:<br>Implementation of tactical solutions (e.g. e-rostering; nerve centre; maternity; voice recognition; EDMS); and<br>Project management delays, changes to specification and lack of capacity; clinical engagement and complexities with working jointly with Bradford Teaching Hospitals. | • Agreed loan from Independent Trust Financing Facility (ITFF) received in April 15 to support capital programme, specifically Electronic Patient Record (EPR).<br>• Financial appraisal and selection of preferred supplier that included full benefits realisation and implementation plan.<br>• Modernisation Programme Management and Governance structure to manage the implementation and roll-out of the EPR system within the Trust-wide IT Modernisation Programme.<br>• Transformation Board meets on a monthly basis chaired at CEO level.<br>• Creation of an Assurance Board that includes Non-Executive directors. | The full gap analysis of EPR processes against current working practices to be completed with the requirement to develop an associated change management programme. | 15<br>5 x 3 | 15<br>5 x 3 | 5<br>5 x 1 | EDMS being clinically assessed by end May 2015.<br><br>Update: June 2015<br><br>A detailed project plan and timelines are being developed with Cerner (EPR Provider) and Bradford for the roll-out of the EPR. | Sep-2015 | Apr-2016 | FC | Keith Griffiths | Kirsty Archer |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Major | 5806 | Medical | Integrated Medical Specialties | Ward 3 HRI | May-2015 | Active | Keeping the base safe | There is a risk that the following urgent Estates schemes cannot be undertaken due to insufficient resources, resulting in a poor patient experience, possible ward closures and harm caused by slips, trips and falls<br>A) Failure to maintain privacy and dignity on the Chemotherapy Unit at HRI<br>B) Poor/unsafe flooring in ICU at HRI<br>C) Environmental/safety standards on Ward 18 at HRI<br>D) Temperature control in winter on Ward 4 at HRI<br>E) Poor environmental conditions on Ward 5 at HRI<br>F) Uneven floor surface on Ward 19<br>G) Poor fitting windows on Ward 6 at HRI | A) Chemo unit- currently still on ward 3 but will be moving to new facilities on ward 7 in September.<br>B) ICU- currently still issues<br><br>C) Ward 18- decorated the discharge lounge and put in patient entertainment<br><br>D) Ward 4- heaters available for cold rooms<br>Ward 4 has been connected to existing vent plant<br>The heating system has been set up to enable the BMS system to control BMS valves within the ward to give better heating control within the area.<br><br>E) Ward 5- now moved to ward 11 whilst the ward has works done and a minor upgrade<br><br>F)<br><br>G) Ward 6- temporary solutions in place with the windows and heaters for cold rooms | A) The privacy & Dignity Issues are currently being managed by the ward themselves prior to moving to the new Ward.<br><br>B) There are no further controls that can be put in place other than monitor the condition of the floor and bring forward the repair, as sections of the floor need to be repaired including skimming and this cannot be undertaken whilst the ward is live.<br><br>C) Flooring repairs repairing<br>Windows req Draft proofing<br>Ceiling tiles req replacing & Painting<br>Damaged doors require repairing safety Film required to be fitted to both sides of corridor Glazingg<br><br>D) No Gaps<br><br>E) Issues highlighted for inclusion in the minor upgrade will be addressed prior to the Ward returning to Ward 5.<br><br>F) There are no further controls that can be put in place other than monitor the condition of the floor and bring forward the repair, as sections of the floor need to be repaired including skimming and this cannot be undertaken whilst the ward is live. | 16<br>4 x 4 | 16<br>4 x 4 | 8<br>4 x 2 | Chemo- full upgrade available from Sept<br><br>Ward 18- putting in place a plan for a new discharge lounge, and seeking a solution for a new paed ward Ward 4, 5, 6- upgrades in place over the next 5 years as part of the estate strategy, subject to funding. | Sep-2015 | Oct-2015 | QC | Lesley Hill | Maureen Overton |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Moderate | 6143 | Corporate | THIS | Modernisation Programme | Nov-2014 | Active | Transforming and improving patient care | There is added complexity in working with Bradford Teaching Hospitals who are being named as a beneficiary of the procurement. This may affect the deployment timescale and delay any associated benefit. There could also be increased costs as a result of the delays. | - Regular discussions with senior management at Bradford Trust;<br>- Inclusion of the implications of working with Bradford (during procurement; during implementation and post implementation) in all negotiations with potential suppliers.<br>- Cerner will now be hosting the solution centrally reducing the risk on/to both trusts.<br>- A Back to Back Contract is now in place that clearly identifies both organisations responsibilities and liabilities regarding the delivery of a jointly agreed implementation plan<br>- Collaboration agreement in place and draft governance structure agreed by the two CEO's. First meeting of the Transformation Board has now happened. | June 15 - A number of controls have been added however, recruitment to joint posts is still in process. Once complete this will add further mitigation to the risk. Expected to complete within the month. | 16<br>4 x 4 | 10<br>5 x 2 | 4<br>4 x 1 | 1) The legal team are formulating an MOU between the two Trusts which will form the basis of a contract.<br>2) There is an option to receive a managed service with off site hosting which may be considered post contract award.<br>3) Update Feb 2015: A Back to Back Contract will be in place pre-contract signature that will clearly identify both organisations responsibilities and liabilities regarding the delivery of a jointly agreed implementation plan. This will supplemented via a joint governance structure that will include executives and none executives from both organisations.<br>4) Update March 2015: Collaboration agreement in place and draft governance structure agreed by the two CEO's. First meeting of the Transformation Board scheduled to take place in April. Risk score changed to Impact 5, Likelihood 3<br>5) Update June 2015: Risk likelihood has been reduced in line with the progress that has been made and the additional controls that have been introduced. | Jul-2015 | Jul-2015 | WEB | Mandy Griffin | Dave Lang & Cindy Fedell |
| Moderate | 6144 | Corporate | THIS | Modernisation Programme | Nov-2014 | Active | Transforming and improving patient care | The tactical solutions fail to realise benefit in the period prior to EPR go live due to delay and resource constraints | - programme and project structures<br>- use of formal methodologies (MSP and PRINCE2) | | 16<br>4 x 4 | 12<br>4 x 3 | 9<br>3 x 3 | 1) Better monitoring arrangements are in place for the tactical deployments.<br>2) Additional resources have been committed to assist with the management and coordination of the tactical deployments.<br>3) update : November 2014 : some projects delayed; but priority being given to those with best ROI. Proper controls now in place. Risk rating unchanged until evidence of effectiveness.<br>4) update: Feb 2015: Dedicated Programme Manager assigned to tactical deployments. Risk Rating unchanged until a review of current status is undertaken and the re-prioritisation based ROI is complete.<br>5) update: Mar 2015: This review is now partial complete with several projects now having been scrutinised. Likelihood score reduced to 3. | Jun-2015 | Apr-2016 | WEB | Mandy Griffin | Julia Coletta |

APPENDIX F

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

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|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Carole Hallam, Assistant Director of Infection Prevention Control |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>David Birkenhead, Medical Director |
| **Title and brief summary:**<br>Monthly DIPC Report - Monthly DIPC Report provides an update of HCAI in the trust | |
| **Action required:**<br>Note | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>WEB | |
| **Governance Requirements:**<br>Improving patient experience - reducing HCAI | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

The monthly DIPC report is provided to keep the EB members and the Board of Directors informed of the current position of HCAI and to highlight areas of concern and progress of prevention work.

## Main Body

### Purpose:

For information

### Background/Overview:

Monthly update of the state of HCAI in the trust

### The Issue:

Monthly update of the state of HCAI in the trust

### Next Steps:

Report to be taken to the Infection Control Performance Board for action as required

### Recommendations:

For the Board to note the content

## Appendix

### Attachment:

Monthly DIPC Report June 2015.pdf

# Report from the Director of Infection Prevention and Control to the Weekly Executive Board June 2015

## Performance targets

| Indicator | Month agreed target | Current month (May) | YTD agreed target | YTD performance | Actions/Comments |
|---|---|---|---|---|---|
| MRSA bacteraemia (trust assigned) | 0 | **0** | 0 | **1** | |
| C.difficile (trust assigned) | 2 | **0** | 21 | **2** | 1 avoidable<br>1 unavoidable |
| MSSA bacteraemia (post admission) | 1 | **2** | 12 | **2** | A review of each of these cases will be undertaken to establish the key themes and individual feedback to clinicians |
| E.coli bacteraemia (post admission) | 2 | **3** | 29 | **4** | |
| MRSA screening (electives) | 95% | **96.73%** | 95% | **96.45%** | March validated data |
| Central line associated blood stream infections (Rate per 1000 cvc days) | 1.5 | **0** | 1.5 | **1.18** | |
| ANTT Competency assessments (doctors) | | | 95% | **61.5%** | On-going training being provided and increase in number of assessors |
| ANTT Competency assessments (nursing and AHP) | | | 95% | **71.4%** | |
| Hand hygiene | 95% | **99.71%** | 95% | **99.83%** | |

## Quality Indicators

| Indicator | Current month (May) | YTD performance | Comments |
|---|---|---|---|
| MRSA screening (emergency) | **91%** | **89.4%** | March validated data |
| Isolation breaches | **22** | **54** | |
| Blood cultures Competency assessments | | **56.3%** | Data only available for RN |
| Cleanliness | **97.24%** | **97.2%** | |

## HCAIs/Areas of Concern/Outbreaks

- **Isolation breaches** recorded by the Infection Control Team during May were 22, compared to 32 in April. Of these 22 isolation breaches,
  - 13 were at CRH and 9 were at HRI
  - All but one of the breaches were on medical wards
  - 14 of the breaches occurred in the medical assessment areas, 7 at HRI and 7 at CRH

- **MRSA** – there were three cases of hospital acquired MRSA identified in May, two were medical patients and one was an orthopaedic patient. There have been 5 cases in total since April.
- **Viral gastroenteritis** – Ward 17 at HRI was closed for 7 days in May due to suspected viral gastroenteritis resulting in 22 lost bed days
- **Central Line Blood Stream Infections –** the cluster of CLBSI that occurred in critical care over a period of months have been investigated with the following findings. Out of the 4 cases two have been agreed as probable line infections (opposed to definite line infections). A further case was assessed as possible (but the general consensus was case was not a line infection) and the fourth cases was not a hospital acquired line infection but due to the long term implantable port, however, it was accepted that there was learning from all the cases. The last CLBSI in critical care was in January 2015.

  The key themes were as follows:
  - Dual siting of central line and vascular catheter in the same vein at the same time.
  - Increased risk of infection where patient has an open wound.
  - Increased risk of infection in the presence of increased secretions (perspiration, vomit, sputum)
  - CVC lines were not sited in the optimal position of subclavian but internal jugular. The latter is most commonly used and is down to preference and skills of the inserting physician.

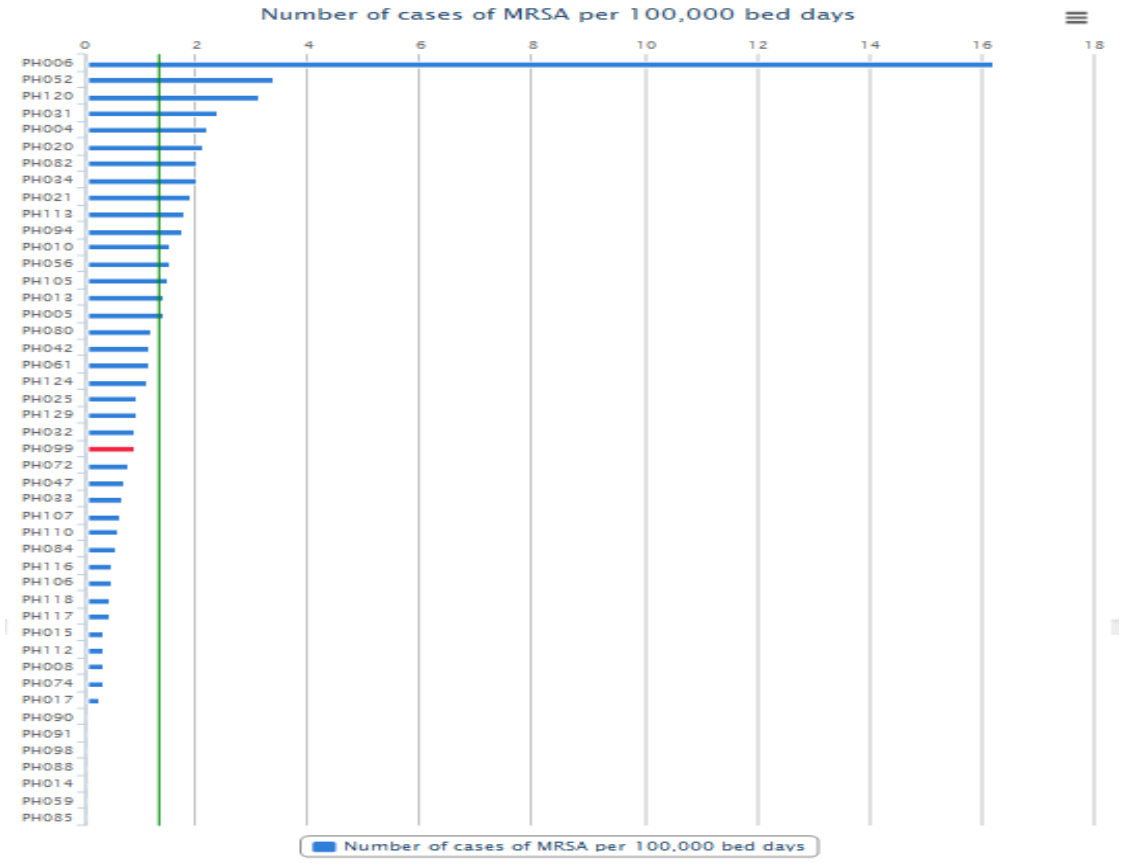
  Lessons learned:
  - Need clear documentation of dressing changes by nursing staff.
  - RCA highlighted that microbiologist keeps separate records that are not shared with clinical team and this meant it was not unclear what the microbiology management plan is for the patient.
  - A clear understanding of the Datix reporting system for CBRSI needs to be in place – currently the CBRSI's are not reported by infection control as other hospital acquired infections are with the risk of missed reporting.

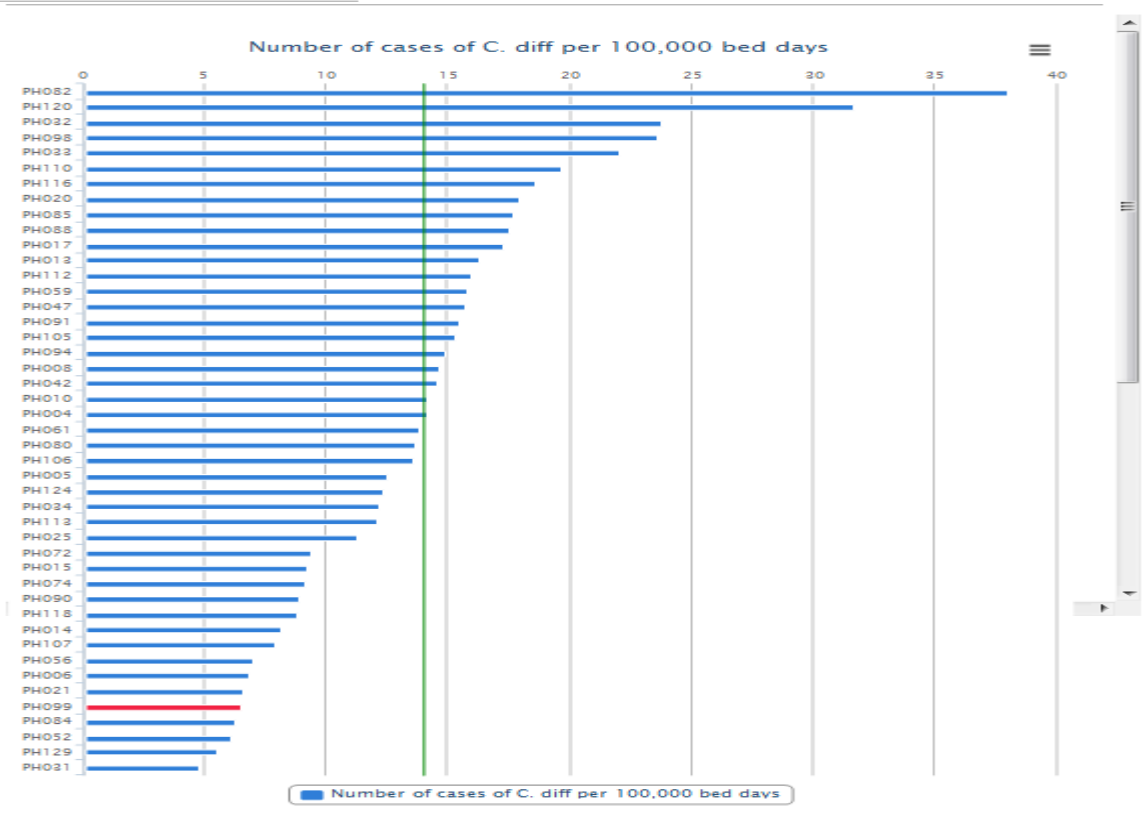
  Actions:
  1. CVAD team to review the CVAD document to enable/prompt detailed record of dressing changes and smart sites (needle free access ports).
  2. Share learning from RCA's with anaesthetic colleagues to promote optimal CVC line siting and to ensure understanding of the possible repercussions of dual siting of CVC and vascular catheters.
  3. Microbiology Consultants to document treatment plan in patient clinical notes.

**National Benchmarking**

The NHS Benchmarking Network has undertaken a pharmacy project which was developed in partnership with a reference group of Chief Pharmacists with additional input from the DoH, Public Health England and the Royal Pharmaceutical Society. The project was open to all NHS provider organisations. CHFT submitted data to the project which included information on the number of cases of MRSA and C. Difficile in 2013/14, as well as information about bed numbers and hospital spells which enabled benchmarking against other acute trusts with community

services. Results to be finalised mid-June after Trusts have had an opportunity to validate results. CHFT can be identified by the red bar (PH099) in the two charts below.



**Quality Improvement Audits**

- Additional Quality Improvement Audits performed in April
    - CRH Diabetes Centre – Scored Red (68%)
        - cleaning was below the standard expected
        - The staff kitchen and the kitchen for patient use were in poor condition (due to be replaced in the next few weeks)
        - Dusty shelves
        - Clean goods stored on the floor
        - Alcohol gel not available in all rooms
        - Cluttered areas
    - Occupational Health Dept – Scored Green (95%)
        - Unclean microwave and poor condition of the staff kitchen
- Five Quality Improvement Audits were performed in May
    - CRH ward 9 – Scored Green (97%)
        - Clean goods stored on the floor
        - Dusty shelves
    - HRI Physio/OT Dept – Scored Amber (83%)
        - Inappropriate equipment stored in the dirty utility
        - Some patient equipment observed to be unclean
        - Some damaged furniture
    - CRH ward 6D – Scored Amber (84%)
        - Unclear responsibility for cleaning of patient equipment
        - Lack of 'I am clean' stickers in use
        - Unclean commode
    - HRI Endoscopy Unit – Scored Green (97%)
        - Dust noted on suction machine in the store room
    - HRI SAU – Score to be calculated
        - Dust observed on the resus trolley
        - Dust ledges and beds
        - Clean goods stored on the floor

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

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|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Sue Burton, Medical Education Manager |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>David Birkenhead, Medical Director |
| **Title and brief summary:**<br>Revalidation and Appraisal of Non Training Grade Medical Staff - The paper updates the board on the position regarding revalidation and appraisal of non training grade medical staff as at the end of the revalidation and appraisal year (31st March 2015) | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>None | |
| **Governance Requirements:**<br>See attached | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

See attached

## Main Body

### Purpose:

See attached

### Background/Overview:

See attached

### The Issue:

See attached

### Next Steps:

See attached

### Recommendations:

See attached

## Appendix

### Attachment:

Revalidation - Board of Directors - June 2015 (2).pdf

**BOARD OF DIRECTORS – THURSDAY 25th JUNE 2015**

**REVALIDATION AND APPRAISAL OF NON TRAINING GRADE MEDICAL STAFF**

## 1. Executive Summary

The purpose of this report is to update the Board on the progress of the Trust's management of medical appraisal and revalidation since the introduction of revalidation in December 2012. The report will also discuss the 2014/15 appraisal year (1st April 2014 – 31st March 2015).

Summary of key points:

- As at 31st March 2015, 318 doctors had a prescribed connection to Calderdale and Huddersfield NHS Foundation Trust.
- In the 2014/15 revalidation year (1st April 2014 – 31st March 2015) 92 non training grade medical staff had been allocated a revalidation date by the General Medical Council (GMC).
- Based on headcount 86.8% of non-training grade appraisals were completed and submitted in the appraisal year. 11.9% of non-training grade medical staff were not required to complete an appraisal (due to recently joining the Trust, maternity leave etc).

## 2. Background

2.1 Medical revalidation was launched in December 2012 to strengthen the way that doctors are regulated with the aim of improving the quality of care provided to patients. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

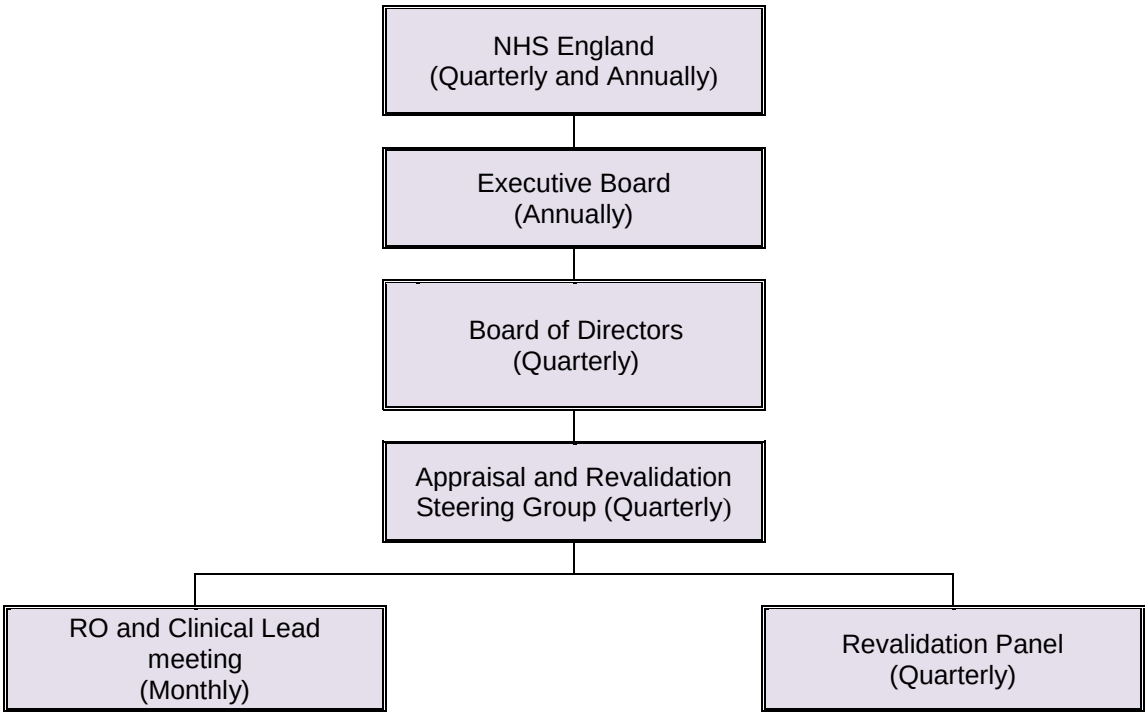
2.2 The Trust has a statutory duty to support the Responsible Officer (Medical Director) in discharging their duties under Responsible Officer Regulations and is expected that the board will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems on place for monitoring the performance and conduct of their doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process;
- ensure that appropriate pre-employment checks are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

2.2 Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

## 3. Governance Arrangements

3.1 The Trust's governance reporting structure for medical appraisal and revalidation is shown below:




3.2 **GMC Connect**

GMC Connect is the General Medical Councils database used by Designated Bodies (ie Calderdale and Huddersfield NHS Foundation Trust) to view and manage the list of doctors who have a prescribed connection with the Trust.

The database is managed by the Revalidation Office on behalf of the Responsible Officer. The Trust's Electronic Staff Record (ESR) is used as the main source in relation to starters and leavers. A calibration exercise between ESR and GMC Connect is undertaken quarterly.

3.3 **Revalidation and Appraisal Steering Group**

The Revalidation and Appraisal Steering Group and panel continue to support the Responsible Officer with the revalidation agenda within the prescribed terms of reference.

## 4. Medical Appraisal and Revalidation Performance Data

### Revalidation Cycles

4.1 The first revalidation cycle started in January 2013 and all non training grade doctors will have completed their first revalidation cycle by 31st March 2016. During this period all doctors to whom the Trust is the designated body will have a recommendation made about their fitness to practise by the Trust's Responsible Officer (the Medical Director).

4.2 In the 2014/2015 revalidation year (Year 2) the Responsible Officer has made recommendations for doctors as follows: (see also Appendix A **-** Audit of Revalidation Recommendations)

| Revalidation Cycle (Year 2) | Positive Recommendations | Recommendation Deferred |
|---|---|---|
| Year 2, Quarter 1 (April 2014 – June 2014) | 20 | 1 (deferred for 6 months, insufficient information submitted) |
| Year 2, Quarter 2 (July 2014 – September 2014) | 21 | 1 (doctor was on maternity leave) |
| Year 2, Quarter 3 (October 2014 – December 2014) | 21 | 0 |
| Year 2, Quarter 4 (January 2015 – March 2015) | 27 | 1 deferred for 12 months, insufficient evidence submitted) |
| **Total:** | **89** | **3** |

**Medical Appraisal**

4.3. Medical Appraisal underpins the revalidation process. Doctors are required to complete five appraisals within the revalidation cycle.

4.4 The appraisal year runs from 1st April – 31st March. The table below shows the compliance rate at the end of the 2014/2015 appraisal year on 31st March 2015 (see also Appendix B – Audit of all missed or incomplete appraisals).

| Grade | Number of doctors with prescribed connection to CHFT | Completed Appraisals | Approved incomplete or missed appraisal | Unapproved incomplete or missed appraisal | %age appraisals completed |
|---|---|---|---|---|---|
| Consultants (permanent) | 219 | 196 | 20 | 3 | |
| Staff Grade, associate specialist, specialty doctor (permanent) | 62 | 55 | 6 | 1 | 88.7% |
| Temporary or short term contract holders (all grades) | 37 | 25 | 12 | 0 | 67.5% |
| **Total** | **318** | **276** | **38** | **4** | **86.8%** |

*(Doctors with a GMC prescribed connection to CHFT as at 31st March 2015*)

**Completed appraisals:** appraisal meeting between 1st April 2014 and 31st March 2015 for which the appraisal outputs have been agreed between appraiser and appraisee.
**Approved or incomplete or missed appraisals:** accepted reason for appraisal not taking place (eg joined the Trust within the last 6 months, prolonged leave, maternity leave, sabbatical etc).
**Unapproved incomplete or missed appraisal:** appraisal expected to be submitted with. No agreement for appraisal to be postponed/delayed.

4.3 The appraisal completion rate is based on the number of doctors with a GMC prescribed connection to the Trust. Whilst appraisals were submitted for 86.8% of non-training grades there were 11.9% of doctors for whom an appraisal was not expected.

## 5. Trained Appraisers

5.1 There are currently 81 trained appraisers (Consultant and Specialty Grades). A review is underway to identify the numbers of appraisals being undertaken by each appraiser annually. The Trust policy states that appraisers should undertake a minimum of five appraisals per year but not exceed 10.

## 6. Quality Assurance of the Process

6.1 The process used to monitor the quality of the medical appraisers is for the doctors to rate their appraisal experience in relation to:

- The organisation of the appraisal
- The appraiser
- The appraisal discussion

All appraisals submitted as part of the revalidation process are reviewed thoroughly by the Revalidation Panel quality assurance group (approximately 33% of all appraisals). This involves a comprehensive review of the appraisal form (appraisal inputs and supporting information). (see Appendix C - Quality assurance audit of appraisal inputs and outputs (1st Aril 2014 - 31st March 2015)

6.2 Other quality assurance processes have been tested with a view to the Clinical Appraisal and Revalidation lead routinely quality assuring a sample of appraisals submitted.

### 6.3 Access, security and confidentiality

Appraisal folders, supporting information and all correspondence relating to the appraisal and revalidation processes are stored on a network drive. Access to the network drive is restricted to the Responsible Officer, the Clinical Lead for Appraisal and Revalidation, the Assistant Director of Human Resources and the Revalidation Office administrative support. Access to appraisals is in line with the Appraisal Policy for non-training grade medical staff.

### 6.5 Clinical Governance

Data is provided annually by the Trust to each appraisee to assist with the appraisal process. The DATIX incident reporting system provides basic information relating to serious incidents, complaints and claims where the doctor is named. The Health Informatics department also provide information relating to CHFT activity data, benchmarking data (Dr Foster) and attendance at audit.

## 7. Action Plan

a) Electronic Appraisal Systems

To explore the possibility of the introduction of a self-service electronic appraisal system. The systems have quality assurance checks incorporated and it would mean it is possible to physically integrate the Trust values into the appraisal documentation.
.

b) Appraisal Leads

- To consider the introduction of appraisal leads for each clinical division whose role will be to help ensure the timely completion of appraisals and assist with the quality assurance process.

c) Quality Assurance

- We will be introducing a more formal and systematic process for assuring the quality of the appraisals submitted. We will also be focussing attention on the quality improvement submissions as part of the appraisal process.
- We will seek an external review of the Trust revalidation procedures through NHS England.

## 8 Action Required of the Board

The Board of Directors is asked to:

(i) receive this report.

Dr David Birkenhead
Medical Director/Responsible Officer
June 2015

**Appendix A**

**Audit of Revalidation Recommendations (1st Aril 2014 - 31st March 2015)**

**(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)**

**Revalidation Recommendations made between 1st April 2014 and 31st March 2015**

| | **Number** |
|---|---|
| Recommendations completed on time (within the GMC recommendation window) | 92 |
| Late recommendations (completed but after GMC recommendation window closed) | 0 |
| Missed recommendations (not completed) | 0 |
| **TOTAL** | **92** |
| Primary reason for late/missed recommendations<br>For late or missed recommendations only one primary reason may be identified | |
| No responsible officer in post | 0 |
| New starter/new prescribed connection established within 2 weeks of revalidation due date | 0 |
| Unaware the doctor had a prescribed connection | 0 |
| Unaware of the doctors revalidation due date | 0 |
| Administrative error | 0 |
| Responsible officer error | 0 |
| Inadequate resources or support for responsible officer role | 0 |
| Other | |
| **TOTAL SUM OF LATE AND MISSED RECOMMENDATIONS** | **0** |

**Appendix B**

**Audit of all missed or incomplete appraisals audit (1st Aril 2014 - 31st March 2015)**

**(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)**

| **Doctors Factors (Total)** | **Number** |
|---|---|
| Maternity leave during the majority of the 'appraisal due window' | 2 |
| Sickness absence during the majority of the 'appraisal due' window' | 1 |
| Prolonged leave during the majority of the 'appraisal due window' | 1 |
| Suspension during the majority of the 'appraisal due window' | 0 |
| New starter within 3 months of appraisal due date | 0 |
| New starter more than 3 months from the appraisal due date | 34 |
| Postponed due to incomplete portfolio/insufficient reporting information | 0 |
| Appraisal outputs not signed off by doctor within 28 days | 0 |
| Lack of time of doctor | 1 |
| Lack of engagement of doctor | 3 |
| Other doctors factors (describe) | 0 |
| | |
| **Appraiser Factors (Total)** | |
| Unplanned absence of appraiser | 0 |
| Appraisal outputs not signed off by the appraiser within 28 days ** | 41 |
| Lack of time of appraiser | 0 |
| Other appraiser factors (describe) | 0 |
| | |
| **Organisational Factors (Total)** | |
| Administration or management factors | 0 |
| Failure of electronic information systems | 0 |
| Insufficient numbers of trained appraisers | 0 |
| Other organisational factors (describe) | 0 |

** NHS England request that we report on the numbers of appraisals not signed by the appraiser within 28 days of the appraisal being completed. However, these appraisals were still recorded as completed since they were submitted within the appraisal year

**Appendix C**

**Quality assurance audit of appraisal inputs and outputs (1st Aril 2014 - 31st March 2015)**

**(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)**

| **Total number of appraisals completed** | | **276** |
|---|---|---|
| | Number of appraisal portfolios sampled<br><br>**91** | Number of the sampled appraisal portfolios deemed acceptable against standards<br>**84** |
| **Appraisal Inputs** | **Number audited** | **Number acceptable** |
| Scope of work: Has a full scope of practice been described? | 91 | 91 |
| Continuing Professional Development (CPD): Is CPD compliant with GMC requirements? | 91 | 84 |
| Quality Improvement Activity: Is quality improvement activity compliant with GMC requirements? | 91 | 91 |
| Patient feedback exercise: Has a patient feedback exercise been completed? | 91 | 91 |
| Colleague feedback exercise: Has a colleague feedback exercise been completed? | 91 | 91 |
| Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included? | 91 | 91 |
| Is there sufficient supporting information from all the doctors roles and places of work? | 91 | 91 |
| Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4) | 91 | 91 |
| **Appraisal Outputs** | | |
| Appraisal Summary | 91 | 91 |
| Appraiser statements | 91 | 89 |
| Personal Development Plan | 91 | 91 |

**Appendix D**

**Audit of concerns about a doctor's practice (1st Aril 2014 - 31st March 2015)**
**Non training grade medical staff**

**(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)**

| Concerns about a doctor's practice | High level[1] | Medium level | Low level | Total |
|---|---|---|---|---|
| Number of doctors with concerns about their practice in the last 12 months<br>Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern | 1 | | 1 | 2 |
| Capability concerns (as the primary category) in the last 12 months | 0 | 0 | 0 | 0 |
| Conduct concerns (as the primary category) in the last 12 months | 3 | 1 | 0 | 3 |
| Health concerns (as the primary category) in the last 12 months | 0 | 1 | 0 | 0 |

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

| | |
|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Kathy Bray, Board Secretary |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Victoria Pickles, Company Secretary |
| **Title and brief summary:**<br>GOVERNANCE REPORT - This report brings together a number of governance items for review and approval by the Board. | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>N/A | |
| **Governance Requirements:**<br>Keeping the base safe. | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

This report brings together a number of governance items for review and approval by the Board.
Firstly the Board work plan has been updated for the year to ensure that all forward actions have been incorporated and to include any reports required to provide the board with assurance against its agreed strategy.

In addition the report on sealing of documents is included in line with the Trust's Standing Orders. Over the last quarter there have been eight documents requiring sealing. Three relate to the PFI premises changes; three relate to other bodies leasing premises from the Trust; one is in relation to changes require to premises leased by the Trust from NHS Property Services and on is in relation to the Partnership with Henry Boot.

## Main Body

### Purpose:

-

### Background/Overview:

-

### The Issue:

-

### Next Steps:

-

### Recommendations:

The Board is asked to review and comment on the Board work plan and to review and approve the use of the Trust seal.

## Appendix

### Attachment:

COMBINED GOVERNANCE ATTACHMENTS - 25.6.15.pdf

BOARD WORK PLANWORKING DOCUMENT – JUNE 2015 - LATEST update TO BOD 25.6.15

| Date of meeting | 23 April 2015 | 28 May | 25 June | 30 July | 27 Aug Prov. mtg | 24 Sept | 29 Oct | 26 Nov | 17 Dec | Jan 2016 | Feb 2016 | March 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date of agenda setting | During week before meeting date | | | | | | | | | | | |
| Date final reports required | 15.4.15 | 10.5.15 | 17.6.15 | 22.7.15 | 19.8.15 | 16.9.15 | 21.10.15 | 18.11.15 | 9.12.15 | TBC | TBC | TBC |
| STANDING PUBLIC AGENDA ITEMS | | | | | | | | | | | | |
| Introduction and apologies | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Declarations of interest | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Minutes of previous meeting, matters arising and action log | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chairman's report | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chief Executive's report | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Integrated Board report | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| DIPC report | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Minutes of sub-committees | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| REGULAR ITEMS | | | | | | | | | | | | |
| Board Assurance Framework | | | | ✓ | | | | ✓ | | | ✓ | |
| Risk Register | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Governance report: to include such items as:<br>- Standing Orders / SFIs review<br>- Non-Executive appointments<br>- Board workplan<br>- Board skills / competency<br>- Code of Governance<br>- Board meeting dates<br>- Committee review and annual report<br>- Annual review of NED roles<br>- Use of Trust Seal<br>- Quarterly Submission Feedback from Monitor | | | ✓ | | | ✓ | | | ✓ | | | ✓ |
| Care of the acutely ill patient report | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | |

BOARD WORK PLANWORKING DOCUMENT – JUNE 2015 - LATEST update TO BOD 25.6.15

| Date of meeting | 23 April 2015 | 28 May | 25 June | 30 July | 27 Aug (Prov. Mtg) | 24 Sept | 29 Oct | 26 Nov | 17 Dec | Jan 2016 | Feb 2016 | March 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patient Survey | | | ✓ | | | | | | | | | ✓ |
| Quality Report | | | | | | ✓ | | | | | | ✓ |
| Staff Survey | | | | | | ✓ | | | | | | ✓ |
| Staff Survey/Staff friends and family test results | | | | ✓ | | | ✓ | | | | | |
| Nursing and Midwifery Staffing – Hard Truths Requirement | | | | | | ?✓ | | | | | | ✓ |
| Safeguarding update – Adults & Children | | | | ✓ | | | | ✓ | | | | ✓ |
| Patient Experience, Engagement & Improvement Plan (to include learning from experience and friends and family test) | | ✓ | | | | ✓ | | ✓ | | | ✓ | |
| Review of progress against strategy (Qly) | ✓ | | | ✓ | | | ✓ | | | ✓ | | |
| Quality Committee Update & Mins | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Audit and Risk Committee Update & Mins | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | |
| Finance and Performance Committee Update & Mins | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Strategic Health & Safety Group Minutes (for info) | ✓ | | | ✓ | | | ✓ | | | ✓ | | |
| ANNUAL ITEMS | | | | | | | | | | | | |
| Annual Plan | | | | | | | | | | | | ✓ |
| Annual Plan feedback from Monitor | | | ✓ | | | | | | | | | |
| Annual report and accounts (private) | | ✓ | | | | | | | | | | |
| Annual Governance Statement | | ✓ | | | | | | | | | | |
| Appointment of Deputy Chair / SINED | | | | | | ✓ | | | | | | |
| Emergency Planning annual report | ✓ | ✓ | | | | | | | | | | |
| Health and Safety annual report | | ✓ | | | | | | | | | | |
| Capital Programme | | | | | | | | | | | | ✓ |
| Equality & Inclusion update | | | | ✓ (update) | | | | | | | ✓ (AR) | |

BOARD WORK PLANWORKING DOCUMENT – JUNE 2015 - LATEST update TO BOD 25.6.15

| Date of meeting | 23 April 2015 | 28 May | 25 June | 30 July | 27 Aug Prov. mtg | 24 Sept | 29 Oct | 26 Nov | 17 Dec | Jan 2016 | Feb 2016 | March 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PLACE Report | | | | | | | | | ✓ | | | |
| Security Management annual report | | | | ✓ | | | | | | | | |
| DIPC annual report | | ✓ | | | | | | | | | | |
| Fire Safety annual report | | ✓ | | | | | | | | | | |
| Medical revalidation | | | | | | ✓ | | | | | | ✓ |
| Annual Organ Donation plan | | | | ✓ | | | | | | | | |
| End of Life Report | | | | | | | | | | ✓ | | |
| ONE-OFF ITEMS | | | | | | | | | | | | |
| Care Quality Commission | | | | | | | | | | | | |
| Premises assurance model/Asbestos | ✓ | | | | | | | | | | | |
| Membership Council Elections | ✓ | | | | | | | | | | | |
| Fractured neck of femur (from minute 25.5.15) | | ✓ | | | | | | | | | | |
| Calderdale Artefacts | | | | | | ✓ | | | | | | |
| Registration of Nurses (from May 15) – date tbc | | | | | | | | | | | | |
| Update on progress with #NoF standards – date tbc | | | | | | | | | | | | |

BOARD WORK PLANWORKING DOCUMENT – JUNE 2015 - LATEST update TO BOD 25.6.15

| Date of meeting | 23 April 2015 | 28 May | 25 June | 30 July | 27 Aug Prov. mtg | 24 Sept | 29 Oct | 26 Nov | 17 Dec | Jan 2016 | Feb 2016 | March 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| STANDING PRIVATE AGENDA ITEMS | | | | | | | | | | | | |
| Introduction and apologies | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Declarations of interest | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Minutes of previous meeting, matters arising and action log | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Private minutes of sub-committees | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ADDITIONAL PRIVATE ITEMS | | | | | | | | | | | | |
| Contract update | | | | | | | | | | ✓ | ✓ | ✓ |
| Monitor quarterly submission | ✓ | | | ✓ | | | ✓ | | | ✓ | | |
| Board development plan | | | | | | | | | | | | |
| Feedback from March Board development | | | ✓ | | | | | | | | | |
| Urgent Care Board Minutes (to rec) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| EPR update | | | | | | ✓ | | | | | | |

# Register of Sealings or Executio[illegible]

| Consecutive No. | Date of Sealing or Execution | Date of Authority | Sealing(s) or Execution(s) | Description of Documents Sealed or Executed | Persons attesting Sealing or Execution |
|---|---|---|---|---|---|
| 227 | 5.3.15 | | | RENEWAL LEASE - GP SURGERY AT 62 ACRE ST, LINDLEY £36,274.00 p.a. | J Davies. V Pickles |
| 228 | 17.3.15 | | | OAK HOUSE, WOODHALE OFFICE PARK - RENEWAL LEASE £45,000 p.a + VAT | J Davies. V Pickles. |
| 229 | 24.4.15 | | | MEMORANDUM OF AGREEMENT FOR RENT/INCOME SHARING - CHFT + CALDERDALE HOSPITAL SPC | Julie Davies. V Pickles |
| 230 | 24.4.15 | | | FLOROSCOPY REFURBISHMENT PROJECT OUTLINE AT CRH TOTAL OF WORKS: £133,751.05 | Julie Davies. V Pickles. |
| 231 | 21.5.15 | | | CRH - AGREEMENT FOR OPERATION OF ATM WITH LLOYDS BANK GROUP ANNUAL RENT £750 p.a. LEGAL COSTS COVERED BY LLOYDS BANK | D. Binns V Pickles. |

BO9

# Register of Sealings or Executions

| Consecutive No. | Date of Sealing or Execution | Date of Authority | Sealing(s) or Execution(s) | Description of Documents Sealed or Executed | Persons attesting Sealing or Execution |
|---|---|---|---|---|---|
| 232 | 3.6.15 | 3.6.15 | | DEED OF PRIORITY - BARCLAYS BANK, CHFT + HENRY BOOT + PENNINE PROPERTY PARTNERSHIP LLP | V Pickles. Julie Davies. |
| 233 | | | | LEASE + LICENSE FOR ALTERATIONS + STATUTORY DECLARATION - HVMH TENANT:- CHFT LANDLORD: NHS PROPERTY SERVICES RENT:- £2,790.25 | J Davies V Pickles. |
| 234 | | | | LICENCE TO OCCUPY ON SHORT TERM BASIS THE LODGE, PARK VALLEY MILLS BETWEEN CHFT + OPCARE LTD | J Davies. V Pickles |

BO9

APPENDIX I

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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|---|
| |

## Cover Sheet

| | |
|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Juliette Cosgrove, Assistant Director |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Julie Dawes, Director of Nursing |
| **Title and brief summary:**<br>National Inpatient Survey 2014 - The National Inpatient Survey was sent out to 850 patients who had been discharged from inpatient wards at Huddersfield Royal Infirmary (HRI) or Calderdale Royal Hospital (CRH) in July 2014. Overall, we had 420 patients who returned completed questionnaires giving a response rate of 49%. This is slightly lower than the last two years, 2013 at 51% and 2012 at 50%. The results from the 2014 In Patient Survey are showing a slight improvement overall and a number of areas where we have moved from the bottom 20% to the top 20%. Work is already underway to improve the patient experience of care within the Trust in some of the areas we have identified for improvement. In order for us to meet our strategic objectives we need to continue to listen to what people who use our services tell us and shape our services to meet their needs. | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>Quality Committee | |
| **Governance Requirements:**<br>To note the contents and monitor improvements identified | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

Please see attached

## Main Body

### Purpose:

Please see attached

### Background/Overview:

Please see attached

### The Issue:

Please see attached

### Next Steps:

Please see attached

### Recommendations:

Please see attached

## Appendix

### Attachment:

National Inpatient Survey 2014 Final Results Board Paper June v1.pdf

BOARD OF DIRECTORS – 25 JUNE 2015

# NATIONAL INPATIENT SURVEY 2014

## FINAL RESULTS

| | |
|---|---|
| **1.0** | **INTRODUCTION** |
| 1.1 | The National Inpatient Survey was sent out to 850 patients who had been discharged from inpatient wards at Huddersfield Royal Infirmary (HRI) or Calderdale Royal Hospital (CRH) in July 2014. People were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Overall, we had 420 patients who returned completed questionnaires giving a response rate of 49%. This is slightly lower than the last two years, 2013 at 51% and 2012 at 50%. |
| 1.2 | The 2014 Inpatient questionnaire has been kept as similar as possible to the 2013 Inpatient questionnaire to allow comparisons to be made between the surveys for previous years. In the 2014 survey, there are 78 questions, the same number of questions as last year. |
| 1.3 | Two questions asked in the 2013 inpatient questionnaire have been removed from the 2014 survey, these are:<br>- *Q65. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?*<br>- *Q66. Were the letters written in a way that you could understand?* |
| 1.4 | Two new questions have been added for the 2014 survey, these are:<br>- *Did you have confidence in the decisions made about your condition or treatment?*<br>- *During your time in hospital did you feel well looked after by hospital staff?* |
| 1.5 | The detailed findings will be shared with the Divisions and action taken where required. Actions have been identified for those areas where we fall into the bottom 20% and these are included in this paper. All improvement work will be overseen by the Patient Experience and caring Group and escalated where appropriate to the Quality Committee or the CQC Senior Steering Group. |

## 2.0 THE FINDINGS

2.1 List of scored National Inpatient Survey 2014 questions in comparison to 2012 and 2013.

| | | 2012 | 2013 | 2014 | Change from 2013 to 2014 |
|---|---|---|---|---|---|
| The A&E Department | Q3 While you were in the A&E Department, how much information about your condition or treatment was given to you? | 8.1 | 8.4 | 8.6 | |
| | Q4 Were you given enough privacy when being examined or treated in the A&E Department? | 9.0 | 9.0 | 8.7 | |
| Waiting list and Planned Admission | Q6 How do you feel about the length of time you were on the waiting list before your admission to hospital? | 8.5 | 8.9 | 8.6 | |
| | Q7 Was your admission date changed by the hospital? | 9.1 | 9.5 | 9.2 | |
| | Q8 In your opinion, had the specialist you saw in hospital been given all the necessary information about your condition or illness from the person who referred you? | 9.2 | 8.7 | 9.2 | ↑ |
| Wait for bed | Q9 From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward? | 7.4 | 7.2 | 7.6 | |
| The Hospital And Ward | Q11&Q13 Did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex? | 9.1 | 9.0 | 8.7 | |
| | Q14 While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex? | 8.6 | 8.4 | 8.3 | |
| | Q15 Were you ever bothered by noise at night from other patients? | 6.9 | 7.0 | 6.4 | ↓ |
| | Q16 Were you ever bothered by noise at night from hospital staff? | 7.8 | 8.0 | 8.2 | |
| | Q17 In your opinion, how clean was the hospital room or ward that you were in? | 9.1 | 9.1 | 9.1 | |
| | Q18 How clean were the toilets and bathrooms that you used in hospital? | 8.7 | 8.9 | 8.7 | |
| | Q19 Did you feel threatened during your stay in hospital by other patients or visitors? | 9.8 | 9.6 | 9.8 | |
| | Q20 Were hand-wash gels available for patients and visitors to use? | 9.7 | 9.8 | 9.8 | |
| | Q21 How would you rate the hospital food? | 5.1 | 5.1 | 5.1 | |
| | Q22 Were you offered a choice of food? | 8.8 | 8.8 | 8.8 | |
| | Q23 Did you get enough help from staff to eat your meals? | 7.3 | 7.3 | 7.8 | ↑ |
| Doctors | Q24 When you had important questions to ask a doctor, did you get answers that you could understand? | 8.1 | 8.1 | 8.4 | |
| | Q25 Did you have confidence and trust in the doctors treating you? | 8.8 | 8.9 | 9.0 | |
| | Q26 Did doctors talk in front of you as if you weren't there? | 8.4 | 8.4 | 8.5 | |
| Nurses | Q27 When you had important questions to ask a nurse, did you get answers that you could understand? | 8.4 | 8.3 | 8.5 | |
| | Q28 Did you have confidence and trust in the nurses treating you? | 8.9 | 8.8 | 9.0 | |
| | Q29 Did nurses talk in front of you as if you weren't there? | 8.9 | 8.8 | 8.8 | |
| | Q30 In your opinion, were there enough nurses on duty to care for you in hospital? | 7.5 | 7.6 | 7.5 | |
| Your Care and Treatment | Q31 Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you? | 7.9 | 8.2 | 8.1 | |
| | Q32 Were you involved as much as you wanted to be in decisions about your care and treatment? | 7.4 | 7.3 | 7.6 | |
| | Q33 Did you have confidence in the decisions made about your condition or treatment? | N/A | N/A | 8.4 | |
| | Q34 How much information about your condition or treatment was given to you? | 7.5 | 7.9 | 8.4 | ↑ |
| | Q35 Did you find someone on the hospital staff to talk to about your worries and fears? | 6.0 | 6.3 | 6.3 | |
| | Q36 Do you feel you got enough emotional support from hospital staff during your stay? | 7.1 | 7.4 | 7.7 | |
| | Q37 Were you given enough privacy when discussing your condition or treatment? | 8.4 | 8.5 | 8.6 | |
| | Q38 Were you given enough privacy when being examined or treated? | 9.6 | 9.5 | 9.5 | |
| | Q40 Do you think the hospital staff did everything they could to help control your pain? | 8.2 | 8.2 | 8.5 | |
| | Q41 How many minutes after you used the call button did it usually take before you got the help you needed? | 6.7 | 6.4 | 6.4 | |

**Explanatory Notes:**

- Red/Amber/Green categorisation for 2012, 2013 and 2014 is based on a statistic called the "expected range", the range within which a trust would be expected to score if it performed "about the same" as most other trusts in the survey. Green represents a statistically significant "better" performance, whilst red is significantly "worse" than most other trusts.
- Differences between 2013 and 2014 scores have been highlighted with red and green arrows, where the score has changed by at least 0.5.

| | | 2012 | 2013 | 2014 | Change from 2013 to 2014 |
|---|---|---|---|---|---|
| Operations & procedures | Q43 Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand? | 8.7 | 9.1 | 9.1 | |
| | Q44 Beforehand, did a member of staff explain what would be done during the operation or procedure? | 8.1 | 8.5 | 8.9 | |
| | Q45 Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand? | 8.3 | 8.6 | 9.0 | |
| | Q46 Beforehand, were you told how you could expect to feel after you had the operation or procedure? | 6.7 | 7.0 | 7.1 | |
| | Q48 Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand? | 9.0 | 8.9 | 9.4 | ↑ |
| | Q49 After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand? | 7.5 | 7.9 | 8.0 | |
| Leaving Hospital | Q50 Did you feel you were involved in decisions about your discharge from hospital? | 6.6 | 7.0 | 6.9 | |
| | Q51 Were you given enough notice about when you were going to be discharged? | 7.2 | 7.3 | 7.5 | |
| | Q52 On the day you left hospital, was your discharge delayed for any reason? | 6.7 | 7.2 | 7.0 | |
| | Q54 How long was the delay? | 8.0 | 8.4 | 8.1 | |
| | Q55 Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital? | 6.9 | 7.2 | 6.7 | ↓ |
| | Q56 Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand? | 8.3 | 8.3 | 8.2 | |
| | Q57 Did a member of staff tell you about medication side effects to watch for when you went home? | 5.1 | 4.4 | 4.6 | |
| | Q58 Were you told how to take your medication in a way you could understand? | 8.3 | 8.2 | 8.3 | |
| | Q59 Were you given clear written or printed information about your medicines? | 7.9 | 7.8 | 7.8 | |
| | Q60 Did a member of staff tell you about any danger signals you should watch for after you went home? | 5.2 | 5.3 | 5.4 | |
| | Q61 Did hospital staff take your home or family situation into account when planning your discharge? | 7.0 | 7.1 | 7.7 | ↑ |
| | Q62 Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? | 6.0 | 5.8 | 6.3 | ↑ |
| | Q63 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? | 8.0 | 8.2 | 8.4 | |
| | Q64 Did hospital staff discuss with you whether you would need any additional equipment in your home or any adaptations made to your home, after leaving hospital? | 8.3 | 7.8 | 7.8 | |
| | Q65 Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. Services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector) | 8.6 | 8.6 | 8.4 | |
| Overall | Q66 Overall, did you feel you were treated with respect and dignity while you were in the hospital? | 8.8 | 8.7 | 9.1 | |
| | Q67 During your time in hospital did you feel well looked after by hospital staff? | N/A | N/A | 8.9 | |
| | Q68 Overall... | 7.9 | 7.8 | 8.1 | |
| | Q69 During your hospital stay, were you ever asked to give your views on the quality of your care? | 1.4 | 2.0 | 2.4 | |
| | Q70 Did you see, or were you given, any information explaining how to complain to the hospital about the care you received? | 1.9 | 2.3 | 2.8 | ↑ |
| **Total** | **Overall Average** | **7.7** | **7.8** | **7.9** | |

**Explanatory Notes:**

- Red/Amber/Green categorisation for 2012, 2013 and 2014 is based on a statistic called the “expected range”, the range within which a trust would be expected to score if it performed “about the same” as most other trusts in the survey. Green represents a statistically significant “better” performance, whilst red is significantly “worse” than most other trusts.
- Differences between 2013 and 2014 scores have been highlighted with red and green arrows, where the score has changed by at least 0.5.

| | |
|---|---|
| | **Positive scores** |
| 2.2 | There has been an overall improvement over the past three years. There are more responses in the top 20% than previous two years; in 2012, 9 responses were in the top 20%, in 2013, 12 were in the top 20% and this year 21 were in the top 20% out of a possible 60 responses. We have gone from 7 responses in 2013 to 6 responses in 2014 and 3 responses this year in the bottom 20%, 2 this year relate to mixed sex accommodation. |
| 2.3 | The response to food satisfaction questions has remained static but we have moved into the top 20% for patients being given to support to eat their meals. |
| 2.4 | For the first time in the past three years the two questions about nurses and doctors answering important questions has moved to the top 20%. |
| 2.5 | Information about condition and treatment has moved from the bottom 20% in 2013 to the top 20% this year. We have remained in the top 20% for having someone to talk to about worries and fears. |
| 2.6 | In the operations and procedures category in 2012, 5 out of 6 questions were in the bottom 20% and this year 4 of the 6 is in the top 20%. |
| | **Improvement needed** |
| 2.7 | The questions related to medicines show no real improvement and remain in the middle 60%. Actions to improve this are included in the CQC improvement plan for medicines. |
| 2.8 | The response to the question about being asked to give views on quality of care has improved slightly but still has a poor score, as has the one about how to make a complaint. We will need to improve the response rate to FFT and make raising a concern or a complaint easier. This is included in the Patient Experience Improvement Plan and will be monitored by the Patient Experience and Caring Group. |
| 2.9 | There are two questions relating to mixed sex accommodation where we are in the bottom 20%. We have breached the standards on one occasion in 2014/15 and this affected a number of patients. Stricter controls are now in place and this is monitored on a daily basis by the Patient Flow Team. Further action will be taken to try to better understand why patients believe they are in mixed sex accommodation. This will be led by the Patient Experience and Caring Group. |
| 2.10 | There is one final area where we are in the bottom 20%, this related to patients not being asked if they needed equipment on discharge. Further analysis of the data will be undertaken to try to identify where the response came from. This will be led by the Patient Experience and Caring Group. |
| | **SUMMARY RESULTS** |

**3.0**

3.1 Overall, the Trust has performed at a similar level for the last 3 years but has slightly improved each year. In the 2014 Inpatient Survey, the Trust has scored the same for Waiting List and Planned Admissions, and Leaving the Hospital, however, theTtrust has improved in Waiting Times for Beds, Doctors, Nurses, Care and Treatment, Operations and Procedures and the patients Overall Experience.

This is shown in the table below with a comparison of previous years and also showing an increase or decrease from last year's survey.

| | 2012 | 2013 | 2014 | Change from 2013 to 2014 |
|---|---|---|---|---|
| The A&E Department | 8.5 | 8.7 | 8.6 | ↓ |
| Waiting list and Planned Admission | 8.9 | 9.0 | 9.0 | - |
| Wait for bed | 7.4 | 7.2 | 7.6 | ↑ |
| The Hospital And Ward | 8.3 | 8.3 | 8.2 | ↓ |
| Doctors | 8.4 | 8.5 | 8.6 | ↑ |
| Nurses | 8.4 | 8.4 | 8.5 | ↑ |
| Your Care and Treatment | 7.6 | 7.8 | 7.9 | ↑ |
| Operations & procedures | 8.1 | 8.3 | 8.6 | ↑ |
| Leaving Hospital | 7.2 | 7.3 | 7.3 | - |
| Overall | 5.0 | 5.2 | 5.8 | ↑ |
| OVERALL AVERAGE | 7.7 | 7.8 | 7.9 | |

3.2 In the 2014 survey, CRH and HRI have performed at the same level, both scoring an average of 7.8. Waiting lists and Planned Admissions and Nurses have scored the same across both sites. CRH has performed marginally better for doctors, operations and procedures, leaving hospital and the patients overall experience. However, HRI has performed much better than CRH in the A&E department and also slightly better in Waits for Beds, Hospital and Wards and Care and Treatment.

A breakdown by site for each section is shown in the table below. *Please note; the results based in this table are from the Draft Report as we do not get a breakdown by trust in the final reports by the CQC.*

| | CRH n = 195 | HRI n = 210 |
|---|---|---|
| The A&E Department | 8.1 | 8.6 |
| Waiting list and Planned Admission | 9.0 | 9.0 |
| Wait for bed | 7.5 | 7.7 |
| The Hospital And Ward | 8.2 | 8.3 |
| Doctors | 8.6 | 8.5 |
| Nurses | 8.4 | 8.4 |
| Your Care and Treatment | 7.8 | 7.9 |
| Operations & procedures | 8.6 | 8.4 |
| Leaving Hospital | 7.2 | 7.1 |
| Overall | 6.3 | 6.2 |
| OVERALL AVERAGE | 7.8 | 7.8 |

**TRUST COMPARISONS BY QUESTION**

**4.0**

4.1 In the 2014 survey, overall the Trust has performed at a similar level to the 2013 survey and has continued to score highly in patients experience on the hospital and ward (Q19 and Q20) and care and treatment (Q38).

4.2 This year, even though the overall score for leaving hospital has gone down slightly, the Trust has improved significantly on planning for a patients discharge and giving families information needed for care when patients leave the hospital (Q61 going from 7.1 to 7.7 and Q62 from 5.8 to 6.3). The Trust has also scored better in this year's survey for patients being given full information when having an operation or procedure (Q48 from 8.9 to 9.4) and also for patients being treated with respect and dignity (Q66 up from 8.7 to 9.1). Another area that has improved in this year's survey is patients being able to give views on quality of care and information on how to complain (Q69 and Q70). Although the trust is scoring fairly low in this area, we have performed at a similar level to the national average.

4.3 Even though the Trust has stayed at a similar level for the last 3 years; some areas have not performed as well as previous years. These include patients not being given enough privacy when being treated in A&E (Q4 going from 9.0 to 8.7), noise at night by other patients (Q15 from 7.0 to 6.4) and patients being delayed on discharge and not given enough information regarding what they should and shouldn't do when leaving the hospital (Q52 going from 7.2 to 7.0 and Q55 from 7.2 to 6.7).
*For a full breakdown of the individual questions, see Appendix A.*

**5.0** **SITE COMPARISON BY QUESTION**

*Please note; these results are from the Draft Report as we do not get a breakdown by trust in the final reports by the CQC.*

5.1 Overall, CRH had 195 responses and HRI had 210 for the 2014 survey and both scored an overall average of 7.8.

5.2 CRH scored higher (at least 0.5 difference) for 6 individual questions, these being:

- Staff saying something different to other members of staff (Q31)
- Staff explaining risks and benefits of operations or procedures (Q43)
- Reason for delay (Q53)
- Being given written or printed information (Q55)
- Explanation of medicines (Q56)
- Who to contact if worried about condition or treatment (Q63)

5.3 HRI scoring higher on 4 different questions (at least 0.5 difference), these being:

- Having enough privacy in A&E (Q4)
- Using same bathroom facilities as opposite sex (Q14)
- Enough nurses on duty to care for patients (Q30)
- Giving family information to help care for patient (Q62)

5.4 In the survey, the two highest scoring questions are in the hospital and ward section, these were whether the patient felt threatened during their stay (Q19) and hand-wash gels being available for patients and families (Q20), these both scored an average of 9.7.

5.5 Across both sites, all three questions in the waiting lists and planned admissions section have scored highly between 8.8 and 9.3, making it the best performing area giving an overall average of 9.0.

5.6 For the patients overall experience (Q68), both sites scored well, CRH have scored slightly higher with 8.1 against HRI with 8.0.

*For a full breakdown of the individual questions, see Appendix B.*

**6.0** **PATIENT'S COMMENTS**

6.1 In this year's survey, 50% of patient's comments were positive. This has decreased compared to the last two years, 2013 at 53% and 2012 at 55%.

6.2 Positive areas highlighted in the patient comments include Care and Confidence and Trust. These categories have received the largest numbers of comments, 164 regarding care, of which 95% were positive and 96 comments regarding confidence and trust, of which were 85% were positive.

6.3 Over the last 3 years, positive comments regarding the cleanliness of the building have increased, this year we received 86% of positive comments, compared to 58% in 2012 and 72% in 2013.

6.4 Since last year's survey, Confidence and Trust with Doctors has increased from 62% to 70%. However, Confidence and Trust with Nurses has decreased from 76% to 71%.

6.5 From this year's survey results, areas for concern from the comments include food; this has increased to 82 negative comments compared to 57 last year. Only 16% of patient comments regarding food were positive, this is a decrease from 37% in 2012.

6.6 Other areas for concern include staffing, going from 19 negative comments in 2012 to 49 in 2013 and this year receiving 58, this is 93% of all comments regarding staffing. Also general communication has increased with 90% of comments being negative compared to 80% last year.

6.7 Over the last 3 years, disturbance by staff and patients has continued to stay at 100% of comments being negative. In 2012 we had 2 negative responses, this increased to 17 in 2013 and in this year's survey we had a total of 22.
*A summary of the comments categorisation for 2014, 2013 and 2012 can be found on in* ***Appendix B.***

7.0 **CONCLUSION**

The results from the 2014 In Patient Survey are showing a slight improvement overall and a number of areas where we have moved from the bottom 20% to the top 20%. Work is already underway to improve the patient experience of care within the Trust in some of the areas we have identified for improvement. In order for us to meet our strategic objectives we need to continue to listen to what people who use our services tell us and shape our services to meet their needs.

**Appendix A** – List of scored National Inpatient Survey 2014 questions split by site.

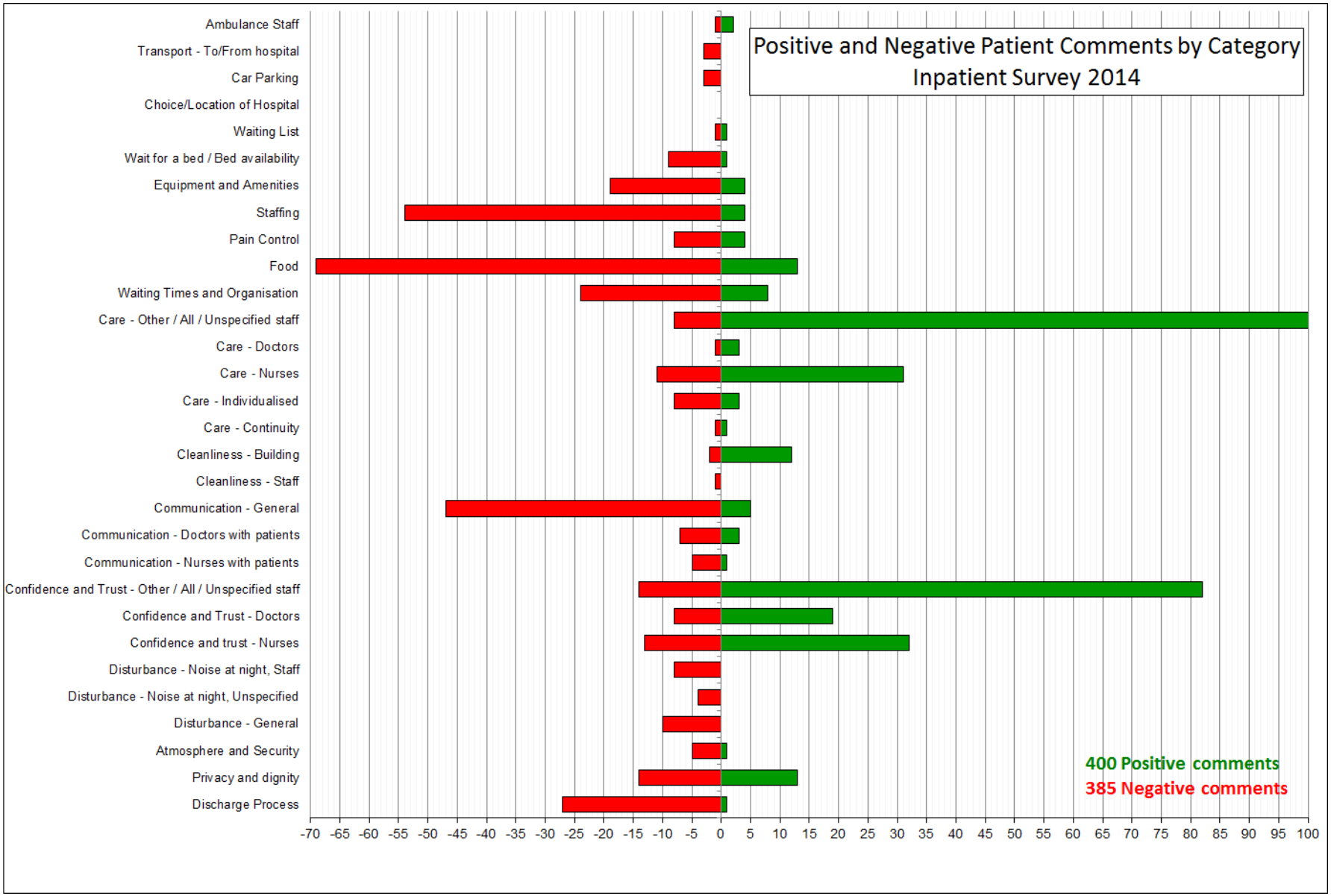
*Please note; the results based in this table are from the IP Draft Report as we do not get a breakdownby trust in the final reports by the CQC.*

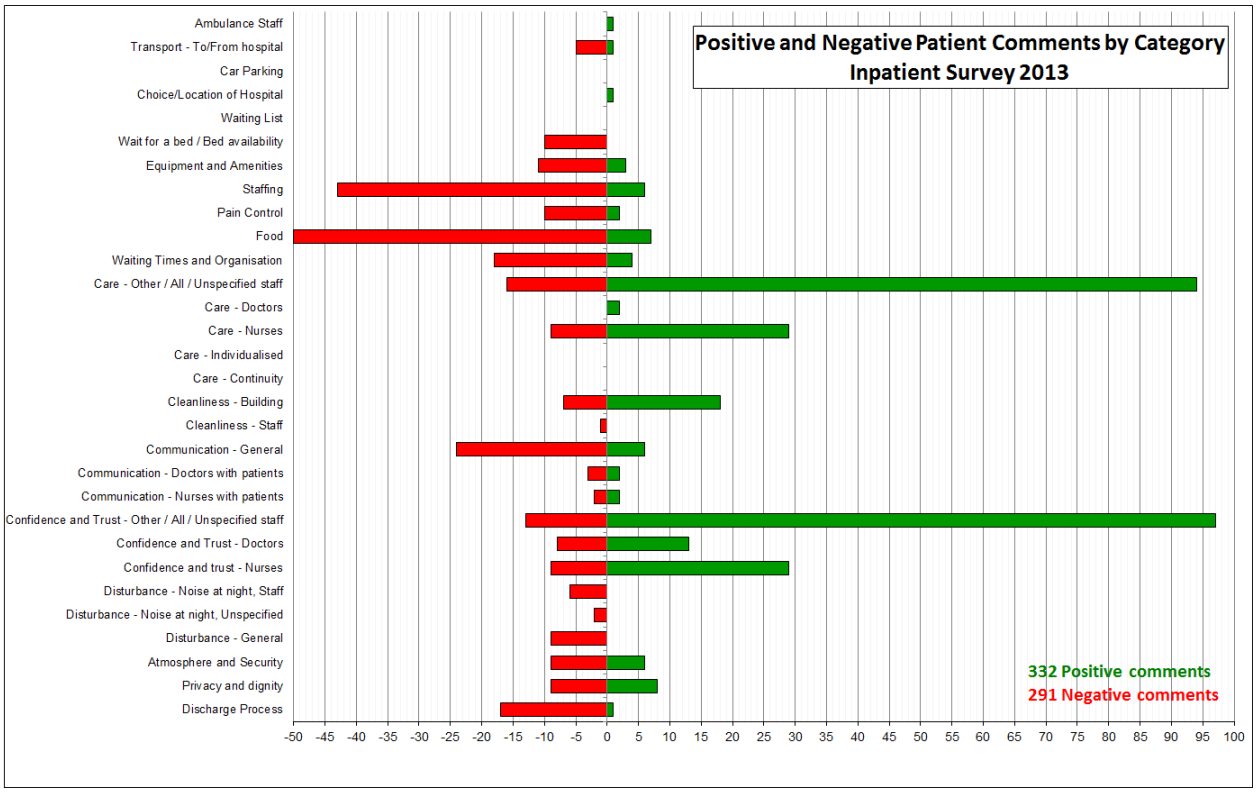
| | | National Inpatient Survey 2014 Draft Score | | |
|---|---|---|---|---|
| | | CRH n = 195 | HRI n = 210 | |
| Operations & procedures | Q43 Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand? | 9.4 | 8.7 | CRH |
| | Q44 Beforehand, did a member of staff explain what would be done during the operation or procedure? | 8.9 | 8.7 | |
| | Q45 Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand? | 8.9 | 8.9 | |
| | Q46 Beforehand, were you told how you could expect to feel after you had the operation or procedure? | 6.8 | 7.2 | |
| | Q48 Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand? | 9.4 | 9.0 | |
| | Q49 After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand? | 8.0 | 8.0 | |
| Leaving Hospital | Q50 Did you feel you were involved in decisions about your discharge from hospital? | 7.0 | 6.7 | |
| | Q51 Were you given enough notice about when you were going to be discharged? | 7.4 | 7.3 | |
| | Q52 On the day you left hospital, was your discharge delayed for any reason? | 6.7 | 6.4 | |
| | Q53 What was the MAIN reason for the delay? | 7.1 | 6.6 | CRH |
| | Q54 How long was the delay? | 8.2 | 7.9 | |
| | Q55 Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital? | 7.0 | 6.0 | CRH |
| | Q56 Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand? | 8.4 | 7.8 | CRH |
| | Q57 Did a member of staff tell you about medication side effects to watch for when you went home? | 4.3 | 4.5 | |
| | Q58 Were you told how to take your medication in a way you could understand? | 8.2 | 8.2 | |
| | Q59 Were you given clear written or printed information about your medicines? | 7.8 | 7.7 | |
| | Q60 Did a member of staff tell you about any danger signals you should watch for after you went home? | 5.2 | 5.0 | |
| | Q61 Did hospital staff take your home or family situation into account when planning your discharge? | 7.7 | 7.8 | |
| | Q62 Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? | 5.8 | 6.7 | HRI |
| | Q63 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? | 8.7 | 7.8 | CRH |
| | Q64 Did hospital staff discuss with you whether you would need any additional equipment in your home or any adaptations made to your home, after leaving hospital? | 8.1 | 8.1 | |
| | Q65 Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. Services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector) | 8.4 | 8.5 | |
| Overall | Q66 Overall, did you feel you were treated with respect and dignity while you were in the hospital? | 9.0 | 9.2 | |
| | Q67 During your time in hospital did you feel well looked after by hospital staff? | 8.9 | 8.8 | |
| | Q68 Overall... | 8.1 | 8.0 | |
| | Q69 During your hospital stay, were you ever asked to give your views on the quality of your care? | 2.6 | 2.3 | |
| | Q70 Did you see, or were you given, any information explaining how to complain to the hospital about the care you received? | 2.7 | 3.0 | |
| **Total** | **Overall Average** | **7.8** | **7.8** | |

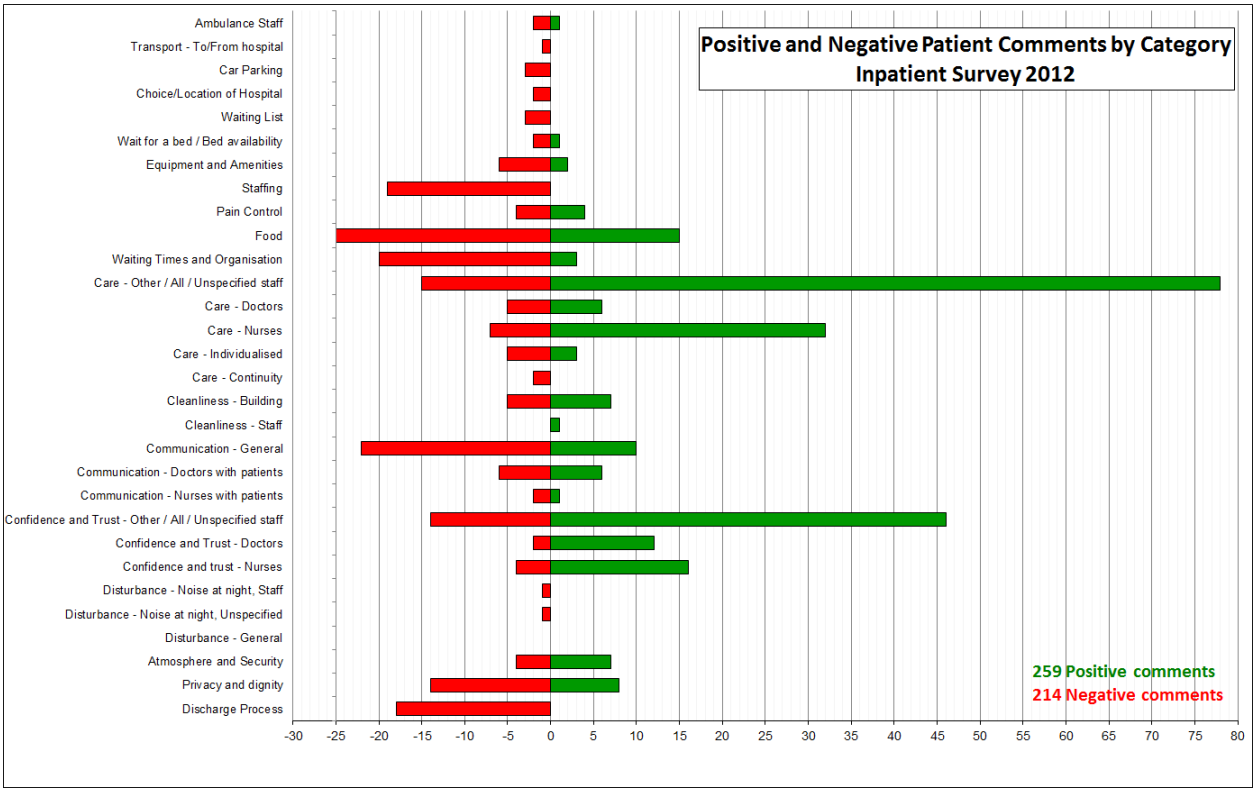
**Explanatory Notes:**

- Where one site's score is at least 0.5 higher than the other the question has been highlighted by adding a label has been added for the stronger performing hospital.
- 15 respondents were admitted to one site and discharged from another. These patients have not been included in the above analysis.

**Appendix B** – Comparison of the categorisation of patient comments between the National Inpatient Survey 2014, 2013 and 2012.




Positive and Negative Patient Comments by Category
Inpatient Survey 2013
Ambulance Staff
Transport - To/From hospital
Car Parking
Choice/Location of Hospital
Waiting List
Wait for a bed / Bed availability
Equipment and Amenities
Staffing
Pain Control
Food
Waiting Times and Organisation
Care - Other / All / Unspecified staff
Care - Doctors
Care - Nurses
Care - Individualised
Care - Continuity
Cleanliness - Building
Cleanliness - Staff
Communication - General
Communication - Doctors with patients
Communication - Nurses with patients
Confidence and Trust - Other / All / Unspecified staff
Confidence and Trust - Doctors
Confidence and trust - Nurses
Disturbance - Noise at night, Staff
Disturbance - Noise at night, Unspecified
Disturbance - General
Atmosphere and Security
Privacy and dignity
Discharge Process
-50 -45 -40 -35 -30 -25 -20 -15 -10 -5 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
332 Positive comments
291 Negative comments


Positive and Negative Patient Comments by Category
Inpatient Survey 2012
Ambulance Staff
Transport - To/From hospital
Car Parking
Choice/Location of Hospital
Waiting List
Wait for a bed / Bed availability
Equipment and Amenities
Staffing
Pain Control
Food
Waiting Times and Organisation
Care - Other / All / Unspecified staff
Care - Doctors
Care - Nurses
Care - Individualised
Care - Continuity
Cleanliness - Building
Cleanliness - Staff
Communication - General
Communication - Doctors with patients
Communication - Nurses with patients
Confidence and Trust - Other / All / Unspecified staff
Confidence and Trust - Doctors
Confidence and trust - Nurses
Disturbance - Noise at night, Staff
Disturbance - Noise at night, Unspecified
Disturbance - General
Atmosphere and Security
Privacy and dignity
Discharge Process
-30 -25 -20 -15 -10 -5 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80
259 Positive comments
214 Negative comments

APPENDIX J

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

| |
|---|
| |

## Cover Sheet

| | |
|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Azizen Khan, Senior Human Resources Manager |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Jackie Green, Interim Director of Workforce and OD |
| **Title and brief summary:**<br>Workforce Race Equality Standard - The paper sets out the requirement for the Trust to publish base line workforce data against the Workforce Race Equality Standard (WRES) on 1 July 2015. | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>A Workforce for the Future | |
| **Forums where this paper has previously been considered:**<br>None | |
| **Governance Requirements:**<br>A workforce for the future. | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

Please see the attached paper.

## Main Body

### Purpose:

Please see the attached paper.

### Background/Overview:

Please see the attached paper.

### The Issue:

Please see the attached paper.

### Next Steps:

Please see the attached paper.

### Recommendations:

Please see the attached paper.

## Appendix

### Attachment:

Workforce Race Equality Standard (WRES) June 2015 BoD.pdf

**CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

**25 JUNE 2015**

# WORKFORCE RACE EQUALITY STANDARD (WRES)

## 1. Purpose

The paper sets out the requirement for the Trust to publish baseline workforce data against the Workforce Race Equality Standard (WRES) on 1 July 2015.

## 2. Introduction

The WRES is a national equality standard for employment against which all NHS organisations are to be assessed. The WRES is operational from 1 April 2015. The standard has been developed to improve workforce race equality across the NHS. It aims to improve the opportunities, experiences and working environment for BME staff, and in so doing, help lead improvements in the quality of care and satisfaction for all patients.

The Trust is required to make public its plans and set out progress in delivering them each year on its website as well as submitting an annual report to its Clinical Commissioning Groups (CCGs). The WRES is included in the NHS Standard Contract 2015/16.

The WRES sets out immediate actions for NHS organisations to consider. This is at Appendix 1. The Trust is proposing to adopt this as its local action plan.

From April 2016 onwards, progress against the WRES will be considered as part of the CQC inspection regime within the Well Led domain. During 2015/2016 the CQC will pilot its approach in the course of its inspections.

## 3. The WRES Indicators

The WRES comprises 9 indicators as detailed below.

Four indicators compare workforce metrics for White and BME staff (1-4), four concentrate attention on staff survey responses (5-8) and one considers the composition of the Board of Directors.

| |
|---|
| 1.Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce |
| 2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. |
| 3. Relative likelihood of BME staff entering the formal disciplinary process, |

| |
|---|
| compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation |
| 4.Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff<br>5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months |
| 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months |
| 7. Percentage believing that the Trust provides equal opportunities for career progression or promotion |
| 8. In the last 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues? |
| 9. Boards are expected to be broadly representative of the population they serve. |

## 4. Calendar milestones

The WRES requires the Trust to follow the activity and publication timetable set out below:-

| Milestones | Activity |
|---|---|
| 1 April 2015 | Collate baseline data for comparison with April 2016 |
| 1 July 2015 | Publish baseline data including identification of any essential shortcomings |
| April 2015 – March 2016 | Work to start to address any data shortcomings and to understand and address shortfalls identified by the indicators |
| April 2016 | Baseline data for comparison with April 2015 to be completed |
| 1 May 2016 | Baseline data should be published to Commissioners, Trust web site and shared with the Board and staff |

## 5. WRES baseline workforce data report publication

The Trust is required to publish baseline workforce data against the Workforce Race Equality Standard (WRES) on 1 July 2015. This is attached at Appendix 2.

## 6. Recommendation

The Board is asked approve the publication of the WRES baseline workforce data report on 1 July 2015.

Jackie Green
Interim Director of Workforce and Organisational Development
June 2015

Calderdale and Huddersfield NHS
NHS Foundation Trust
**APPENDIX 1**

# Workforce Race Equality Standard Action Plan

# 2015-2016

| ACTION | LEAD | TIMESCALE |
|---|---|---|
| Create visible Board level commitment to the WRES by appointing a Non-Executive Director lead | tbc | July 2015 |
| Develop a comprehensive programme for Band 5/6 BME staff to support them in career progression/promotion | Director Nursing/Medical Director/Director of Workforce and OD | September 2015 |
| Arrange listening groups with BME staff | Assistant Director of Human Resources | From July 2015 |
| Set up a workforce group in partnership with trade union representatives to drive forward the WRES | Director of Workforce and OD | August 2015 |
| The CEO to highlight the WRES in his weekly blog and ask BME staff to come forward to develop a BME network | Chief Executive | From July 2015 |
| Through the visible leaders programme talk to BME staff about their experiences | Executive Board/Board of Directors/Divisional Leads | From July 2015 |
| Design a social media engagement plan in support of communication with BME colleagues | Company Secretary | July 2015 |
| Establish a network of BME Champions | Senior Human Resources Adviser | August 2015 |
| Extend the Trust's values based recruitment approach to all staff groups | Assistant Director of Human Resources (Resourcing Lead) | August 2015 |
| Create aspirational targets on the representation of BME staff at all levels – monitor regularly | tbc | Tbc |

| | | |
|---|---|---|
| Promote the coaching programme and set a target to increase the number of BME staff accessing support | Organisational Development Manager | From July 2015 |
| Raise the profile and take up of existing development opportunities for BME staff | Head of Workforce Development | From July 2015 |
| Provide support to internal BME job applicants | Assistant Director of Human Resources | From July 2015 |

**Workforce Race Equality Standard**

**REPORTING TEMPLATE**

**Template for completion**

| Name of provider organisation | Date of report:month/year | |
|---|---|---|
| Calderdale and Huddersfield NHS Foundation Trust | June | 2015 |

Name and title of Board lead for the Workforce Race Equality Standard

Jackie Green, Interim Director of Workforce and OD

Name and contact details of lead manager compiling this report

Azizen Khan, Assistant Director of Human Resources

Names of commissioners this report has been sent to

Carol McKenna, Director of Commissioning, Greater Huddersfield CCG and Matt Walsh, Chief Officer, Calderdale CCG

Name and contact details of co-ordinating commissioner this report has been sent to

Carol Mckenna, Director of Commissioning, Greater Huddersfield CCG

Unique URL link on which this report will be found (to be added after submission)

**

This report has been signed off by on behalf of the Board on (insert name and date)

Board of Directors 25 June 2015

Publications Gateway Reference Number: 03496

# Report on the WRES indicators

## 1. Background narrative

**a. Any issues of completeness of data**

Indicator 2:-

The NHS Jobs website, the NHS recruitment tool, does not allow a complete picture to be developed for every post advertised of the ethnicity of all applicants. To compensate, the reported data has been collated through a manual exercise.

**b. Any matters relating to reliability of comparisons with previous years**

Not applicable.

## 2. Total numbers of staff

**a. Employed within this organisation at the date of the report**

5782 (as at 31 March 2015)

**b. Proportion of BME staff employed within this organisation at the date of the report**

13%

## 3. Self reporting

**a. The proportion of total staff who have self–reported their ethnicity**

All staff ethnicity recorded is self reported

**b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity**

No

**c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity**

The Trust will be introducing Electronic Staff Record (ESR) Self Service which will allow staff to update their own record.

## 4. Workforce data

**a. What period does the organisation's workforce data refer to?**

1 April 2014 - 31 March 2015

## 5. Workforce Race Equality Indicators

For ease of analysis, as a guide we suggest a maximum of 150 words per indicator.

| | Indicator | Data for reporting year | Data for previous year | Narrative – the implications of the data and any additional background explanatory narrative | Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective |
|---|---|---|---|---|---|
| | **For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.** | | | | |
| 1 | Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce | 6.37% | - | This information is based on the ethnicity that is recorded in ESR. The 'VSM' category includes Medical staff with senior manager responsibilities. 12% of the workforce is of a BME background. | Links to EDS2 Outcome 3.1 about a fair recruitment and selection process so there is a more representative workforce at all levels and the Trust's PSED objective with regard to access for people with protected characteristics. |
| 2 | Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts | White Staff 0.170<br>BME staff 0.134 | -<br>- | The data shows there is a greater likelihood of 'White' staff being offered employment than BME staff. As the ethnicity data field in NHS Job is not a mandatory field not all applicants provide this information and have therefore been excluded from the figures. | Links to EDS2 Outcome 3.1 about a fair recruitment and selection process so there is a more representative workforce at all levels |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*<br>*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year | White Staff 0.005<br>BME Staff - 0.004 | -<br>- | This information is taken directly from ESR. The information shows that there is slightly higher possibility of a White member of staff entering the disciplinary process than a BME member of staff. | Links to EDS2 Outcome 3.4 about staff at work being free from abuse, harassment, bullying and violence from any source and the Trust's PSED objective with regard to staff attitude, behaviour and training. |

| | | | | | |
|---|---|---|---|---|---|
| 4 | Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff | White Staff 0.64<br>BME staff 0.64 | -<br>- | The data is based on the training information stored in ESR, The data shows that there is equal uptake of non-mandatory training for both White and BME staff. | Links to EDS2 Outcome 3.3 about training and development opportunities being taken up and positively evaluated by staff and the Trust's PSED objective with regard to staff accessing training. |
| | **For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.** | | | | |
| 5 | KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | White 28%<br>BME 23% | -<br>- | The Trust has considered the response rates. There is no significant difference between White and BME staff, and based on the data the Trust does not believe it needs to redress any imbalance. In comparison to other Acute Trusts in 2014 the results show that the Trust is better than average. | Links to EDS2 Outcome 3.4 about staff being free from abuse, harassment, bullying and violence from any source whilst at work and the Trust's PSED objective with regard to staff attitude, behaviour and training. |
| 6. | KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | White 60%<br>BME 65% | -<br>- | The Trust has considered the response rates and these indicate that there is some difference between White and BME staff experiencing harassment, bullying or abuse from staff and further work needs to be undertaken to understand the imbalance.<br>The staff survey data suggests that more BME staff experience bullying and harassment compared to the workforce data of reported bullying and harassment cases.<br>Overall, in comparison to other Acute Trusts in 2014 the staff survey results show that the Trust is better than average. | Links to EDS2 Outcome 3.4 about staff being free from abuse, harassment, bullying and violence from any source whilst at work and the Trust's PSED objective with regard to staff attitude, behaviour and training. |

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| 7. | KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion | White 65%<br>BME 60% | -<br>- | The Trust has considered the response rates and these indicate that there is some difference between White and BME staff who believe the Trust does not provide equal opportunities on career progression and promotion and therefore further work needs to be undertaken to understand and improve this indicator.<br>The staff survey data suggests that BME staff do not believe they have opportunity for career progression/promotion however, compared to the workforce data which shows equal uptake of non-mandatory training.<br>Overall, in comparison to other Acute Trusts in 2014 the staff survey results show that the Trust is in the best 20% of acute Trusts for this indicator. | Links to EDS2 Outcome 3.1 about fair recruitment and selection processes and training and development opportunities being taken up and positively evaluated by staff. |
| 8. | Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues | White 4%<br>BME 11% | -<br>- | The Trust has considered the response rates and these indicate that there is some difference between White and BME staff who believe they have personally experienced discrimination at work from managers or colleagues and therefore further work needs to be undertaken to understand and improve this indicator.<br>Overall, in comparison to other Acute Trusts in 2014 the staff survey results show that the Trust is performing better than other acute Trusts for this indicator. | Links to EDS2 Outcome 3.4 about staff being free from abuse, harassment, bullying and violence from any source whilst at work and the Trust's PSED objective with regard to staff attitude, behaviour and training. |

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| | **Does the Board meet the requirement on Board membership in 9?** | | | | |
| 9 | Boards are expected to be broadly representative of the population they serve | White 83.6%<br>BME 16.4% | -<br>- | The percentage of BME staff within the population they serve is 16.4%. The Trust has a board that broadly represents the population it serves. | Links to EDS2 Outcome 3.1 about fair recruitment and selection processes and training and development opportunities being taken up and positively evaluated by staff. |

**Note 1.** All provider organisations to whom the NHS Standard Contract applies are required to conduct staff surveys though those surveys for organisations that are not NHS Trusts may not follow the format of the NHS Staff Survey

**Note 2.** Please refer to the Technical Guidance for clarification on the precise means of each indicator.

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| 6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the "well led domain." |
| Calderdale and Huddersfield NHS Foundation Trust determined that it would not use of EDS toolkit when it was first introduced due to its complexity and instead focused on delivering locally agreed public sector equality duty objectives without it. The Trust is currently working on the EDS2 and is liaising with Yorkshire and the Humber Commissioning Support Unit to explore the feasibility of a steering group of local Trusts to create a collective approach to EDS2. |
| 7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2. |
| The Trust is developing an action plan for submission to the Board of Directors for approval. |

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

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| **Meeting:**<br>Board of Directors | **Report Author:**<br>Chris Benham, Deputy Director of Finance |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Keith Griffiths, Director of Finance |
| **Title and brief summary:**<br>Month 2 Financial Narative - Month 2 Financial Narative | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>Finance and Performance Committee 24 June 2015 | |
| **Governance Requirements:**<br>. | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

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## Main Body

### Purpose:

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### Background/Overview:

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### The Issue:

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### Next Steps:

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### Recommendations:

The Board of Directors is asked to approve the financial narative for Month 2.

## Appendix

### Attachment:

Month 2 2015_16 Financial Narrative BOD.pdf

**Calderdale and Huddersfield NHS FT**

**Month 2, May 2015 Financial Narrative**

## Purpose

This paper provides a narrative to accompany the monthly financial dashboard and will focus on the key messages within the month and year-end forecast and is presented in the following three sections

- Executive summary;
- Month 2, May performance;
- Forecast risk and opportunities.

The comparisons and reference points within this paper are consistent with the dashboard highlighting actual performance against the plan as submitted to Monitor in May 2015.

This paper has previously been discussed at the Finance & Performance Committee on the 24 June 2015.

## Executive Summary

The Trust has delivered the planned financial position for month 2 and is forecasting to achieve the planned position for the year end 2015/16.

### Month 2, May Position

| Income and Expenditure Summary | Plan £m | Actual £m | Variance £m |
|---|---|---|---|
| **EBITDA** | **(0.98)** | **(0.86)** | **0.12** |
| **Deficit** | **(5.22)** | **(5.05)** | **0.17** |

- A negative EBITDA of £0.86m, a favourable variance of £0.12m from plan.
- A deficit of £5.05m, a favourable variance of £0.17m from the planned position.
- Delivery of CIP of £1.70m against the planned level of £1.27m.
- No benefit taken from release of contingency reserves.
- Capital expenditure of £3.08m, slightly below the planned £3.33m.
- A cash balance of £11.13m, below the planned level of £13.31m
- A Continuity of Risk Rating (CoSRR) of level 2, in-line with plan. This is falsely inflated by the receipt of £10m loan funding in April, the underlying trading position is represented at CoSRR 1.

### Year-end Forecast Position

| Income and Expenditure Summary | Plan £m | Actual £m | Var £m |
|---|---|---|---|
| **EBITDA** | **5.52** | **5.38** | **(0.14)** |
| **Deficit excluding restructure costs** | **(20.01)** | **(19.93)** | **0.08** |
| Restructure costs | (3.00) | (3.00) | 0.00 |
| **Deficit including restructure costs** | **(23.01)** | **(22.93)** | **0.08** |

- An EBITDA of £5.38m, £0.14m under planned levels.
- A deficit before restructure costs of £19.93m, a slight improvement upon the planned position.
- Restructure costs forecast to be at planned levels of £3.00m.
- A deficit including restructure costs of £22.93m, a small favourable variance from plan.
- CIP of £17.24m delivering against the planned level of £14.05m.
- Contingency reserves retained at £3m.

- Capital expenditure of £20.72m, in-line with the planned level and supported by the £10m capital loan drawdown in April.
- A cash balance of £2.01m, in-line with the planned level of £1.92m, including external cash support of £14.9m.
- A Continuity of Risk Rating (CoSRR) of level 1, in-line with plan.

**Month 2, May Performance**

**Activity and Capacity**

The summary year to date activity position driving the reported PbR income is as follows:

- Planned day case and elective activity has performed above the month 2 bringing cumulative year to date activity to 1.1% below plan (88 spells). The main specialties leading to the activity over-performance are Gastroenterology, General Surgery and Urology.

- Year to date outpatient activity is 0.2% above plan.

- Non-elective admissions in the year to date are 4.6% above plan (111 spells) which is driven by long stay admissions.

- A&E attendances are below plan by 0.5% (125 attendances), with above planned activity in month 1 being offset by a slowing against plan in month 2.

- Adult Critical Care and NICU are just above plan in month 2 but have seen a decrease from the over-performance seen in month 1.

- High cost drugs and devices are below plan which is off-set by a reduction in expenditure.

As referenced within previous Finance and Performance reports, the annual plan for 2015/16 allowed for additional bed capacity over and above the levels experienced within 2014/15. However, within the year to date, this additional planned capacity has been exceeded by an average of circa 40 beds. A number of intermediate care nursing beds have recently been removed from the Calderdale community system until further notice. This is in addition to ongoing pressure within nursing / residential care capacity across both Calderdale and Kirklees which is impacting significantly on the CHFT bed base and is evidenced through increased levels of long stay non-elective emergency admissions as described above. The number of 'green cross' patients, being those who are medically fit for discharge has peaked recently at 130, approximately double the expected level.

**Income**

The 2015/16 contract value has not yet been agreed with the main commissioners and we are entering into an arbitration process to progress this. However, in the meantime, we are operating under a full Payment by Results (PbR) arrangement with the application of national rules and prices under the Enhanced Tariff Option (ETO).

NHS clinical income has over-performed by £1.33m across all points of delivery combined. This is predominantly driven by a non-elective over performance valued at £0.54m plus £0.42m relating to invoices raised to Calderdale CCG for April system resilience pressures (additional bed and medical capacity) and May costs incurred following the closure of community Intermediate Care beds. As payment of these invoices remains in dispute with the CCG, a £0.42m bad debt provision has been made which is reflected within the non-pay position.

The income position is net of contract sanctions incurred in the year to date relating to breaches in ambulance handovers and A&E 4 hour wait performance. The position is also net of CQUIN risk against the local 'Asthma Care Bundle' based upon the performance seen in the latter part of 2014/15. The combined value of these in the year to date is £0.06m. It is currently assumed that all other CQUINs will be achieved.

In line with plan, allowance has also been made in the anticipation of contract challenges under a full PbR contract at a year-to-date value of £0.33m.

The revenue generation element of the CIP plans has over performed in the year to date and this is expounded upon in the CIP section below.

Other income is beneath plan by £0.37m, This is driven in part by a shortfall in commercial revenue generation by the Trust's Pharmacy Manufacturing Unit against a plan to exceed their prior year surplus delivery. This is anticipated to recover to plan in the remainder of the financial year.

**Expenditure**

**Pay**

Pay costs are £0.18m above the planned level. Additional costs have been incurred as a result of staffing additional bed capacity over and above the planned level, linked to dealing with the wider system resilience issue over the Easter period and beyond, supported by non-contracted medical and nursing staff.

The continued requirement to use agency staffing and a need to engage a wide range of providers some of whom charge a higher premium has been seen, in order to maintain safe staffing levels. This is in support of both covering vacancies in areas with recruitment difficulties and extra bed capacity.

The substantive whole time equivalents (wte) in post equates to 5,029 wte with vacancies against budgeted levels at 321 wte. This is being covered by non contracted staffing at a proxy 294 wte. Budgeted levels assumed a vacancy factor of 130 wte, therefore vacancies against the full establishment exceed this and stand at 451 wte. Controls remain in place around the booking of non-contracted staffing with escalation protocols and Director level approval required for premium rate agency bookings.

Within the pay position there is a benefit of £0.33m versus plan against contingency reserves. As previously described to Monitor, the annual plan includes £3.0m of contingency reserves of which £2.0m was planned as pay spend. There has been no release of contingency reserves to the bottom line in the year to date position as a provision has been made against potential future risks and commitments. The accounting treatment for provisions is as a non-pay cost and as such there is an underspend against this element of pay against plan. Excluding this benefit shows the true value of the pay pressures described above at £0.53m against year to date plan.

**Non Pay**

Year to date expenditure on drugs was £0.10m above plan. The spend on 'pass through' high cost drugs is below plan matched by a decrease in this element of commissioner income. The balancing overspend is driven by increased clinical activity.

Other non pay costs are £0.54m above plan in the year to date position. This includes the creation of a provision against future risks and commitments to the contingency reserve as described above, driving £0.33m of the adverse variance and offsetting the pay benefit.

In addition, a cost of £0.64m has been seen as a result of increasing the Trust's bad debt provision. This includes £0.42m against additional charges levied to commissioners as described above which are currently in dispute. The Trust has taken a prudent view in not recognising any benefit against this whilst negotiations continue with commissioners.

These costs and further pressures from additional clinical activity are offset in part by the successful delivery of CIP over and above the planned levels including the one off benefit as a result of a VAT rebate against utilities costs as reported last month.

The Trust continues to incur expenditure against ongoing contracts for external support to the PMO function and specialist external support to assist in designing and driving specific transformational efficiency work streams. The Trust is actively putting in place structures to manage these elements through existing management capacity in line with the planned withdrawal of this support in the near future.

**CIP**

Achievement of the financial plan as submitted to Monitor relies upon delivery of £14.05m of CIP of which £1.27m was planned in the year to date. In addition, a further element of 'stretch' CIP is being planned for internally to bring the total plan to £18m against which £17.24m has been identified.

The CIP and revenue generation schemes have delivered in excess of plan in the year to date with £1.70m achieved against a planned £1.27m. The over performance is driven by success in bringing forward delivery against a transformational scheme to increase theatre productivity; achieving additional revenue from greater depth of clinical coding; and delivery of additional non pay savings against utilities spend.

As previously reported, the Turnaround Executive meet on a weekly basis to ensure progress and pace is maintained. Their focus is now very much on ensuring delivery of the forecast 2015/16 CIP savings and the development of schemes for 2016/17 and beyond.

**Capital**

Capital expenditure in the year to date is £3.08m, £0.25m below the planned level of £3.33m.

Against the Estates element of the capital expenditure plan, £1.13m has been incurred in the year to date versus a planned £1.26m. The main areas of investment are the continuation of the ward and theatre upgrades. The key reason for the variance is slippage on the ward upgrade works as a consequence of asbestos being found.

IM&T investments, including Electronic Patient Record (EPR), total £1.79m against a year to date plan of £1.85m. The main areas of expenditure are in the EPR, Electronic Document Management System (EDMS) and Electronic Observations software. Further expenditure was made on core IT infrastructure and hardware. The primary reason for the slight underspend is slippage on the EPR project.

As reported last month, in April the Trust drew down £10m of the capital loan facility approved within 2014/15. The total amount drawn is £17m (£7m in October 2014) of the total £30m facility. There are no plans to draw further amounts of the capital loan within 2015/16.

**Cash**

At the end of May 2015 the Trust had a cash balance of £11.13m against a planned position of £13.31m, an adverse variance of £2.18m, driven by short term timing differences

This is mainly driven by working capital, with receipt of contractual payments against the smaller clinical contracts being delayed from NHS England and the local councils. These are not in dispute and as such this is merely a short-term timing difference versus plan. The Trust is actively pursuing these organisations for swift progression of these payments and has been assured of settlement in June.

Alongside this, whilst balancing the need for careful treasury management, the Trust continues to strive to meet its obligations to suppliers and maintain good relationships. Performance in the year to date was 92% against the 95% target of invoices being paid within 30 days.

As has been reported, the financial plans for 2015/16 rely on external cash support. In order to ensure the Trust is doing everything within its own ability to proactively manage cash and implement cash protection strategies the Trust engaged with KPMG to complete a cash forecasting and cash management review. A full debrief has been held with KPMG and their detailed recommendations have been summarised as:

- Strengthen the short term cash flow (13 weeks) forecasting processes;
- Consideration of the establishment of a cash committee to cover cross-divisional and cross-functional representatives; and
- Consideration of the development of action plans for cash protection and cash generation opportunities.

Each aspect has been reviewed with some ideas adopted immediately, particularly around the strengthening of the short term cash flow forecast. Other areas require further consideration with potential changes to the financial system being made.

This report, once finalised, will be submitted to the Finance and Performance Committee.

**CoSRR**

The Continuity of Service Risk Rating (CoSRR) is a level 2 in line with the plan.

The CoSRR is falsely inflated in the year to date due to the timing of the drawdown of the capital loan which temporarily boosts the liquidity rating. The underlying trading performance would result in a CoSRR of level 1. The Trust has been explicit in describing this position to Monitor.

**Forecast risk and opportunities**

**Activity and contract**

All activity is assumed to be priced under PbR rules, a risk remains whilst the clinical contract with commissioners remains unsigned but the forecast income position is inclusive of an anticipated level of penalties, contract challenges and CQUIN performance risk.

**Reserves**

Contingency reserves are held at £3m for the year. In mitigation of the activity pressures described above and forecast forward from Month 1, £0.70m of reserves need to be protected in the full year forecast. £2.3m of contingency reserves remain preserved in the full year position. There may be calls against this remaining contingency against the following potential risks:

- System wide capacity resilience – A number of intermediate care nursing beds have recently been removed from the Calderdale community system until further notice. This is in addition to ongoing pressure within nursing / residential care capacity across both Calderdale and Kirklees which is impacting significantly on the CHFT bed base. This has the potential to lead to further cost pressures over and above forecast levels. There is a 'Star Chamber' meeting arranged with the Medical division, where the brunt of this risk is felt, to address the actions that the Trust will need to take to deal with this specific risk.

- CQUIN – Under a live PbR contract there may be the need to invest in infrastructure to ensure delivery of these quality driven targets.

- CIP – Detailed plans are in place for the full £14m CIP included in the financial plans. The Trust is aiming to exceed this and stretch plans are in place giving a combined forecast / identified total of £17.24m. Against this, of the balance to deliver in the remainder of the financial year £2.56m remains rated as high risk. Until this is secured in full there remains a level of risk.

- Vacancy factor – Against the budget for the full establishment a £3.05m vacancy factor was planned for financially. This was never designed to be a barrier to recruitment to vacancies which exist in predominantly clinical roles and therefore there is a risk if vacancies are recruited to at a greater pace than anticipated that this will bring a financial pressure.

- A&E Nursing – Following on from the investment in nurse staffing ratios on the wards in 2014/15, nurse staffing levels in A&E are being reviewed. Any resultant recommendation for investment will be considered by the Trust's Commercial Investment and Strategy Committee. No specific development funding has been set aside for this and therefore a decision may be a call on reserves.

- 7 day services – Without support from commissioners, further internal investment would be required in order to facilitate extended working hours.

- Turnaround costs – There is a risk that the costs of external support to support the turnaround process exceed than planned commitment.

- Potential impact of CQC – The Trust anticipates a CQC inspection in 2015/16, the resultant recommendations may require expenditure commitment.

**Cash**

Restructuring costs are planned at £3m to support the delivery of the CIP programme, the forecast position assumes these costs in I&E and cash terms in line with plan.

External cash support will be required to sustain the plan. In line with the guidance received, the plans assume receipt of £14.9m cash support in year in order to maintain a minimum cash balance at £1.9m which represents two working days operating costs. The guidance states that cash should be managed to a minimum balance of £1m and a maximum balance of £3m.

Monitor will be visiting the Trust in week commencing 22 June, there will be the opportunity during this visit to further discuss the cash support requirements.

**Monitor approvals process**

Monitor has written a letter to Foundation Trusts (FTs) concerning the challenge to simultaneously improve quality, meet access targets and drive up productivity. Included within this is the introduction of new approval processes, for those FTs who are in breach of their licence for financial reasons, around agency staffing costs and management consultancy.

The approval process for management consultancy costs comes into force with immediate effect, covering all new contractual commitments for spending greater than £50,000. The approval processes for agency costs will be introduced from 1 July for nursing, with complete implementation by 1 September. These approval processes will include: a trust-specific ceiling on the percentage of staff that can be employed on an agency basis; a cap on the maximum rates of agency pay for different types of staff; and a list of approved frameworks.

As described above, these are both areas where the Trust is incurring considerable spend and the new regulations will apply.

**CIP**

The forecast includes full delivery of the core £14m planned CIP. No benefit is currently assumed to the bottom line income and expenditure position upon delivery of the additional £3m forecast of the 'stretch' target. At this early stage it has been assumed that this will be 'held back' to mitigate against any shortfall of core CIP schemes, particularly those rated as high risk, or other pressures.

**Care Closer to Home**

The progression of the Care Closer to Home tender continues. The Trust is conscious that this will have one of two impacts within 2015/16 of a loss £5m income or a growth in income of £30m, both with associated costs. The Trust is currently forecasting the status quo in line with the plan submitted to Monitor but recognises that there is a risk or opportunity dependent upon the ultimate outcome of the process.

**Keith Griffiths 16/6/2015**

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

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| **Meeting:**<br>Board of Directors | **Report Author:**<br>Kathy Bray, Board Secretary |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Victoria Pickles, Company Secretary |
| **Title and brief summary:**<br>QUALITY COMMITTEE MINUTES - UPDATE - The Board is asked to receive a verbal update from the Quality Committee held on 23.6.15 and the minutes held on 26.5.15. | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>N/A | |
| **Governance Requirements:**<br>Keeping the base safe | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

The Board is asked to receive a verbal update from the Quality Committee held on 23.6.15 and the minutes held on 26.5.15.

## Main Body

### Purpose:

Please see attached

### Background/Overview:

Please see attached

### The Issue:

Please see attached

### Next Steps:

Please see attached

### Recommendations:

The Board is asked to receive a verbal update from the Quality Committee held on 23.6.15 and the minutes held on 26.5.15.

## Appendix

### Attachment:

APP B - Draft Minutes of the meeting held on 26 May 2015(1).pdf

**Minutes of the Quality Committee held on Tuesday 26 May 2015 15:00 – 17:00, held in Discussion Room 2, Learning and Development Centre, HRI**

**PRESENT**

| | |
|---|---|
| Linda Patterson | Non-Executive Director (Chair) |
| Jan Wilson | Non-Executive Director |
| Juliette Cosgrove | Assistant Director to Medical and Nursing Directors |
| Mike Culshaw | Clinical Director Pharmacy |
| Jason Eddleston | Deputy Director of Workforce & OD |
| Anne-Marie Henshaw | Associate Director of Nursing (CWF) / Head of Midwifery |
| Lesley Hill | Executive Director of Planning, Performance, Estates and Facilities |
| Andrea McCourt | Head of Governance and Risk |
| Julie O'Riordan | Divisional Director (Surgery & Anaesthetics) |
| Victoria Pickles | Company Secretary (Notetaker) |
| Lindsay Rudge | Associate Director of Nursing (Medical Division) |

**IN ATTENDANCE**

Two members of Price Waterhouse Coopers observing the meeting as part of the Well Led Governance Review

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| Lynn Ward | Membership Councillor |

**ITEM**

**19/15 WELCOME AND INTRODUCTIONS**

The Chair of the Committee welcomed attendees.

**20/15 APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies for absence were received from:
Julie Dawes, Executive Director of Nursing
Jeremy Pease, Non-Executive Director
Jackie Murphy, Deputy Director of Nursing
Julie Hull, Executive Director of Workforce and OD

There were no declarations of interest.

**21/15 MINUTES OF THE MEETINGS HELD 21 APRIL 2015**

There was a typo on p9 which should read RCM instead of RCN. With this correction minutes were approved as a correct record.

**22/15 MATTERS ARISING AND ACTION LOG**

**22/15 (1) Mandatory Training, essential skills training and induction**

The Deputy Director of Workforce and OD presented a paper which set out the approach to mandatory and essential training including a framework of the 10 key elements of the mandatory training programme, which staff groups need to complete these and the frequency of requirements over 1,2 and 3 years. This would be launched on 1 June. The approach and framework had been reviewed and recommended by the Weekly Executive Board. He explained that the Trust was developing an e-learning approach so that there is as much time in the workplace as possible. The paper also set out essential skills training by staff group. In addition the approach to induction was being reviewed and would include completion of an e-learning package, supported by a local induction which would need to

be managed in a robust and documented way.

Assistant Director to Medical and Nursing Directors asked how compliance would be monitored and whether a trajectory would be set. The Deputy Director of Workforce and OD explained that compliance measurement would be through ESR and there would be an expectation of 100% compliance. Performance reporting against this would be at Weekly Executive Board and Board each month. A trajectory would be set to enable this to be measured on a rolling programme. Jan Wilson asked whether action was taken if they didn't turn up to undertake mandatory training. The Deputy Director of Workforce and OD explained that while the organisation had a responsibility to provide the training, individuals have a responsibility to complete it and would be held to account for this. It was clarified that Mental Capacity Act and Deprivation of Liberty training was included as part of the safeguarding module and that alternative forms of the training would be offered to those who find e-learning difficult.

**ACTION**: Update on progress to be brought to the Committee at Month 3 (September meeting) - Deputy Director of Workforce and OD

The Committee **RECEIVED** and **NOTED** the report.

**22/15 (2) Progress report on the completion of the Action Plan from the Morecombe Bay (Kirkup) investigation**

The Associate Director of Nursing (CWF) explained that the Committee had previously received the initial recommendations from the Kirkup report very shortly after the release of the report. At that point the accompanying action plan was draft. This had since been refined and extended and there were now multi-disciplinary teams working on the actions. No teams had reported any barriers to the delivery of that plan. A full report on the delivery of the action plan would be brought to the Committee in September. The Head of Midwifery highlighted that there was wider learning from the report outside of women's and children's services, for example actions relating to quality of investigations. This would be shared more widely across the Trust.

**ACTION:** Update on progress against the delivery of the action plan to be brought to the Committee in September – Associate Director of Nursing CWF)

The Committee **RECEIVED** the report.

**23/15 DIVISIONAL PATIENT SAFETY AND QUALITY BOARD REPORTS**

The Chair explained that this meeting was specifically to consider the divisional quality and safety reports and that this was the second time the quarterly reports had been considered by the Committee.

**23/15 (1) Diagnostic and Therapeutic Services Division**

Mike Culshaw presented the report to end of March 2015. He explained that the Division was going through a period of change due to the merger with Children and Womens and Families Services which would result in enhanced governance arrangements based on the best of both divisions.

He highlighted some key sections of the report.

- A number of concerns had been raised by radiology particularly in relation to achievement of the 18 week RTT target. A vascular time out had been held to look at how to reduce the RTT for interventional radiology resulting in a number of actions. This included consideration of 'straight to test' particularly from primary care.
- The 6 week wait for diagnostics target was currently being met and was monitored both through modality and on a weekly basis.
- A business case for a 3rd MRI scanner had been approved and the new scanner should be in place by the end of 2015. The mobile scanner would continue to be used in the interim.
- There was currently one red risk in relation to the number of post-48 cases of C Diff. This was a Trust-wide issue and the risk would be reviewed again at the end of the month to consider whether the mitigating actions were sufficient. Mike confirmed that risks scoring lower than a 16 continued to be monitored regularly.
- Four amber incidents had been recorded, one of which had since been down-graded to green. These included a needlestick injury; blood bank labelling; and a GP complaint on time to report. All incidents had been investigated.
- A safety alert had been received on the risk of distress and death from patients on long term opiods. Mike confirmed that this was not a particular risk for the Trust but would be followed up and the policy on opiods would be amended to match the safety alert.
- Some focussed improvement work was being done in relation to missed doses in particular areas of the Trust along with some work on documentation errors on dosage charts.
- A new medicines safety group had been established which was more cohesive and had a common action plan in place.
- A lot of work was going on in relation to patient experience including Real Time Patient Monitoring on knowledge of their medicines.
- Compliance with mandatory training included fire training - 98%; Information Governance – 93%. There had been difficulties in achieving compliance with equality and diversity training and consideration was being given as to how this could be improved in light of the changes in mandatory training.
- 95% of appraisals had been completed.
- There remained issues with radiology consultant recruitment as well as histopathologists. A contingency arrangement was in place including the use of bank and agency.
- Both relevant CQUINS targets had been met. There was recognition that there are a number of patients who leave with incorrect medicines. A new approach had been developed with commissioners where they feedback specific issues. Areas being addressed were pressure on junior doctors and the consolidation of records, and the number of issues nursing staff need to address at the point of discharge.

Discussion was held around equality and diversity training. The Deputy Director of Workforce and OD explained that this had been captured in the new mandatory training programme and a target set for a 3rd of the workforce each year to have completed it. It as recognised that this would need to be clearly communicated.

The Assistant Director to Medical and Nursing Directors asked whether learning had been

picked up from inspection reports on medicines. Mike responded that as each Trust's CQC report is published, the lessons learned are reviewed for any appropriate actions for the Trust.

The Committee **RECEIVED** the report.

**23/15 (2) Estates and Facilities Division**

The Executive Director of Planning, Performance, Estates and Facilities (PPEF) presented the report and highlighted the key areas to bring to the attention of the Committee.

- Patient-led assessment of the Care Environment (PLACE) audits took place in April. Work would start immediately on addressing the actions identified although the national feedback from the audits would not be published until later in the year.
- The CQUIN for hospital food would continue. A lot of work had been done during 2014/15 to improve food particularly soups, sandwiches and ice-cream. This work had been supported by HealthWatch Kirklees on both sites with this. A food and drinks strategy was being developed alongside some improvement work around the vending options available and lighter food choices at Calderdale Royal Hospital (CRH).
- A red risk was highlighted in relation to the quality of the HRI estate. Done a lot of work to ensure its safe but still a lot to do, with a five year improvement plan in place.
- Car parking had caused some particular issues in relation to the charges to blue badge holders and difficulty in where people need to go to make payment. There had been very few issues in relation to the increase in charges. The other area to be addressed related to the signage to inform people about the number plate recognition technology on the Acre Mill site. Volunteers and staff from estates and facilities were supporting this in the interim.
- The bed cleaning team put in place as a result of the Perfect Week had completed over 650 beds at Huddersfield Royal Infirmary (HRI) and 850 at CRH releasing hundreds of hours of nursing time. The Committee sent their thanks to the team and asked that this story be shared both with nursing teams and more widely as a success.
- Tour de Yorkshire took place with no issues. Work was being done to develop business continuity plans for each department supported by Yorkshire Ambulance Service who have particular expertise in this.
- A small fire had occurred in the laundry at CRH. As a result there will be more visits from the fire service to ensure all our procedures are in place and working.
- Significant work had been done on policies with almost all in place now for Estates and Facilities.
- The Division had achieved 99% compliance with most mandatory training and appraisal completion. There remained an issue with equality and diversity and PREVENT training which was being addressed. The Executive Director of PPEF highlighted an issue in relation to the new way of delivering training in that staff would require an email address and not estates and facilities staff currently have one.
- The Executive Director of PPEF explained that all senior staff in the division now undertake 'go see' visits around the Trust and also highlighted that Acre Mill site had won a heritage award.

**ACTION:** Share the good news in relation to the bed cleaning team - Company Secretary.

The Committee **RECEIVED** the report.

**23/15 (3) Surgery and Anaesthetics Division**

The Divisional Director presented the report and highlighted the key points to be noted by the Committee.

- There had been increased scrutiny of the clinical records audit following issues identified in both nursing and medical records coming from coroner's report. Doing a lot of awareness raising of the need for good record-keeping.
- There had been an increased number of pressure ulcers resulting from different kind of devices, mainly in orthopaedics – done some work on this and sharing learning from other wards.
- The number of open red and amber incidents had previously been an issue, a lot of work had been done to close both these and the complaints older than three months. There was still work to do however there was much greater awareness of the need to contact the complainant at the start to gain an understanding what they expect from the complaint response and then keeping them updated on progress.
- There had been 17 incidents in Q4, 9 of which required a Duty of Candour letter. 7 of the 9 had been completed. The remaining were where there was a lac lack of understanding that even where there had been telephone contact, a letter was also required. This has been addressed.
- The Divisional Director and Associate Director of Nursing had undertaken informal walkabouts to one of the surgical wards and the SAU. These were generally well received and 'go see' Fridays had been initiated including general managers.
- Other issues highlighted included two areas of non-compliance with NICE guidance; not providing a 7 day service for upper GI bleeds and some concerns around sutures in arthroplasty.
- Compliance with appraisal was an issue for the Division with medical at 89% and non-medical at 63%. This would be a key area of focus.
- There was a risk relating to level of anaesthetists – have appointed to vacancies and recruited some middle-grades.
- Discussion took place around the work to improve the fractured neck of femur pathway. It was noted that compliance with the best practice tariff was slowly improving. A new trauma co-ordinator had been appointed to support this work. The main issue remain as time to theatre which is variable, largely due to the number that come through and the lack of flexibility with theatres. Overall the mortality is within the normal range and better than the average. All patients that go beyond the timescale are reviewed and no themes or particular issues had been identified.

The Committee **RECEIVED** the report and NOTED the issues raised.

**23/15 (4) Medical Division**

The Assistant Director of Nursing (Medical) explained that the PSQB would be held later in the week and therefore the report was in draft. Timings of the meetings were being reviewed to ensure that in future the Divisional meeting would be before the Quality Committee. The following key points were highlighted:

- Attendance at A&E remained high, compounded by an increase in delayed transfers of care. A number of flexible beds remain open at both HRI and CRH which is impacting on workforce numbers. Patients were still outlying in surgical areas and further modelling on bed numbers was being done to present to the Executive

Director of Nursing and the Executive Director of Finance.

- A number of nursing homes were closed impacting on the ability to discharge patients. Work was being done with the community division on a model of in-reach into the hospital.
- A number of wards were in receipt of support following a review of the quality measures.
- There remained some concerns around fill rates for nursing posts and there had been some changes at a senior nursing level. Mitigations had been put in place and recruitment and retention remains a priority and is monitored closely. A number of newly-qualified colleagues have been secured to join the Trust in September on core wards.
- A weekly turnaround meeting had been put in place for both cost improvement and quality metrics to ensure stay on track or make improvements. This had led to an improvement in performance for complaints along with the development of a tracker tool for incidents.
- 5 cases of C Diff were recorded during Q4 – 2 were avoidable. One theme is the failure to isolate prior to receiving result. A task and finish group has been set up to look at prompt isolation.
- Some focussed work had been completed on friends and family test to increase response rates, understand what they are saying and responding to the feedback. The CQUIN had also been achieved.
- A mixed sex accommodation breech had been reported. The guidance has been reviewed and a more robust standard operating procedure put in place.
- Future action includes a specific review around heart failure and COPD and continued focus on compliance with the stroke standards.

The Committee also considered compliance with NICE guidance and how assurance is sought on where compliance or non-compliance is declared. It was agreed that this needs to be reviewed at Clinical Effectiveness Committee with a revised membership and more robust challenge.

**ACTION:** Review of process for NICE guidance to be undertaken and update provided to the Committee in August – Assistant Director to Medical and Nursing Directors.

Discussion took place around the three wards in supportive measures and how this is monitored. The Associate Director of Nursing (Medical) explained that there is a weekly meeting with the charge nurse, matron and general manager. A report is provided to the Executive Director of Nursing on progress against the plans. The expectation is that this will be a supportive process to help turn them around. The length of time that a ward is in receipt of supportive measures depends on the issues.

The Committee **RECEIVED** the report and NOTED the issues raised.

**23/15 (5) Children, Women and Families Division**

The Associate Director of Nursing / Head of Midwifery highlighted the following:

- There has not been a significant improvement in the maternity friends and family test and when benchmarked nationally the Trust was not performing well. A working group

is in place to address.

- Rate of sickness for long term sick is higher than the Trust average. All cases are being actively managed with senior input.
- A significant piece of work has been done to review all divisional guidelines, ensuring that these have been done alongside all evidence and good practice.
- Work has been undertaken to ensure incidents and complaints are investigated and closed in a timely manner. There had been 35 medicines incidents in the previous quarter which led to a communications exercise with staff on simple errors and how they can be addressed.
- There continues to be good progress in relation to stillbirth reduction. Jan – May 2014 there were 17 still births compared to 7 in the same period this year. The team has been shortlisted for a patient safety award as a result of the change in practice.
- The staff survey had shown higher than expected levels of bullying and undermining behaviours. A workshop had been held with staff on this using the Royal College of Midwives and Obstetricians toolkit.

The Committee asked for clarification as to why so many staff had been excluded from requiring an appraisal.

**ACTION:** To review the appraisal figures – Associate Director of Nursing / Head of Midwifery

The Committee **RECEIVED** the report and NOTED the issues raised. The Committee also congratulated the team on the reduction in still births.

**24/15 CARE QUALITY COMMISSION PREPARATION AND ACTION PLAN**

The Assistant Director to the Medical and Nursing Directors presented the updated CQC action plan which would support the Trust in preparing for inspection later in the calendar year. She clarified that the action plan had been produced from the mock inspection or other issues that had arisen and had been refreshed with a RAG rating as to where we are in terms of delivery.

The key areas of progress included:

- A mock inspection was planned for community for July and a draft data pack developed.
- The communications plan had been agreed with the presentations to staff due to begin in June.
- The assurance structure had been revised with a fortnightly executive meeting which would include divisional colleagues supported by a monthly operational group.
- Divisions have been asked to undertake a self-assessment and complete a 90 day plan.
- A gap analysis around the fundamental standards was being undertaken.

Further work was required to support divisions on addressing complaints and sharing any learning arising from complaints and incidents.

The Committee **RECEIVED** the report and **NOTED** the progress made.

**25/15 MATTERS FOR THE BOARD AND OTHER COMMITTEES**

The following items were identified for escalation to the Board:

- The need to improve compliance with equality and diversity training across all divisions

supported by the new package of mandatory training;
- Complaints responsiveness remains an issue that need to continue to focus on
- Appraisal compliance is improving but needs continued focus
- A review will be undertaken of compliance with NICE guidance
- A reduction in rates of still birth
- Good performance of the bed cleaning team on both sites and the resulting release of nursing time.

**26/15 ITEMS TO NOTE**

The Committee RECEIVED and NOTED the updated work plan.

**27/15 ANY OTHER BUSINESS**

There were no other items of business.

**DATE AND TIME OF NEXT MEETING**

Tuesday 23 June 2015, 14:00 – 17:00, Discussion Room 2, Learning and Development Centre, HRI

Calderdale and Huddersfield NHS
NHS Foundation Trust

**Approved Minute**

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## Cover Sheet

| | |
|---|---|
| **Meeting:**<br>Board of Directors | **Report Author:**<br>Kathy Bray, Board Secretary |
| **Date:**<br>Thursday, 25th June 2015 | **Sponsoring Director:**<br>Victoria Pickles, Company Secretary |
| **Title and brief summary:**<br>AUDIT AND RISK COMMITTEE - DRAFT MINUTES - 28.5.15 - The Board is asked to receive and note the draft minutes from the Audit and Risk Committee Meeting held on 28.5.15 | |
| **Action required:**<br>Approve | |
| **Strategic Direction area supported by this paper:**<br>Keeping the Base Safe | |
| **Forums where this paper has previously been considered:**<br>N/A | |
| **Governance Requirements:**<br>Keeping the base safe | |
| **Sustainability Implications:**<br>None | |

## Executive Summary

### Summary:

The Board is asked to receive and note the draft minutes from the Audit and Risk Committee Meeting held on 28.5.15

## Main Body

### Purpose:

Please see attached

### Background/Overview:

Please see attached

### The Issue:

Please see attached

### Next Steps:

Please see attached

### Recommendations:

The Board is asked to receive and note the draft minutes from the Audit and Risk Committee Meeting held on 28.5.15

## Appendix

### Attachment:

draft MINS ARC minutes 28.5.15.pdf

Calderdale and Huddersfield NHS
NHS Foundation Trust

**APPENDIX A**

**Minutes of the Audit and Risk Committee Meeting held on Thursday 28 May 2015 in Acre Mill, 3rd Floor commencing at 10:45pm**

**PRESENT**

| | |
|---|---|
| Prof Peter Roberts | Chair, Non-Executive |
| Mr Phil Oldfield | Non-Executive Director |
| Mr Jeremy Pease | Non-Executive Director |

**IN ATTENDANCE**

| | |
|---|---|
| Mr Nigel Bell | Head of Internal Audit |
| Mr Chris Benham | Deputy Director of Finance |
| Mr Chris Boyne | Internal Audit Manager |
| Mrs Jillian Burrows | Senior Manager, KPMG |
| Mrs Julie Dawes | Executive Director of Nursing and Operations |
| Mr Keith Griffiths | Executive Director of Finance |
| Mrs Victoria Pickles | Company Secretary |
| Mr Trevor Rees | External Audit |
| Miss Kathy Bray | Board Secretary (minutes) |

**OBSERVERS**

| | |
|---|---|
| Mr Andrew Haigh | CHFT Chair |
| Mr Keith Illingworth | KPMG |
| Mr Brian Richardson | Membership Councillor |
| 2 PWC representatives | |

**Item**

**36/15 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:
Mrs Adele Jowett, Local Counterfraud Specialist
Mr Peter Middleton, Membership Councillor

**37/15 MINUTES OF THE MEETING HELD ON 21 APRIL 2015**

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

**38/15 DECLARATIONS OF INTEREST**

There were no conflicts of interest declared at the meeting.

**39/15 MATTERS ARISING FROM THE MINUTES AND ACTION LOG**

It was noted that the matters arising would be addressed later in the meeting. There were no outstanding issues from the Action Log.

**40/15 ANNUAL ACCOUNTS**

The Committee reviewed the documents required in order to consider signing off the Annual Report and Accounts. Apologies were received at the late circulation of some of these documents. Discussion took place regarding each document:-

a. **Going Concern** – The Executive Director of Finance presented the report. The Committee considered the evidence presented and agreed that the Trust should be considered a going concern and that the accounts for the period 31 March 2015 were prepared on that basis.

b. **Audited Annual Accounts and Financial Statement** - it was noted that the financial position was consistent with the performance statistics previously submitted to Monitor. All

present received and accepted the document subject to minor amendments.

**c. Draft Letter of Representation –** The document was received, noted and approved. It was agreed by the Audit and Risk Committee that this should be signed by the Chief Executive and forwarded to the External Auditors.

**d. Annual Governance Statement** – The Company Secretary reported that this document had been prepared following the prescribed format in the guidance. Minor amendments had been made since its circulation and the following were approved:-

- Clarification of 5x5 statistics included "A broad range of quality statistics had been used"
- Clarification regarding training included
- Clarification on the payroll audit position to be consistent with the KPMG report
- 18 week indicators to be consistent with the External Audit opinion of the Quality Report.

**e. Annual Report** - The Company Secretary presented the Annual Report. It was noted that there was some repetition throughout the document and this was driven by the fact that the Annual Report, Strategic Report and Quality Account all require to be stand-alone documents. Discussion took place regarding the leadership of the compilation of this document and it was noted that meetings would be held with contributors and lessons learnt logged for the future. It was noted that the compilation of the Remuneration Report had proved challenging this year. All present agreed that this document reflected the work of the Trust over the last 12 months and going forward into 2015/2016.

**f. Head of Internal Audit Opinion** – The Head of Internal Audit presented the report which included 10 reports issued in 2014/15 with a "limited assurance" opinion. The Audit Plan was on course to be delivered in full. The Chairmentioned that the work of Internal Audit had involved a more proactive approach with Cost Improvement Programme and budget control being an indication of how Internal Audit have challenged and supported the Trust. Thanks were given to Internal Audit staff for their work.

**g. External Audit ISA260 Audit Highlights Memorandum** - The External Auditors advised that the final set of accounts were being checked and subject to this the ISA260 would be signed-off. The content of the report was discussed in detail due to Committee members only receiving the report the previous night. There were no issues to report to the National Audit Office.

The four recommendations in the report were noted. These related to Payroll Control Issues, Payroll reconciliation monthly, Accounts preparation and quality control and Contingency plans. It was noted that the Audit and Risk Committee had commissioned the Workforce and Organisational Development team to present an updated report to the Committee in October. The Executive Director of Nursing and Operations suggested that if it was available that this should be brought forward to be received by the Audit and Risk Committee in July.

**ACTION: Interim Director of Workforce and OD**

**RESOLVED**: The Committee noted the recommendation relating to the way in which the Annual Report is produced.

**h. Code of Governance Compliance** – The Company Secretary presented a report providing assurance that the declarations in the Annual Report regarding compliance with the code of governance were correct. Full compliance had been declared and the further work to be undertaken was noted. This was approved by the Committee and would be taken to the Board of Directors to progress the further work in June.

**i. ISA700 Long Form Audit Report** – Trevor Rees presented the ISA700 report which was an independent auditor's report to the Council of Governors confirming that External Audit

had audited the financial statements of Calderdale and Huddersfield NHS Foundation Trust for the year ended 31 March 2015 and in their opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of the Trust's income and expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

Three risks had been identified with no adverse matters to note.

It was noted that the final document would be signed and forwarded to accompany the other documents being forwarded to Monitor the next day.

**RESOLVED:** The Committee agreed all of the documents for recommendation to the Board for approval.

**41/15 QUALITY REPORT**

**a. Quality Account**

The Company Secretary advised that the Quality Account was a requirement of Monitor and is reported separately as well as being included within the Annual Report. The document had been prepared with the engagement of the public and Membership Councillors with regard to the choice of indicators and had also received feedback from partners. It was noted that the partner suggestion regarding the preparation of a summary of the document was being taken on board.

The Executive Director of Nursing commented that the Quality Account demonstrated a lot of hard work that had happened throughout the year.

**b. External Audit Assurance on the Trust's Quality Report**

Jillian Burrows confirmed that there were no significant concerns regarding this document. The key issues from the report were noted:-

- Complies with limited assurance.
- The Membership Council had not been asked for an opinion on the full report. This was not a significant issue and would be borne in mind for future years.
- Mandated Indicator 1: We are unable to give an opinion on this indicator due to: percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

**RESOLVED:** The Committee agreed the report for recommendation to the Board for approval.

**42/15 REPORT ON CURRENT REGULATORY COMPLIANCE ISSUES**

There were no issues to note.

**43/15 REPORT ON WHISTLEBLOWING AND OTHER EXPRESSIONS**

The Chair of the Committee provided an update on his attendance at a recent NHS Providers Event regarding Whistleblowing. It was noted that the Trust had robust processes in place and work would be undertaken by the Workforce and Organisational Development team to update policies and these would be brought back to the Committee in the Autumn.

**44/15 INFORMATION TO RECEIVE**

The following information was received and noted:-

a. Quality Committee Minutes – 21.4.15
b. Risk and Compliance Group Minutes – 7.4.15
c. THIS Management Board Minutes – 30.3.15 and 29.4.15

**45/15 ANY OTHER BUSINESS**

There were no other items of business.

**46/15 MATTERS TO CASCADE TO THE BOARD OF DIRECTORS**

- Annual Report and Accounts
- Internal and External Audit Reports

**47/15 DATE AND TIME OF NEXT MEETING**

Tuesday 21 July 2015 at 10.45 am – 3rd Floor, Acre Mill Outpatient Building

**SUMMARY ON A PAGE**

**MEETING OF: AUDIT AND RISK COMMITTEE**

**DATE OF MEETING: 28 MAY 2015**

**FREQUENCY OF MEETINGS: 5 PER ANNUM**

**CHAIR OF MEETING: Prof. Peter Roberts**

**WAS MEETING QUORATE? Yes**

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**SUMMARY OF KEY BUSINESS/ACTIONS AT THE MEETING:**

| |
|---|
| 1. **MATTERS ARISING AND ACTION LOG – No issues outstanding** |
| **2. ANNUAL ACCOUNTS – including:-**<br>a. Going Concern Report<br>b. Audited Annual Accounts and Financial Statements<br>c. Draft Letter of Representation<br>d. Annual Governance Statement<br>e. Annual Report<br>f. Head of Internal Audit Report<br>g. External Audit ISA260 Audit<br>h. Code of Governance Compliance<br>i. ISA700 Long Form Audit Report<br>**All the above documents were discussed and the recommendation for the Board of Directors to approve the Annual Report and Accounts was made.** |
| **3. QUALITY REPORT – including:-**<br>a. Quality Account<br>b. External Assurance on Trust's Quality Report<br>**All the above documents were discussed and the recommendation for the Board of Directors to approve the Annual Report and Accounts was made.** |
| **4. REGULATORY COMPLIANCE ISSUES** – no issues to note |
| **5. REPORT ON WHISTLEBLOWING AND OTHER EXPRESSIONS** – Update to current policies expected in the Autumn. |
| **6. FASTTRACK ITEM:**<br>a. **Quality Committee Minutes** – 21.4.15<br>b. **Risk & Compliance Group Minutes** – 7.4.15<br>c. **THIS Management Board Minutes** – 30.3.15 & 29.4.15 |
| **7. ANY OTHER BUSINESS** – No matters to report |
| **8. DATE AND TIME OF THE NEXT MEETING**:<br>Tuesday 21 July 2015 at 10.45 am |

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**ITEMS TO CASCADE TO BOARD OF DIRECTORS:**

Inform the Board of the recommendations and acceptance of the various papers relating to the sign off of the Annual Report and Accounts:-

**a. Annual Report and Accounts**
**b. Internal and External Auditors Reports**

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**AUTHOR OF THIS REPORT**
**NAME: Kathy Bray**
**POSITION: Board Secretary**

**Minutes of the Finance & Performance Committee held on Thurdsay 28 May 2015 in Meeting Room, 3rd Floor, Acre Mill, Huddersfield Royal Infirmary commencing at 08:30**

**PRESENT**

| | |
|---|---|
| Philip Oldfield | Non-Executive Director (Chair) |
| Anna Basford | Director of Commissioning and Partnerships |
| David Birkenhead | Executive Medical Director |
| Julie Dawes | Executive Director of Nursing (in part) |
| Keith Griffiths | Executive Director of Finance |
| Lesley Hill | Executive Director of Planning, Performance, Estates & Facilities |
| Peter Roberts | Non-Executive Director |
| Owen Williams | Chief Executive |
| Jan Wilson | Non Executive Director |

**IN ATTENDANCE**

| | |
|---|---|
| Chris Benham | Deputy Director of Finance |
| Mandy Griffin | Acting Director of the Health Informatics Service |
| Andrew Haigh | Chair |
| Victoria Pickles | Company Secretary |
| Betty Sewell | PA (minutes) |
| Laura Middleton | PwC (observing) |
| Caroline Swanson | PwC (observing) |

**ITEM**

**99/05/15 WELCOME AND INTRODUCTIONS**

The Chair of the Committee welcomed attendees.

**100/05/15 APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies for absence were received from:
Julie Hull, Executive Director of Workforce & OD
Jackie Green, Interim Director of Workforce & OD
Peter Middleton, Membership Councillor

There were no declarations of interest.

**101/05/15 MINUTES OF THE MEETINGS HELD 21 APRIL 2015**

The minutes were approved as a correct record.

**102/05/15 MATTERS ARISING AND ACTION LOG**

20/01/15 - Clinical Coding – moved to the June meeting.
19/02/15 – Recruitment and retention strategy moved to the June meeting
73/03/15 – CIP Savings – Workforce Controls : The Director of Finance introduced a paper which was requested to provide assurance that the CIP workforce savings are being re-invested. The Chief Executive suggested that this was a high-level narrative and asked for an example of how this would work in practice. The Director of Finance gave assurance that there are controls in place at every level within Divisions with an Executive Vacancy

Control panel making the final decision; he also confirmed that retrospective work had been carried out and that there was no suggestion that posts had been re-introduced into the system. There was an issue which had been discussed at Turnaround Executive within Clinical Services where staff had been released before the service had sufficient sustainability, but it was confirmed that the QIA process should monitor such cases.

In summary we have a process reviewing new posts, we are looking at the QIA process to ensure posts are not being released too early and we are tracking headcount on a monthly basis which will be key.

In terms of a future look the Director of Finance and the Interim Director of Workforce & Organisational Development are looking at IT based real time workforce management systems.

**103/05/15 FINANCE AND FINANCIAL UPDATE**

Month 1, 15/16

Performance Summary Report

The Director of Commissioning & Partnership presented the Month 1 position for performance. It was noted that the Trust has seen a reduction in the total GP referrals and consultant to consultant referrals in April 2015 compared to April 2014 and our A&E referrals are slightly increased. The reduction is mainly associated with Huddersfield with slight increase in Calderdale over the same period. The understanding of referrals coming into the Trust has been discussed at previous meetings, the CCGs have been contacted regarding providing this information, and they have confirmed that this will supplied, however, it was not available for today's meeting and will tabled at a future meeting. We are seeing a reduction in waiting times for surgery and incomplete pathways but the longest wait remains around general surgery, trauma and orthopaedics and ophthalmology.

With regard to activity and contract activity in Mth 1, we are seeing in aggregate an over performance against our indicative plans for the month which has resulted in an over performance of clinical recovery, however, there are variants; elective and day case are below plan and A&E and outpatient activity are above plan with non-elective broadly in line with plan, however, we are also seeing a significant increase in long stay activity which is included within that.

It was noted that the overall position for Mth 1 is positive, we have seen a level of income recovery of PbR rate which exceeds our plan but we are still seeing an under-performance against indicative plans for elective and inpatient and day case activity. Taking a forward look at May, we have seen an improvement in elective/inpatient work. We are generally seeing a recovery in place and we are closer to achieving in month plan, we also have plan where we have underperformed in ophthalmology and orthopaedics and the full recovery planned into later this year.

The Chair asked if the result of underperformance in ophthalmology was down to the EDMS issue but it was noted that this was not easily quantified. The Acting Director of the Health Informatics Service reported that we have implemented a software release which

has improved EDMS performance, however, this may not be the end of the problem. We have a backlog with scanning and the Division are devising a plan to deal with this. We have made a big step forward but the issue is not fully resolved.

It was confirmed that EDMS lessons learnt will be pulled together to mitigate the risks for future roll-out of the system.

**ACTION : To update regarding EDMS at next meeting – MG**
**To provide Market data from CCG re referrals to include local and national trends – AB**

The Chair of the Committee asked what the impact would be with regard to theatres and elective capacity relating to the decline in first attendances for trauma and orthopaedics. The Executive Director of Planning, Performance, Estates & Facilities explained that in terms of theatres we do not seem to have a particular issue with regard to referrals at the moment, however, in terms of pre-assessment there is an issue with regard to capacity which is being reviewed. In addition as we speed up the waiting times and address our allocated slot issues we may attract more referrals and attract back the market share.

It was agreed that we need to be mindful of what is developing and recovery is far too early to call.

Contract Activity Summary

The Deputy Director of Finance presented the Contract Activity Summary, it was noted that the Trust is currently operating under full PbR arrangements and under the Enhanced Tariff Option with regard to the contract.

With regard to non-elective, although we are over-performing we are seeing an over-performance in long-stay admissions within Medical division and an over-performance with short-stay, particularly in Surgery. Therefore, when we look at risks around the finance forecast there is something around the two elements which are very different for two different Divisions.

The Committee were asked to note the A&E attendance, a 5% increase year on year between last year and this and some of the pressures experienced over Easter may be lost when looking at planned versus actual.

In terms of clinical contract income we have over performed, it was highlighted that the income position is net of CQUIN risk of £0.02m which relates to the local 'Asthma Care Bundle'.

The Chief Executive suggested that we should not lose track of our CQUIN targets and that a deep-dive should take place with regard to the 'Asthma Care Bundle'.

**ACTION: To ensure understanding a deep-dive should take place with regard to the 'Asthma Care Bundle' CQUIN target – JD.**

The Director of Finance sighted the Committee on the very different contractual environment we are in from last year and liabilities have been taken into account however, until a contract is signed there could be volatility.

Month 1 Financial Narrative & Dashboard

The Deputy Director of Finance presented the narrative and dashboard as one item. In terms of the in-month performance:

- Both the EBITDA and the bottom line deficit have been delivered to plan
- CIP has been delivered
- No release of reserves
- A cash balance of £15.5m is in-line with the planned level that includes a capital loan drawdown of £10m as planned
- CoSRR level of 2 is over-inflated by the drawdown capital loan. The underlying trading CoSRR is a 1 as planned

As referenced within previous Finance and Performance reports the unplanned bed capacity that remained open towards the end of March 2015 has stayed open within the month to assist in the provision of system resilience throughout the Easter period. As described within the Annual Plan for 2015/16 additional bed capacity had been planned for over and above the levels experienced within 2014/15. However, within the month, this additional planned capacity has been exceeded by an average of 40 beds recognising the on-going system resilience requirements and the significant increased levels of long stay non-elective emergency admissions.

As regards income, additional provision has been made against the contract in the event of challenges being made in the future.

Action has been taken in-month to curtail spend with the higher premium rate agencies, particularly in nursing, with director level approval now required prior to booking against these and their use being stopped completely outside of the Medical Division where the main staffing pressure sits.

Medical workforce has also overspent in April. Specialties that have medical workforce gaps are filling with locum/agency as appropriate recognising that significant variation in cost is being experienced.

Forecast and Risk Opportunities

Non elective activity was beneath plan in Surgery in April and early indications are that this is a continuing trend into May.

Contingency reserves are held at £3m for the year. In mitigation of the activity pressures described above and forecast forward from Month 1, £1m of reserves need to be protected in the full year forecast. £2m of contingency reserves remain preserved in the full year position.

A high level view of calls on reserve were noted:

- System wide capacity resilience
- CQUIN
- CIP
- Vacancy factor
- A&E Nursing
- 7 Day Services
- Turnaround costs
- Potential impact of CQC

In depth discussions took place with regard to how we cope with the unforeseen without recognition by the local CCGs, this requires broader debate.

Cash

Payment patterns from other public sector bodies have altered in April and the cash implications are being managed prior to payment being received. We are still planning to receive cash support from September.

Care Closer to Home

The Trust is currently forecasting the status quo in line with the plan submitted to Monitor but recognises that there is a risk or opportunity dependent upon the ultimate outcome of the process.

**140/5/15 ANNUAL PLAN NARRATIVE**

The Director of Finance reported that the plan had been reviewed at the April Board of Directors meeting and they had given their delegated approval to the Executive Directors for the final submission of the plan to Monitor in line with required deadline.

The submitted document contained two additional financial changes from the position this Committee has previously seen which were highlighted, the Committee were asked to note the changes to the Annual Plan and also to note the planned site visit by Monitor for the 22nd & 23rd June 2015.

**141/05/15 CONTRACT UPDATE**

The Director of Commissioning & Partnerships presented the paper setting out the background of the contract negotiations and the current position. The two main areas of contention with the Commissioners is the difference of activity value of £2m and a substantial recognition of £10m to cover service quality and safety. Following a meeting held this week all parties agreed to pursue formal contract arbitration.

Discussions took place with regard to the arbitration process and it was confirmed that clarification is required and the Committee will receive regular updates.

**ACTION: To clarify the arbitration process and timescales, which may need circulating prior to the next Committee meeting – AB**

Peter Roberts suggested that it was a matter for the whole Board and if Non-Executive support was required it would be provided.

**142/05/15 CIP 15/16 – PROGRESS AND PLANNING**

The Director of Finance introduced the paper and covered the headlines, it was noted that as at the end of April we are ahead of plan, in terms of the plan to Monitor it assumed delivery of £14m of CIP and we are pushing that to £18m, at the time of the report we have £17.2m CIP schemes at gateway 2. There are other schemes within the pipeline which need moving through the gateway process to achieve £18m. Discussions have taken place at Turnaround Executive with regard to the complicated nature of the schemes and also the QIA which needs to happen at a granular level.

It was suggested that within this whole scheme a large proportion relates to increased activity, i.e. income. There are schemes which are RAG rated red due to the operational risks involved.

The Non-Executive attendees at the Turnaround Executive confirmed that there appears to be more robustness, granularity and understanding of the issues and progressing well.

**143/05/15 5 YEAR FORWARD FINANCIAL PLAN AND WORKPLAN**

The Director of Finance took the Committee through a presentation of the issues being considered as part of the 5 Year Forward Plan which was circulated to attendees following the meeting. This extensive programme of work aims to satisfy two key needs:

1. CHFT's Strategic Turnaround Plan – required by Monitor in September 2015
2. CCG's OBC Consultation Model – required by September 2015

Chris Thickett, ADF, is now working 50/50 between CHFT & CCGs to help deliver this.

The scale and complexity of this programme was shared in the presentation and acknowledged by the Committee. Equally, it was recognised that additional expertise and capacity will be required in the following areas:

- Clinical
- Informatics
- PMO
- Workforce and OD
- Estates
- Finance

This recognises we need to review the clinical service element with the OBC and the impact on the site configurations. Monitor are also becoming more engaged in supporting the Trust and the health economy in its considerations. The aim is to have a first cut, very draft, understanding of the service and financial connections by the end of June. A number of iterations will then follow as work progresses.

**144/05/15 EPR UPDATE**

The Acting Director of the Health Informatics Service presented the EPR Highlight Report, the paper sets out the overview of the programme along with the financial position to date. The key milestones for May 2015 were:

- Executive workshop event undertaken on 12 & 13 May 2015
- Subject Matter experts have now been appointed, however a few gaps remain but will not create major issues with the overall plan

Cerna will be visiting the wards/hospital next week along with the Subject Matter experts to 'go see' the processes in place and we are where we need to be. Notes from the Transformational Board were also attached.

The recruitment process was discussed and assurance was given that internal sources have filled the vacancies so far, however, to recruit the more specialised roles it is likely we will go out to NHS Jobs.

The Chief Executive asked for the risk work to be done in a way that if things needed to be escalated to the Risk Register the Committee are sighted as quickly as possible. The Committee were informed that a member of the EPR team sits on the Risk & Compliance Committee.

The approach from Cerna was highlighted, the culture does not naturally transfer across and the opportunity to impose 'Work Together Get Results' it was confirmed that tools have been shared and we should try to focus on a common language.

It was noted that there was an air of confidence and that sufficient contingency has been built into the business case but it is too early to fully guarantee there would not be delays with roll-out.

**145/05/15 KPMG CASH MANAGEMENT REPORT**

The Director of Finance stated that the report from KPMG came in late and the first draft still needed to be reviewed. It was highlighted that they had made suggestions with regard to the short term cash forecast, however, there was overlap with regard to some work already taking place within the Finance team. A statement will come back to the Committee once the report has been reviewed. The Director of Finance expressed his frustration with regard to the report, that it had not covered all the areas that were originally put in the scope.

**146/05/15 MONITOR PRM CORRESPONDENCE**

The Chief Executive asked the Committee to draw their attention to 4.1.12 of the Monitor correspondence, which related to the development of the 2015/16 financial plan. It referenced the Trust progressing CIP schemes of £17.3m and that the Trust would be held to account to deliver this level of CIP. The Chief Executive went on to say that the Trust should be careful how we navigate this expectation because as a Board we are committed to deliver £14m and the £17.3m incorporated slippage.

It was noted that Monitor continue to be helpful and we should continue to make sure everything we agree what we do.

**147/05/15 COMMERCIAL & INVESTMENT STRATEGY COMMITTEE – MEETING SUMMARY**

The notes of the C&I Strategy Committee held 7 May 2015 were tabled for the F&P Committee to note.

**148/04/15 WORKPLAN**

The following items were added to the Workplan:

- Clinical Coding – June
- KPMG/Cash Report – June

**149/05/15 MATTERS FOR THE BOARD AND OTHER COMMITTEES**

The Chair summarised the key points from today's meeting:
Performance for the month – was solid in line with plan.
Some outline risks
Looking forward we need to look at CIP, CQUINS and Pay
Management of the arbitration process
5 Year Plan – significant work to be done

**150/05/15 ANY OTHER BUSINESS**

The following issues were raised and noted:
Monitor meeting tomorrow to look at PFI.
Monitor Site visit 22nd/23rd June 2015 – a verbal debrief will be given at the next F&P Committee.
EPR – there will be a half day follow up on the 20 July 2015.

As this would be Chris Benham's last meeting prior to his departure, the Chief Executive along with the Committee took the opportunity to thank Chris for his input to the Trust and wished him good luck in his new role.

**DATE AND TIME OF NEXT MEETINGS**

Wednesday 24 June 2015, 3.00pm – 5.00pm, 3rd Floor, Acre Mill Outpatients