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

Date: Thursday 7 April 2016 commencing at 4.00 pm

**Venue: Large Training Room, Learning Centre, Calderdale Royal
Hospital HX3 0PW**

AGENDA

REF	ITEM	LEAD	PAPER	PURPOSE OF PAPER/ UPDATE
022/16	Welcome and introductions: Mrs Jan Wilson, Non Executive Director/Deputy Chair (BOD) Mr Phil Oldfield, Non Executive Director Richard Hopkin, Non Executive Director Karen Heaton, Non Executive Director	Chair	VERBAL	Note
023/16	Apologies for absence: Mrs Julie Dawes, Exec Director of Nursing Mr Owen Williams, Chief Executive Mr Keith Griffith, Executive Director of Finance (Gary Boothby, Deputy DoF attending) Mrs Victoria Pickles, Company Secretary	Chair	VERBAL	Note
024/16	Declaration of interests	All	VERBAL	Note
025/16	Minutes of the meeting held: Tuesday 19 January 2016	Chair	APP A	Approve
026/16	Matters Arising 40/15b Code of Conduct 17/16 Membership Strategy Refresh	Chair	VERBAL	Information
027/16	EPR Update Mandy Griffin, Director of THIS to attend	Mandy Griffin	VERBAL	Information
CHAIRMAN'S REPORT				
028/16	<ul style="list-style-type: none"> a. Consultation Process - Update b. Board Appointments - Update c. Update from Chairs Information Exchange – 21.3.16 d. CQC Inspection Feedback e. Review of Formal Meeting 		VERBAL VERBAL APP B1 VERBAL	Information Approve Information Information

	Attendance Register		APP B2	Approve
CONSTITUTION				
029/16	a. Membership Council Register – Resignations/ Appointments	AH	APP C	Approve
030/16	b. Register Of Interests/Declaration Of Interest	AH	APP D	Approve
UPDATE FROM BOARD SUB COMMITTEES				
031/16	a. Nomination and Remuneration Committee (MC) Update	A Haigh	VERBAL	Information
032/16	b. Audit and Risk Committee	P Middleton/ B Richardson	VERBAL	Information
033/16	c. EPR	W Clarke	VERBAL	Information
034/16	d. Finance and Performance Committee	B Moore/ P Middleton/	VERBAL	Information
035/16	e. Quality Committee	L Moore	VERBAL	Information
036/16	f. Charitable Funds Committee	K Wileman	VERBAL	Information
037/16	g. Workforce Well-led Committee	R Hedges	VERBAL	Information
038/16	h. MC/BOD AGM – Task and Finish Group	R Mason	APP E	Approve
OTHER ITEMS				
039/16	AGREE PROPOSED TIMETABLE FOR ELECTION	RM	APP F	Approve
040/16	CHAIR/NON EXECUTIVE DIRECTOR APPRAISAL PROCESS	AH	APP G	Approve
041/16	MC SELF APPRAISAL OF EFFECTIVENESS PROCESS	RM	APP H	Approve
042/16	TRUST PERFORMANCE			
	a. FINANCIAL POSITION AND FORECAST	GB	APP I	Information
	b. INTEGRATED PERFORMANCE REPORT	HB	APP J	Information
043/16	QUALITY ACCOUNTS 2015/16	Juliette Cosgrove	VERBAL	Approve
044/16	a. Updated Membership Council Calendar	AH	APP K	Note
045/16	ANY OTHER BUSINESS	AH	VERBAL	Receive

<p>DATE AND TIME OF NEXT MEETING: Date: Wednesday 6 July 2016 commencing at 4.00 pm</p> <p>Venue: Boardroom, Sub Basement, Huddersfield Royal Infirmary HD3 3EA</p>	
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**MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON
TUESDAY 19 JANUARY 2016 IN THE BOARDROOM, HUDDERSFIELD ROYAL
INFIRMARY**

PRESENT:

Andrew Haigh	Chair
Rosemary Hedges	Public elected – Constituency 1
Di Wharmby	Public elected – Constituency 1
Ken Batten	Public elected – Constituency 2
Wayne Clarke	Public elected – Constituency 2
Dianne Hughes	Public elected – Constituency 3
Grenville Horsfall	Public elected – Constituency 5
George Richardson	Public elected – Constituency 5
Kate Wileman	Public elected – Constituency 7
Lynn Moore	Public elected – Constituency 7
Brian Moore	Public elected – Constituency 8
Eileen Hamer	Staff elected – Constituency 11
Dawn Stephenson	Nominated Stakeholder – SWYPFT
Bob Metcalfe	Nominated Stakeholder - Calderdale Metropolitan Council
John Playle	Nominated Stakeholder – Uni. of Hudds.

IN ATTENDANCE:

Helen Barker	Chief Operating Officer
Kathy Bray	Board Secretary
Ruth Burns	Member – observer
Julie Dawes	Executive Director of Nursing
Keith Griffiths	Executive Director of Finance
Ruth Mason	Associate Director of Engagement & Inclusion
Phil Oldfield	Non-Executive Director
Victoria Pickles	Company Secretary
David Revell	Member - observer
Jan Wilson	Non-Executive Director

02/16 APOLOGIES:

Apologies for absence were received from:

Peter Middleton	Public elected – Constituency 3
Annette Bell	Public elected – Constituency 6
Brian Richardson	Public elected – Constituency 6
Jennifer Beaumont	Public elected – Constituency 8
Mary Kiely	Staff-elected – Constituency 9
Julie Hooles	Staff elected – Constituency 13
Chris Bentley	Staff-elected – Constituency 13 (Reserve Register)
David Longstaff	Nominated Stakeholder – Clinical Commissioning Group
Naheed Mather	Nominated Stakeholder – Kirklees Metropolitan Council
David Birkenhead	Executive Medical Director
Lesley Hill	Executive Director of Planning, Performance, Estates & Facilities

Jeremy Pease
Owen Williams

Non-Executive Director
Chief Executive

The Chair welcomed all Membership Councillors, Mrs Jan Wilson, Deputy Chairman (Board of Directors), Phil Oldfield, Non Executive Director and public observers.

03/16 DECLARATION OF INTERESTS

There were no declarations of interest to declared at the meeting.

04/16 MINUTES OF THE LAST MEETING – 4 NOVEMBER 2015

The minutes of the last meeting held on 4 November 2015 were approved as an accurate record.

05/16 MATTERS ARISING

- a. **Code of Conduct** - The Chairman reported there was no policy statement within the Trust about doctors talking over patients in a different language. It was agreed that this would be investigated further to ascertain the original complaint and response which had been supplied.

ACTION: CHAIRMAN

- b. **External Electronic Access to Mandatory Training Module** – The Chief Operating Officer advised that she had been advised that this issue had now been dealt with. It was noted that a supply of laptops were available from Workforce for staff to loan who did not have computers at home.

- c. **Food and Nutrition Event – 27.10.15** – The Chairman apologised that this was still outstanding and agreed to raise this at the Board of Directors Meeting to be held on 28 January 2016.

ACTION: CHAIRMAN

All other matters arising were included within the agenda.

06/16 CHAIRMAN'S REPORT

- a. **Development of the 5 Year Strategic Plan**

It was noted that this matter had previously been discussed in the private part of the meeting. A private meeting of Membership Councillors had taken place on the 11 January to give an update on the matter. It had been agreed that a further meeting would be arranged for Membership Councillors who had been unable to attend this event. Outside the meeting a further private meeting to provide an update was arranged for 4 February 2016.

OUTCOME: Meeting arranged for interested Membership Councillors for 4 February 2016.

- b. **Board Appointment Updates**

The Chairman updated the Membership Council on a number of Board changes:-

- A welcome was extended to Helen Barker who had been appointed Executive Chief Officer with effect from 1 January 2016.
- As some members were aware Julie Dawes, Director of Nursing was leaving the Trust after the CQC inspection to take up post nearer her home in the South of England. A recruitment process was due to commence on the 1 February 2016 with interviews scheduled for the beginning of April 2016.
- As some members may be aware Julie Hull, Executive Director of Workforce and Organisational Development had been absent from the Trust for approximately 12 months due to ill health. Julie had now made a decision to leave the Trust to pursue other opportunities. She wished the Chairman to extend thanks to all the colleagues she had worked with over her many years with the Trust and send her best wishes for the future. George Richardson hoped that Julie had a speedy recovery and wished, on behalf of the Membership Council, that thanks be sent to Julie for all her help and support to both the MC and Trust staff over many years.

ACTION: CHAIRMAN

c. Update from Chairs' Information Exchange

The minutes from the meeting held on 17 December 2015 were taken as read. These were available within the meeting papers at Appendix B2. There no questions arising.

d. Review of Annual Workplan

The Chairman advised that a Work Plan was prepared for each sub- Committee of the Board to identify issues which would be included on the agenda throughout the year. The Work Plan for the Membership Council Formal Meetings was received and noted.

e. CQC Inspection Preparedness

Julie Dawes, Executive Director of Nursing attended the meeting to give an update on the work undertaken within the Trust in preparation for the CQC inspection commencing on the 8 March. A self-assessment document which had been completed and submitted to the CQC was tabled. This outlined the Trust's self-assessment score against the 5 domains (Safe, Effective, Caring, Responsive and Well-led) which the CQC would be assessing against under the core services:-

- Urgent and emergency services
- Medical Care (including Older People's Care)
- Surgery
- Critical Care
- Maternity and Gynaecology
- Services for Children and Young People
- End of Life Care
- Outpatients and Diagnostic Imaging
- Community Inpatients
- Community services for adults

The Membership Council received an update on the areas and noted that plans were in hand to address the issues identified. The Executive Director of Nursing stated that this self-assessment was very much a judgment call but the prediction was that the Trust would be scored “requires improvement”.

It was noted that guidance published by the CQC had recently been received by Membership Councillors regarding preparation for the CQC visit. As part of this Julie Dawes and Ruth Mason offered to arrange a meeting to help prepare for the visit. Outside the meeting this was arranged for Thursday 3 March 2016.

OUTCOME: Meeting arranged for the Membership Councillors on Thursday 3 March 2016.

07/16 CONSTITUTION

a. MEMBERSHIP COUNCIL REGISTER

The updated register of members was received for information. It was noted that discussion would take place later in the meeting regarding the election options paper prepared by Ruth Mason.

b. REGISTER OF INTERESTS/DECLARATION OF INTERESTS

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

08/16 UPDATE FROM BOARD SUB COMMITTEES

a. Nominations and Remuneration Committee (MC) Update

The Chairman updated the Membership Council on the issues discussed at the Nominations and Remuneration Committee (MC) held on the 7 December 2015. It was noted that the draft minutes from this meeting were available at Appendix J in the Membership Council papers.

b. Audit and Risk Committee

Unfortunately neither Peter Middleton or Brian Richardson were available to give an update.

c. Electronic Patient Record (EPR)

Rev Wayne Clarke updated the Membership Council on his representation on the EPR Transformation Board. It was noted that agreement had been made regarding the launch of the system. Bradford would go first at the end of August and CHFT on the 8 October 2016.

d. Finance and Performance Committee

Brian Moore updated the Membership Council on the highlights of the recent Finance and Performance Committee. The key issues discussed included:-

- 5 Year Plan
- Current year – expected to make targeted deficit of £20m
- CIP update and continuing as planned

- 2016/17 deficit expected to be larger than this year but everything being done to curtail this as far as possible.
- Phil Oldfield updated the meeting regarding the positive relationships with Monitor.

e. Quality Committee

Lynn Moore gave a brief update on the issues discussed at the recent Quality Committee meetings. Areas of focus by the Committee included:- Integrated Board Report including complaints and serious incidents, divisional quality reports, risk register and R&D progress.

Concern was expressed regarding the high level of surgical complaints and it was agreed that this would be included on the agenda for discussion at the next Surgical DRG.

ACTION: RUTH MASON – S&A DRG AGENDA

f. Charitable Funds Committee

Kate Wileman updated the Membership Council on the work of the Charitable Funds Committee who was liaising with Steven Duncan, Chief Executive, Community Foundation for Calderdale to encourage a potential gift of charitable funds. Discussion took place regarding the limitations on spending charitable funds and it was noted that currently there was some £800k in the Abraham Ormerod fund specifically for healthcare for the people of Todmorden.

Discussion took place about fund raising in the future once the 5 year plans were clear and it was agreed that this was not currently the right time for this to happen.

15/16 MEMBERSHIP COUNCIL VACANCIES – ELECTION OPTIONS

Ruth Mason presented the paper which outlined the election options available to the Membership Council regarding the vacant positions on the Membership Council.

It was noted that the cost of holding a by-election for the 4 vacant seats would be approximately £3,753.13. In addition, the approximate cost for elections to the 5 seats due to become vacant in 2016 will be £10,098. The cost and resourcing implications of running a by-election with no guarantee of filling the vacancies was discussed.

Having considered the information presented it was agreed that the current vacancies should be incorporated into the election arrangements for summer 2016.

Discussion took place regarding actions which the Membership Council could undertake to review the constituencies and it was agreed that this would be discussed later in the meeting under the Membership Strategy.

OUTCOME: The Membership Council agreed that the current vacancies should be incorporated into the election arrangements for Summer 2016.

16/16 JOINT MC/BOD AGM – TASK AND FINISH GROUP UPDATE

It was noted that due to the volume of work of the Membership Council the AGM sub-committee had been disbanded and a small task and finish group had been set up to progress the arrangements for the Joint MC/BOD AGM to be held on the 15 September 2016.

OUTCOME: **The Membership Council agreed this proposal and looked forward to receiving regular updates from the Task and Finish Group and how they can be of assistance at the meeting.**

17/16 OUR REFRESHED MEMBERSHIP STRATEGY

Ruth Mason presented the Refreshed Membership Strategy. The Membership Council were reminded that the Trust has a Membership Strategy outlining our vision for membership and the methods we intend to use to maintain a representative membership and strengthen engagement and communication with members. It also outlines our future plans for recruitment and retention of members and how we will measure the success of our membership.

The Strategy is now three years old and requires refreshing. It was proposed that we use the three R's methodology to refresh the Strategy and this was supported by all present.

It was agreed that a stocktake of the membership database would be undertaken with a view to obtaining more electronic addresses and encourage a more active members database.

It was suggested that the Trust might link with the public consultation to recruit more members at the consultation events.

OUTCOME: **The Membership Council endorsed the refreshment of the Membership Strategy and it was agreed that further work would be undertaken on the quality of the database and then a Task and Finish Group consisting of Membership Councillors would be created by April 2016.**

18/16 TRUST PERFORMANCE

a. FINANCE REPORT

The Executive Director of Finance presented the Finance report. The main points highlighted from the report as at the end of November 2015 were noted together with an updated improved position and a prediction that the Trust would achieve the £20m deficit at year end:-

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

- An EBITDA of £2.48m, an adverse variance from original plan of 1.62m.
- A deficit (excluding restructuring) of £14.24m, an adverse variance of £1.35m from the original plan.

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

Year-end Forecast Position

- The improved in-month position has a small impact on the year end forecast position whilst the Trust seeks to mitigate against the uncertainties of further winter pressures and contract settlement risks.
- The year end forecast position shows an improvement of £0.14m against the reforecast planned deficit of £22.04 (including restructuring costs of £1.10m). There is potential to improve this by a further £1m through a capital to revenue transfer, subject to confirmation from Monitor. Equally, the cash and I&E implications of the EY consultancy restructuring costs are currently under consideration by Monitor, which if approved would authorise the Trust to deliver a deficit of £21.0m.

b. PERFORMANCE REPORT

The Chief Operating Officer presented the Performance Report. The key highlights of the report were noted together with the updated position:-

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

Responsiveness

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

Caring

- Complaints responded to within target deteriorated in month. Surgery was an outlier and as previously mentioned this would be included in the S&A DRG agenda.
- Friends and Family inpatients who would recommend continues at above 96%
- Several Maternity indicators deteriorated in November

Safety

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

Effectiveness

- C Difficile improvement noted

- HSMR remain high
- Fractured Neck of Femur, access to theatre within 36hours continues to improve
- Readmission rates are better than target

Well led

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

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

OUTCOME: The Finance and Performance Reports were received and noted.

19/16 INFORMATION TO RECEIVE

The following information was received and noted:

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

b. Draft Nomination and Remuneration Committee (Membership Council) Minutes – 7.12.15 – received and noted.

20/15 ANY OTHER BUSINESS

a. Calderdale Council Art Therapy Service – Bob Metcalfe asked if more information was available about the closure of this service. The CHFT were not aware that they provided such a service but information would be requested from the South West Yorkshire Partnership Foundation Trust. The Chief Operating Officer agreed to investigate this and report back outside the meeting.

ACTION: Chief Operating Officer

b. Volunteers – Kate Wileman asked for volunteers for real time patient monitoring/interviewing patients particularly on the CRH site.

c. Annual Plan Meeting – It was noted that arrangements would be made to hold an extra-ordinary Membership Council Meeting to agree the Annual Plan. This would need to be after the 21 March and before the BOD meeting on the 31 March 2016.

OUTCOME: After the meeting arrangements were made for the meeting to be held on 22 March 2016

21/15 DATE AND TIME OF NEXT MEETING

Thursday 7 April 2016 - Membership Council Public Meeting commencing at 4.00 pm in the Large Training Room, Learning Centre, Calderdale Royal Hospital.

The Chair thanked everyone for their contribution and closed the meeting at 6.20 pm.

MEMBERSHIP COUNCIL

PAPER TITLE: CHAIRMAN'S REPORT	REPORTING AUTHOR: Kathy Bray, Board Secretary
DATE OF MEETING: Thursday 7 April 2016	SPONSORING DIRECTOR: Andrew Haigh, Chairman
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe Transforming and improving patient care A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> For comment To approve To note As indicated below
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) This report brings together a number of items to receive, note and approve by the Membership Council:- a. Consultation Process Update – verbal update to note b. Board Appointments Update – verbal update to note c. Update from Chairs Information Exchange held on 21.3.15 – minutes attached for information (App B1) d. CQC Inspection Feedback – verbal update to note e. Review of Formal Meeting Attendance Register - attached for comment and approve prior to publication in Annual Report and Accounts (App B2)	
RECOMMENDATION: The Membership Council is asked to receive, note and approve, as appropriate, the information presented by the Chairman.	
APPENDIX ATTACHED: YES / NO	

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MEMBERSHIP COUNCIL
CHAIRS' INFORMATION EXCHANGE MEETING

Monday 21 March 2016
Room F2, First Floor, Acre House

NOTES

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

1 Apologies

Chris Bentley

2 Notes of the last meeting held on 17 December 2015

The notes of the last meeting were approved as a correct record subject to the following alteration:

5 (i) The DRG heard a very **frank** patient story.

3 Matters arising

(i) HSMR: presentation by David Birkenhead/Professor Mohammed from Bradford University

Andrew advised that David Birkenhead is still trying to make arrangements for Professor Mohammed to come back to the Trust to present again, and that Membership Councillors will be invited to the presentation.

Peter asked whether patients who die whilst they are delayed discharges are having an impact on the Trust's mortality rates because those patients should not be included in the figures.

He also said it was important to establish whether more people are actually dying in the hospitals as suggested by the figures, as we do not necessarily agree that the figures are correct. Andrew replied that there is clearly an issue that we have not really got to the bottom of but this topic is still very much on the agenda and the Trust will keep looking at it to find out why our rates appear to be high.

There was a lengthy discussion on this topic and it was agreed that it would be useful if the queries raised by the Membership Councillors could be raised at the presentation from Professor Mohammed.

(ii) Appraisal process – identifying qualitative issues

Andrew assured the Membership Councillors that the need for quality appraisals had been fed back and he added that there is a lot of work going on under the auspices of Investors in People.

4 Update from the Chair

(i) Senior personnel

Andrew reported that Owen has been recognised as one of the top 50 NHS leaders in the annual HSJ survey. The HSJ (Health Service Journal) is the health industry's trade magazine.

Andrew confirmed that an appointment had been made to the Executive Director of Workforce and Organisational Development post although he did not have the details of the successful candidate. The interviews for Julie Dawes' replacement were being held in April 2016. Two NED vacancies had also recently been filled.

(ii) Private sessions of the Board

In the private sessions of the Board in January and February there had been EPR programme updates. Following our submission to Monitor we have been asked to complete an additional return to predict what our position will be at the end of February. Andrew said the Trust is on track to meet its target at the end of March.

Peter asked whether the Trust had achieved the 95% target in the Emergency Departments. Andrew said the target had not been achieved in January or February, but January had been exceptionally busy. The number of attendances has gone up dramatically which has had a significant impact on our performance. However we remain the 2nd best performing Trust in the region.

In January the Board received an update on the health and safety incident at Calderdale Royal Hospital in which a contractor died. There had been a discussion about the land remaining on the St Luke's hospital site and how to get best value out of it. Andrew said the Trust will realise around £4 million from the sale of the land.

There had also been an update on the 5 year strategic plan.

In February the Board received an update on CQC preparation. There had been a paper around winter pressures and the bed base. In terms of what

had happened recently with the bed base Andrew confirmed that 140 extra beds had been opened to cope with admissions but this had now been reduced to ensure staffing levels remained safe.

Andrew outlined the Sustainability and Transformation Fund scheme and said our incentive had been a one-off payment of £11 million if we agreed to reduce our forecasted deficit for 2016/17 to £16 million. This would have meant a CIP challenge for the year of 6% which we did not think we could achieve so we therefore did not sign up to the STF. Andrew said Monitor are keen to encourage as many Trusts as possible to sign up to the scheme.

The annual plan was submitted to the Board meeting in February and the Board signed up to a Memorandum of Understanding with Mid Yorks Trust around joint working.

At the March meeting there will be a feedback session following the CQC inspection and an update on contracting arrangements.

(iii) Reconfiguration

Andrew reported that the consultation process has started and will run until mid-June. He said the first drop-in session at Slaithwaite had been well-attended and there will be two public meetings, in both towns, which Trust representatives will attend and answer questions at.

Andrew said he felt the right messages were now being fed into the community.

(iv) CQC inspection

Andrew said there had been some very positive feedback from the inspectors particularly around staff and their attitude. They were very impressed with a number of initiatives they saw but two areas had given cause for concern: the Clinical Decisions Unit which had some issues at the time of the inspection and Maternity services where we had some queries raised which we are working through with the CQC including around the number of dedicated theatres available.

The CQC inspectors have done their subsequent unannounced visit and are coming back to the Trust to carry out more focus groups this week. Julie Dawes will be attending the next MC development session to feed back.

(v) EPR programme

Andrew reported that there had been some recent discussions about the proposed go-live date and its achievability. Wayne expressed concern that he did not necessarily receive all the information about the programme even though he sits on the Transformation Board. He said the last meeting had been cancelled and he had not had any information since then.

Action: Andrew to raise this with Mandy Griffin

(vi) Strategic Transformation Programme

Our transformation footprint for our 5-year plan is West Yorkshire. It will be led by Rob Webster who is also about to take over as Chief Executive at South West Yorkshire Partnership NHS Foundation Trust.

(vii) Junior Doctors' Industrial Action

Andrew described the approach the Trust had adopted to the industrial action in an effort to maintain good relations with our junior doctors. This issue was debated at some length.

5 To receive the SOAPs from DRG meetings

(i) Families & Specialist Services DRG

The SOAP was noted.

Overall the division is confident that it will make the progress needed.

There were issues around vacancies for Radiology Consultants and Andrew said the Trust is exploring the possibility of joint working with the West Yorkshire Acute Trusts.

(ii) Community DRG

The SOAP was noted.

Wayne fed back the concerns that had been raised at the meeting around the lack of intermediate care beds. He asked whether it would be possible for the Trust to create its own intermediate care facility and asked whether this is being considered.

Andrew said this topic has been discussed at Board level although it has not been progressed. The Membership Councillors present said they wanted to urge the Board to pursue this course of action. Andrew said he was aware of other Trusts taking a similar course of action and he agreed to raise the issue at the forthcoming meeting of the Board.

Action: Andrew to raise at the Board

Wayne also raised concerns about the temporary nature of the division's structure. Andrew stressed that the Trust is working towards resolving this issue, and the substantive Assistant Divisional Director had recently taken up her post.

(iii) Estates & Facilities DRG

The SOAP was noted. Brian gave details of his observations following his back to the floor exercise in Cleaning Services. He was encouraged to raise these at the next meeting of the DRG.

There had been comments received about the new photographs that had been put up around the hospital sites: it appeared that they were only of nurses and doctors and it was felt that other staff should have been included.

Action: Andrew to pursue this

(iv) Medical DRG

The SOAP was noted.

It was noted that Tracy Fennell has made some excellent improvements since taking up her post recently.

6 Membership Office SOAP

The Membership Office SOAP was received and noted.

7 Agenda items for MC meeting on 7 April 2016

Agenda items were discussed and agreed.

8 Date and time of next meeting

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

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MEMBERSHIP COUNCIL REGISTER AS AT 1 APRIL 2016

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	Mrs Rosemary Claire Hedges	17.9.15	3 years	2018
1	Mrs Di Wharmby	17.9.15	3 years	2018
2	Mr Kenneth Malcolm Batten	17.9.15	3 years	2018
2	Rev Wayne Clarke (Deputy Chair from 18.9.15)	19.9.13	3 years 1 year	2016 2016
3	Mr Peter John Middleton	22.9.11 18.9.14	3 years 3 years	2014 2017
3	Ms Dianne Hughes	19.9.13	3 years	2016
4	VACANT POST			
4	VACANT POST			
5	Mr Grenville Horsfall	19.9.13	3 years	2016
5	Mr George Edward Richardson	18.9.14	3 years	2017
6	Mrs Annette Bell	17.9.15	3 years	2018
6	Mr Brian Richardson	18.9.14	3 years	2017
7	Ms Kate Wileman	4.1.13 18.9.14	2 years (to Sept 2014) 3 years	2017
7	Mrs Lynn Moore	18.9.14	3 years	2017
8	Mr Brian Moore	17.9.15	3 years	2018
8	Mrs Jennifer Beaumont	19.9.13	3 years	2016
STAFF – ELECTED				
9 - Drs/Dentists	Dr Mary Kiely	22.9.11 18.9.14	3 years 3 years	2014 2017
10 -				23 of 78

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
AHPs/HCS/Pharm's	VACANT POST			
11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer	20.9.12 17.9.15	3 years 3 years	2015 2018
12 - Ancillary	VACANT POST			
13 - Nurses/Midwives (RESERVE REGISTER)	Mrs Chris Bentley	6.10.09 20.9.12 17.9.15	3 years 3 years 1 year	2012 2015 2016
13 - Nurses/Midwives	Ms Julie Hoole	17.9.15	3 years	2018
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof John Playle (To 1.4.16)	1.9.12 17.9.15	3 years 3 years	2015 2018 1.4.16
University of Huddersfield	Dr Cath O'Halloran (From 1.4.16)	1.4.16	3 years	2019
Calderdale Metropolitan Council	Cllr Bob Metcalfe	18.1.11	3 years 3 years	2014 2017
Kirklees Metropolitan Council	Cllr Naheed Mather	22.5.15	3 years	2018
Clinical Commissioning Group	Mr David Longstaff	18.9.14	3 years	2017
Locala	VACANT (To 22.1.16)			
Locala	Mrs Sharon Lowrie (From 22.1.16)	22.1.16	3 years	2019
South West Yorkshire Partnership NHS FT	Mrs Dawn Stephenson	23.2.10 15.8.13	3 years 3 years	2013 2016

KEY:

RED = Changes to last Register

MC-REGISTER MC – 15.3.16

**DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL
AS AT 1 APRIL 2016**

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

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

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

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

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

Status:- AWAITING RETURNS FROM:- DAVID LONGSTAFF, JULIE HOOLE, SHARON LOWRIE, CATH O'HOLLORAN

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: VICTORIA PICKLES, COMPANY SECRETARY
TITLE OF PAPER: REPORT FROM AGM TASK AND FINISH GROUP	
DATE OF MEETING: THURSDAY 7 APRIL 2016	SPONSORING DIRECTOR: Andrew Haigh/Wayne Clarke
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: <p>At its meeting in January, the Membership Council were asked to support the setting up of a small task and finish group to progress the arrangements for the Joint MC/BOD AGM to be held in Calderdale on the 15 September 2016.</p> <p>The Group is made up of Kathy Bray, Board Secretary; Vanessa Henderson, Business Manager; Ruth Mason, Associate Director of Engagement and Inclusion; Victoria Pickles, Company Secretary; and Caroline Wright, Communications Manager.</p> <p>The Group met on 29 March 2016 to look at a potential format and focus for the AGM given the priorities of the Trust in 2016 and the capacity available from both divisional and corporate resources. We know that the majority of attendees over the past 5-6 years have been staff and members known well to the Trust. This has been the case even with considerable promotion and marketing of the event.</p> <p>The following format is proposed:</p> <ul style="list-style-type: none"> • There is a small ‘health fair’ approach taken around the theme of technology with a strapline ‘IT’s vital to your health’ – given the proximity to the launch of our new electronic patient record – with two areas of focus: <ol style="list-style-type: none"> 1. Recent successes and developments – Nervecentre; Bing; new website; appointments over Skype etc 2. The new EPR – what it will mean for patients and the patient portal including the demonstration videos • A presentation given by the Director of Health Informatics / Clinical Leads for EPR on the Trust’s technology journey • The formal AGM meeting. <p>This will enable us to brand and market the AGM and hopefully reach a wider audience. If approved, the next steps will be to produce a detailed plan of the venue / stands and an agenda for the speakers and the formal AGM to be presented at the next Membership Council meeting.</p>	
RECOMMENDATION: <p>The Membership Council is asked to consider the proposed approach to this year’s Board of Directors / Membership Council AGM.</p>	
APPENDIX ATTACHED: YES / NO	

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MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: RUTH MASON, ASSOCIATE DIRECTOR OF ENGAGEMENT & INCLUSION
TITLE OF PAPER: PROPOSED TIMETABLE FOR MC ELECTIONS 2016	
DATE OF MEETING: THURSDAY 7 TH APRIL 2016	SPONSORING DIRECTOR: JACKIE GREEN, INTERIM DIRECTOR OF WORKFORCE AND OD
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) Each year, elections are held for a range of seats on the Membership Council. This year there are 9 seats spread across both public and staff constituencies which are eligible for election. Membership Councillors in some of these constituencies are eligible to stand for re-election. In accordance with the Trust's constitution, and for the purposes of fairness and transparency, an independent specialist organisation conducts these elections on behalf of the Trust. Our provider of this service is currently Electoral Reform Services (ERS). The process involves briefing prospective candidates; verification of membership; creating and distributing ballot papers; counting and notifying the Trust. In order for this to process to be conducted in an efficient and democratic manner, ERS issues a timetable for these activities.	
RECOMMENDATION: The Membership Council is asked to approve the proposed timetable.	
APPENDIX ATTACHED: YES / NO Please see attached draft timetable	

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PROPOSED ANNUAL ELECTION TIMETABLE – 2016

DAY	DATE	ACTION
Thursday	15 September 2016	Trust & Members Annual General Meeting – Formal Election Announcement
Monday	22 August 2016	Issue of Results to Trust
Friday	19 August 2016	Close of Ballot
Wednesday	27 July 2016	Voting packs despatched by ERS to members
Tuesday	26 July 2016	Notice of Poll Published by ERS provided to Trust
Wednesday	13 July 2016	Electoral data to be provided by Trust. Uncontested report provided to Trust
Friday	8 July 2016	Final date for Candidate withdrawal
Wednesday	6 July 2016	ERS & CHFT publish summary of nominated candidates upon validation
Tuesday	5 July 2016	Deadline for receipt of nominations
Tuesday	7 June 2016	ERS/CHFT issue the Notice of Election. Nomination forms to be made available to CHFT
Wednesday	25 May 2016	Briefing Sessions for prospective Council Members – Boardroom, Sub Basement, Huddersfield Royal Infirmary
Monday	23 May 2016	Briefing Sessions for prospective Council Members – Large Training Room, Learning Centre, Calderdale Royal Hospital

BRIEFING SESSIONS FOR PROSPECTIVE CANDIDATES		
Monday	23 May 2016 at 6.00 pm	Large Training Room, Learning Centre, Calderdale Royal Hospital
Wednesday	25 May 2016 at 6.00 pm	Boardroom, Sub Basement, Huddersfield Royal Infirmary

VACANT POSITIONS AND CANDIDATES ELIGIBLE FOR RE-ELECTION*	
NAME	CONSTITUTENCY
PUBLIC	
Rev. Wayne Clarke*	2 - Birkby, Crosland Moor, Deighton, Newsome, Paddock
Dianne Hughes*	3 - Almondbury, Dalton, Denby Dale, Kirkburton
Vacant Posts x 2	4 - Batley East, Batley West, Birstall & Birkenshaw, Cleckheaton, Dewsbury East, Dewsbury West, Heckmondwike, Mirfield, Spenborough, Thornhill
Grenville Horsfall*	5 - Brighouse, Elland, Greetland, Stainland, Rastrick, Skircoat
Jennifer Beaumont*	8 - Colne Valley West, Golcar, Holme Valley North, South and Lindley
STAFF	
Vacant Post	10 - Allied Healthcare Professionals/HCS/Pharmacists
Vacant Post	12 - Ancilliary
Chris Bentley	13 - Nurses/Midwives
NOMINATED STAKEHOLDERS – 3 year tenure review	
Dawn Stephenson	South West Yorkshire Partnership NHS FT

* = Eligible for Re-election

/KB/MC-ELECTION2016

MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR:
TITLE OF PAPER: CHAIR AND NON EXECUTIVE DIRECTOR APPRAISAL PROCESS – 2015-2016	
DATE OF MEETING: THURSDAY 7 APRIL 2016	SPONSORING DIRECTOR: Andrew Haigh/Wayne Clarke
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The annual appraisal is a composite of feedback to the Chairman, achieved via individual interviews with the Chief Executive, the Senior Independent Non Executive Director, and the Deputy Chair of the Membership Council. The Deputy Chair of the Membership Council agrees feedback from the Membership Councillors. The composite feedback will be managed by Dr David Anderson, Senior Independent Non Executive Director. The Membership Council then receive this as a formal report at the meeting scheduled for 6 July 2016. The Evaluation Questionnaire (Form 2) will provide structured feedback for the Chair from the Membership Council. Attached (App H) is the timeline to complete the appraisal of the Chairman and Non Executive Directors, together with the revised evaluation template.	
RECOMMENDATION: The Membership Council is asked to approve the revised template and proposed timeline.	
APPENDIX ATTACHED: YES / NO	

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CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

MEMBERSHIP COUNCIL MEETING - 7 APRIL 2016

CHAIR'S APPRAISAL 2015/16 - PROPOSED TIMELINE

7 April 2016	Timeline presented to Membership Council for approval and process explained
11 April 2016	Questionnaires sent for completion by 22 April 2016 to:- Membership Councillors NEDs Chief Executive
25 April 2016	Completed questionnaires collated by Board Secretary and passed to appropriate leads - (Rev Wayne Clarke, Deputy Chair & Dr David Anderson, SINED).
10 May 2016 (As part of MC Workshop Session)	Dr David Anderson, SINED to have discussions with NEDs re their feedback on Chair's performance.
10 May 2016 (As part of MC Workshop Session)	Rev Wayne Clarke, Deputy Chair and Membership Councillors to collectively discuss feedback received from MCs.
Between 10 May to 17 June 2016	Individual meetings arranged with Dr David Anderson, SINED and:- Rev Wayne Clarke, Deputy Chair Mr Owen Williams, Chief Executive
w/c 20 June 2016	All feedback collated by Dr David Anderson, SINED and paper prepared to present to MC Meeting on 6 July 2016 (papers to be circulated 29 June 2015)
6 July 2016	Paper on Chair and NEDs* Appraisal presented to MC Meeting.

* Chair to undertake individual NEDs Appraisals during March/April 2016

KB/CHAIR APPRAISAL-2015-16

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**FORM 2
(TO BE COMPLETED BY THE MEMBERSHIP
COUNCILLORS & DEPUTY CHAIR OF THE
MEMBERSHIP COUNCIL TO CO-
ORDINATE FEEDBACK)**

**CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST:
CHAIRMAN - EVALUATION QUESTIONNAIRE(s)**

APPRAISAL YEAR: 2015/16

INTRODUCTION

The Trust's approach to appraisal and personal development is that an annual appraisal is the minimum requirement for all and this includes the Chair and Non Executive Directors. The Chair's appraisal will be conducted by an independent appraiser agreed with the Chair and the Membership Council.

The independent appraiser will ensure that the views of the Chief Executive, the Non Executive Directors and the Membership Council are taken into account as part of the appraisal process (multi-source feedback).

Documentation will be completed by each of the participants in the multi-source feedback and each will remain confidential. The Chief Executive will complete Form 1 in discussion with the independent appraiser. The Senior Independent Non Executive Director will also complete Form 1 in discussion with colleague Non Executive Directors. The Deputy Chair of the Membership Council will complete Form 2 in discussion with the Membership Councillors. Where possible consensus decisions should be reached and the Senior Independent Non Executive Director and Deputy Chair will have the final say in the score and comments that are attributed. The independent appraiser will be responsible for distribution and collection of the forms and for sharing their content with the Chair.

Chairman: Andrew Haigh
Chief Executive: Owen Williams



INVESTORS
IN PEOPLE

Bronze



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FORM 2

Please complete and return this form. You may not be able to answer all of these questions. If so, please put 'not applicable' (N/A)

Please rate the following questions in relation to the performance of

ANDREW HAIGH as Chair of the Membership Council

1	Strongly Disagree
2	Disagree
3	Agree
4	Strongly Agree
5	Cannot say

No	Question	Rating	Comments
CHAIRING MEETINGS			
1.1	Ensures the Membership Council agenda prioritises items to ensure the Membership Council's responsibilities are met with a focus on quality and performance.	1 2 3 4 5	
1.2	Encourages open debate and constructive challenge from all membership councillors.	1 2 3 4 5	
1.3	Handles conflict and sensitivities between membership councillors well.	1 2 3 4 5	
1.4	Summarises Membership Council discussions well, captures the main points made and ensures appropriate follow up action.	1 2 3 4 5	
LEADERSHIP STYLE			
2.1	Is visible within the Trust and is regarded as approachable by others, particularly staff and service users.	1 2 3 4 5	
2.2	Works well with the Chief Executive and is clear on their respective roles.	1 2 3 4 5	
2.3	Promotes effective relationships between the Board of Directors and the Membership Council.	1 2 3 4 5	
2.4	Lives the values of the Trust, which is demonstrated through his behaviour.		
2.5	Is an effective ambassador for the Trust with internal and external stakeholders.	1 2 3 4 5	

2.6	Effectively and constructively evaluates the performance of the Membership Council as a whole and individual membership councillors.	1 2 3 4 5	
CORPORATE UNDERSTANDING AND STRATEGIC AWARENESS			
3.1	Rises above the immediate problem or situation and enables the Membership Council to see the wider implications of what is being presented or discussed.	1 2 3 4 5	
3.2	Demonstrates well-rounded knowledge of the Trust's services, performance and risks.	1 2 3 4 5	
3.3	Is able to articulate clearly the Trust's vision and strategy.	1 2 3 4 5	
3.4	Is able to articulate the main opportunities and threats within the Trust's environment.	1 2 3 4 5	
PERSONAL STYLE			
4.1	Is clear and effective communicator, listens dispassionately, attentively and carefully to what is being said, and avoids jargon.	1 2 3 4 5	
4.2	Makes a strong, positive impression on first meeting and establishes rapport quickly with people at all levels.	1 2 3 4 5	
4.3	Has authority and credibility	1 2 3 4 5	
4.4	Ensures that the Membership Council is attentive to the needs and experiences of people who use Trust services and their families.	1 2 3 4 5	
4.5	Retains composure when under pressure or opposition and does not become defensive or aggressive.	1 2 3 4 5	
4.6	Operates with integrity to ensure the best interests of the Trust are met.	1 2 3 4 5	
INDEPENDENCE AND OBJECTIVITY			
5.1	Acts impartially and ensures probity in how the Membership Council operates.	1 2 3 4 5	
5.2	Ensures the Membership Council has relevant information about an issue from a variety of sources before making a decision.	1 2 3 4 5	

SELF-DEVELOPMENT			
6.1	Actively seeks out constructive feedback about his performance.	1 2 3 4 5	
6.2	Acts on feedback from others and changes his behavior as a result.	1 2 3 4 5	
6.3	Sets high goals or standards of performance for himself.	1 2 3 4 5	
6.4	Is willing to admit mistakes/errors that he has made and his personal shortcomings.	1 2 3 4 5	
IMPACT			
7.1	Has a significant, positive impact on the performance of the Membership Council and ultimately the performance of the Trust.	1 2 3 4 5	
7.2	Adds value to the work of the Trust.	1 2 3 4 5	
ADDITIONAL COMMENTS			
<p>Please provide comments on:</p> <ul style="list-style-type: none"> • What you would like the Chair to do less of in the coming year; • What you would like the Chair to do more of in the coming year; and • Any additional comments you would like to make in support of your response. 			

COMPLETED BY:

NAME

SIGNATURE

DATE

/KB – CHAIR APPRAISAL – FEBRUARY 2016

MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: RUTH MASON, ASSOCIATE DIRECTOR OF ENGAGEMENT & INCLUSION
TITLE OF PAPER: ASSESSING MEMBERSHIP COUNCIL EFFECTIVENESS – A PROCESS	
DATE OF MEETING: THURSDAY 7 TH APRIL 2016	SPONSORING DIRECTOR: JACKIE GREEN, INTERIM DIRECTOR OF WORKFORCE & OD
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) Monitor's 'Code of Governance' asks that the Membership Council "should periodically assess their collective performance....including their impact and effectiveness on holding the non-executive directors to account; contributing to the development of forward plans; and communicating with members and the public and transmitting their views to the Board of Directors". In light of these requirements, it is proposed that an appropriate and up-to-date questionnaire be devised for Membership Councillors to complete, so that the effectiveness of the Membership Council can be assessed. It is proposed that the questionnaire should be quick and easy to complete, with an option for written comments too. The questionnaire would be completed electronically (unless a hard copy is requested) and sent back to the Membership email in-box for analysis. The results, together with any themes and actions would be fed back to the Membership Council at the July development session.	
RECOMMENDATION: The Membership Council is asked to consider and approve this proposal.	
APPENDIX ATTACHED: YES / NO A draft copy of the proposed questionnaire is attached	

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MEMBERSHIP COUNCIL

Effectiveness Questionnaire

This questionnaire is intended to assess firstly how effective you feel you are in your role as a Membership Councillor and secondly, to look at the effectiveness of the Membership Council as a whole.

Please complete **both** sections and add any additional comments you'd like to make at the end of each section.

NAME _____

SECTION 1: ABOUT YOU

No	Question	Y	N
1	Are you clear on what your roles and responsibilities are?		
2	Do you understand the difference between the role of the Membership Council and the Board?		
3	Are you clear on what is expected of you under the Trust's Code of Conduct for Membership Councillors?		
4	Do you feel you receive sufficient information in order to carry out your duties?		
5	Do you feel you received sufficient induction and information when you first took on the role?		
6	Has the Membership Council Reference Folder been useful for you?		
7	Have you participated in any of the Membership Council training sessions?		
8	Do you feel well supported by the Trust in your role?		
9	Do you think the Trust's expectations of you as a Membership Councillor are reasonable?		
10	If you were approached by a member/user with concerns about services provided by the Trust, would you be confident in knowing how to deal with the concerns raised?		

COMMENTS – SECTION 1

SECTION 2: ABOUT THE MEMBERSHIP COUNCIL			
No	Question	Y	N
1	Do you think the Membership Council has sufficient contact with the Trust's Executive Directors?		
2	Do you think the Membership Council has sufficient support and opportunities to hold to account the Trust's Non-executive Directors (NEDs)?		
3	Do you think the Membership Council receives a sufficient level and range of information from the Trust?		
4	Do you think the Membership Council is adequately informed by the Chairman about the activities of the Board?		
5	Do you think the Membership Council has sufficient mechanisms in place to obtain the views of members, and the public?		
6	Do you think the Membership Council has sufficient mechanisms in place to provide feedback to its members, and the public?		
7	Do you think the Membership Council is appropriately involved in the workings of the Trust, for example via the Divisional Reference Groups?		
8	Do you feel that the views of Membership Councillors are taken into account as part of the forward planning of the Trust?		
9	Do you think the Membership Council meetings are productive?		
10	Do you think the Membership Council has sufficient opportunity to ask questions about the Trust and its services?		
COMMENTS – SECTION 2			
And finally, What do you enjoy most about being a Membership Councillor?			

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: Kirsty Archer
TITLE OF PAPER: MONTH 11 FEBRUARY 2015/16 FINANCIAL UPDATE	
DATE OF MEETING: 7/4/16	SPONSORING DIRECTOR: Keith Griffiths
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> To note
PREVIOUS FORUMS: Detailed report previously taken to Finance & Performance Committee and Board of Directors Meeting	
EXECUTIVE SUMMARY Year to date financial summary and forecast year end position.	
RECOMMENDATION: To note the contents of the report	
APPENDIX ATTACHED: YES	

MONTH 11 NOVEMBER 2015/16 FINANCIAL UPDATE

Month 11, November Position (Year to Date)

The year to date financial position represents an adverse variance from the original planned deficit (excluding restructuring costs) of £0.85m. This is however an improvement from the forecast trajectory at month 10. Considerable operational pressure was borne in the month of January and as anticipated last month these operational pressures are continuing in February. In spite of this, the financial year to date position has been sustained through maximising elective activity through the constrained available capacity.

Income and Expenditure Summary	Original Plan £m	Reforecast Plan £m	Actual £m	Var (vs. Original) £m
EBITDA	4.43	2.20	3.18	(1.25)
Deficit excluding restructuring	(18.96)	(20.74)	(19.81)	(0.85)
Restructuring costs	(3.00)	(1.10)	(1.10)	1.90
Deficit including restructuring	(21.96)	(21.84)	(20.91)	1.05

- An EBITDA of £3.18m, an adverse variance from the original plan of £1.25m.
- A deficit (excluding restructuring costs) of £19.81m, an adverse variance of £0.85m from the original planned position.
- Delivery of CIP of £16.18m against the planned level of £12.51m.
- Contingency reserves released of £2.65m in line with the forecast profile.
- Capital expenditure of £15.81m, this is below the original planned level of £19.35m.
- A cash balance of £5.98m, this is above the planned level of £1.90m.
- A Financial Sustainability Risk Rating (FSRR) of level 2, in line with the plan.

Year-end Forecast Position

The year end forecast position now stands at £21m (including restructuring costs and joint venture profits and revaluation gains). This means that the Trust is now on track to deliver a bottom line deficit equivalent to the original £20m trading deficit plus £1m restructuring costs which were recognised by Monitor as an exceptional item. A level of confidence now supports this improved forecast position, not only due to the late stage in the financial year but also as a year end financial settlement has been reached with the Trust's two main commissioners and a year end reporting position is now finalised on the Trust's joint venture investment. Overall therefore, the Trust is forecasting delivery of its original 2015/16 financial plan in both I&E and cash terms.

Income and Expenditure Summary	Original Plan £m	Reforecast Plan £m	Month 11 Forecast £m	Var (vs. Original) £m
EBITDA	5.51	4.14	4.45	(1.06)
Deficit excluding restructuring and JV profit / valuations	(20.01)	(20.94)	(20.61)	(0.60)
Restructuring costs - redundancy	(3.00)	(0.10)	(0.10)	2.90
Restructuring costs – consultancy support	0.00	(1.00)	(1.00)	(1.00)
JV profit / valuations	0.00	0.00	0.70	0.70
Deficit	(23.01)	(22.04)	(21.01)	2.00

MEMBERSHIP COUNCIL

PAPER TITLE: INTEGRATED PERFORMANCE REPORT	REPORTING AUTHOR: Kathy Bray, Board Secretary
DATE OF MEETING: Thursday 7 April 2016	SPONSORING DIRECTOR: Helen Barker, Chief Operating Officer
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: Board of Directors Public Meeting – 31.3.16	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The Membership Council are asked to receive and note the contents of the Integrated Performance Report for February 2016. Summary of the report:- The February IPR report shows a mixed picture with continued deterioration in patient flow related metrics. The areas of specific note are as follows: Responsiveness <ul style="list-style-type: none"> • Emergency Care Standard failed for the month and Quarter 4 • 6week diagnostics recovered in February • RTT and cancer achieved with the exception of D38 where revised actions plans are in development • DTOC improved but green X numbers remain high • There was 1 28day breach relating to Critical care access • 100% of patients requiring thrombolysis for stroke received this within 1hr Caring <ul style="list-style-type: none"> • Some patients are not able to die in their preferred place • Complaints performance continues to require focus • Some maternity patients continue to report feeling left alone during labour Effectiveness <ul style="list-style-type: none"> • C Difficile was worse than target in February • Mortality remains a concern and is the focus of significant work • #NoF performance in relation to Theatre within 36hours remains slightly worse than the required standard • Emergency readmissions have increased and will be reviewed as part of Patient flow action plan Safety <ul style="list-style-type: none"> • There has been an increase in falls with harm • There was 1 never event in February • Duty of Candour has deteriorated in month 	

Well led

- 4 of 8 staff groups have a sickness level worse than Trust target.
- Only 2 out of 7 Divisional groups have achieved their appraisal plan
- Prevent training continues to be under trajectory
- Hard Truths for qualified day shifts was amber for the month.

CQUINs

Sepsis and Acute Kidney Injury CQUINs remain a challenge to deliver

RECOMMENDATION:

The Membership Council are asked to receive and note the contents of the Integrated Performance Report for February 2016.

APPENDIX ATTACHED: ☒ YES / NO

Board of Directors Integrated Performance Report

Calderdale and Huddersfield 
NHS Foundation Trust

compassionate
care

Contents

Report For: February 2016

Board of Directors

Integrated Performance
Report

The February IPR report shows a mixed picture with continued deterioration in patient flow related metrics. The areas of specific note are as follows:

Responsiveness

- Emergency Care Standard failed for the month and Quarter 4
- 6week diagnostics recovered in February
- RTT and cancer achieved with the exception of D38 where revised actions plans are in development
- DTOC improved but green X numbers remain high
- There was 1 28day breach relating to Critical care access
- 100% of patients requiring thrombolysis for stroke received this within 1hr

Caring

- Some patients are not able to die in their preferred place
- Complaints performance continues to require focus
- Some maternity patients continue to report feeling left alone during labour

Effectiveness

- C Difficile was worse than target in February
- Mortality remains a concern and is the focus of significant work
- #NoF performance in relation to Theatre within 36hours remains slightly worse than the required standard
- Emergency readmissions have increased and will be reviewed as part of Patient flow action plan

Safety



- There has been an increase in falls with harm
- There was 1 never event in February
- Duty of Candour has deteriorated in month

Well led

- 4 of 8 staff groups have a sickness level worse than Trust target.
- Only 2 out of 7 Divisional groups have achieved their appraisal plan
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CQUINs

Sepsis and Acute Kidney Injury CQUINs remain a challenge to deliver

Calderdale and Huddersfield 				Table Of Risk														
NHS Foundation Trust				Improving			No Change						Deteriorating					
Monitor	Ccr 62 Dy Gp	Ccr 62 Dy Scrn 2 Trt	Ccr 2 Wk Wt	Ccr 38 Dy Ref to Trtry			Ccr 31 Dy Sub Sur Trt	Ccr 31 Dy 2nd or sub Trt drg	Cmmnty - RTT info comp	Cmmnty - rfrrl info comp	Cmmnt - actvty info comp	Cdiff Tst Assgnd	A and E 4 hr	Ccr 31 Dy Diag to Trt	Ccr 2 Wk Wt Brst			
Contract	DQ NHS no comp A&E	A&E Amb H/O 30-60 mn	RTT Non-admitted	Ccr 62 Dy Agg Trt & Scrn	Never Events	Sls inv rep sub < tmscl	DQ NHS no comp IP	MRSA Trst Assgnd	Cncl Urgnt Ops 2nd time	A&E Trily Wts	RTT Waits > 52 wks		% Strk 90% stay on unit	% Strk scan < 1 hr arrival	% Strk Thrmblsyd < 1 hr	VTE Rsk Ass	DTOC	Percentage of Non-Compliant Duty of
	Diagn 6 Wks	18 wks >=40 wks											Total Duty of Candour shared within 10	RTT Admitted	RTT Incomplete	RTT Community	Cncl Elctv Surg	Breach Reg Cncl 28 Dy Std
														% Harm Free Care	Mixed Sex Breach	18 wks >=26 wks	Home Births	A&E Amb Trans 60+ mins
NHSE	FFT IP Response	75+ dementia screen	Sepsis Screen	Antenatal < 13 wk	FFT OP Response	FFT Mat Response							FFT IP recmmnd	FFT A&E recmmnd	FFT Mat recmmnd	FFT Cmmty recmmnd	FFT A&E Response	Stg 1 RCAs HAT
													Maternal smoking	IPMR - Breastfeedin g	FFT Cmmty Response	FFT OP Recmmnd	Central Line Infections	
Quality	HSMR	Crude Mort Rate	Avg Diag / FCE	A&E Unplndd Re-Attend	Falls - Serious Harm	All Falls	MSSA - Post 48 Hrs	Comp < 3 wking dys	Sls < 2 dys	Pat Incidents	PU CHFT acqrd Cat 4		Local SHMI - RR	Mortality Reviews	Percentage Non-elective NoF Patients With	A&E Left not seen	A&E Intl Ass	A&E Time to Treat
	SG Alerts by Trust	Prntl Dths (0-7 days)	Nntl Dths (8-28 days)	Lbr concern over safety	Lbt alone & worried	Ccr 104 Ref to Trt							Diabetic pats self-care	SG Alerts agnst Trust	Stillbirths Rate	Emer Rdmssns <= 30 Dys	Emer Rdmssns <= 30 Dys CCG	Emer Rdmssns <= 30 Dys GHCG
	Sign & Sym coding	Avg co-morbidity	Hand Hygiene	Cdiff Avoidable	Comp received	Harm Incidents							Cdiff Unavoidable	MRSA Screen	EColi	Complaints < time	Concerns	Sls
	PU CHFT acqrd Cat 2	Women Physical Harm Free	Women - Perception of safety	Women cmbnd Harm Free									PU CHFT acqrd	PU CHFT acqrd Cat 3	PU CHFT acqrd Cat 3&4			
Other Internal	% Day Case Var	% Non-elec Var	T Util (TT) - CRH	T Util (TT) - HRI Main	T Util (TT) - HRI DSU	T Util (TT) - HRI SPU	Elec C-Section						% Elective Var	% Out Var	Hosp Out Cncl	Research Recruit	% Spells > 5 Moves	Total C-Section Rate
	WHO	Pre 12pm disc	Green Cross	Outliers	1st DNA Rate	Spells							Major PPH	% Non_Elec NoF Adm < 36 hrs	Antenatal HV < 32 wk	Home Equip < 7 days	Died in chosen place	% DN with care plan
	Spells > 2 Moves	% Spells > 2 Moves	Spells > 5 Moves	Over 37 wks APGAR5<7	Full Trm to SCBU (NNU)	3rd / 4th Degree tear												
	Ccr 7 Dy Ref 1st Frst Sn	A and E 6 hr	A and E 8 hr	A and E 10 hr	LTC with care plan	% leg ulcers < 12 wks												
	% Comm Ulcers docum	HV Post Birth < 14 days	Cmm Readmitted < 30 days															

Improving Green	Improving Amber	Improving Red	No Change Green	No Change Amber	No Change Red	Deteriorating Green	Deteriorating Amber	Deteriorating Red
30	5	20	15	0	1	27	5	26

Green	Currently Achieving Target
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Amber	Under target but close to threshold
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RED	Not currently achieving target
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White	No target or performance cannot be determined as yet
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Overall Rating: Red reflecting enforcement action in place.

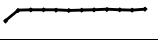
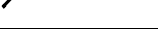

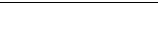

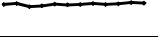
		Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Access and Outcome Metrics	% Admitted Closed Pathways Under 18 Weeks	>=90%	91.65%	92.41%	92.67%	92.79%	92.03%	91.64%	90.20%	91.63%	92.04%	92.21%	91.86%		91.91%
	% Non-admitted closed Pathways under 18 weeks	>=95%	98.35%	98.89%	98.63%	98.23%	98.55%	98.67%	98.48%	98.62%	98.44%	98.32%	98.39%		98.51%
	% Incomplete Pathways <18 Weeks	>=92%	95.02%	95.85%	95.44%	95.55%	95.44%	96.07%	95.80%	96.04%	95.45%	95.95%	95.80%		95.80%
	A and E 4 hour target	>=95%	95.01%	94.80%	95.44%	95.44%	95.36%	95.37%	95.11%	94.87%	95.26%	91.49%	89.44%		94.33%
	Total Number of Clostridium Difficile Cases - Trust assigned	21	2	0	1	1	3	3	4	2	1	3	3		23
	Total Number of Clostridium Difficile Cases - Lapses in Care	10.5	1	0	1	0	0	1	1	1	0	0	0		5
	62 Day Gp Referral to Treatment	>=86%	89.38%	92.31%	90.00%	88.95%	93.94%	88.24%	91.77%	95.00%	93.98%	91.04%	94.53%		91.35%
	62 Day Referral From Screening to Treatment	>=90%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	95.65%	88.24%	96.67%	94.44%	100.00%		95.37%
	31 Day Subsequent Surgery Treatment	>=94%	95.45%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%		99.05%
	31 day wait for second or subsequent treatment drug treatments	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%
	31 Days From Diagnosis to First Treatment	>=93%	100.00%	100.00%	99.24%	100.00%	100.00%	100.00%	100.00%	99.12%	99.30%	100.00%	99.09%		99.79%
	Two Week Wait From Referral to Date First Seen	>=93%	96.45%	98.43%	96.55%	95.64%	93.78%	97.82%	98.73%	96.84%	97.06%	98.86%	99.27%		97.20%
	Two Week Wait From Referral to Date First Seen: Breast Symptoms	>=93%	93.33%	93.75%	94.92%	94.87%	98.60%	98.47%	94.85%	95.89%	94.05%	96.85%	96.55%		95.76%
	Community care - referral to treatment information completeness	>=50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%
	Community care - referral information completeness	>=50%	98.10%	98.12%	97.99%	97.58%	98.14%	97.70%	97.52%	97.44%	97.07%	97.82%	97.74%		98.16%
	Community care - activity information completeness	>=50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%

Third Party Reports	CQC announced inspection took place as planned, awaiting draft report. ECIST review undertaken 18th March, awaiting report Care of the Elderly invited review by the Royal College of Physicians - awaiting final report
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Quality Governance Indicators	Patient Metrics -Narrative on Friends and Family included within Exception reports. Staff Metrics : Reported quarterly – no further update from previous report
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Finance	Financial Sustainability Risk Rating	2	2
	Operational Performance (Capital Service Cover)	1	1
	Cash & Balance Sheet Performance (Liquidity)	1	1
	Income & Expenditure Margin	1	1
	Income & Expenditure Margin - Variance from Plan	3	3
	Use of Capital	£19.35m	£15.81m
	Income and Expenditure (excluding Restructuring)	(£18.96m)	(£19.81m)
	Cost Improvement Programme (CIP)	£12.51m	£16.18m

Responsive

		Year To Date																
		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Director of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality
Report For: February 2016																		
Activity	% Elective Variance against Plan	Local	0.00%	-20.65%	-25.65%	-3.96%	-9.20%	-	0.00%	-4.53%	-6.42%	-4.04%	4.53%	-		↓		
	% Day Case Variance against Plan	Local	0.00%	-9.78%	-14.53%	0.50%	1.81%	-	0.00%	-12.81%	-17.90%	-2.13%	1.34%	-		↑		
	% Non-elective Variance against Plan	Local	0.00%	8.05%	1.16%	12.91%	3.92%	-	0.00%	3.49%	-1.13%	4.29%	5.00%	-		↑		
	% Outpatient Variance against Plan	Local	0.00%	-3.59%	-1.45%	-1.00%	-15.61%	-	0.00%	-0.11%	0.27%	0.34%	-2.23%	-		↓		
RESPONSIVE - Planned Activity	Theatre Utilisation (TT) - Main Theatre - CRH	Local	92.50%	81.36%	79.06%	-	99.36%	-	92.50%	86.22%	84.65%	-	97.87%	-		↓		
	Theatre Utilisation (TT) - Main Theatre -HRI	Local	92.50%	101.14%	101.14%	-	-	-	92.50%	94.90%	94.90%	-	-	-		↑		
	Theatre Utilisation (TT) - HRI DSU	Local	92.50%	79.92%	79.23%	-	89.29%	-	92.50%	78.05%	76.94%	-	87.93%	-		↓		
	Theatre Utilisation (TT) - HRI SPU	Local	92.50%	83.98%	83.98%	-	-	-	92.50%	82.54%	82.54%	-	-	-		↑		
Exception Report - Patient Flow	% Daily Discharges - Pre 12pm	Local	40.00%	18.51%	28.38%	16.50%	14.21%	-	40.00%	19.70%	28.03%	16.27%	17.77%	-		↑		
	Delayed Transfers of Care	Local	5.00%	3.38%	-	-	-	-	5.00%	5.35%	-	-	-	-		↓		
	Green Cross Patients (Snapshot at month end)	Local	40	115	-	115	-	-	40	91	-	91	-	-		↑		
	Number of Outliers (Bed Days)	Local	820	989	26	963	-	-	5373	7995	555	7682	0	-		↑		
	No of Spells with > 2 Ward Movements	Local	M	131	25	91	15	-	-	1491	262	945	284	-		↑		
	% of Spells with > 2 ward movements (2% Target)	Local	2.00%	2.63%	1.83%	5.05%	0.83%	-	2.00%	2.39%	1.56%	4.83%	1.09%	-		↑		
	No of Spells with > 5 Ward Movements	Local	M	8	2	6	0	-	-	40	4	36	0	-		↑		
	% of spells with > 5 ward movements (No Target)	Local	M	0.16%	0.15%	0.33%	0.00%	-	-	0.06%	0.02%	0.18%	0.00%	-		↑		
	Total Number of Spells	Local	M	4982	1364	1803	1815	-	-	62312	16821	19549	25942	-		↓		

		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Communi ty	Target	Trust	Surgical	Medical	Families and Specialist Services	Communi ty	Trend (Rolling 12 Month)	Direction of travel (past 4 months)	Financial Penalties /Non Financial	Data Quality
Report For: February 2016																		
Exception Report - Patient Flow 2	A and E 4 hour target	National & Contract	95.00%	89.44%	-	89.44%	-	-	95.00%	94.33%	-	94.33%	-	-		↓		
	A and E 4 hour target - No patients waiting over 6 hours	Local	-	602	-	602	-	-	-	3178	0	3178	0	0		↑		
	A and E 4 hour target - No patients waiting over 8 hours	Local	-	250	-	250	-	-	-	1078	0	1078	0	0		↑		
	A and E 4 hour target - No patients waiting over 10 hours	Local	-	93	-	93	-	-	-	323	0	323	0	0		↑		
	Time to Initial Assessment (95th Percentile)	National	01:15:00	00:29:00	-	00:29:00	-	-	00:15:00	00:21:00	-	00:21:00	-	-		↑		
	Time to Treatment (Median)	National	01:00:00	01:00:00	-	01:00:00	-	-	01:00:00	00:57:00	-	00:57:00	-	-		↑		
	Unplanned Re-Attendance	National	5.00%	5.07%	-	5.07%	-	-	5.00%	5.08%	-	5.08%	-	-		↓		
	Left without being seen	National	5.00%	3.13%	-	3.13%	-	-	5.00%	3.09%	-	3.09%	-	-		↑		
	A&E Ambulance Handovers 30-60 mins (Validated)	National	0	12	-	12	-	-	0	83	-	83	-	-		↑		
	A&E Ambulance 60+ mins	National	0	2	-	2	-	-	0	16	-	16	-	-		↑		
	A&E Trolley Waits	National	0	0	-	0	-	-	0	0	-	0	-	-		→		
Exception Report - Elective Access	First DNA Rate	Local	7.00%	5.85%	5.57%	6.31%	6.19%	-	7.00%	6.62%	6.63%	6.85%	6.30%	2.70%		↓		
	% Hospital Initiated Outpatient Cancellations	Local	12.0%	14.50%	13.60%	18.20%	11.90%	-	12.0%	13.90%	13.80%	15.90%	11.20%	-		↑		
	Appointment Slot Issues on Choose & Book	Local	-	-	-	-	-	-	5.00%	15.00%	12.25%	8.33%	7.38%	-				
Exception Report - Elective Access 2	% Non-admitted Closed Pathways under 18 weeks	National & Contract	95.00%	98.39%	98.50%	98.10%	98.63%	-	95.00%	98.51%	98.52%	98.39%	98.72%	-		↓		
	% Admitted Closed Pathways Under 18 Weeks	National & Contract	90.00%	91.86%	91.38%	100.00%	93.53%	-	90.00%	91.91%	91.21%	100.00%	94.89%	-		↑		
	% Incomplete Pathways <18 Weeks	National	92.00%	95.80%	94.54%	98.56%	98.27%	-	92.00%	95.80%	94.54%	98.56%	98.27%	-		↓		
	18 weeks Pathways >=26 weeks open	Local	0	127	98	20	9	-	0	127	98	20	9	-		↑		
	18 weeks Pathways >=40 weeks open	National	0	2	1	1	0	-	0	2	1	1	0	-		↑		
	RTT Waits over 52 weeks Threshold > zero	National & Contract	0	0	0	0	0	0	0	0	0	0	0	0		→		
	% Diagnostic Waiting List Within 6 Weeks	National & Contract	99.00%	99.71%	99.90%	100.00%	99.65%	-	99.00%	99.54%	99.91%	100.00%	99.40%	-		↓		
	Community - 18 Week RTT Activity	National	95.00%	96.70%	-	-	-	96.70%	95.00%	94.80%	-	-	-	94.80%		↑		
	% Last Minute Cancellations to Elective Surgery	National & Contract	0.60%	0.69%	0.77%	0.62%	0.40%	-	0.60%	0.64%	0.90%	0.07%	1.06%	-		↑		
	Breach of Patient Charter (Sitreps booked with 28 days of cancellation)	National & Contract	0	1	1	0	0	-	0	2	2	0	0	-		↑		
	No of Urgent Operations cancelled for a second time	National & Contract	0	0	0	0	0	-	0	0	0	0	0	-		→		

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Exception Report - Access Stroke	% Stroke patients spending 90% of their stay on a stroke unit		National	90.00%	81.30%	-	81.30%	-	-			90.00%	81.80%	-	81.80%	-	-		↓		
	% Stroke patients Thrombolysed within 1 hour		National & Contract	55.00%	100.00%	-	100.00%	-	-			55.00%	100.00%	-	100.00%	-	-				
	% Stroke patients scanned within 1 hour of hospital arrival (where indicated)		National & Contract	90.00%	50.80%	-	50.80%	Data Source from SNAP. 2 months in arrears					90.00%	71.89%	-	71.89%	-	-			
Exception Report - Elective Access 3	62 Day Gp Referral to Treatment		National & Contract	85.00%	94.53%	95.35%	100.00%	90.00%	-			85.00%	91.35%	92.05%	91.23%	93.41%	-		↓		
	62 Day Referral From Screening to Treatment		National & Contract	90.00%	100.00%	100.00%	-	100.00%	-			90.00%	95.37%	94.38%	-	100.00%	-		↑		
	31 Day Subsequent Surgery Treatment		National & Contract	94.00%	100.00%	100.00%	100.00%	-	-			94.00%	99.05%	100.00%	96.61%	-	-		↑		
	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%	95.57%	96.49%	100.00%	90.91%	-			86.00%	91.80%	92.32%	91.23%	94.91%	-		↑		
	31 Days From Diagnosis to First Treatment		National & Contract	96.00%	99.09%	100.00%	100.00%	85.71%	-			96.00%	99.79%	99.89%	100.00%	96.97%	-		↓		
	Two Week Wait From Referral to Date First Seen		National & Contract	93.00%	99.27%	99.22%	99.52%	99.06%	-			93.00%	97.20%	98.38%	94.11%	96.62%	-		↑		
	Two Week Wait From Referral to Date First Seen: Breast Symptoms		National & Contract	93.00%	96.55%	96.55%	-	-	-			93.00%	95.76%	95.76%	-	-	-		↑		
	7 Day Referral to First Seen		National & Contract	50.00%	69.08%	70.67%	57.49%	82.08%	-			50.00%	42.79%	44.60%	35.41%	48.21%	-		↑		
	38 Day Referral to Tertiary		National & Contract	85.00%	52.63%	53.33%	100.00%	0.00%	-			85.00%	48.48%	48.74%	55.36%	35.00%	-		↑		
	104 Referral to Treatment		National & Contract	-	98.44%	97.67%	100.00%	100.00%	-			-	98.37%	98.26%	98.43%	100.00%	-		↑		
Exception Report - Maternity	Antenatal Assessments < 13 weeks		National & Contract	90.00%	89.80%	-	-	89.80%	-			90.00%	91.40%	-	-	91.40%	-		↓		
	Maternal smoking at delivery		National & Contract	11.90%	10.20%	-	-	10.20%	-			11.90%	9.90%	-	-	9.90%	-		↑		

Caring

					Year To Date													
					Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (rolling 12 Months)	Director of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality
Report For: February 2016																		
Caring	% Patient died in preferred place of death	Local	95.00%	89.00%	-	-	-	89.00%	95.00%	99.00%	-	-	-	99.00%				
	% District Nursing Patients with a care plan	Local	90.00%	98.00%	-	-	-	98.00%	90.00%	98.18%	-	-	-	98.18%				
	% of patients with a LTC with a Calderdale Care Plan	Local	90.00%	74.00%	-	-	-	74.00%	90.00%	84.45%	-	-	-	84.45%				
Complaints	Number of Mixed Sex Accommodation Breaches	National & Contract	0	0	0	0	0	n/a	0	14	5	9	0	n/a		→		
	% Complaints closed within target timeframe	Local	100.00%	43.94%	44.44%	45.71%	38.46%	0.00%	100.00%	48.70%	45.91%	46.59%	61.36%	28.00%		↑		
	Total Complaints received in the month	Monitor	M	51	12	23	14	2	-	576	176	216	136	26		↓		
	Complaints acknowledged within 3 working days	Local	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-	92.42%	89.83%	94.88%	93.38%	84.62%		→		
	Number of complaints about staff attitude																	
	Total Concerns in the month	Monitor	M	79	26	30	19	4	-	622	210	228	127	24		↑		
Friends & Family Test	Friends & Family Test (IP Survey) - Response Rate	Contract	28.00%	33.50%	37.90%	28.30%	31.40%	-	28.00%	28.40%	32.17%	25.39%	27.18%	-		↑		
	Friends & Family Test (IP Survey) - % would recommend the Service	Contract	96.00%	97.00%	97.60%	95.30%	98.00%	-	96.00%	96.80%	97.39%	95.43%	96.80%	-		↑		
	Friends and Family Test Outpatient - Response Rate	Contract	5.00%	13.70%	-	-	-	-	5.00%	13.50%	-	-	-	-		↑		
	Friends and Family Test Outpatients Survey - % would recommend the Service	Contract	95.00%	89.70%	-	-	-	-	95.00%	89.50%	-	-	-	-		↓		
	Friends and Family Test A & E Survey - Response Rate	Contract	14.00%	9.70%	-	9.70%	-	-	14.00%	8.50%	-	8.50%	-	-		↑		
	Friends and Family Test A & E Survey - % would recommend the Service	Contract	96.90%	84.80%	-	84.80%	-	-	90.00%	87.20%	-	87.20%	-	-		↑		
	Friends & Family Test (Maternity Survey) - Response Rate	Contract	22.00%	30.70%	-	-	30.70%	-	22.00%	30.40%	-	-	30.40%	-		↓		
	Friends & Family Test (Maternity) - % would recommend the Service	Contract	96.90%	96.80%	-	-	96.80%	-	96.90%	96.20%	-	-	96.20%	-		↓		
	Friends and Family Test Community - Response Rate	Local	3.40%	10.00%	-	-	-	10.00%	3.40%	11.25%	-	-	-	11.25%		↓		
	Friends and Family Test Community Survey - % would recommend the Service	Local	96.20%	86.00%	-	-	-	86.00%	96.20%	89.07%	-	-	-	89.07%		↑		
Caring Maternity	Proportion of Women with a concern about safety during labour and birth not taken seriously	Local	6.50%	2.00%	-	-	2.00%	-	6.50%	3.00%	-	-	3.00%	-		↑		
	Proportion of women who were left alone at a time that worried them during labour	Local	4.50%	6.00%	-	-	6.00%	-	4.50%	4.50%	-	-	4.50%	-		↑		
	Proportion of Women who received Physical 'Harm Free' Care	Local	70.00%	68.00%	-	-	68.00%	-	70.00%	75.25%	-	-	72.69%	-		↓		
	Proportion of Women with a perception of safety	Local	90.40%	94.00%	-	-	94.00%	-	90.40%	93.50%	-	-	93.50%	-		↓		
	Proportion of Women who received Combined 'Harm Free' Care	Local	70.90%	66.00%	-	-	66.00%	-	70.90%	71.50%	-	-	71.50%	-		↓		

Safety

Report For: February 2016		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Year To Date				Trend (Rolling 12 Month)	Direction of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality
											Surgical	Medical	Families and Specialist Services	Community				
Safety	Inpatient Falls with Serious Harm (10% reduction on 14/15)	Local	1	3	0	3	0	0	11	27	5	21	1	0		→		
	All Falls	Local	M	167	23	133	5	6	-	1877	326	1502	43	36		↓		
	Number of Trust Pressure Ulcers Acquired at CHFT	Local	25	22	8	11	0	3	275	441	72	155	2	212		↓		
	Number of Category 2 Pressure Ulcers Acquired at CHFT	Local	17	18	7	10	0	1	187	365	55	130	2	178		↓		
	Number of Category 3 Pressure Ulcers Acquired at CHFT	Local	7	4	1	1	0	2	77	69	15	24	0	30		↑		
	Number of Category 4 Pressure Ulcers Acquired at CHFT	Local	1	0	0	0	0	0	11	7	2	1	0	5		→		
	Number of Category 3 & 4 Pressure Ulcers Acquired at CHFT	Local	8	4	1	1	0	2	88	76	17	25	0	34		↑		
	% of leg ulcers healed within 12 weeks from diagnosis	Local	75.00%	95.70%	-	-	-	95.70%	75.00%	92.05%	-	-	-	92.05%				
	% of patients within community nursing services that have had a pressure ulcer screening documented in their care plan	Local	90.00%	89.60%	-	-	-	89.60%	90.00%	86.86%	-	-	-	86.86%				
Safety 2	Percentage of Completed VTE Risk Assessments	National & Contract	95.00%	95.10%	95.80%	95.70%	89.10%	-	95.00%	95.40%	95.40%	95.60%	94.90%	-		↓		
	Percentage of Stage 1 RCAs completed for all Hospital Acquired Thrombosis	Local	100.00%	75.00%	100.00%	75.00%	n/a	n/a	100.00%	97.70%	97.70%	100.00%	n/a	n/a		↓		
	% Harm Free Care	CQUIN	95.00%	93.25%	95.12%	90.32%	100.00%	93.93%	95.00%	93.63%	93.90%	91.01%	99.84%	94.70%		↓		
	Alert Safeguarding Referrals made by the Trust	Local	M	8	-	-	-	-	-	146	-	-	-	-		↑		
	Alert Safeguarding Referrals made against the Trust	Local	M	12	-	-	-	-	-	86	-	-	-	-		↑		
	World Health Organisation Check List	National	100.00%	98.82%	-	-	-	-	100.00%	98.37%	-	-	-	-		↓		
	Missed Doses (Reported quarterly)	National	10.00%	8.68%	7.30%	8.49%	18.36%	-	10.00%	8.24%	8.47%	7.80%	12.46%	-				

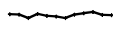
Year To Date																				
Report For: February 2016		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Direction of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality		
Safety 3	Number of Patient Incidents	Monitor	M	690	164	340	157	25	-	7782	1604	3627	2035	494		↑				
	Number of SI's	Monitor	M	3	0	2	1	0	-	75	9	31	9	20		↓				
	Number of Incidents with Harm	Monitor	M	139	32	74	25	8	-	1873	289	902	421	258		↑				
	Never Events	National	0	1	0	0	1	0	0	1	0	0	1	0		↑				
	Percentage of SI's reported externally within timescale (2 days)	Local	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.50%	99.50%	99.50%	99.50%	99.50%	99.50%		→				
	Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed)	Local	100.00%	28.00%	50.00%	0.00%	100.00%	0.00%	-	-	-	-	-	-		↑				
	Percentage of Non-Compliant Duty of Candour informed within 10 days of Incident	National & Contract	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-	-	-	-	-	-		↑				
	Total Duty of Candour shared within 10 days	National & Contract	100.00%	86.00%		50.00%	100.00%		-	-	-	-	-	-		↓				
Safety - Maternity	Elective C-Section Rate	National	10.00%	9.60%	-	-	9.60%	-	10.00%	8.70%	-	-	8.70%	-		→				
	Total C-Section Rate	National	22.50%	23.10%	-	-	23.10%	-	22.50%	23.90%	-	-	23.90%	-		↑				
	No. of Babies over 37 weeks with APGAR5<7	National	8.00%	0.20%	-	-	0.20%	-	8.00%	0.80%	-	-	0.80%	-		↓				
	Full Term to SCBU (NNU)	National	4.00%	3.90%	-	-	3.90%	-	4.00%	3.00%	-	-	3.00%	-		↓				
	Major PPH - Greater than 1000mls	National	8.00%	11.80%	-	-	11.80%	-	8.00%	10.30%	-	-	10.30%	-		↑				
	3rd or 4th Degree tear from ANY delivery	National	3.00%	2.00%	-	-	2.00%	-	3.00%	2.90%	-	-	2.90%	-		↓				
	Planned Home Births	National	2.30%	0.70%	-	-	0.70%	-	2.30%	1.40%	-	-	1.40%	-		↓				
	Antenatal Health Visiting Contact by 32 Weeks	Local	95.00%	87.00%	-	-	-	87.00%	95.00%	89.75%	-	-	-	87.00%						
	Health Visiting - Post Birth Visits within 14 days	Local	95.00%	95.00%	-	-	-	95.00%	95.00%	95.75%	-	-	-	95.00%						

Effectiveness

				Year To Date																
Report For: February 2016				Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Direction of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality
Effectiveness	Number of MRSA Bacteraemias – Trust assigned	National & Contract	0	0	0	0	0	0	0	0	3	0	2	0	1		→			
	Total Number of Clostridium Difficile Cases - Trust assigned	National & Contract	1	3	0	3	0	0	19	20	4	16	0	0		↑				
	Avoidable number of Clostridium Difficile Cases	National & Contract	-	-	-	-	-	-	0	5	1	4	0	0		↑				
	Unavoidable Number of Clostridium Difficile Cases	National & Contract	-	-	-	-	-	-	18	14	2	12	0	0		↑				
	Number of MSSA Bacteraemias - Post 48 Hours	National	1	1	0	1	0	-	10	8	2	6	0	0		↑				
	% Hand Hygiene Compliance	Local	95.00%	99.35%	97.66%	99.86%	99.97%	100.00%	95.00%	99.52%	98.66%	99.81%	99.85%	100.00%		↑				
	MRSA Screening - Percentage of Inpatients Matched	Local	95.00%	96.37%	95.16%	99.65%	92.86%	n/a	95.00%	99.52%	-	-	-	-		↑				
	Number of E.Coli - Post 48 Hours	Local	-	1	0	1	0	-	29	25	7	17	1	0		↓				
	Central Line Infection rate per 1000 Central Venous Catheter days	Local	1.00	1.04	-	-	-	-	1.00	0.62	-	-	-	-						
Effectiveness 2	Stillbirths Rate (including intrapartum & Other)	National	0.50%	0.68%	-	-	0.68%	-	0.50%	0.43%	-	-	0.43%	-		↑				
	Perinatal Deaths (0-7 days)	Local	0.10%	0.00%	-	-	0.00%	-	0.10%	0.15%	-	-	0.15%	-		↑				
	Neonatal Deaths (8-28 days)	Local	0.10%	0.00%	-	-	0.00%	-	0.10%	0.04%	-	-	0.04%	-		↑				
	Local SHMI - Relative Risk (1yr Rolling Data July 14 - June 15)	National	100	111	-	-	-	-	100	109.1	-	-	-	-		↑				
	Hospital Standardised Mortality Rate (1 yr Rolling Data Dec 14 - Nov 15)	National	100.00	116.34	-	-	-	-	100.00	113.00	-	-	-	-		↑				
	Mortality Reviews (one month in arrears)	local	100.00%	37.90%	23.80%	40.30%	n/a	n/a	100.00%	43.10%	49.40%	42.30%	n/a	n/a		↓				
	Crude Mortality Rate	National	1.54%	1.46%	0.27%	3.28%	0.20%	n/a	1.26%	1.33%	0.39%	3.06%	0.10%	n/a		↑				
	Completion of NHS numbers within acute commissioning datasets submitted via SUS	Contract	99.00%	99.90%	99.90%	99.90%	100.00%	n/a	99.00%	99.90%	99.90%	99.90%	99.90%	-		→				
	Completion of NHS numbers within A&E commissioning datasets submitted via SUS	Contract	95.00%	98.60%	-	98.60%	-	n/a	95.00%	99.00%	-	99.00%	-	-		↓				
	% Sign and Symptom as a Primary Diagnosis	National	9.50%	9.1%	-	-	-	n/a	9.50%	9.75%	-	-	-	n/a						
	Average co-morbidity score	National	4.0	4.31	2.1	7.7	0.4	n/a	4.0	4.06	3.01	6.14	1.73	-						
	Average Diagnosis per Coded Episode	National	4.90	4.84	3.88	6.51	2.69	n/a	4.90	4.28	3.63	5.85	2.42	n/a		↑				

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NHS Foundation Trust

				Year To Date																	
				Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Monthly)	Direction of travel (past 4 months)	Financial Penalties/Non Financial Impact	Data Quality	
Report For: February 2016																					
Effectiveness3	Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	National	85.00%	70.70%	70.70%	-	-	-	-	-	85.00%	69.90%	69.90%	-	-	-	-		↓		
	Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - based on admission	National	85.00%	77.42%	77.42%	-	-	-	-	-	85.00%	74.67%	74.67%	-	-	-	-				
	IPMR - Breastfeeding Initiated rates	National	70.00%	77.60%	-	-	77.60%	-	-	-	70.00%	79.90%	-	-	79.90%	-	-	↓			
	Emergency Readmissions Within 30 Days (With PbR Exclusions)	National	7.30%	7.69%	4.34%	11.73%	7.26%	-	-	-	7.40%	7.68%	4.19%	12.16%	6.36%	-	-	↑			
	Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	National	7.93%	7.81%	-	-	-	-	-	-	8.00%	7.92%	-	-	-	-	-	↑			
	Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	National	6.93%	8.07%	-	-	-	-	-	-	7.08%	7.95%	-	-	-	-	-	↑			
	% of patients under the care of the community specialist matron who have been readmitted to hospital with the same LTC in less than 30 days	Local	10.00%	3.30%				3.30%			10.00%	4.20%	-	-	-	4.20%					
	CHFT Research Recruitment Target	National	92	96	-	-	-	-	-	-	920	803	-	-	-	-	-	↓			
	Home equipment delivery < 7 days	Local	95.00%	97.90%	-	-	-	97.90%			95.00%	99.42%	-	-	-	99.42%					

Workforce

Workforce Metric			Trust Threshold	Trust	Surgery	Medical	Community	FSS	Estates	Corporate	THIS	Trust Trend
Sickness YTD	Sickness Absence rate (%) (Year to date)	4.00%		4.60%	4.88%	5.72%	3.84%	4.17%	5.34%	2.32%	3.09%	
	Long Term Sickness Absence rate (%) (Year to date)			3.13%	3.31%	4.07%	2.53%	2.63%	4.03%	1.57%	2.22%	
	Short Term Sickness Absence rate (%) (Year to date)			1.47%	1.57%	1.65%	1.31%	1.54%	1.31%	0.75%	0.87%	
Sickness in month	Sickness Absence rate (%) (1 Month Behind)	4.00%		4.83%	5.89%	5.32%	5.01%	3.82%	6.28%	3.10%	2.45%	
	Long Term Sickness Absence rate (%) (1 Month Behind)			3.17%	3.74%	3.53%	3.34%	2.44%	4.80%	1.93%	1.49%	
	Short Term Sickness Absence rate (%) (1 Month Behind)			1.66%	2.15%	1.78%	1.67%	1.38%	1.49%	1.17%	0.96%	
Attendance Management KPIS	Sickness returns submitted per month (%)			73.70%	70.50%	58.20%	81.40%	76.30%	60.90%	73.00%	100.00%	
	Return to work Interviews (%)			43.15%	39.81%	16.42%	73.74%	52.87%	66.67%	58.82%	85.71%	
	Number of cases progressing/not progressing from short term absence to long term absence		Indicator in development									
	Long Term Sickness cases with a defined action plan		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Number of short term absence cases managed at each stage in the formal procedure		Indicator in development									
	Number of visits to dedicated intranet web pages.		1261	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Staff in post	Staff in Post Headcount		5818	1230	1470	653	1563	346	358	198		
	Staff in Post (FTE)		5087.02	1099.50	1329.73	542.33	1338.60	269.95	316.77	190.13		
Turnover	Turnover rate (%)		0.53%	0.58%	0.70%	0.98%	0.33%	0.37%	0.26%	-		
	Turnover rate (%) (Rolling 12m)		16.23%	12.69%	16.14%	28.40%	14.63%	12.11%	17.92%	12.38%		
Vacancies	Vacancies (FTE)*		387.12	51.09	140.41	127.92	62.01	27.04	-8.86	-12.48		

Workforce Metric			Trust Threshold	Add Sci & Tech	ACS	Admin & Clerical	AHP	Estates & Ancil.	Healthcare Scientists	Medical and Dental	Nursing & Midwifery	Staff Group Comparison
Sickness YTD	Sickness Absence rate (%) (Year to date)	4.00%	3.41%	6.97%	3.73%	2.50%	5.96%	2.30%	0.92%	5.36%		
	Long Term Sickness Absence rate (%) (Year to date)		2.15%	4.85%	2.56%	1.61%	4.37%	1.03%	0.57%	3.63%		
	Short Term Sickness Absence rate (%) (Year to date)		1.26%	2.12%	1.17%	0.89%	1.60%	1.28%	0.35%	1.72%		
Sickness in month	Sickness Absence rate (%) (1 Month Behind)	4.00%	3.77%	7.83%	4.08%	3.14%	5.46%	2.30%	0.88%	5.16%		
	Long Term Sickness Absence rate (%) (1 Month Behind)		3.53%	5.08%	2.47%	2.00%	4.38%	0.35%	0.27%	3.54%		
	Short Term Sickness Absence rate (%) (1 Month Behind)		0.23%	2.74%	1.60%	1.14%	1.09%	1.95%	0.61%	1.62%		
Staff in post	Staff in Post Headcount		189	1335	1134	401	177	124	540	1918		
	Staff in Post (FTE)		167.57	1097.16	1008.77	337.40	160.91	114.01	517.65	1683.55		
Turnover	Turnover rate (%)		0.36%	0.33%	0.45%	0.30%	0.00%	0.52%	0.81%	0.79%		
	Turnover rate (%) (Rolling 12m)		12.04%	14.27%	16.32%	27.21%	11.60%	18.62%	17.81%	15.34%		
Vacancies	Vacancies (FTE)*		-3.55	61.56	23.09	72.35	-5.67	20.32	64.50	144.52		

*Vacancy information is updated monthly and is based on the funded establishment in ESR, this is fed by the establishment information stored in the Trust's financial systems.

Sickness Absence/Attendance Management at work

Why are we away from plan -

The 2015/16 year to date sickness rate of 4.60% compares to a 2014/2015 outturn of 4.26%. The year to date figure compares to the 2014/15 sickness rate of 4.22% at the same point last year. Short term YTD sickness absence for the Trust is at 1.47%, long term YTD absence is at 3.13%. The YTD 2015/2016 figures compare to YTD 2014/2015 figures of 1.36% short term and 2.86% long term. For 2015/2016 YTD Community, THIS and Corporate have a % below the 4% threshold identified.

In month sickness (January 2016) is 4.83% for the Trust, short term sickness is 1.66% and long term absence is at 3.17%. The January 2016 figure compares to January 2015 figures of 4.86% for the Trust, 1.66% short term and 3.21% long term. FSS, THIS and Corporate have an in month % below the 4% threshold identified for January 2016.

Action Required

There are a number of key interventions to address the current rate of sickness absence:-The Attendance Management team has agreed a management plan for all long term cases. Individual support is being provided for managers with high levels of absence. ESR BI tool live in the Medical Division from 1 April 2016 with full rollout to all Divisions by September 2016 Development of Information/guidance/advice/tools for line managers Clear procedures for reporting of absence are in place. Clear and simple KPIs to monitor progress have been identified

Workforce Metric		Trust	Surgery	Medical	Community	FSS	Estates	Corporate	THIS	Trust Trend
Mandatory Training	Prevent	54.81%	46.56%	41.11%	82.21%	60.97%	37.69%	65.95%	79.90%	
	Equality & Diversity	82.35%	80.29%	75.64%	85.34%	88.01%	75.08%	85.28%	98.97%	
	Information Governance	82.28%	80.64%	75.93%	86.00%	88.15%	74.77%	82.21%	95.36%	
	Infection Control	80.92%	79.17%	75.42%	82.21%	87.26%	71.73%	80.06%	96.91%	
	Health & Safety	80.41%	78.83%	74.03%	81.55%	86.78%	71.12%	81.60%	98.45%	
	Manual Handling	83.10%	82.01%	78.42%	87.15%	88.08%	71.73%	80.06%	98.45%	
	Safeguarding	73.56%	73.58%	64.89%	81.71%	80.79%	64.44%	65.64%	84.54%	
	Fire Safety	73.06%	61.45%	64.45%	78.75%	81.54%	87.23%	77.61%	91.24%	
	Dementia	76.62%	75.65%	69.93%	80.89%	82.02%	70.52%	75.46%	89.18%	
	Conflict Resolution	70.77%	68.24%	62.40%	74.30%	77.18%	69.00%	73.01%	86.08%	

Number of Mandatory Training Elements Completed		0	1	2	3	4	5	6	7	8	9	10
	Trust	6.07%	4.07%	3.34%	2.47%	1.81%	2.22%	3.04%	6.01%	12.24%	24.19%	34.54%



Appraisal	Planned activity as at 29.02.2015	Trust	Surgery	Medical	Community	FSS	Estates	Corporate	THIS
	Percentage of Appraisal completed Since April	74.1%	61.7%	58.6%	86.9%	90.3%	92.6%	58.4%	81.0%
Medical Devices	Percentage of Medical Devices Training Completed (Target 100%)	81.00%	72.00%	66.00%	85.00%	85.00%	100.00%	80.00%	-

Mandatory Training

Why are we away from plan?

The mandatory training approach (the Core Skills Training Framework or CSTF) has been in operation since 1 June 2015. Colleagues have become more familiar with the approach and this is factoring positively into the compliance figures. 94% of colleagues have commenced completion of mandatory training since 1 June 2015, this is a slight decrease of 1.04% from last month. This is most likely due to the significant number of returners from long term sick leave through work initiated by the attendance management team. Full completion across all of the 10 available programme elements is still below desired levels at 34.54%. It has however increased by 10.05% since January 2016. Two subjects to , Conflict Resolution and Dementia Awareness, were added to the mandatory training programme and went 'live' on 1 November 2015. Completion of these subjects has significantly improved and compliance is at 70.77% and 76.62% respectively. .

Action to get on plan including timescales:-

An intranet portal giving access into the Electronic Staff Record (ESR) for colleagues to complete the mandatory training elements exists. The web pages contain comprehensive support materials including videos and scripts which are to be used by colleagues enabling them to access the training and complete it satisfactory. A help facility has been established as well as an FAQ which sets out issues colleagues have raised in using the system and the solutions to them. Extra PREVENT classroom sessions have now been scheduled to increase availability for colleagues. However, the 37 scheduled sessions will not provide sufficient capacity to deliver 100% compliance by 31 March 2016. . This would require approximately 46 further classroom sessions. A proposal to utilise a newly Prevent-trained volunteer colleague to further increase capacity for these classroom sessions is currently being considered. DH is currently considering the creation of a Prevent e-learning package to be available alongside the classroom structure. This was anticipated in Spring of 2016 however this timeline now appears to have been pushed back with no firm date for launch available. Information about home access for colleagues who wish to complete training outside of the workplace has been strengthened and a small bank of loanable Trust devices is now available to assist Smartcard enabled users access ESR.

Appraisal

Why are we away from Plan?

Significant progress has been made in planning appraisals for the period 1 April 2015 to 31 March 2016 with all divisions reporting a comprehensive plan for ensuring compliance by 31 March 2016. At this point appraisal delivery is above target for the Estates and Facilities. Surgery and Anaesthetics activity is currently above plan however the appraisal plan has not been updated to reflect target activity as at February 2016..

Action to get on plan:-

There will be a continued focus within divisions until 31 March 2016 prompted by divisional HR leads to deliver planned activity following a review of the data submitted as part of the CQC data pack. Divisions will also ensure that all completed appraisals are confirmed as quickly as possible into ESR.

Workforce Metric		Trust	Surgery	Medical	Community	FSS	Estates	Corporate	THIS
Staffing Levels	Hard Truths Summary Day - Nurses/Midwives	90.18%	92.03%	84.74%		102.59%			
	Hard Truths Summary - Day Care Staff	99.51%	95.17%	104.42%		83.96%			
	Hard Truths Summary - Night Nurses/Midwives	94.18%	94.13%	94.12%		94.36%			
	Hard Truths Summary - Night Care Staff	111.92%	112.05%	120.73%		71.85%			
Staff Friends and Family Test	FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q1	77.00%	79.00%	76.00%	77.00%	76.00%	83.00%	82.00%	72.00%
	FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q2	78.70%	-	79.40%	-	78.40%	-	-	-
	FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q1	51.00%	55.00%	49.00%	49.10%	51.50%	45.00%	52.00%	72.00%
	FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q2	49.10%	-	55.30%	-	46.00%	-	-	-

Finance

Trust Financial Overview as at 29th Feb 2016 - Month 11

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

YEAR TO DATE POSITION: M11

CLINICAL ACTIVITY

	M11 Plan	M11 Actual	Var	
Elective	8,391	7,495	(896)	●
Non Elective	44,989	46,564	1,575	●
Daycase	39,985	33,255	(6,730)	●
Outpatients	299,431	300,100	670	●
A & E	134,442	134,247	(195)	●

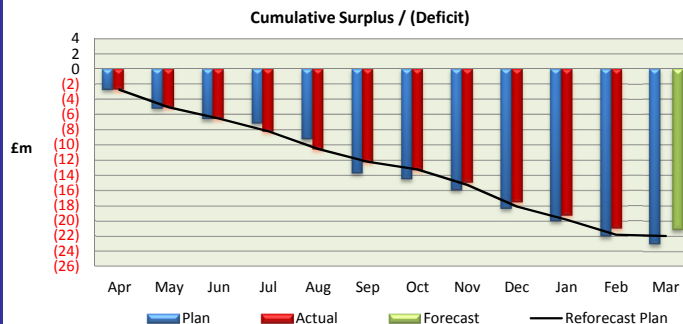
TRUST: INCOME AND EXPENDITURE

	M11 Plan £m	M11 Actual £m	Var £m	
Elective	£21.34	£19.20	(£2.14)	●
Non Elective	£73.03	£77.00	£3.97	●
Daycase	£27.62	£22.83	(£4.79)	●
Outpatients	£36.10	£37.28	£1.18	●
A & E	£14.18	£14.63	£0.44	●
Other-NHS Clinical	£107.43	£108.22	£0.78	●
CQUIN	£6.12	£6.21	£0.09	●
Other Income	£35.31	£33.61	(£1.70)	●
Total Income	£321.15	£318.98	(£2.17)	●
Pay	(£205.95)	(£207.05)	(£1.10)	●
Drug Costs	(£29.29)	(£29.25)	£0.04	●
Clinical Support	(£28.49)	(£28.04)	£0.44	●
Other Costs	(£42.06)	(£40.63)	£1.43	●
PFI Costs	(£10.93)	(£10.83)	£0.10	●
Total Expenditure	(£316.72)	(£315.80)	£0.91	●
EBITDA	£4.43	£3.18	(£1.25)	●
Non Operating Expenditure	(£23.39)	(£22.99)	£0.40	●
Deficit excl. Restructuring	(£18.96)	(£19.81)	(£0.85)	●
Restructuring Costs	(£3.00)	(£1.10)	£1.90	●
Surplus / (Deficit)	(£21.96)	(£20.91)	£1.04	●

DIVISIONS: INCOME AND EXPENDITURE

	M11 Plan £m	M11 Actual £m	Var £m	
Surgery & Anaesthetics	£18.20	£16.58	(£1.62)	●
Medical	£24.94	£22.35	(£2.59)	●
Families & Specialist Services	(£1.49)	(£1.55)	(£0.06)	●
Community	£5.30	£5.45	£0.16	●
Estates & Facilities	(£26.08)	(£23.49)	£2.58	●
Corporate	(£18.76)	(£20.37)	(£1.61)	●
THIS	£0.46	£0.37	(£0.09)	●
PMU	£2.78	£1.92	(£0.86)	●
Central Inc/Technical Accounts	(£23.39)	(£22.08)	£1.32	●
Reserves	(£3.92)	(£0.10)	£3.82	●
Surplus / (Deficit)	(£21.96)	(£20.91)	£1.04	●

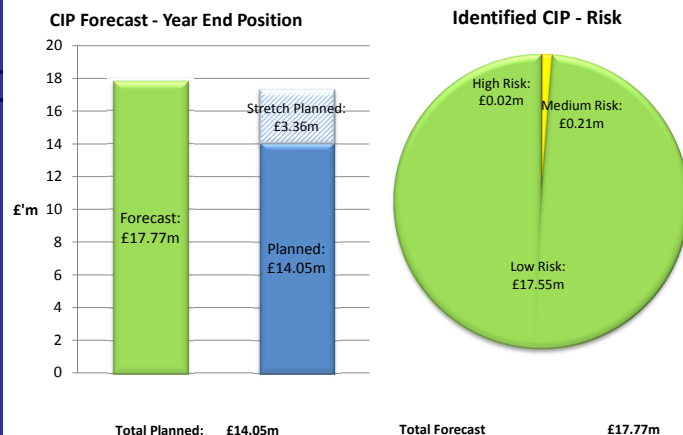
TRUST SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M11 Plan £m	M11 Actual £m	Var £m	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£21.96)	(£20.91)	£1.04	(£23.01)	(£21.01)	£2.00	●
Capital	£19.35	£15.81	£3.54	£20.72	£20.05	£0.67	●
Cash	£1.90	£5.98	£4.08	£1.92	£1.90	(£0.02)	●
CIP	£12.51	£16.18	£3.67	£14.05	£17.77	£3.72	●
Financial Sustainability Risk Rating	Plan 2	Actual 2		Plan 2	Forecast 2		●

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 2015/16

CLINICAL ACTIVITY

	Plan	Forecast	Var	
Elective	9,185	7,990	(1,195)	●
Non Elective	49,263	50,927	1,664	●
Daycase	43,731	36,452	(7,279)	●
Outpatients	327,200	326,840	(360)	●
A & E	146,774	146,562	(212)	●

TRUST: INCOME AND EXPENDITURE

	Plan £m	Forecast £m	Var £m	
Elective	£23.39	£20.29	(£3.10)	●
Non Elective	£79.89	£84.25	£4.36	●
Daycase	£30.25	£25.11	(£5.14)	●
Outpatients	£39.45	£40.72	£1.27	●
A & E	£15.49	£15.97	£0.48	●
Other-NHS Clinical	£117.49	£119.45	£1.96	●
CQUIN	£6.69	£6.77	£0.08	●
Other Income	£38.90	£36.88	(£2.02)	●
Total Income	£351.55	£349.44	(£2.11)	●
Pay	(£224.98)	(£226.70)	(£1.72)	●
Drug Costs	(£32.05)	(£31.77)	£0.27	●
Clinical Support	(£31.15)	(£30.42)	£0.73	●
Other Costs	(£45.94)	(£44.28)	£1.66	●
PFI Costs	(£11.92)	(£11.81)	£0.11	●
Total Expenditure	(£346.04)	(£344.99)	£1.05	●
EBITDA	£5.51	£4.45	(£1.06)	●
Non Operating Expenditure	(£25.52)	(£25.06)	£0.46	●
Deficit excl. Restructuring	(£20.01)	(£20.61)	(£0.60)	●
Restructuring Costs	(£3.00)	(£1.10)	£1.90	●
Joint Venture Profit / Investment		£0.70	£0.70	●
Surplus / (Deficit)	(£23.01)	(£21.01)	£2.00	●

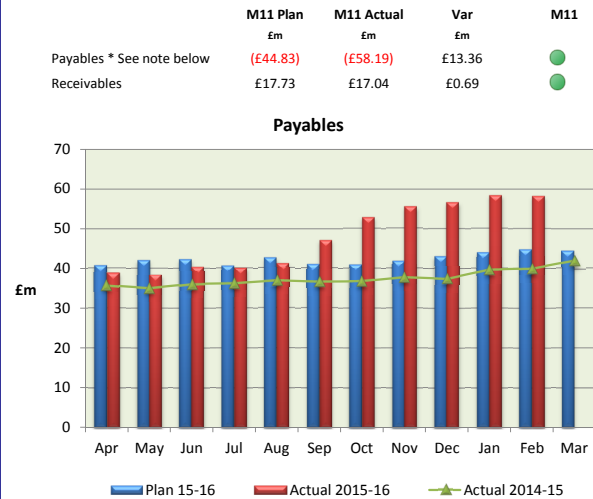
DIVISIONS: INCOME AND EXPENDITURE

	Plan £m	Forecast £m	Var £m	
Surgery & Anaesthetics	£20.01	£17.58	(£2.43)	●
Medical	£27.33	£24.18	(£3.15)	●
Families & Specialist Services	(£1.36)	(£1.48)	(£0.12)	●
Community	£5.77	£5.72	(£0.05)	●
Estates & Facilities	(£28.51)	(£25.76)	£2.75	●
Corporate	(£20.45)	(£22.23)	(£1.78)	●
THIS	£0.53	£0.43	(£0.10)	●
PMU	£3.15	£2.65	(£0.50)	●
Central Inc/Technical Accounts	(£25.10)	(£22.10)	£3.01	●
Reserves	(£4.38)	£0.00	£4.38	●
Surplus / (Deficit)	(£23.01)	(£21.01)	£2.00	●

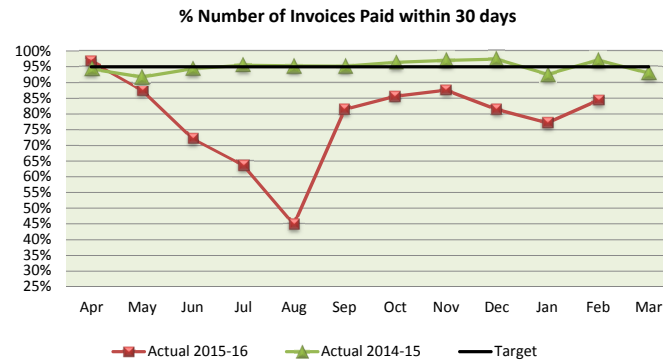
Trust Financial Overview as at 29th Feb 2016 - Month 11

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

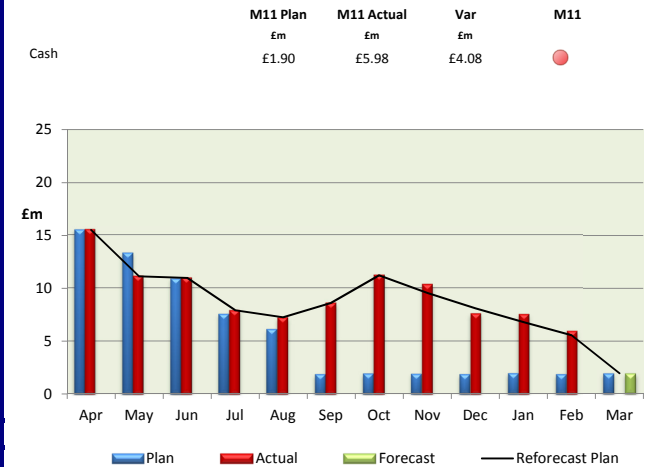
WORKING CAPITAL



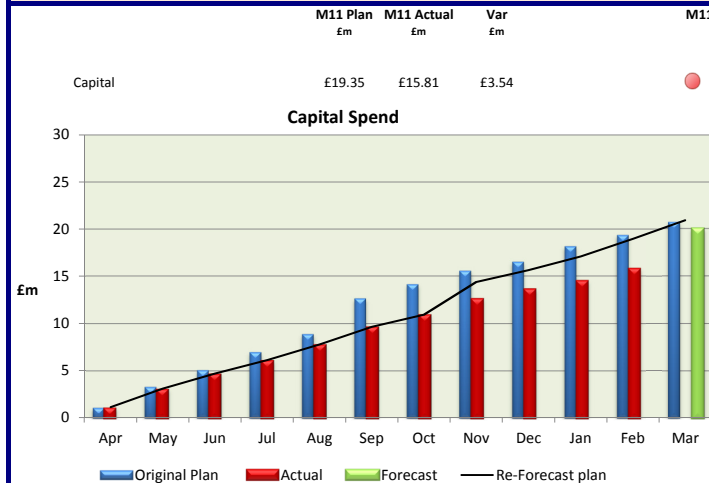
BETTER PAYMENT PRACTICE CODE



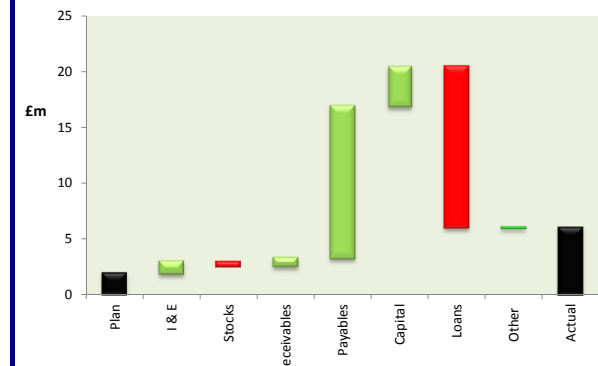
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit (excluding restructuring costs) is £19.81m versus a planned deficit of £18.96m.
- The overall deficit is £20.91m against the planned £21.96m, due to restructuring costs not being incurred.
- A&E and Non Elective activity above plan in month, planned activity further behind plan due to capacity driven cancellations.
- High pay expenditure continues including significant agency expenditure, some of which is above the Monitor price cap.
- Capital expenditure year to date is £15.81m against the planned £19.35m due to timing differences mainly on IT spend.
- Cash balance is £5.98m against a planned £1.90m, due predominantly to securing cash payments in advance for clinical activity.
- CIP schemes delivered £16.18m in the year to date against a planned target of £12.51m.
- The new Monitor performance measure Financial Sustainability Risk Rating (FSRR) stands at 2 against a planned level of 2.

SUMMARY FORECAST

- The forecast year end deficit (excluding restructuring costs) is £20.61m against a planned £20.01m, an adverse variance of £0.60m. This position includes full release of remaining contingency reserves and delivery of £17.77m CIP against the original planned £14m.
- This is an improvement compared with the M10 forecast due to clinical income generation being higher than anticipated through non elective volume and elective casemix. A year end settlement has been reached with the main commissioners which brings greater security to the forecast.
- The overall forecast deficit position shows an favourable variance of £2.0m from plan driven by a reduction in forecast restructuring costs and exceptional non cash income relating to the Joint Venture. Reliance on external cash support remains as per last month at £12.90m.
- Forecast Capital expenditure is below plan by £0.67m. The year end FSRR is forecast to be at level 2 as planned.
- (* Payables note: The trade payables figure is inflated by £16.81m due to the receipt of cash payments in advance for clinical activity)

RAG KEY:

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

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

RAG KEY - Cash:

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

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MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2016**JANUARY 2016**

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

FEBRUARY 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
4 Feb	5-year strategy meeting	4.30 – 6.00	Board Room, HRI	Any
18 Feb	MCs/NEDs Informal Workshop	4.00 – 6.00	Large Training Room, Learning Centre, CRH	Any
29 Feb	Community DRG meeting	9.30 – 11.30	St John's Health Centre	AB/LM/BR/WC/PM/JH
29 Feb	Estates & Facilities DRG meeting	1.00 – 3.00	Room F2, Acre House	BR/GH/KB/BM/AB/EH

MARCH 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
1 Mar	Staff MCs' meeting	2.00 – 4.00	Parentcraft Room, Maternity offices, CRH	EH/CB/MK/JH
3 Mar	The CQC Inspection	5.00 – 6.30	Board Room, HRI	Any
10 Mar	Medical DRG meeting	11.30 – 1.30	Old Ward 10 Meeting Room, CRH	GR/KW/BM/DW/RH/WC
21 Mar	Chairs' Information Exchange	2.00 – 4.00	Room F2, Acre House	WC/BM/PM/GR/Comm DRG Chair
22 Mar	MCs' extraordinary meeting: Annual Plan	11.15 – 12.45	Meeting Rooms 3 & 4, Acre Mills	All

APRIL 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
4 Apr	MC Development Session	1.00 – 4.30	Discussion Room 2, Learning Centre, HRI	All
7 Apr	MCs/Chair Informal meeting	3.00 – 4.00	Large Training Room, Learning Centre, CRH	All
7 Apr	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Large Training Room, Learning Centre, CRH	All
25 Apr	FSS DRG meeting (rearranged from 31 Mar)	10.30-12.30	Discussion Room 2, Learning Centre, HRI	LM/GR/JB/KW/AB/MK
26 Apr	MC Training Session: Leading for Change at CHFT	10.00-12.00	Room F2, Acre House	Any

MAY 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
10 May	BOD/MC Workshop	9.00 – 5.00	Discussion Room 1, Learning Centre, HRI	Any
12 May	Surgical DRG meeting (rearranged from 13 Apr)	2.00 – 4.00	Room F2, Acre House	PM/GR/GH/DH/KB/CB
25 May	MC Training Session: An Introduction to NHS Finance	1.00 – 3.00	Meeting Room 3, 3 rd floor, Acre Mills	Any

JUNE 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
21 Jun	Staff MCs' meeting	10.00 – 12.00	Room F2, Acre House	EH/CB/MK/JH
21 Jun	Estates & Facilities DRG meeting	2.00 – 4.00	Room F2, Acre House	BR/GH/KB/BM/AB/EH
27 Jun	FSS DRG meeting	10.00 – 12.00	Room F2, Acre House	LM/GR/JB/KW/AB
29 Jun	Surgical DRG meeting	2.00 – 4.00	Room F2, Acre House	PM/GR/GH/DH/KB/CB
30 Jun	Medical DRG meeting	11.30 – 1.30	Medium Training Room, Learning Centre, CRH	GR/KW/BM/DW/RH/WC
30 Jun	Community DRG meeting	2.30 – 4.30	Medium Training Room, Learning Centre, CRH	AB/LM/BR/WC/PM/JH

JULY 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
1 Jul	Chairs' Information Exchange meeting (rearranged from 18 Jul)	9.30–11.30	Room F3, Acre House	WC/BM/PM/GR/Comm DRG Chair
6 Jul	MCs/Chair Informal meeting	3.00 – 4.00	Board Room, HRI	All
6 Jul	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Board Room, HRI	All
12 Jul	MC Development Session	9.00 – 1.00	Large Training Rom, Learning Centre, CRH	All
18 Jul	Chairs' Information Exchange CANCELLED	2.00 – 4.00	Room F2, Acre House	WC/BM/PM/GR/Comm DRG Chair

AUGUST 2016

SEPTEMBER 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
8 Sep	MCs/NEDs Informal Workshop	4.00 – 6.00	Boardroom, HRI	Any
12 Sep	Staff MCs' meeting	10.00 – 12.00	Room F2, Acre House	EH/CB/MK/JH
15 Sep	Joint BOD & MC AGM	TBC	TBC	All
26 Sep	MC Development Session	9.00 – 1.00	Discussion Room 2, Learning Centre, HRI	All

OCTOBER 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
11 Oct	MC Induction Day 1	9.00 – 5.00	Discussion Room 1, Learning Centre, HRI	New MCs
19 Oct	MC Induction Day 2	9.00 – 5.00	Large Training Room, Learning Centre, CRH	New MCs

NOVEMBER 2016

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
1 Nov	Estates & Facilities DRG meeting	10.00 – 12.00	Room F2, First Floor, Acre House	BR/GH/KB/BM/AB/EH
1 Nov	Community DRG meeting	3.30 – 5.30	Room F2, First Floor, Acre House	AB/LM/BR/WC/PM/JH
2 Nov	Surgical DRG meeting	2.00 – 4.00	Boardroom, HRI	PM/GR/GH/DH/KB/CB
7 Nov	Medical DRG meeting	1.30 – 3.30	Large Training Room, Learning Centre, CRH	GR/KW/BM/DW/RH/WC
9 Nov	MCs/Chair Informal meeting	3.00 – 4.00	Boardroom, HRI	All
9 Nov	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Boardroom, HRI	All
10 Nov	FSS DRG meeting	11.00 – 1.00	Boardroom, HRI	LM/GR/GB/KW/AB
10 Nov	Staff MCs' meeting	2.00 – 4.00	Room F2, Acre House	EH/MK/JH
16 Nov	BOD/MC Workshop (MCs morning only)	9.00 – 5.00	Boardroom, HRI	Any
25 Nov	MC Training Session: Understanding Quality in the NHS	10.30 – 12.30	Room F2, Acre House	Any
28 Nov	Chairs' Information Exchange	2.00 – 4.00	Room F2, Acre House	WC/BM/PM/GR/Comm DRG Chair

DECEMBER 2016

14 Dec	MC Development Session	12.30 – 4.30	Large Training Room, Learning Centre, CRH	Any
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