

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

Date: Wednesday 6 July 2016 commencing at 4.00 pm

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

AGENDA

REF	ITEM	LEAD	PAPER	PURPOSE OF PAPER/ UPDATE
046/16	Welcome and introductions: Dr David Anderson, Non-Executive Director/SINED Prof Peter Roberts, Non-Executive Director	Chair	VERBAL	Note
047/16	Apologies for absence: Mrs Annette Bell	Chair	VERBAL	Note
048/16	Declaration of interests	All	VERBAL	Note
049/16	Minutes of the meeting held: Thursday 7 April 2016	Chair	APP A	Approve
050/16	Matters Arising a. Car Parking Strategy	Chair	VERBAL	Information
CHAIRMAN'S REPORT				
051/16	a. Consultation Process - Update b. Board Appointments - Update c. Update from Chairs Information Exchange – 1.7.16 d. CQC Inspection Feedback		VERBAL VERBAL VERBAL VERBAL	Information Information Information Information
CONSTITUTION				
052/16	Membership Council Register – Resignations/ Appointments	AH	APP B	Approve
053/16	Register of Interests/Declaration of Interest	AH	APP C	Approve
054/16	Constitutional Amendments	VP	APP D	Approve
UPDATE FROM BOARD SUB COMMITTEES				
055/16	Audit and Risk Committee	P Middleton/ B Richardson	VERBAL	Information
056/16	EPR	W Clarke/ K Wileman/ Brian Moore	VERBAL	Information
057/16	Finance and Performance Committee	B Moore/ P Middleton/	VERBAL	Information

058/16	Quality Committee	L Moore	VERBAL	Information
059/16	Charitable Funds Committee	K Wileman	VERBAL	Information
060/16	Workforce Well-led Committee	R Hedges	VERBAL	Information
061/16	MC/BOD AGM – Task and Finish Group	R Mason/ V Pickles	VERBAL	Information
062/16	MC Walkabout FSS HRI – Birth Centre, Radiology and Pharmacy	K Wileman	VERBAL	Information
OTHER ITEMS				
063/16	STRATEGIC PLAN & QUALITY PRIORITIES 2016-17	VP	APP E	Approve
064/16	CLINICAL AUDIT AND INTERNAL AUDIT REPORTS	VP	APP F	Information
065/16	ELECTION PROCESS FOR APPOINTMENT OF DEPUTY CHAIR/LEAD GOVERNOR-COUNCILLOR PROCESS	AH	APP G	Approve
066/16	CHAIR/NON EXECUTIVE DIRECTOR APPRAISAL REPORTS a. Chair Appraisal b. Non-Executive Directors Appraisal	DA	APP H	Approve
		AH	APP I	
067/16	TRUST PERFORMANCE a. INTEGRATED PERFORMANCE REPORT b. FINANCIAL POSITION AND FORECAST	HB	APP J	Information
		KG	APP K	Information
068/16	FUTURE MC MEETING DATES	AH	APP L	Approve
069/16	INFORMATION TO RECEIVE a. Updated Membership Council Calendar	AH	APP M	Note
070/16	ANY OTHER BUSINESS	AH	VERBAL	Receive
DATE AND TIME OF NEXT MEETING (JOINT MC/BOD AGM): Date: Thursday 15 September 2016 commencing at 6.00 pm Venue: Lecture Theatre, Learning Centre, Calderdale Royal Hospital HX3 0PW				

MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON THURSDAY 7 APRIL 2016 IN THE LARGE TRAINING ROOM, LEARNING CENTRE, CALDERDALE ROYAL HOSPITAL

PRESENT:

Andrew Haigh	Chair
Rosemary Hedges	Public elected – Constituency 1
Wayne Clarke	Public elected – Constituency 2
George Richardson	Public elected – Constituency 5
Annette Bell	Public elected – Constituency 6
Brian Richardson	Public elected – Constituency 6
Kate Wileman	Public elected – Constituency 7
Lynn Moore	Public elected – Constituency 7
Brian Moore	Public elected – Constituency 8
Jennifer Beaumont	Public elected – Constituency 8
Chris Bentley	Staff-elected – Constituency 13 (Reserve Register)
Dawn Stephenson	Nominated Stakeholder – SWYPFT
Bob Metcalfe	Nominated Stakeholder - Calderdale Metropolitan Council
Cath O'Halloran	Nominated Stakeholder – University of Huddersfield

IN ATTENDANCE:

Helen Barker	Chief Operating Officer
Gary Boothby	Deputy Director of Finance
Kathy Bray	Board Secretary
Lisa Fox	Clinical Information Manager
Mandy Griffin	Director of The Health Informatics Service
Karen Heaton	Non Executive Director
Richard Hopkin	Non Executive Director
Ruth Mason	Associate Director of Engagement & Inclusion
Lesley Hill	Executive Director of Planning, Performance, Estates & Facilities
Victoria Pickles	Company Secretary
Jan Wilson	Non-Executive Director

23/16 APOLOGIES:

Apologies for absence were received from:

Di Wharmby	Public elected – Constituency 1
Peter Middleton	Public elected – Constituency 3
Dianne Hughes	Public elected – Constituency 3
Grenville Horsfall	Public elected – Constituency 5
Mary Kiely	Staff-elected – Constituency 9
Eileen Hamer	Staff elected – Constituency 11
David Longstaff	Nominated Stakeholder – Clinical Commissioning Group
Naheed Mather	Nominated Stakeholder – Kirklees Metropolitan Council
Sharon Lowrie	Nominated Stakeholder – Locals

Owen Williams	Chief Executive
David Birkenhead	Executive Medical Director

Juliette Cosgrove	Assistant Director for Quality
Julie Dawes	Executive Director of Nursing
Keith Griffiths	Executive Director of Finance
Phil Oldfield	Non-Executive Director

The Chair welcomed everyone to the meeting. A welcome was also extended to Gary Boothby, newly appointed Deputy Director of Finance who would present the finance report in the absence of the Executive Director of Finance.

24/16 DECLARATION OF INTERESTS

There were no declarations of interest at the meeting.

25/16 MINUTES OF THE LAST MEETING – 19 JANUARY 2016

The minutes of the last meeting held on 19 January 2016 were approved as an accurate record.

26/16 MATTERS ARISING

40/15b - Code of Conduct - The Chairman reported there was no policy statement within the Trust about doctors talking over patients in a different language. Enquiries had been made regarding ascertaining the original complaint and no record could be found of an official complaint being recorded. The Executive Medical Director and Executive Director of Nursing had been asked to consider including this matter within an appropriate Trust policy in the future.

STATUS: Closed

5/16c - Food and Nutrition Event – 27.10.15 – The Chairman confirmed that this had been raised at the Board of Directors meeting on the 28 January 2016.

STATUS: Closed

6/16b - Board Appointment Update – The Chairman confirmed that a letter of thanks would be sent to Julie Hull in recognition of all her help and support and wishing her well for the future from the Membership Council and the Board of Directors.

STATUS: Closed

17/16 - Membership Strategy refresh - Ruth Mason advised that this issue had been discussed at the Membership Council Development Session held on Monday 4 April 2016 when Vanessa Henderson had given a presentation identifying the stock take undertaken on the Trust membership. It was agreed that the creation of a Task and Finish Group would be considered following the evaluation of the feedback from this Development Session.

Rev Wayne Clarke thanked Ruth and Vanessa for the good presentation and felt that this formed a sound base for the membership to move forward.

STATUS: Closed

All other matters arising were included within the agenda.

27/16 ELECTRONIC PATIENT RECORD (EPR) UPDATE

Mandy Griffin, Director of The Health Informatics Service attended the meeting to give an overview of the information which had previously been shared with the Membership Councillors present at the MC Development Session held on Monday 4 April.

The Membership Council heard how the implementation of the Electronic Patient Record, expected in the Autumn/Winter of 2016, would affect everyone - patients, carers and staff - both at the hospital and within the community. The system would harness information into one system which would be readily available remotely and provide real time information. Security of the system, should a breakdown occur, and audit tracking were discussed.

Discussion took place regarding the fact that a patient portal would be established and that Membership Councillor input would be required at a future date to help develop this further.

The Chair thanked Mandy for the presentation and it was noted that the next update on this issue would be at the Annual General Meeting in September 2016.

OUTCOME: The Membership Council noted the progress made with the EPR implementation and would receive a further update at the Joint AGM Meeting on 15.9.16

28/16 CHAIRMAN'S REPORT

a. Consultation Process

It was noted that the Consultation period was now underway and was scheduled to close on the 21 June 2016. The Chairman reported on the locality meetings which had already taken place at Shelley, Slaithwaite and Sowerby Bridge. It was noted that two public meetings had been scheduled for 6.00 pm on:-

Thursday 14 April 2016 – North Bridge Leisure Centre, Halifax

Monday 18 April 2016 – John Smith Stadium, Huddersfield

ACTION: A further update would be given at the July Membership Council meeting.
MC Agenda - July 2016

b. Board Appointment Updates

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

- Ian Warren has been appointed Director of Workforce and Organisational Development and would join the Trust in August 2016.
- An assessment centre and interviews for the Executive Director of Nursing post would be on Tuesday 12 April and Wednesday 20 April 2016. It was noted that Lynn Moore would be representing the Membership Council at the formal interviews.
- Karen Heaton and Richard Hopkins, Non-Executive Directors who had taken up post on the 1 March to briefly introduced themselves.

Karen Heaton advised that she was currently Director of HR at Manchester University and she had worked over the past 3 years as an Independent Member with the Prison Services Pay Review Body.

Richard Hopkin advised that he had a finance background and locally worked with Age UK and was Treasurer on the Community Foundation for Calderdale. He was a member of a housing board 'Derwent Living'.

c. Update from Chairs' Information Exchange

The Council received the minutes from the meeting held on 21 March 2016. These were available within the meeting papers at Appendix B1. The issues arising included:-

- The Chairman advised that the issue of Intermediate Care Facilities in the system had been raised at the Board of Directors Meeting on 31 March 2016 and the Chief Operating Officer was investigating options.
- The issue of ensuring that all disciplines of staff are depicted on the pictures throughout the Trust had now been addressed.

d. CQC Inspection Feedback

The Chairman reported that the CQC Inspection Team had undertaken a visit within the Trust over the period 8-11 March 2016 and it was expected that the outcome of the process would be fed back to the Trust in approximately 8 weeks' time. It was noted that initial feedback received had indicated that they had identified some areas of good practice within the Trust particularly around dementia care, together with some areas of concern which were being addressed. Staff had reported that this had been a good experience.

e. Review of Formal Meeting Attendance Register

Unfortunately Appendix B2 had not been included within the papers. It was agreed that the Board Secretary would circulate this to the Membership Council on Monday 11 April and ask for any amendments to be identified prior to its publication in the Annual Report and Accounts.

ACTION: Board Secretary – completed 11.4.16

CONSTITUTION

29/16

MEMBERSHIP COUNCIL REGISTER

The updated register of members was received for information. It was noted that resignations had been received earlier in the week from Ken Batten and Julie Hoole. The two vacant seats would remain empty and be included in the elections to be held later in the year.

30/16

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.

31/16

TRUST PERFORMANCE

In order to allow the Chief Operating Officer to attend another meeting later that evening, the Chairman confirmed that this item would be moved up the agenda.

a. Integrated Performance Report

The Chief Operating Officer gave an overview of the key themes from the February IPR report which showed a mixed picture with continued deterioration in patient flow related metrics. The areas of specific note were:

Responsiveness

- The Emergency Care Standard was missed for the month and Quarter 4. It was noted that this was a national position. Internal issues around flow and decision making were underway. Increased pressure on both hospital and GP services was noted.
- 6 week diagnostics recovered in February
- RTT and cancer achieved with the exception of D38 (referrals to Leeds/Bradford) where revised actions plans are in development
- DTOC improved but green X numbers remain high
- There was one 28 day breach relating to critical care access
- 100% of patients requiring thrombolysis for stroke received this within 1 hour.

Caring

- Complaints performance continues to require focus. The Executive Director of Nursing identified that the quality of complaints responses had improved and there had been an improved performance in the management of complaints with the lowest number of backlog complaints for two years.
- Some maternity patients continue to report feeling left alone during labour and further work was underway.

Effectiveness

- C Difficile was worse than target in February with a further 3 cases being reported.
- Mortality remains a concern and is the focus of significant work
- Fractured neck of femur performance in relation to Theatre within 36 hours remains slightly worse than the required standard and this was due to the level of demand for access to theatre within 36 hours.
- Emergency readmissions had increased and will be reviewed as part of Patient flow action plan. Discussion took place regarding the actions underway to investigate this.

Safety

- There had been an increase in falls with harm – further work was underway looking at the RCA to identify whether any could have been avoidable.

- A further Never Event had been reported in February. Both Never Events in February related to retained swabs in maternity and these were being investigated. No detrimental harm had come to the patients involved.
- Our efficiency in responding in a timely manner to complaints (under the Duty of Candour) had deteriorated in month.

Well led

- Work continues by the Divisions and the Sickness/Absence team.
- Mandatory Training compliance was improving. Prevent training continues to be under trajectory - this was a classroom based training course.
- Hard Truths for qualified day shifts was amber for the month.
- Appraisals – A drive was underway to complete the bulk of appraisals at the beginning rather than end of the year.

b. MONTH 11 – FEBRUARY 2016 FINANCE REPORT

In the absence of the Executive Director of Finance, the Deputy Director of Finance presented the finance month 11 report as at the 29 February 2016. The key issues included:-

Summary Year to Date:

- The overall 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 were 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 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 case mix. A year end settlement has been reached with the main commissioners which brings greater security to the forecast.

- The overall forecast deficit position shows a favourable variance of £2.00m 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.

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

32/16 UPDATE FROM BOARD SUB COMMITTEES

a. Nominations and Remuneration Committee (MC) Update

As previously discussed it was noted that the two Non Executive Director appointments had been made from 1 March 2016 (Karen Heaton and Richard Hopkin).

The Committee had not met since the 7 December 2015 and those minutes had been previously circulated.

b. Audit and Risk Committee

The next Audit and Risk Committee was not scheduled until 20 April 2016.

c. Electronic Patient Record (EPR)

Rev Wayne Clarke updated the Membership Council on his representation on the EPR Transformation Board. He reported that unfortunately due to work commitments he had been unable to attend some EPR meetings. It was therefore suggested that deputies from the Membership Council might be identified to attend these meetings in Wayne's absence. The Chairman agreed that an email be circulated to ask for expressions of interest from interested Membership Councillors.

ACTION: Board Secretary

d. Finance and Performance Committee

Brian Moore advised that all issues discussed at the Finance and Performance Committee had been included in the Integrated Performance Report presented by Gary Boothby earlier in the meeting.

e. Quality Committee

Lynn Moore advised that all performance issues discussed at the Quality Committee had been included in the Integrated Performance Report presented by Helen Barker earlier in the meeting.

Areas of focus by the Committee included:- Integrated Board Report including fractured neck of femur, special measure wards, patient safety group review of risks and review of Morecambe Bay Maternity report to note any issues of learning by the CHFT. Review of the contents of the draft Quality Accounts.

f. Charitable Funds Committee

Kate Wileman advised that work was in progress regarding the Charitable Funds Committee contribution towards mental health support for victims of the Calderdale floods.

g. Workforce Well-Led Committee

Rosemary Hedges advised that unfortunately she had been unable to attend the meeting held on the 19 February 2016. It was noted that the next meeting was scheduled for the 21 April 2016.

h. MC/BOD AGM Task and Finish Group

Ruth Mason reported that a Task and Finish Group comprising of herself, Victoria Pickles, Vanessa Henderson, Caroline Wright and Kathy Bray had met to discuss the arrangements for the joint Annual General Meeting to be held on the 15 September 2016 at Calderdale.

The following format had been proposed and this was supported by the Membership Councillors present:-

- A small 'health fair' approach would be 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:
 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.

OUTCOME: The Membership Council approved the AGM/Health Fair approach

33/16 PROPOSED TIMETABLE FOR ELECTIONS

Ruth Mason presented a paper which outlined the election timetable for 2016, together with vacant seats.

It was noted that the resignation of Ken Batten and Julie Hoole would increase the number of possible vacant seats to 11.

Arrangements had been made for the Electoral Reform Services to oversee the process again during 2016 and those present noted and approved the proposed timetable which they had supplied.

Membership Councillors eligible for re-election were encouraged to re-stand for election.

OUTCOME: The Membership Council approved the proposed timetable for the 2016 Elections

34/16 CHAIR/NON EXECUTIVE DIRECTOR APPRAISAL PROCESS

A paper proposing the appraisal process for the Chair and Non-Executive Directors was received and noted.

Rev Wayne Clarke drew the Membership Councillors' attention to the fact that the questionnaire template had been amended in line with feedback received from the process last year.

It was agreed that the Board Secretary would circulate the template for the Membership Councillors to complete and return by 22 April 2016. As Membership Councillors who were present last year would recall Dr David Anderson, Senior Independent Non Executive Director had again agreed to collate all responses from the Membership Council and Board of Directors and he would present a report to the Membership Council at its meeting on the 6 July 2016. The Chairman reported that a report would also be prepared for this meeting following the Non Executive Director appraisals which were taking place over the next 2-3 months.

It was requested that if any Membership Councillors had any views on the Non Executive Directors which they would like to be considered in this process that they should contact Rev Wayne Clarke before the 10 May 2016.

ACTION: BOARD SECRETARY/ALL

OUTCOME: The Chair/NED Appraisal Process was approved.

35/16 MC SELF APPRAISAL OF EFFECTIVENESS PROCESS

Ruth Mason presented a re-drafted questionnaire to be completed by Membership Councillors. The collated responses would be fed back to the Membership Council at the Development Session in July 2016. Rev Clarke suggested that before the questionnaire is circulated it be amended to provide clarity around the Public Membership Council Meetings and Divisional Reference Groups.

ACTION: Ruth Mason

OUTCOME: The questionnaire was approved subject to amendment

36/16 QUALITY ACCOUNTS 2015/16

Lisa Fox, Clinical Information Manager attended the meeting and advised that the Quality Committee had received and approved the first draft of the Quality Accounts. This document would be presented to the Audit and Risk Committee and the Board of Directors within the Annual Report and Accounts. The document would also be published as a stand-alone document on NHS Choices.

Any Membership Councillors who would like to have sight of the first draft should contact the Board Secretary, otherwise the Membership Council would be able to access the 92 page document when it is presented to the Board of Directors in May 2016.

OUTCOME: Any Membership Councillors interested in having sight of the first draft to contact the Board Secretary.

37/16 INFORMATION TO RECEIVE

The following information was received and noted:

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

38/15 ANY OTHER BUSINESS

a. Car Parking Strategy

Lesley Hill, Executive Director of Planning, Performance, Estates and Facilities presented a paper outlining proposals for a revision to the public car parking charges. Apologies were made for the late circulation of this paper. It was noted that this paper had been considered by the Executive Board.

The Membership Council discussed the main two areas of change – the introduction of a new 60 minutes charge rate of £1.50 and a small increase from £2.50 to £2.80 for 2 hours parking. The majority present agreed that the introduction of a 1 hour parking charge would be of benefit to visitors.

Concern was expressed regarding the 2 hour parking increase and it was requested that further information be provided to the Membership Council regarding the realisation of the cost improvement of £270k which had been quoted. It was noted that this sum was partly made up from changes to staff parking charges which had not yet been finalised.

Brian Moore expressed disappointment and disapproval that this item had not been presented to the Estates and Facilities DRG where it should have been discussed before coming to the Membership Council.

Before the Membership Council would support the proposal going forward to the Board of Directors on the 26 May 2016 it was requested that further information on the finances, together with modelling impacts be re-worked.

ACTION: Lesley Hill

39/15 DATE AND TIME OF NEXT MEETING

Wednesday 6 July 2016 - Membership Council Public Meeting commencing at 4.00 pm in the Boardroom, Sub Basement, Huddersfield Royal Infirmary.

The Chair thanked everyone for their contribution and closed the meeting at 6.35 pm.

Calderdale and Huddersfield



NHS Foundation Trust

MEMBERSHIP COUNCIL REGISTER AS AT 27 JUNE 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 Resigned 4.4.16	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

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Dr Mary Kiely	22.9.11 18.9.14	3 years 3 years	2014 2017
10 - AHPs/HCS/Pharm's	VACANT POST			
11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer	20.9.12 17.9.15	3 years 3 years	2015 2018
12 - Ancillary	VACANT POST			
13 - Nurses/Midwives (RESERVE REGISTER)	Mrs Chris Bentley	6.10.09 20.9.12 17.9.15	3 years 3 years 1 year	2012 2015 2016
13 - Nurses/Midwives	Ms Julie Hoole	17.9.15 Resigned 4.4.16	3 years	2018
NOMINATED STAKEHOLDER				
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
Locals	Mrs Sharon Lowrie	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 – 27.6.16

**DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL
AS AT 27 JUNE 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	-	-	-	-	-	-

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	-	-	-	-	-	Member 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	-
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
21.4.16	Catherine O'HALLORAN	Nominated Stakeholder – University of	-	-	-	-		- University of Huddersfield - Registrant &

		Huddersfield						Visitor of Health & Care Professions Council - Treasurer, Council of Deans of Health
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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, SHARON LOWRIE,

MEMBERSHIP COUNCIL

PAPER TITLE: CONSTITUTION REVIEW	REPORTING AUTHOR: Victoria Pickles, Company Secretary
DATE OF MEETING: Thursday 6 July 2016	SPONSORING DIRECTOR: Victoria Pickles, Company Secretary
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe Transforming and improving patient care A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> For comment To approve To note
PREVIOUS FORUMS: None	
EXECUTIVE SUMMARY: The Membership Council is asked to review and approve the amended Constitution.	
PURPOSE: The paper sets out the proposed amendments to the Constitution following a recent review. The Constitution was last reviewed following the 2012 Health and Social Care Act.	
BACKGROUND: The review of the Constitution has identified the following proposed changes: <ul style="list-style-type: none"> - Section 12.12 – Election of Council Members Clarification on the maximum term that can be served by any Membership Councillor - Section 12.26 – Meetings of the Membership Council It is proposed to amend the requirement for quorum from 16 to 9, made up of the following (previous requirement is in brackets): (9) 6 elected council members; (3) 2 staff council members; and (3) 1 appointed council member. It is normal for other Committees for the quorum to be a third of the membership. - Section 11.7 – Members’ Meeting It is prosed to remove the requirement to send a notice of the meeting by post to every member. Other arrangements are recommended in the document. - Typographical amendments and amendments for accuracy (e.g. NHS Commissioning Board changed to NHS England) have been made throughout the document. 	
RECOMMENDATION: The Membership Council is asked to comment on and approve the proposed changes to the Constitution.	
APPENDIX ATTACHED: YES / NO	

**CONSTITUTION OF THE
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST
(A PUBLIC BENEFIT CORPORATION)**

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CONSTITUTION FOR THE CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

1 Definitions

- 1.1. Unless the contrary intention appears or the context otherwise requires, words or expressions contained in this constitution bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.
- 1.2. References in this constitution to legislation include all amendments, replacements, or re-enactments made.
- 1.3. Headings are for ease of reference only and are not to affect interpretation.
- 1.4. Words importing the masculine gender only shall include the feminine gender; words importing the singular shall include the plural and vice-versa.
- 1.5. In this constitution:

“The Accounting Officer”	is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.
“The 2006 Act”	means the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.
“The 2012 Act”	is the Health and Social Care Act 2012.
“The Council of Governors”	means the Membership Council
Annual Members Meeting	is defined in paragraph 11 of the constitution.
“Appointed Council Member”	means those Council Members appointed by the Appointing Organisations;
“Appointing Organisations”	means those organisations named in this constitution who are entitled to appoint Council Members;

“Areas of the Trust”	the areas specified in Annexe 1;
“Authorisation”	means an authorisation given by Monitor
“Board of Directors”	means the Board of Directors as constituted in accordance with this constitution;
“Director”	means a member of the Board of Directors;
“Non-Executive Directors”	means the Chairman and Non-Executives on the Board of Directors;
“Elected Council Member”	means those Council Members elected by the public constituency and the staff constituency;
“Financial year”	means: <ul style="list-style-type: none"> (a) a period beginning with the date on which the Trust is authorised and ending with the next 31 March; and (b) each successive period of twelve months beginning with 1 April;
“Monitor”	is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act.
“Local Authority Council Member”	means a Member of the Membership Council appointed by one or more Local Authorities whose area includes the whole or part of the area of the Trust;
“Member”	means a Member of the Trust;
“Membership Council”	means the Membership Council as constituted by this constitution and referred to as the Board of Governors/ Council of Governors in the 2006 Act;
“The NHS Trust”	means the NHS Trust which made the application to become the Trust;
“Other Partnership Council Member”	means a Member of the Membership Council appointed by a Partnership Organisation other than a Primary Care Trust or Local Authority;

“Public Constituency”	means those individuals who live in an area specified as an area for any public constituency are referred to collectively as the Public Constituency;
“Public Council Member”	means a Member of the Membership Council elected by the Members of the public constituency;
“Secretary”	means the Secretary of the Trust or any other person appointed to perform the duties of the Secretary;
“Staff Constituency”	means those individuals who are eligible for trust membership by reason of 8.5-8.9 of this Constitution are referred to collectively as the Staff Constituency;
“Staff Council Member”	means a Member of the Membership Council appointed by the Members of one of the classes of the constituency of the staff membership;
“the Trust”	means the Calderdale & Huddersfield NHS Foundation Trust.

2 Name and status

- 2.1. The name of this Trust is to be “Calderdale and Huddersfield NHS Foundation Trust”.

3 Purpose

- 3.1. The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.
- 3.2. The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 3.3. The Trust may provide goods and services for any purposes related to:-
 - 3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
 - 3.3.2 the promotion and protection of public health.
- 3.4. The Trust may also carry out activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry out its principal purpose.

4 Functions

- 4.1. The function of the Trust is to provide goods and services, including education and training, research, accommodation and other facilities, for purposes related to the provision of health services.
- 4.2. The Trust may also carry out other functions provided any additional resources generated are used to carry on the Trust's principal purpose better.
- 4.3. The profits or surpluses of the Trust are not to be distributed either directly or indirectly in any way at all among members of the Trust.

5 Powers

- 5.1. The powers of the Trust are set out in the 2006 Act,
- 5.2. All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust,
- 5.3. Any of these powers may be delegated to a committee of directors or to an executive director.
- 5.4. The Trust may do anything which appears to it to be necessary or desirable for the purposes of or in connection with its functions.
- 5.5. In particular it may:
 - 5.5.1. acquire and dispose of property;
 - 5.5.2. enter into contracts;
 - 5.5.3. accept gifts of property (including property to be held on Trust for the purposes of the Trust or for any purposes relating to the health service);
 - 5.5.4. employ staff.
- 5.6. Any power of the Trust to pay remuneration and allowances to any person includes the power to make arrangements for providing, or securing the provision of pensions or gratuities (including those payable by way of compensation for loss of employment or loss or reduction of pay).
- 5.7. The Trust may borrow money for the purposes of or in connection with its functions, subject to the limit published by Monitor from time to time.
- 5.8. The Trust may invest money (other than money held by it as Trustee) for the purposes of or in connection with its functions. The investment may include investment by:
 - 5.8.1. forming, or participating in forming bodies corporate;

5.8.2. otherwise acquiring membership of bodies corporate.

5.9. The Trust may give financial assistance (whether by way of loan, guarantee or otherwise) to any person for the purposes of or in connection with its function.

6 Commitments

6.1 The Trust shall exercise its functions effectively, efficiently and economically.

Representative membership

6.2 The Trust shall at all times strive to ensure that, taken as a whole, its actual membership is representative of those eligible for membership.

6.3 The Trust shall at all times have in place and pursue a Membership Strategy which shall be approved by the Membership Council, and shall be reviewed by them from time to time, and at least every 3 years.

Co-operation with other bodies

6.4 In exercising its functions the Trust shall co-operate with Local Authorities, Special Health Authorities, NHS England, Clinical Commissioning Groups, NHS Trusts, NHS Foundation Trusts and other public bodies serving the community served by the Trust.

Respect for rights of people

6.5 In conducting its affairs, the Trust shall respect the rights of members of the community it serves, its employees and people dealing with the Trust as set out in the Charter of Fundamental Rights of the European Union.

Openness

6.6 In conducting its affairs, the Trust shall have regard to the need to provide information to members and conduct its affairs in an open and accessible way.

7. Framework

7.1 The affairs of the Trust are to be conducted by the Board of Directors, the Membership Council and the Members in accordance with this Constitution. The Board of Directors, Membership Council and Members, are to have the roles and responsibilities set out in this Constitution.

7.2 Membership and Constituencies

The Trust shall have members, each of whom shall be a member of one of the following constituencies:

7.2.1 A public constituency

7.2.2 A staff constituency

Board of Directors

7.3 The business of the Trust is to be managed by the Board of Directors, who (subject to this Constitution) shall exercise all the powers of the Trust. The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the Trust as to maximise the benefits for the members of the Trust as a whole and for the public.

7.4 A third party dealing in good faith with the Trust shall not be affected by any defect in the process by which Directors are appointed or any vacancy on the Board of Directors.

Membership Council

Membership Council – duties of Council Members

7.5 The roles and responsibilities of the Membership Council are:

7.5.1 at a general meeting, to appoint or remove the Chair and the other Non-Executive Directors;

7.5.2 at a general meeting, to approve an appointment (by the Non-Executive Directors) of the Chief Executive;

7.5.3 at a general meeting, to decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors;

7.5.4 at a general meeting, to appoint or remove the Trust's auditor;

7.5.5 at a general meeting, to be presented with the annual accounts, any report of the auditor on them and the annual report;

7.5.6 at a general meeting, to appoint or remove any auditor appointed to review and publish a report on any other aspect of the Trust's affairs;

7.5.7 to provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Trust's forward planning in respect of each financial year;

7.5.8 to respond as appropriate when consulted by the Board of Directors in accordance with this Constitution;

7.5.9 to undertake such functions as the Board of Directors shall from time to time request;

7.5.10 to prepare and from time to time to review the Trust's Membership Strategy, its policy for the composition of the Membership Council and of the Non-Executive Directors.

7.5.11 The Trust must take steps to ensure that the Council Members are equipped with the skills and knowledge they require in their capacity as such

7.6 A third party dealing in good faith with the Trust shall not be affected by any defect in the process by which Members of the Membership Council are appointed or any vacancy on the Membership Council.

8 Members

8.1. The Members of the Trust are those individuals whose names are entered in the register of members. Every Member is either a Member of one of the public constituencies or a Member of the staff constituency.

8.2. Subject to this Constitution, Membership is open to any individual who:

8.2.1. is over 16 years of age,

8.2.2. is entitled under this Constitution to be a Member of the public constituencies, or staff constituency, and

8.2.3. completes or has completed a membership application form in whatever form the Membership Council approves or specifies.

Public Membership

8.3 There are eight public constituencies corresponding to the areas set out in Annex 1 serviced by the Trust. Members of each constituency are to be individuals:

8.3.1 who live in the relevant area of the Trust;

8.3.2 who are not eligible to be Members of the staff constituency; and

8.3.3 who are not Members of another public constituency.

8.4 The minimum number of members of each of the public constituencies is to be 50.

Staff Membership

8.5 There is 1 Staff Constituency for staff Membership. It is to be divided into five classes as follows:

8.5.1 doctors or dentists;

8.5.2 Allied Health Professionals, Health Care Scientists and Pharmacists;

8.5.3 Management, administration and clerical;

8.5.4 Ancillary staff;

8.5.5 Nurses and midwives.

8.6 Members of the staff constituency are to be individuals:

8.6.1 who are employed under a contract of employment by the Trust and who either:

8.6.1.1 are employed by the Trust under a contract of employment which has no fixed term or a fixed term of at least 12 months, or

8.6.1.2 who have been continuously employed by the Trust for at least 12 months; or

8.6.2 who are not so employed but who nevertheless exercise functions for the purposes of the Trust, and have exercised the functions for the purposes of the Trust for at least 12 months.

8.7 Individuals entitled to be Members of the staff constituency are not eligible to be Members of the public constituency.

8.8 The Secretary is to decide to which class a staff member belongs.

8.9 The minimum number of members in each class of the staff membership is to be 20.

9 Disqualification from membership

9.1 A person may not be a member of the Trust if, in the opinion of the Membership Council, there are reasonable grounds to believe that they are likely to act in a way detrimental to the interests of the Trust.

10 Termination of membership

10.1 A Member shall cease to be a Member if:

10.1.1 they resign by notice to the Company Secretary;

10.1.2 they die;

10.1.3 they are disqualified from Membership by paragraph 9;

10.1.4 they cease to be entitled under this Constitution to be a Member of any of the public constituencies or the staff constituency.

- 10.2 A Member may be expelled by a resolution approved by not less than three quarters of the full Membership Council present and voting at a general meeting. The following procedure is to be adopted.
- 10.2.1 Any Member may complain to the Company Secretary that another Member has acted in a way detrimental to the interests of the Trust.
- 10.2.2 If a complaint is made, the Membership Council may itself consider the complaint having taken such steps as it considers appropriate to ensure that each Member's point of view is heard and may either:
- 10.2.2.1 dismiss the complaint and take no further action; or
- 10.2.2.2 arrange for a resolution to expel the Member complained of to be considered at the next general meeting of the Membership Council.
- 10.2.3 If a resolution to expel a Member is to be considered at a general meeting of the Membership Council, details of the complaint must be sent to the Member complained of not less than one calendar month before the meeting with an invitation to answer the complaint and attend the meeting.
- 10.2.4 At the meeting the Membership Council will consider evidence in support of the complaint and such evidence as the Member complained of may wish to place before them.
- 10.2.5 If the Member complained of fails to attend the meeting without due cause the meeting may proceed in their absence.
- 10.3 A person expelled from Membership will cease to be a Member upon the declaration by the Chair of the meeting that the resolution to expel them is carried.
- 10.4 No person who has been expelled from Membership is to be re-admitted except by a resolution carried by the votes of three quarters of the Membership Council present and voting at a general meeting.

11 Members Meetings

- 11.1 The Trust is to hold a Members meeting (called the Annual Members Meeting) within six months of the end of each financial year. The Annual Members Meeting shall be open to members of the public.
- 11.2 All Members meetings, other than annual meetings, are called special members meetings.
- 11.3 Members meetings are open to all members of the Trust, members of the Membership Council and the Board of Directors, representatives of the Trust's financial auditors, but not to members of the public. The

Membership Council may invite representatives of the media, and any experts or advisors, whose attendance they consider to be in the best interests of the Trust to attend a members meeting.

11.4 All Members meetings are to be convened by the Secretary by order of the Chair of the Membership Council or upon a resolution of the Board of Directors.

11.5 The Membership Council may decide where a Members meeting is to be held and may also for the benefit of Members:

11.5.1 arrange for the annual members' meeting to be held in different venues each year;

11.5.2 make provisions for a members meeting to be held at different venues simultaneously or at different times. In making such provision the Membership Council shall also fix an appropriate quorum for each venue, provided that the aggregate of the quorum requirements shall not be less than the quorum set out below.

11.6 At the Annual Members Meeting:

11.6.1 the Membership Council shall present to the Members:

11.6.1.1 the annual accounts;

11.6.1.2 any report of the auditor;

11.6.1.3 any report of any other auditor of the Trust's affairs;

11.6.1.4 forward planning information for the next financial year;

11.6.1.5 a report on steps taken to secure that (taken as a whole) the actual membership of its constituencies is representative of those eligible for such membership;

11.6.1.6 the progress of the Membership Strategy;

11.6.1.7 any proposed changes to the policy for the composition of the Membership Council and of the Non-Executive Directors.

11.6.2 the results of the election and appointment of Membership Council Members will be announced.

11.7 Notice of a Members meeting is to be given:

11.7.1 by notice prominently displayed at the registered office and at all of the Trust's places of business; and

- 11.7.2 by notice on the Trust's website at least 14 clear days before the date of the meeting
- 11.7.3 by notice emailed to all those members for whom we hold an email address
- 11.7.4 included within the Trust's members newsletter
- 11.7.5 be given to the Membership Council and the Board of Directors, and to the auditors;
- 11.8 The notice of the member's meeting must:
 - 11.8.1 state whether the meeting is an annual or special members meeting;
 - 11.8.2 give the time, date and place of the meeting; and
 - 11.8.3 indicate the business to be dealt with at the meeting.
- 11.9 Before a members meeting can do business there must be a quorum present. Except where these Rules say otherwise a quorum is 30 members entitled to vote at the meeting.
- 11.10 It is the responsibility of the Membership Council, the Company Chairman of the meeting and the Secretary to ensure that at any members meeting:
 - 11.10.1 the issues to be decided are clearly explained;
 - 11.10.2 sufficient information is provided to members to enable rational discussion to take place;
 - 11.10.3 where appropriate, experts in relevant fields or representatives of special interest groups are invited to address the meeting.
- 11.11 The Chair of the Trust or, in their absence, the Deputy-Chair or, in his absence, the Lead Membership Councillor is to chair members meetings.
- 11.12 If no quorum is present, within half an hour of the time fixed for the start of the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Membership Council determine. If a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting, the number of members present during the meeting is to be a quorum.
- 11.13 Subject to this Constitution, a resolution put to the vote at a members meeting shall, except where a poll is demanded or directed, be decided upon by a show of hands.

- 11.14 On a show of hands or on a poll, every member present is to have one vote. On a poll, votes may be given either personally or by proxy under arrangements laid down by the Membership Council, and every member is to have one vote. In case of an equality of votes the Chairman shall decide the outcome.
- 11.15 Unless a poll is demanded, the result of any vote will be declared by the Chairman and recorded in the minutes. The minutes will be conclusive evidence of the result of the vote.
- 11.16 A poll may be directed by the Chair or demanded either before or immediately after a vote by show of hands by not less than one-tenth of the members present at the meeting. A poll shall be taken immediately.

12. Membership Council

- 12.1. The Trust is to have a Membership Council. It is to consist of Public Council Members, Staff Council Members, Local Authority Council Members and other Partnership Council Members.
- 12.2. The composition of the Membership Council, subject to the 2006 Act, shall seek to ensure that:
 - 12.2.1. the interests of the community served by the Trust are appropriately represented;
 - 12.2.2. the level of representation of the public constituencies, the staff constituency and the partnership organisations strikes an appropriate balance having regard to their legitimate interest in the Trust's affairs;and to this end, the Membership Council:
 - 12.2.3. shall at all times maintain a policy for the composition of the Membership Council which takes account of the Membership Strategy and which specifies the allocation of Public Council Members to particular geographical regions and the allocation of Staff Council Members to particular classes of staff;
 - 12.2.4. shall from time to time and not less than every three years review the policy for the composition of the Membership Council;
 - 12.2.5. shall undertake other tasks as allocated by the Board of Directors;
 - 12.2.6. when appropriate shall propose amendments to this Constitution.
- 12.3. The Membership Council of the Trust is to comprise:

- 12.3.1. up to 16 Public Council Members from 8 public constituencies (2 members from each constituency) set out in Annex 1
- 12.3.2. up to 6 Staff Council Members from 1 Staff Constituency from the following classes:
 - 12.3.2.1. doctors and dentists (1 member);
 - 12.3.2.2. Allied Health Professionals, Health Care Scientists and Pharmacists (1 member);
 - 12.3.2.3. Management, Administration and Clerical (1 Member);
 - 12.3.2.4. Ancillary Staff (1 Member);
 - 12.3.2.5. Nurses and Midwives (up to 2 members);
- 12.3.3. 2 Local Authority Council Members, one to be appointed by each of: Calderdale Metropolitan Borough Council and Kirklees Metropolitan Council;
- 12.3.4. Up to 6 Council Members appointed by partnership organisations. The partnership organisations shall appoint a Council Member to represent their organisation on the Membership Council. The partnership organisations are identified as Huddersfield University, South West Yorkshire Partnership NHS Foundation Trust, Locala and Clinical Commissioning Group.

Elected Council Member

- 12.4. Public Council Members are to be elected by Members of the public constituencies, and Staff Council Members by Members of the staff constituency.
- 12.5. If contested, the elections must be by secret ballot.
- 12.6. The Election procedures including the arrangements governing nominations, the advertisement of candidates, rules regarding canvassing voting, and the election of reserves to fill casual vacancies are to be determined by the election rules (annexe 2).
- 12.7. A Member may not vote at an election for an elected Council Member unless within 21 days before they vote they have made a declaration in the form specified by the Membership Council as to the basis upon which they are entitled to vote as a Member. It is an offence to knowingly or recklessly make such a declaration which is false in a material particular. This provision does not apply to staff Members.

Appointed Council Members

Local Authority Council Members

- 12.8. The Secretary, having consulted each Local Authority whose areas includes the whole or part of the area of the Trust is to adopt a process for agreeing the appointment of Local Authority Councils Member with those Local Authorities.

Partnership Council Members

- 12.9. The Secretary, having consulted each partnership organisation is to adopt a process for agreeing the appointment of partnership Council Members with those partnership organisations.

Appointment of Chairman, Vice-Chair and Deputy-Chair

- 12.10 The Membership Council shall appoint a Chair of the Trust. The Board of Directors will appoint one Non-Executive Director to be Deputy Chair of the Trust. This individual may, through agreement with the Chair, take on the role of Senior Independent Non-Executive Director(SID). The Membership Council shall ratify the appointment of the Lead Membership Councillor at a General Meeting.

- 12.10.1 The Chair and Deputy Chair will be the Chair and Deputy Chair of both the Membership Council and the Board of Directors. The Membership Council shall appoint at a general meeting one of its public Members to be Lead Membership Councillor of the Membership Council.

12.11 Senior Independent Non – Executive Director (SID)

The Trust has a detailed job description for the SID.

The main duties include:

- The Senior Independent Director will be available to members of the Foundation Trust and to the Membership Council if they have concerns that contact through the usual channels of Chair, Chief Executive, Finance Director and Company Secretary has failed to resolve or where it would be inappropriate to use such channels. In addition to the duties described here the SID has the same duties as the other Non-Executive Directors.
- The SID has a key role in supporting the Chair in leading the Board of Directors and acting as a sounding board and source of advice for the Chair. The SID also has a role in supporting the Chair as Chair of the Membership Council.
- While the Membership Council determines the process for the annual appraisal of the chair, the senior independent director is responsible for carrying out the appraisal of the chair on its behalf.

- The SID should maintain regular contact with the Membership Councillors and attend meetings of the Membership Council to obtain a clear understanding of Membership Council views on the key strategic performance issues facing the Foundation Trust. The SID should also be available to Membership Councillors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair; chair's appraisal or setting the chair's objectives for example.
- In rare cases where there are concerns about the performance of the chair the SID should provide support and guidance to the Membership Council in seeking to resolve concerns or in the absence of a resolution in taking formal action. Where the foundation trust has appointed a lead membership councillor the SID should liaise with the lead membership councillor in such circumstances.
- In circumstances where the board is undergoing a period of stress the SID has a vital role in intervening to resolve issues of concern. These might include unresolved concerns on the part of the Membership Council regarding the chair's performance; where the relationship between the chair and the chief executive is either too close or not sufficiently harmonious, where the Foundation Trust's strategy is not supported by the whole Board or where key decisions are being made without reference to the Board or where succession planning is being ignored.
- In the circumstances outlined above, the SID will work with the chair, other directors and/or governors, to resolve significant issues. Boards of directors and Membership Councillors need to have a clear understanding of when the SID might intervene.

Terms of office for Membership Council Members

12.12 Elected Council Members:

- 12.12.1 shall hold office for a period of three years commencing immediately after the annual members meeting at which their election is announced;
- 12.12.2 subject to the next sub-paragraph are eligible for re-election after the end of that period;
- 12.12.3 may not hold office for more than six consecutive years and shall not be eligible for re-election if they have already held office for more than three consecutive years;
- 12.12.4 cease to hold office if they cease to be a Member of the constituency by which they were elected, or if they are

disqualified for any of the reasons set out in this Constitution.

For the avoidance of doubt, a Membership Councillor can only hold office for two complete terms plus one year (the one year being part of the arrangements for cover). There is no provision for a Membership Councillor to be re-appointed after a period of time has elapsed.

12.13 Appointed Council Members:

- 12.13.1 shall hold office for a period of 3 years commencing immediately after the annual members meeting at which their appointment is announced;
- 12.13.2 subject to the next sub-paragraph are eligible for re-appointment after the end of that period;
- 12.13.3 may not hold office for longer than 6 consecutive years;
- 12.13.4 shall cease to hold office if the Appointing Organisation terminates their appointment.
- 12.13.5 cease to hold office if they cease to be a Member of the constituency by which they were elected, or if they are disqualified for any of the reasons set out in this Constitution.

Eligibility to be a Council Member

- 12.14 A person may not become a Council Member of the Trust, and if already holding such office will immediately cease to do so if:
 - 12.14.1 they are a Director or Company Secretary of this Trust, a Director of another NHS Trust or a Council Member or Non Executive Director of another NHS Foundation Trust;
 - 12.14.2 they are under 18 years of age;
 - 12.14.3 being a Member of a public constituency, they were entitled to be a Member of the staff constituency until less than one year ago;
 - 12.14.4 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
 - 12.14.5 they have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it;
 - 12.14.6 they have within the preceding five years, been convicted in the British Islands of any offence, and a sentence of

imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;

12.14.7 they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

12.14.8 they are a person whose tenure of office as the Chair or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

Termination of office and removal of Council Member

12.15 A person holding office as a Council Member shall immediately cease to do so if:

12.15.1 they resign by notice in writing to the Secretary;

12.15.2 they fail to attend two meetings in any 12 month period, unless the other Council Members are satisfied that:

12.15.2.1 the absences were due to reasonable causes; and

12.15.2.2 they will be able to start attending meetings of the Trust again within such a period as they consider reasonable.

12.15.3 in the case of an elected Council Member, they cease to be a Member of the constituency by whom they were elected;

12.15.4 in the case of an Appointed Council Member, the Appointing Organisation terminates the appointment;

12.15.5 they have failed to undertake any training which the Membership Council requires all Council Members to undertake;

12.15.6 they have failed to sign and deliver to the Secretary a statement in the form required by the Membership Council confirming acceptance of the code of conduct for Council Members;

12.15.7 they refuse to sign a declaration in the form specified by the Membership Council that they are a Member of a specific public constituency and are not prevented from being a Member of the Membership Council. This does not apply to Staff members;

- 12.15.8 they are removed from the Membership Council under the following provisions.
- 12.16 A Council Member may be removed from the Membership Council by a resolution approved by not less than three-quarters of the remaining Council Members present and voting at a general meeting of the Membership Council on the grounds that:

- 12.16.1 they have committed a serious breach of the code of conduct; or
- 12.16.2 they have acted in a manner detrimental to the interests of the Trust; and
- 12.16.3 the Membership Council consider that it is not in the best interests of the Trust for them to continue as a Council Member.

Vacancies amongst Council Members

- 12.17 Where a vacancy arises on the Membership Council for any reason other than expiry of term of office, the following provisions will apply.
- 12.18 Where the vacancy arises amongst the Appointed Council Members, the Secretary shall request that the Appointing Organisation appoints a replacement to hold office for the remainder of the term of office.
- 12.19 Where the vacancy arises amongst the elected Council Member, the Membership Council shall be at liberty either:
- 12.19.1 to call an election within three months to fill the seat for the remainder of that term of office, or
- 12.19.2 to invite any elected reserve Council Members or the next highest polling candidate for that seat at the most recent election, who is willing to take office to fill the seat until the next annual election, at which time the seat will become vacant and subject to election for any unexpired period of the term of office.
- 12.20 The Foundation Trust will retain a reserve register of Membership Councillors who have previously held and completed their elected terms of office with the Foundation Trust as per paragraph 12.12.3. The reserve register will exist to ensure that the statutory sub-committees of the Board of Directors can run effectively (i.e, the Remuneration, Nomination and Audit and Risk Committees) and that the role of Lead Membership Councillor on the Membership Council can continue. A condition of access to the register will be to cover gaps on the statutory sub-committees and the role of the Lead Membership Councillor. Access to the Register will be exceptional and for a time limited period. No reserve Membership Councillor shall be retained on the reserve list for more than 2 years following completion of their elected terms of office,

whether or not they have covered a vacant seat in that period. Membership Councillors can apply to be on the reserve register if they are not re-elected following the first term of their elected office. The normal rules of selection and exclusion for Membership Councillors will apply to reserve Membership Councillors. A majority of the Board of Directors and the Membership Council, who are present when the decision is taken, must agree the movement of a reserve Membership Councillor from the reserve list onto the Membership Council. The reserve Membership Councillor may only serve one term of office on the Membership Council for a 12 month period. No further terms will be available. Decisions of the Board of Directors and Membership Council will be final in respect of access to the reserve register and of holding a reserve position on the Membership Council. No right of review or appeal will exist in respect of decisions made by the Board of Directors and Membership Council. The reserve Membership Councillor may only cover a vacancy that exists following elections. This may be on the Constituency to which they were previously elected and hold terms of office or to a different vacant seat. The rules of good governance will apply at all times and the Board of Directors and Membership Council will have regard to the need to continually refresh their elected and appointed members, whilst ensuring that the business of the Board and Membership Council can continue seamlessly using the best available knowledge and experience”.

Expenses and remuneration of Council Member

- 12.21 The Trust may pay travelling and other expenses to Council Members at such rates as it decides. These are to be disclosed in the annual report.
- 12.22 Council Members are not to receive remuneration.

Meetings of the Membership Council

- 12.23 The Membership council is to meet at least three times in each financial year. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen days written notice of the date and place of every meeting of the Membership Council to all Council Members. Notice will also be published in local media and on the Trust's website.
- 12.24 Meetings of the Membership Council may be called by the Secretary, by the Chairman, by the Board of Directors or by eight Council Members including two Appointed Council Members who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all Council Members as soon as possible after receipt of such a request. The Secretary shall call a meeting on at least fourteen but not more than twenty-eight days' notice to discuss the specified business. If the Secretary fails to call such a meeting then the Chairman or four Council Members, whichever is the case, shall call such a meeting.

- 12.25 All meetings of the Membership Council are to be general meetings open to Members of the public unless the Membership Council decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or on other proper grounds. The Chair may exclude any member of the public from a meeting of the Membership Council if they are interfering with or preventing the proper conduct of the meeting.
- 12.26 Nine Membership Council members (including not less than six Public Council Members, not less than two Staff Council Members and not less than one Appointed Council Member) present in person or by proxy under arrangements approved by the Membership Council shall form a quorum.
- 12.27 The Chair of the Trust or, in his absence, the Deputy Chair, or in his absence a Lead Membership Councillor will chair meetings of the Membership Council.
- 12.28 The Lead Membership Councillor will be appointed from the public membership at a general meeting. He will act as Chairman of the meeting should the Chair and the Deputy Chair be in conflict. The Deputy Chair will hold the casting vote when he/she is acting as Chair.
- 12.29 The Membership Council may invite the Chief Executive or through the Chief Executive any other member or members of the Board of Directors, or a representative of the Trust's auditors or other advisors to attend a meeting of the Membership Council. The Chief Executive and any Executive of the Trust nominated by the Chief Executive shall have the right to attend any meeting of the Membership Council provided that they shall not be present for any discussion of their individual relationship with the Trust.
- 12.30 The Membership Council may agree that its Members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.
- 12.31 Subject to this Constitution including the following provisions of this paragraph, questions arising at a meeting of the Membership Council requiring a formal decision shall be decided by a majority of votes.
- 12.31.1 In case of an equality of votes the Chairman shall decide the outcome.
- 12.31.2 No resolution of the Membership Council shall be passed if it is unanimously opposed by all of the Public Council Members.
- 12.32 All decisions taken in good faith at a meeting of the Membership Council or of any committee shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Council Members attending the meeting.

Disclosure of interests

- 12.33 Any Council member who has a material interest in a matter as defined below and in Annex 3 shall declare such interest to the Membership Council and it shall be recorded in a register of interests and the Council Member in question:
- 12.33.1 shall not be present except with the permission of the Membership Council in any discussion of the matter, and
 - 12.33.2 shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).
- 12.34 Any Council Member who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Council Members.
- 12.35 A material interest in a matter is any interest (save for the exceptions referred to below) held by a Council Member, or their spouse or partner, in any firm or company or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust. The exceptions which shall not be treated as material interests are as follows:
- 12.35.1 shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange;
 - 12.35.2 an employment contract held by staff Council Members;
 - 12.35.3 an employment contract with a Local Authority held by a Local Authority Council Members;
 - 12.35.4 an employment contract with any Partnership organisation.
- 12.36 The Membership Council is to adopt its own standing orders for its practice and procedure, in particular for its procedure at meetings.
- 12.37 Meetings of the Membership Council are to follow an approach that encourages involvement and discussion and may be of a workshop or open space format.
- 12.38 An Elected Council Member may not vote at a meeting of the Membership Council unless, before attending the meeting, they have made a declaration in the form specified by the Membership Council as to the basis upon which they are entitled to vote as a Member Annex 3 provides guidance. An Elected Council Member shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Membership Council, and every agenda for meetings of the

Membership Council will draw this to the attention of elected Council Members.

13 Board of Directors

13.1 The Trust is to have a Board of Directors. It is to consist of Executive and Non-Executive Directors.

13.2 The Constitution is to provide for all the powers of the corporation to be exercisable by the Board of Directors.

13.3 The Board is to include:

13.3.1 the following Non-Executive Directors:

13.3.1.1 a Chair;

13.3.1.2 up to 7 other Non-Executive Directors.

13.3.1.3 It is for the Membership Council at a general meeting to appoint or remove the Chairman and the other Non-Executive Directors. Appointments will be made using the procedure set out in sub-paragraph 13.5.5

13.3.1.4 Removal of a Non-Executive Director requires the approval of three quarters of the full Council Member.

13.3.2 the following Executive Directors:

13.3.2.1 a Chief Executive who shall also be the accounting officer responsible for the submission of the accounts of the Trust to Parliament and any report of the auditor on them. Once laid before Parliament copies will be sent of the documents will be sent to Monitor. It is for the Non-Executive Directors, including the Chair, to appoint or remove the Chief Executive. Appointment of the Chief Executive requires the approval of the Membership Council;

13.3.2.2 a Finance Director. It is for a committee consisting of the Chief Executive and the Non-Executive Directors, including the Chairman, to appoint the Finance Director;

13.3.2.3 up to 6 other Executive Directors, one of whom is to be a registered member of a medical or a registered dentist (within the meaning of the Dentists Act 1984 (c.24)) and one of whom is to be a registered nurse or midwife (unless this requirement is met by reason of qualifications held by the Chief Executive or Finance Director). It is for a committee consisting of the Chief Executive and the Chair

and the other Non-Executive Directors, to appoint or remove all the Executive Directors.

13.3.2.4 It is for the Board of Directors to appoint one Non-Executive Director to be Vice-Chair of the Trust.

- 13.4 Only a Member of one of the public constituencies is eligible for appointment as a Non-Executive Director.
- 13.5 Non-Executive Directors are to be appointed by the Membership Council using the following procedure.
 - 13.5.1 The Membership Council will maintain a policy for the composition of the Non-Executive Directors which takes account of the Membership Strategy, and which they shall review from time to time and not less than every three years.
 - 13.5.2 The Board of Directors will work with the external organisations recognised as expert at appointments to identify the skills and experience required for Non-Executive Directors.
 - 13.5.3 Appropriate candidates will be identified by the Board of Directors taking into account the policy maintained by the Membership Council and the skills and experience required.
 - 13.5.4 Only those candidates meeting the skills and experience identified by the Board of Directors will be eligible for appointment.
 - 13.5.5 A sub-committee of the Membership Council (not exceeding 4 persons) including the Chair will interview a short list of candidates and recommend a candidate for appointment by the Membership Council.

Terms of Office

- 13.6 The Chair and the Non-Executive Directors are to be appointed for a period of three years. The Chair and the Non-Executive Directors will serve for a maximum of two terms. In exceptional circumstances a Non-Executive Director (including the Chair) may serve longer than six years (two three-year terms). Any subsequent appointment will be subject to annual re-appointment. Reviews will take into account the need to progressively refresh the Board whilst ensuring its stability. Provisions regarding the independence of the Non-Executive Director will be strictly observed.

Disqualification

- 13.7 A person may not become or continue as a Director of the Trust if:
 - 13.7.1 they are a member of the Membership Council;
 - 13.7.2 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;

- 13.7.3 they have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it;
- 13.7.4 they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;
- 13.7.5 they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
- 13.7.6 in the case of a Non-Executive Director, they are no longer a member of the relevant constituency;
- 13.7.7 they are a person whose tenure of office as a Chair or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- 13.7.8 they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
- 13.7.9 in the case of a Non-Executive Director they have failed to fulfil any training requirement established by the Board of Directors; or
- 13.7.10 they have failed to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for Directors and fit and proper persons test; or
- 13.7.11 in the case of a Non Executive Director the Membership Council resolves by approval of three quarters of the full Council members, following a recommendation from the Board of Directors supported by evidence, that they have failed to make an appropriate contribution to the work of the Board of Directors.

Committees and delegation

- 13.8 The Board of Directors may delegate any of its powers to a committee of Directors or to an Executive Director.
- 13.9 The Board of Directors shall appoint a committee of Non-Executive Directors to monitor the exercise of the auditor's functions and perform such monitoring, reviewing and other functions as the Board of Directors shall consider appropriate.
- 13.10 The Board of Directors shall appoint an executive remuneration committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and Executive Directors.

- 13.11 The remuneration and allowances, and the other terms and conditions of office, of the Chairman and Non-Executive Directors shall be decided by the Membership Council at a general meeting. The Membership Council may take advice from independent pay advisors whose Terms of Reference will be established and ratified by the Board of Directors and the Membership Council.

Meeting of Directors

- 13.12 Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least 14 days written notice of the date and place of every meeting of the Board of Directors to all Directors. Notice will also be published in local media and on the Trust's website.
- 13.13 Meetings of the Board of Directors shall be open to members of the public unless the Board of Directors decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or on other proper grounds. The Chair may exclude any member of the public from a meeting of the Board of Directors if they are interfering with or preventing the proper conduct of the meeting.
- 13.14 Meetings of the Board of Directors are called by the Secretary, or by the Chair, or by four Directors including two Executive Directors who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all Directors as soon as possible after receipt of such a request. The Secretary shall call a meeting on at least fourteen but not more than twenty-eight days' notice to discuss the specified business. If the Secretary fails to call such a meeting then the Chairman or four Directors, whichever is the case, shall call such a meeting.
- 13.15 Six Directors including not less than three Executive, and not less than three Non-Executive Directors shall form a quorum.
- 13.16 The Board of Directors may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.
- 13.17 The Chair of the Trust or, in their absence, the Vice-Chair, and in their absence one of the other Non-Executive Directors in attendance is to chair meetings of the Board of Directors.
- 13.18 Subject to the following provisions of this paragraph, questions arising at a meeting of the Board of Directors requiring a formal decision shall be decided by a majority of votes.
- 13.18.1 In case of an equality of votes the Chair shall have a second and casting vote.

13.18.2 No resolution of the Board of Directors shall be passed by a majority composed only of Executive Directors or Non-Executive Directors

13.19 The Board of Directors is to adopt Standing Orders covering the proceedings and business of its meetings. The proceedings shall not however be invalidated by any vacancy of its membership, or defect in a Director's appointment.

Conflicts of Interest of Directors

13.20 Any Director who has a material interest in a matter as defined below and in Annex 3 shall declare such interest to the Board of Directors and it shall be recorded in a register of interests and the Director in question:

13.20.1 shall not be present except with the permission of the Board of Directors in any discussion of the matter, and

13.20.2 shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

13.21 Any Director who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Directors.

13.22 A material interest in a matter is any interest (save for the exceptions referred to below) held by a Director or their spouse or partner in any firm or company or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust, including private healthcare organisations and other foundation trusts as described in Annex 3. The exceptions which shall not be treated as material interests are as follows:

13.22.1 shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange.

Expenses

13.23 The remuneration and allowances for Directors are to be disclosed in the annual report.

14 Secretary

14.1 The Trust shall have a Secretary who may be an employee. The Secretary may not be a Council Member, or the Chief Executive or the Finance Director. The Secretary shall be accountable to the Chief Executive and their functions shall include:

14.1.1 acting as Secretary to the Membership Council and the Board of Directors, and any committees;

- 14.1.2 summoning and attending all members meetings, meetings of the Membership Council and the Board of Directors, and keeping the minutes of those meetings;
- 14.1.3 keeping the register of members and other registers and books required by this Constitution to be kept;
- 14.1.4 having charge of the Trust's seal;
- 14.1.5 publishing to members in an appropriate form information which they should have about the Trust's affairs;
- 14.1.6 preparing and sending to Monitor and any other statutory body all returns which are required to be made;
- 14.1.7 providing support to the Membership Council and the Non-Executive Directors;
- 14.1.8 overseeing elections conducted under this Constitution;
- 14.1.9 offering advice to the Membership Council and the Board of Directors on issues of governance and corporate responsibility.
- 14.2 Minutes of every members meeting, of every meeting of the Membership Council and of every meeting of the Board of Directors are to be kept. Minutes of meetings will be included on the agenda of the next meeting.

15 Registers

The Trust is to have:

- 15.1 a Register of Members showing, in respect of each Member:
 - 15.1.2 Name of Member
 - 15.1.3 the constituency to which they belong and (where the Membership Council has decided that the Membership of the Public, or Staff constituencies shall be sub-divided for election purposes) any sub-division of that constituency to which they belong;
 - 15.1.4 any address which they have authorised the Trust to use for the purposes of any communications.
 - 15.1.5 a Register of Members of the Membership Council;
 - 15.1.6 a Register of Directors;
 - 15.1.7 a Register of Interests of Council Members;
 - 15.1.8 a Register of Interests of the Directors.

- 15.2 The Secretary shall add to the Register of Members any individual who becomes a Member of the Trust or remove from the Register of Members the name of any Member who ceases to be entitled to be a Member under the provisions of this Constitution.

16 Public Documents

- 16.1 The following documents of the Trust are to be available for inspection by Members of the public. If the person requesting a copy or extract under this paragraph is not a member of the Trust, the Trust may impose a reasonable charge for doing so.
- 16.1.1 a copy of the current Constitution;
 - 16.1.2 a copy of the current Authorisation;
 - 16.1.3 a copy of the latest annual accounts and of any report of the auditor on them;
 - 16.1.4 a copy of the report of any other auditor of the Trust's affairs appointed by the Membership Council;
 - 16.1.5 a copy of the latest annual report;
 - 16.1.6 a copy of the latest information as to its forward planning;
 - 16.1.7 a copy of the Trust's Membership Strategy;
 - 16.1.8 a copy of the Trust's policy for the composition of the Membership Council and the Non-Executive Directors;
 - 16.1.9 a copy of any notice given under section 52 of the 2006 Act (Monitor's notice to failing NHS Foundation Trust).
 - 16.1.10 The Register of Members shall be made available for inspection by members of the public, and will be available free of charge at all reasonable times. Article 2(b) of the Public Benefit Corporation (Register of Members) Regulations 2004 allows for members to request their details are not published as part of the Register of Members.
 - 16.1.11 Any Member who requests a copy or extract from any of the above documents and registers will be provided with them free of charge.

17 Auditors

- 17.1 The Trust is to have an auditor and is to provide the auditor with every facility and all information, which he may reasonably require for the purposes of his functions under paragraph 23 of schedule 7 to the 2006 Act.

- 17.2 The Board of Directors shall nominate an auditor to be appointed by the Membership Council and may resolve that an auditor be appointed to review and publish a report on any other aspect of the Trust's performance. Any such auditor is to be appointed by the Membership Council.
- 17.3 A person may only be appointed as an auditor if he (or in the case of a firm of each of its members) is a member of one or more of the bodies referred to in paragraph 23(4) of Schedule 7 to the 2006 Act. An officer of the Audit Commission may be appointed with the agreement of the Commission.
- 17.4 The Membership Council at a general meeting shall appoint or remove the Trust's auditors.
- 17.5 The auditor is to carry out his duties in accordance with Schedule 7 to the 2006 Act and in accordance with any directions given by Monitor standards, procedures and techniques to be adopted.

18 Audit Committee

The Trust shall establish a committee of non-executive directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate.

19 Accounts

- 19.1 The Trust must keep proper accounts and proper records in relation to the accounts.
- 19.2 Monitor may with the approval of the Secretary of State, give directions to the Trust as to the content and form of its accounts.
- 19.3 The accounts are to be audited by the Trust's auditor.
- 19.4 The following documents will be made available to the Comptroller and Auditor General for examination at his request:
 - 19.4.1 the accounts;
 - 19.4.2 any records relating to them; and
 - 19.4.3 any report of the auditor on them.
- 19.5 The Trust is to prepare in respect of each financial year annual accounts in such form as Monitor may with the approval of the Secretary of State direct.
- 19.6 The annual accounts, any report of the auditor on them, and the annual report are to be presented to the Membership council at a General Meeting.
- 19.7 The Trust shall:
 - 19.7.1 lay a copy of the annual accounts, and any report of the auditor on them, before Parliament; and

19.7.2 once it has done so, send copies of those documents to Monitor.

20 Annual reports and forward plans and non-NHS work

20.1 The Trust is to prepare annual reports and send them to Monitor.

20.2 The reports are to give:

20.2.1 information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of its constituencies is representative of those eligible for such membership; and

20.2.2 any other information that Monitor requires.

20.3 The Trust is to comply with any decision Monitor makes as to:

20.3.1 the form of the reports;

20.3.2 when the reports are to be sent to him;

20.3.3 the periods to which the reports are to relate.

20.4 The Trust is to give information as to its forward planning in respect of each financial year to Monitor. The document containing this information is to be prepared by the Directors, and in preparing the document the Board of Directors shall have regard to the views of the Membership Council.

20.5 Each forward plan must include information about:-

20.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the trust proposes to carry on, and

20.5.2 the income it expects to receive from doing so.

20.6 Where a forward plan contains a proposal that the trust carry on an activity of a kind mentioned in sub-paragraph 20.5.1 the Membership Council must:-

20.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the trust of its principal purpose or the performance of its other functions and

20.6.2 notify the directors of the trust of its determination.

20.7 A trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Membership Council voting to approve its implementation.

21 Indemnity

- 21.1 Members of the Membership Council and the Board of Directors and the Secretary who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust. The Trust may purchase and maintain insurance against this liability for its own benefit and the benefit of members of the Membership Council and Board of Directors and the Secretary.

22 Execution of documents

- 22.1 A document purporting to be duly executed under the Trust's seal or to be signed on its behalf is to be received in evidence and, unless the contrary is proved, taken to be so executed or signed.
- 22.2 The Trust is to have a seal, but this is not to be affixed except under the authority of the Board of Directors.

23 Dispute Resolution Procedures

- 23.1 Every unresolved dispute which arises out of this Constitution between the Trust and:
- 23.1.1 a Member; or
 - 23.1.2 any person aggrieved who has ceased to be a Member within the six months prior to the date of the dispute; or
 - 23.1.3 any person bringing a claim under this Constitution; or
 - 23.1.4 an office-holder of the Trust;
- is to be submitted to an arbitrator agreed by the parties. The arbitrator's decision will be binding and conclusive on all parties.

24 Amendment of The Constitution

- 24.1 The trust may make amendments of its Constitution only if:-
- 24.1.1 More than half of the members of the Membership Council of the trust voting approve the amendments; and:
 - 24.1.2 More than half of the members of the Board of Directors of the trust voting approve the amendments.
- 24.2 Amendments made under paragraph 24.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

- 24.3 Where an amendment is made to the constitution in relation to the powers or duties of the Membership Council (or otherwise with respect to the role that the Membership Council has as part of the trust)
- 24.3. 1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and
- 24.3.2 The trust must give the members an opportunity to vote on whether they approve the amendment.
- 24.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the trust must take such steps as are necessary as a result.
- 24.5 Amendments by the trust of its constitution are to be notified to Monitor. For the avoidance of doubt, Monitor's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

25 Mergers etc. and significant transactions

- 25.1 The trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Membership Council.
- 25.2 The Trust may enter into a significant transaction only if more than half of the members of the Membership Council of the trust voting approve entering into the transaction.
- 25.3 The constitution does not contain any descriptions of the term 'significant transaction' for the purposes of section 51A of the 2006 Act (Significant Transactions).

26 Dissolution Of The Trust

- 26.1 The Trust may not be dissolved except by order of the Secretary of State for Health, in accordance with the 2006 Act.

27. Head Office and Website

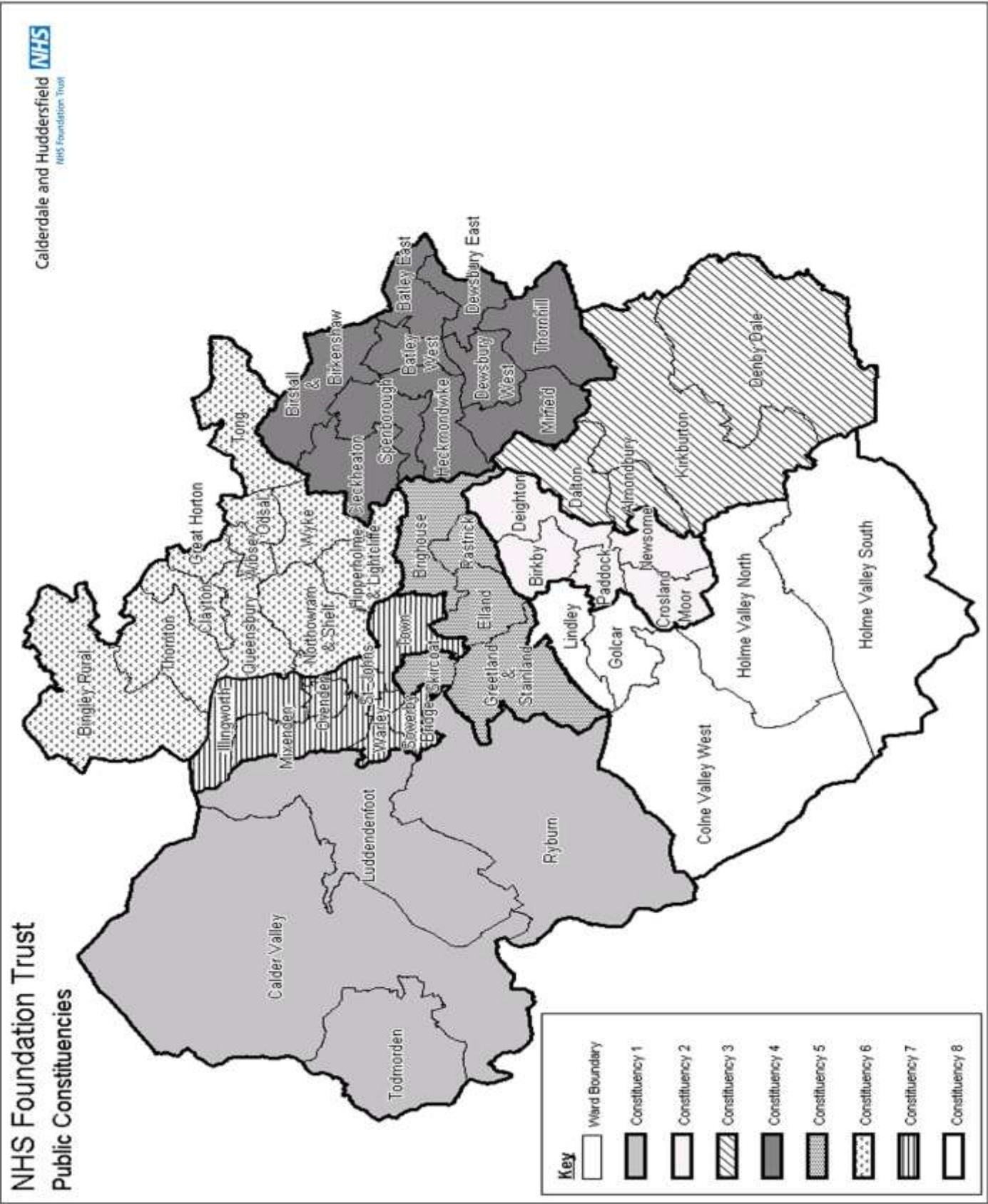
- 27.1 The Trust's head office for the purpose of this Constitution is at Trust Offices, Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield, HD3 3EA, or any other address decided by the Membership Council.
- 27.2 The Trust will maintain a website, the address of which is www.cht.nhs.uk or any other address decided by the Membership Council.

- 27.3 The Trust will display its name and website on the outside of its head office and every other place at which it carries on business, and on its business letters, notices, advertisements, other publications.

28. Notices

- 28.1 Any notice required by this Constitution to be given shall be given in writing or shall be given using electronic communications to an address for the time being notified for that purpose. "Address" in relation to electronic communications includes any number or address used for the purposes of such communications.
- 28.2 Proof that an envelope containing a notice was properly addressed, prepaid and posted shall be conclusive evidence that the notice was given. A notice shall be treated as delivered 48 hours after the envelope containing it was posted or, in the case of a notice contained in an electronic communication, 48 hours after it was sent.

Appendix 1 – Public Constituencies



Constituency	Wards	Population
1	Todmorden	37,487
	Calder Valley	
	Luddendenfoot	
	Ryburn	
2	Birkby	62,501
	Deighton	
	Paddock	
	Crosland Moor	
	Newsome	
3	Dalton	56,161
	Almondbury	
	Kirkburton	
	Denby-Dale	
4	Cleckheaton	144,794
	Birstall & Birkenshaw	
	Spennborough	
	Heckmondwike	
	Batley West	
	Batley East	
	Mirfield	
	Dewsbury West	
	Dewsbury East	
	Thornhill	
5	Skircoat	47,727
	Greetland & Stainland	
	Elland	
	Rastrick	
	Brighouse	
6	Northowram & Shelf	150,326
	Hipperholme & Lightcliffe	
	Bingley Rural	
	Thorton	
	Clayton	
	Queensbury	
	Great Horton	
	Wibsey	
	Oddsall	
	Wyke	
	Tong	
7	Illingworth & Mixenden	63,407
	Ovenden	
	Warley	
	Sowerby Bridge	
	St Johns	
	Town	

Constituency	Wards	Population
8	Lindley	73,412
	Golcar	
	Colne Valley West	
	Holme Valley North	
	Holme Valley South	

Note on Constituencies

Population data and indices of deprivation have been used to formulate the eight constituencies. Constituencies are as close as possible to one eighth of the population of Calderdale and Kirklees, though attempts to reflect Local Authority boundaries and areas of similar deprivation levels mean there is some variation. Constituencies 4 and 6 are noticeably larger because persons in these constituencies mostly use services provided by other NHS Trusts. Each Constituency comprises of several electoral areas for local government elections.

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MODEL ELECTION RULES 2014

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Part 1 Interpretation

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

“corporation” means the public benefit corporation subject to this constitution;

“election” means an election by a constituency, or by a class within a constituency, to fill vacancy among one or more posts on the council of governors;

“the regulator” means the Independent Regulator for NHS foundation trusts; and

“the 2006 Act” means the National Health Service Act 2006

“e-voting” means voting using either the internet, telephone or text message;

“internet voting system” means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

“method of polling” means voting either by post, internet, text message or telephone

“the telephone voting system” means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

“the text message voting system” means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

“voter ID number” means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting.

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

Part 2 Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination papers to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

Computation of time

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;

(b) Christmas day, Good Friday, or a bank holiday, or

(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

Part 3 Returning Officer

4.1 Subject to rule 66, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

5.1 Subject to rule 66, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

6.1 The corporation is to pay the returning officer:

- (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
- (b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

Part 4 Stages

8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

- (a) the constituency, or class within a constituency, for which the election is being held,
- (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
- (c) the details of any nomination committee that has been established by the corporation,
- (d) the address and times at which nomination papers may be obtained;
- (e) the address for return of nomination papers and the date and time by which they must be received by the returning officer,
- (f) the date and time by which any notice of withdrawal must be received by the returning officer
- (g) the contact details of the returning officer
- (h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

9.1 Each candidate must nominate themselves on a single nomination paper.

9.2 The returning officer:

- (a) is to supply any member of the corporation with a nomination paper, and
- (b) is to prepare a nomination paper for signature at the request of any member of the corporation, but it is not necessary for a nomination to be on a form supplied by the returning officer and it can, subject to rule 13, be in an electronic format.

10. Candidate’s particulars

10.1 The nomination paper must state the candidate’s:

- (a) full name,
- (b) contact address in full, and
- (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination paper must state:

- (a) any financial interest that the candidate has in the corporation, and
- (b) whether the candidate is a member of a political party, and if so, which party, and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination paper must include a declaration made by the candidate:

- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
- (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination paper must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

14. Decisions as to the validity of nomination

14.1 Where a nomination paper is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

- (a) decides that the candidate is not eligible to stand,
- (b) decides that the nomination paper is invalid,
- (c) receives satisfactory proof that the candidate has died, or
- (d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination paper is invalid only on one of the following grounds:

- (a) that the paper is not received on or before the final time and date for return of nomination papers, as specified in the notice of the election,
- (b) that the paper does not contain the candidate's particulars, as required by rule 10;
- (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
- (d) that the paper does not include a declaration of eligibility as required by rule 12, or
- (e) that the paper is not signed and dated by the candidate, as required by rule 13.

14.3 The returning officer is to examine each nomination paper as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination paper, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination paper.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

- (a) the name, contact address, and constituency or class within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing, as given in their nomination paper.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination papers to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination papers

16.1 The corporation is to make the statement of the candidates and the nomination papers supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a person requests a copy or extract of the statement of candidates or their nomination papers, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

Part 5 Contested elections

19. Poll to be taken by ballot

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide if eligible voters, within a constituency, or class within a constituency, may, subject to rule 19.4, cast their vote by any combination of the methods of polling.

19.4 The corporation may decide if eligible voters, within a constituency or class within a constituency, for whom an e-mail mailing address is included in the list of eligible voters may only cast their votes by, one or more, e-voting methods of polling.

19.5 If the corporation decides to use an e-voting method of polling then they and the returning officer must satisfy themselves that:

- (a) if internet voting is being used, the internet voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the internet voting record of any voter who chooses to cast their vote using the internet voting system.
- (b) if telephone voting is being used, the telephone voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the telephone voting record of any voter who choose to cast their vote using the telephone voting system.
- (c) if text message voting is being used, the text message voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the text voting record of any voter who choose to cast their vote using the text message voting system.

20. The ballot paper

20.1 The ballot of each voter is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

- (a) the name of the corporation,
- (b) the constituency, or class within a constituency, for which the election is being held,
- (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
- (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (e) instructions on how to vote by all available methods of polling, including the relevant voters and voter ID number if e-voting is a method of polling,
- (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
- (g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

Action to be taken before the poll

21. List of eligible voters

21.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 26 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

21.2 The list is to include, for each member, a postal mailing address and if available an e-mail address, where their voting information may be sent.

21.3 The corporation may decide if the voting information is to be sent only by e-mail to those members, in a particular constituency or class within a constituency, for whom an e-mail address is included in the list of eligible voters.

22. Notice of poll

22.1 The returning officer is to publish a notice of the poll stating:

- (a) the name of the corporation,
- (b) the constituency, or class within a constituency, for which the election is being held,

- (c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,
- (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (e) the methods of polling by which votes may be cast at the election by a constituency or class within a constituency as determined by the corporation in rule 19 (3).
- (f) the address for return of the ballot papers, and the date and time of the close of the poll,
- (g) the uniform resource locator (url) where, if internet voting is being used, the polling website is located.
- (h) the telephone number where, if telephone voting is being used, the telephone voting facility is located,
- (i) the telephone number or telephone short code where, if text message voting is being used, the text message voting facility is located,
- (j) the address and final dates for applications for replacement voting information, and
- (k) the contact details of the returning officer.

23. Issue of voting information by returning officer

23.1 As soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following voting information:

(a) by post to each member of the corporation named in the list of eligible voters and on the basis of rule 21 able to cast their vote by post:

- (i) a ballot paper
- (ii) information about each candidate standing for election, pursuant to rule 61 of these rules,
- (iii) a covering envelope

(b) by e-mail or by post, to each member of the corporation named in the list of eligible voters and on the basis of rule 19.4 able to cast their vote only by an e-voting method of polling:

- (i) instructions on how to vote
- (ii) the eligible voters voter ID number
- (iii) information about each candidate standing for election, pursuant to rule 61 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate.
- (iv) contact details of the returning officer.

23.2 The documents are to be sent to the mailing address or e-mail address for each member, as specified in the list of eligible voters.

24. The covering envelope

24.1 The covering envelope is to have:

- (a) the address for return of the ballot paper printed on it, and
- (b) pre-paid postage for return to that address.

25. E-voting systems

25.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

25.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").

25.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").

25.4 The provision of the polling website and internet voting system, will:

- (a) require a voter, to be permitted to vote, to enter his voter ID number;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (v) instructions on how to vote.
- (c) prevent a voter voting for more candidates than he is entitled to at the election;
- (d) create a record ("the internet voting record") that is stored in the internet voting system in respect of each vote cast using the internet of-
 - (i) the voter ID number used by the voter;
 - (ii) the candidate or candidates for whom he has voted; and
 - (iii) the date and time of his vote, and
- (e) if their vote has been cast and recorded, provide the voter with confirmation
- (f) prevent any voter voting after the close of poll.

25.5 The provision of a telephone voting facility and telephone voting system, will:

- (a) require a voter to be permitted to vote, to enter his voter ID number;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) instructions on how to vote.
- (c) prevent a voter voting for more candidates than he is entitled to at the election;
- (d) create a record ("the telephone voting record") that is stored in the telephone voting system in respect of each vote cast by telephone of-
 - (i) the voter ID number used by the voter;
 - (ii) the candidate or candidates for whom he has voted; and
 - (iii) the date and time of his vote
- (e) if their vote has been cast and recorded, provide the voter with confirmation;
- (f) prevent any voter voting after the close of poll.

25.6 The provision of a text message voting facility and text messaging voting system, will:

- (a) require a voter to be permitted to vote, to provide his voter ID number;
- (b) prevent a voter voting for more candidates than he is entitled to at the election;
- d) create a record ("the text voting record") that is stored in the text messaging voting system in respect of each vote cast by text message of:
 - (i) the voter ID number used by the voter;

- (ii) the candidate or candidates for whom he has voted; and
- (iii) the date and time of his vote

(e) if their vote has been cast and recorded, provide the voter with confirmation;

(f) prevent any voter voting after the close of poll.

The poll

26. Eligibility to vote

26.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

27. Voting by persons who require assistance

27.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

27.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as they consider necessary to enable that voter to vote.

28. Spoilt ballot papers

28.1 If a voter has dealt with their ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a “spoilt ballot paper”), that voter may apply to the returning officer for a replacement ballot paper.

28.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if they can obtain it.

28.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless satisfied as to the voter’s identity.

28.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list (“the list of spoilt ballot papers”):

- (a) is satisfied as to the voter’s identity, and
- (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
- (c) the details of the unique identifier of the replacement spoilt ballot paper.

29. Lost voting information

29.1 Where a voter has not received their voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

29.2 The returning officer may not issue replacement voting information for lost voting information unless they:

- (a) are satisfied as to the voter’s identity,
- (b) have no reason to doubt that the voter did not receive the original voting information.

29.3 After issuing replacement voting information, the returning officer shall enter in a list (“the list of lost ballots”):

- (a) the name of the voter
- (b) the details of the unique identifier of the replacement ballot paper, and
- (c) if applicable, the voter ID number of the voter.

30. Issue of replacement voting information

30.1 If a person applies for replacement voting information under rule 28 or 29, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 28.3 or 29.2, they are also satisfied that that person has not already voted in the election.

Polling by internet, telephone or text

31. Procedure for remote voting by internet

31.1 To cast their vote using the internet the voter must gain access to the polling website by keying in the url of the polling website provided in the voting information,

31.2 When prompted to do so, the voter must enter their voter ID number.

31.3 If the internet voting system authenticates the voter ID number the system must give the voter access to the polling website for the election in which the voter is eligible to vote.

31.4 To cast their vote the voter may then key in a mark on the screen opposite the particulars of the candidate or candidates for whom they wish to cast their vote.

31.5 The voter must not be able to access the internet voting facility for an election once their vote at that election has been cast.

32. Voting procedure for remote voting by telephone

32.1 To cast their vote by telephone the voter must gain access to the telephone voting facility by calling the designated telephone number provided on the voter information using a telephone with a touch-tone keypad.

32.2 When prompted to do so, the voter must enter their voter ID number using the keypad.

32.3 If the telephone voting facility authenticates the voter ID number, the voter must be prompted to vote in the election.

32.4 When prompted to do so the voter may then cast his vote by keying in the code of the candidate or candidates, allocated in accordance with rule 61 of these rules, for whom they wish to vote.

32.5 The voter must not be able to access the telephone voting facility for an election once their vote at that election has been cast.

33. Voting procedure for remote voting by text message

33.1 To cast their vote by text the voter must gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided on the voter information.

33.2 The text message sent by the voter must contain their voter ID number and the code for the candidate or candidates, allocated in accordance with rule 61 of these rules, for whom they wish to vote.

33.3 The text message sent by the voter must be structured in accordance with the instructions on how to vote contained in the voter information.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

34. Receipt of voting documents

34.1 Where the returning officer receives a:
(a) covering envelope, or
(b) any other envelope containing a ballot paper,
before the close of the poll, that officer is to open it as soon as is practicable; and rules 35 and 36 are to apply.

34.2 The returning officer may open any covering envelope for the purposes of rules 35 and 36, but must make arrangements to ensure that no person obtains or communicates information as to:
(a) the candidate for whom a voter has voted, or
(b) the unique identifier on a ballot paper.

34.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers.

35. Validity of votes

35.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll.

35.2 Where the returning officer is satisfied that rule 35.1 has been fulfilled, the ballot paper is to be put aside for counting after the close of the poll.

35.3 Where the returning officer is not satisfied that rule 35.1 has been fulfilled, they should:
(a) mark the ballot paper “disqualified”,
(b) record the unique identifier on the ballot paper in a list (the “list of disqualified documents”);
and
(c) place the document or documents in a separate packet.

35.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet, telephone or text voting record has been received by the returning officer before the close of the poll.

36. De-duplication of votes

36.1 Where a combination of the methods of polling are being used, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in an election.

36.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in an election they shall:
(a) only accept as duly returned the first vote received that contained the duplicated voter ID number
(b) mark as “disqualified” all other votes containing the duplicated voter ID number

36.3 Where a ballot paper is “disqualified” under this rule the returning officer shall:
(a) mark the ballot paper “disqualified”,
(b) record the unique identifier and voter id number on the ballot paper in a list (the “list of disqualified documents”); and
(c) place the ballot paper in a separate packet.

36.4 Where an internet, telephone or text voting record is “disqualified” under this rule the returning officer shall:
(a) mark the record as “disqualified”,
(b) record the voter ID number on the record in a list (the “list of disqualified documents”).
(c) disregard the record when counting the votes in accordance with these Rules.

37. Sealing of packets

37.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 35 and 36, the returning officer is to seal the packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the list of spoilt ballot papers,
- (c) the list of lost ballots
- (d) the list of eligible voters, and
- (e) complete electronic copies of records referred to in rule 25 held in a device suitable for the purpose of storage.

Part 6 Counting the votes

Note: the following rules describe how the votes are to be counted manually but it is expected that appropriately audited vote counting software will be used to count votes where a combination of methods of polling is being used and votes are contained as electronic e-voting records and ballot papers.

STV38. Interpretation of Part 6

STV38.1 In Part 6 of these rules:

“ballot” means a ballot paper, internet voting record, telephone voting record or text voting record.

“continuing candidate” means any candidate not deemed to be elected, and not excluded,

“count” means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

“deemed to be elected” means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

“mark” means a figure, an identifiable written word, or a mark such as “X”,

“non-transferable vote” means a ballot:

- (a) on which no second or subsequent preference is recorded for a continuing candidate,
- or

- (b) which is excluded by the returning officer under rule STV46,

“preference” as used in the following contexts has the meaning assigned below:

- (a) “first preference” means the figure “1” or any mark or word which clearly indicates a first (or only) preference,

- (b) “next available preference” means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

- (c) in this context, a “second preference” is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

“quota” means the number calculated in accordance with rule STV43,

“surplus” means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballots from the candidate who has the surplus,

“stage of the count” means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

“transferable vote” means a ballot on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“transferred vote” means a vote derived from a ballot on which a second or subsequent preference is recorded for the candidate to whom that ballot has been transferred, and

“transfer value” means the value of a transferred vote calculated in accordance with rules STV44.4 or STV44.7.

39. Arrangements for counting of the votes

39.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

40. The count

40.1 The returning officer is to:

- (a) count and record the number of votes that have been returned, and
- (b) count the votes according to the provisions in this Part of the rules.

40.2 The returning officer, while counting and recording the number of votes and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or a voter's voter ID number.

40.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV41. Rejected ballot papers

STV41.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV41.2 The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

STV41.3 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV41.1

FPP41. Rejected ballot papers

FPP41.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
 - (b) on which votes are given for more candidates than the voter is entitled to vote,
 - (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
 - (d) which is unmarked or rejected because of uncertainty,
- shall, subject to rules FPP41.2 and FPP41.3, be rejected and not counted.

FPP41.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP41.3 A ballot paper on which a vote is marked:

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP41.4 The returning officer is to:

- (a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP41.2 and FPP 41.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP41.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

- (a) does not bear proper features that have been incorporated into the ballot paper,
 - (b) voting for more candidates than the voter is entitled to,
 - (c) writing or mark by which voter could be identified, and
 - (d) unmarked or rejected because of uncertainty,
- and, where applicable, each heading must record the number of ballot papers rejected in part.

STV42. First stage

STV42.1 The returning officer is to sort the ballots into parcels according to the candidates for whom the first preference votes are given.

STV42.2 The returning officer is to then count the number of first preference votes given on ballots for each candidate, and is to record those numbers.

STV42.3 The returning officer is to also ascertain and record the number of valid ballots.

STV43. The quota

STV43.1 The returning officer is to divide the number of valid ballots by a number exceeding by one the number of members to be elected.

STV43.2 The result, increased by one, of the division under rule STV43.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).

STV43.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV44.1 to STV44.3 has been complied with.

STV44. Transfer of votes

STV44.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballots on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

- (a) according to next available preference given on those ballots for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV44.2 The returning officer is to count the number of ballots in each parcel referred to in rule

STV44.3 The returning officer is, in accordance with this rule and rule STV45, to transfer each sub-parcel of ballots referred to in rule STV44.1(a) to the candidate for whom the next available preference is given on those papers.

STV44.4 The vote on each ballot transferred under rule STV44.3 shall be at a value (“the transfer value”) which:

- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
- (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballots on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV44.5 Where at the end of any stage of the count involving the transfer of ballots, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballots in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

- (a) according to the next available preference given on those ballots for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV44.6 The returning officer is, in accordance with this rule and rule STV45, to transfer each sub-parcel of ballots referred to in rule STV44.5(a) to the candidate for whom the next available preference is given on those ballots.

STV44.7 The vote on each ballot transferred under rule STV44.6 shall be at:

- (a) a transfer value calculated as set out in rule STV44.4(b), or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred, whichever is the less.

STV44.8 Each transfer of a surplus constitutes a stage in the count.

STV44.9 Subject to rule STV44.10, the returning officer shall proceed to transfer transferable ballots until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV44.10 Transferable ballots shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
- (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV44.11 This rule does not apply at an election where there is only one vacancy.

STV45. Supplementary provisions on transfer

STV45.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballots of the candidate with the highest surplus shall be transferred first, and if:

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballots of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballots of the candidate on whom the lot falls shall be transferred first.

STV45.2 The returning officer shall, on each transfer of transferable ballots under rule STV44:

- (a) record the total value of the votes transferred to each candidate,
- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
 - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

STV45.3 All ballots transferred under rule STV44 or STV45 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot or, as the case may be, all the ballots in that sub-parcel.

STV45.4 Where a ballot is so marked that it is unclear to the returning officer at any stage of the count under rule STV44 or STV45 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot as a non-transferable vote; and votes on a ballot shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV46. Exclusion of candidates

STV46.1 If:

- (a) all transferable ballots which under the provisions of rule STV44 (including that rule as applied by rule STV46.11 and this rule are required to be transferred, have been transferred, and
 - (b) subject to rule STV47, one or more vacancies remain to be filled,
- the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV46.12 applies, the candidates with the then lowest votes).

STV46.2 The returning officer shall sort all the ballots on which first preference votes are given for the candidate or candidates excluded under rule STV46.1 into two sub-parcels so that they are grouped as:

- (a) ballots on which a next available preference is given, and
- (b) ballots on which no such preference is given (thereby including ballots on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV46.3 The returning officer shall, in accordance with this rule and rule STV45, transfer each sub-parcel of ballots referred to in rule STV46.2 to the candidate for whom the next available preference is given on those ballots.

STV46.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV46.5 If, subject to rule STV47, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballots, if any, which had been transferred to any candidate excluded under rule STV46.1 into sub-parcels according to their transfer value.

STV46.6 The returning officer shall transfer those ballots in the sub-parcel of transferable ballots with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballots (thereby passing over candidates who are deemed to be elected or are excluded).

STV46.7 The vote on each transferable ballot transferred under rule STV46.6 shall be at the value at which that vote was received by the candidate excluded under rule STV46.1.

STV46.8 Any ballots on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV46.9 After the returning officer has completed the transfer of the ballots in the sub-parcel of ballots with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballots with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV46.1.

STV46.10 The returning officer shall after each stage of the count completed under this rule:

(a) record:

(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare:

(i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

STV46.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV44.5 to STV44.10 and rule STV45.

STV46.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV46.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and

(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV47. Filling of last vacancies

STV47.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV47.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV47.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV48. Order of election of candidates

STV48.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV44.10.

STV48.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV48.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV48.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP48. Equality of votes

FPP48.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

Part 7 Final proceedings in contested and uncontested elections

FPP49. Declaration of result for contested elections

FPP49.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
- (b) give notice of the name of each candidate who they have declared elected:
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or
 - (ii) in any other case, to the chairman of the corporation; and
- (c) give public notice of the name of each candidate whom they have declared elected.

FPP49.2 The returning officer is to make:

- (a) the total number of votes given for each candidate (whether elected or not), and
- (b) the number of rejected ballot papers under each of the headings in rule FPP41.5, available on request.

STV49. Declaration of result for contested elections

STV49.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
- (b) give notice of the name of each candidate who they have declared elected –
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or
 - (ii) in any other case, to the chairman of the corporation, and

(c) give public notice of the name of each candidate who they have declared elected.

STV49.2 The returning officer is to make:

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule **STV41.1**, available on request.

50. Declaration of result for uncontested elections

50.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who they have declared elected to the chairman of the corporation, and
- (c) give public notice of the name of each candidate who they have declared elected.

Part 8 Disposal of documents

51. Sealing up of documents relating to the poll

51.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

- (a) the counted ballot papers,
- (b) the ballot papers endorsed with “rejected in part”,
- (c) the rejected ballot papers, and
- (d) the statement of rejected ballot papers.
- (e) the complete electronic copies of records referred to in rule 25 held in a device suitable for the purpose of storage.

51.2 The returning officer must not open the sealed packets of:

- (a) the disqualified documents, with the list of disqualified documents inside it,
- (b) the list of spoilt ballot papers,
- (c) the list of lost ballots,
- (d) the list of eligible voters, and
- (e) the complete electronic copies of records referred to in rule 25 held in a device suitable for the purpose of storage.

51.3 The returning officer must endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

52. Delivery of documents

52.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 51, the returning officer is to forward them to the chair of the corporation.

53. Forwarding of documents received after close of the poll

53.1 Where:

- (a) any voting documents are received by the returning officer after the close of the poll,
or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent,
or

(c) any applications for replacement voter information is made too late to enable new ballot papers to be issued,
The returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.

54. Retention and public inspection of documents

54.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the regulator, cause them to be destroyed.

54.2 With the exception of the documents listed in rule 55.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

54.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so

55. Application for inspection of certain documents relating to an election

55.1 The corporation may not allow the inspection of, or the opening of any sealed packet containing –

- (a) any rejected ballot papers, including ballot papers rejected in part,
- (b) any disqualified documents, or the list of disqualified documents,
- (c) any counted ballot papers, or
- (d) the list of eligible voters,
- (e) the complete electronic copies of records referred to in rule 25 held in a device suitable for the purpose of storage by any person without the consent of the Regulator.

55.2 A person may apply to the Regulator to inspect any of the documents listed in rule 55.1, and the Regulator may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

55.3 The Regulator's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening, and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

55.4 On an application to inspect any of the documents listed in rule 55.1:

- (a) in giving its consent, the regulator, and
- (b) making the documents available for inspection, the corporation, must ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –
 - (i) that their vote was given, and
 - (ii) that the regulator has declared that the vote was invalid.

Part 9 Death of a candidate during a contested election

FPP56. Countermand or abandonment of poll on death of candidate

FPP56.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
- (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP56.2 Where a new election is ordered under rule FPP56.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP56.3 Where a poll is abandoned under rule FPP56.1(a), rules FPP56.4 to FPP56.7 are to apply.

FPP56.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 35 and 36, and is to make up separate sealed packets in accordance with rule 37.

FPP56.5 The returning officer is to:

- (a) count and record the number of ballot papers that have been received, and
- (b) seal up the ballot papers into packets, along with the records of the number of ballot papers.
- (c) seal up the electronic copies of records that have been received referred to in rule 25 held in a device suitable for the purpose of storage.

FPP56.6 The returning officer is to endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

FPP56.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP56.4 to FPP56.6, the returning officer is to deliver them to the chairman of the corporation, and rules 54 and 55 are to apply.

STV56. Countermand or abandonment of poll on death of candidate

STV56.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
 - (i) ballots which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
 - (ii) ballots which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV56.2 The ballots which have preferences recorded for the candidate who has died are to be sealed with the other counted ballots pursuant to rule 51.1(a).

Part 10 Election expenses and publicity

57. Election expenses

57.1 Any expenses incurred, or payments made, for the purposes of an election which to the regulator under Part 11 of these rules.

58. Expenses and payments by candidates

58.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

59. Election expenses incurred by other persons

59.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or their family any money or property (whether a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

59.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 60 and 61.

Publicity

60. Publicity about election by the corporation

60.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions, as it considers necessary.

60.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 61, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, the expense of the electoral prospects of one or more other candidates.

60.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

61. Information about candidates for inclusion with voting information

61.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 23 of these rules.

61.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a polling method, the numerical voting code, allocated by the returning officer, to each candidate, for the purpose of recording votes on the telephone voting facility or the text message voting facility, and
- (c) a photograph of the candidate.

62. Meaning of “for the purposes of an election”

62.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.

62.2 The provision by any individual of their own services voluntarily, on their own time, and free of charge is not to be considered an expense for the purposes of this Part.

Part 11 Questioning elections and the consequence of irregularities

63. Application to question an election

63.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the regulator.

63.2 An application may only be made once the outcome of the election has been declared by the returning officer.

63.3 An application may only be made to the Regulator by:

- (a) a person who voted at the election or who claimed to have had the right to vote, or
- (b) a candidate, or a person claiming to have had a right to be elected at the election.

63.4 The application must:

- (a) describe the alleged breach of the rules or electoral irregularity, and
- (b) be in such a form as the Regulator may require.

63.5 The application must be presented in writing within 21 days of the declaration of the result of the election.

63.6 If the Regulator requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

63.7 The Regulator shall delegate the determination of an application to a person or persons to be nominated for the purpose of the Regulator.

63.8 The determination by the person or persons nominated in accordance with rule 63.7 shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency including all the candidates for the election to which the application relates).

63.9 The Regulator may prescribe rules of procedure for the determination of an application including costs.

Part 12 Miscellaneous

64. Secrecy

64.1 The following persons:

- (a) the returning officer,
- (b) the returning officer’s staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voter information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,

- (iii) the voter ID number allocated to any voter
- iv) the candidate(s) for whom any member has voted.

64.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter id number allocated to a voter.

64.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

65. Prohibition of disclosure of vote

65.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

66. Disqualification

66.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for election.

67. Delay in postal service through industrial action or unforeseen event

67.1 If industrial action, or some other unforeseen event, results in a delay in:

- (a) the delivery of the documents in rule 23, or
 - (b) the return of the ballot papers and declarations of identity,
- the returning officer may extend the time between the publication of the notice of the poll and the close of the poll, with the agreement of the Regulator.

UPDATED 20.1.15 (electronic voting)

MEMBERSHIP COUNCIL

PAPER TITLE: 1 YEAR STRATEGIC PLAN & QUALITY PRIORITIES 2016.17	REPORTING AUTHOR: Victoria Pickles, Company Secretary
DATE OF MEETING: Thursday 6 July 2016	SPONSORING DIRECTOR: Victoria Pickles, Company Secretary
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: Board and Membership Council workshop – 20.5.16 Board of Directors Public Meeting – 26.5.16 Quality Committee – 28.6.16	
EXECUTIVE SUMMARY: The Membership Council is asked to receive and note the finalised 5 Year and 1 Year Strategic Plan and the Quality Priorities for 2016.17.	
PURPOSE: The report presents the updated 5 Year Plan on a page and 1 Year Plan for year ending 2017 along with the Quality Priorities for 2016.17.	
BACKGROUND: Last year the Membership Council received the 5 Year and 1 Year plan on a page. During 2015/16 the Board of Directors received quarterly updates on the progress made against the objectives described in the plan and at its meeting in April, received the end of year position. This showed that good progress had been made against all areas of the plan and three objectives had been completed. The draft objectives for 2016.17 were discussed at a workshop between the Board of Directors and the Membership Council on 10 May. The objectives were agreed with the addition of patient flow and continuation of the development of the community division being added. These have been incorporated in the updated plan attached at appendix 1. This was signed off by the Board at its meeting at the end of May. In addition, the plan includes the Quality Priorities for the year. Each year colleagues within the organisation, including Membership Councillors, and clinical colleagues in the wider health economy work together to agree quality improvements. These fall into the domains identified by the Care Quality Commission as core components of high quality care. They were approved by the Quality Committee in June. A full list of the priorities is attached. Below are the priorities to which particular attention will be paid as they are quality account priorities and CQUINs.	
<u>Quality Account</u> Reducing patient falls Reducing avoidable mortality	

Improving patient experience in the community

National CQUINs

Reducing harm from sepsis

Antimicrobial stewardship

Improving staff health and wellbeing

Local CQUINs

Introduction of hospital at night

Introduction of safety huddles

Increasing the number of patients who are self-administering medicines

Improving the patient experience of community services

NEXT STEPS

A quarterly report on progress against the 1 Year Strategic Plan and the Quality Priorities will be brought to the Membership Council to enable scrutiny of delivery. Good questions to support this scrutiny were developed at the Board and Membership Council workshop on 10 May and these have been circulated separately to Membership Councillors. This will also be supported by a programme of clinical audit and internal audit – also included on this agenda.

RECOMMENDATION:

The Membership Council is asked to receive and note the finalised 5 Year and 1 Year Strategic Plan and the Quality Priorities for 2016.17.

APPENDIX ATTACHED: YES / NO

5 Year Strategy

Five Year Responses and Year Ending
March 2017

5 Year Strategy

Our Vision	<i>Together we will deliver outstanding compassionate care to the communities we serve</i>			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Financial sustainability
Our response	Our patients and the public will be involved in their treatment and we will use their feedback to develop services for the future	We will have achieved a CQC rating of outstanding	We will have a workforce of the right shape and size with the capability and capacity to deliver safe, high quality services.	We will have implemented the five year plan
	We will have commenced implementation of an agreed re-configuration of integrated hospital and community services	We will be compliant with NHS Improvement standards	We will be widely recognised as an employer of choice through growing our own and attracting talented people to join our team.	We will be financially sustainable with the ability to invest for the future
	We will meet all relevant 7 day working standards and our SHMI will be 100 or less	We will consistently achieve all national and local patient performance targets	Engaging with our people and involving them in decisions that affect the Trust will be the norm.	We will understand our markets and have a clear plan of how we grow our business
	We will have a robust interoperable electronic patient record which is used by patients and clinicians alike	We will be fully compliant with health and safety standards		

Year Ending 2017

Our Vision	<i>Together we will deliver outstanding compassionate care to the communities we serve</i>			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Financial sustainability
Our response	Subject to consultation, develop DoH approved implementation plans for the 5 Year Strategic Plan. Deliver on YE 2017 including strengthening community services for 2017	Undertake a Well Led Governance Peer Review and implement any actions to support the findings and ensure ongoing compliance with NHS Improvement & CQC	Develop and implement a 5 year workforce and organisational development plan	Deliver a robust financial plan including CIP for YE 2017
	Refocus the Care of the Acutely Ill Patient action plan and implement the SAFER (patient flow) and hospital@night programmes to improve quality of care	Implement the actions resulting from the findings from the CQC inspection	Implement the colleague produced action plan in response to Investor in People accreditation; the staff survey; Friends and Family Test and Workforce Race Equality Scheme	Working with partners, including across WY, develop and implement a sustainability and transformation plan including Carter compliance
	To work as an early adopter toward the implementation of selected 7 day NHS England standards (2,5,6 and 8)	Implement year 2 of the health and safety action plan and via the estates strategy, deliver against level B quality standards	Design and deliver a leadership and succession planning development programme	Develop a full CIP programme for YE 2021
	Together with our partners deliver and implement a robust EPR system	Implement the local quality priorities (see separate page)	Delivery of the integration of finance and workforce information systems ensuring consistency of provision and integrity of data	Develop a 5 year commercial strategy for THIS and consolidate the existing PMU strategy

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QUALITY COMMITTEE

PAPER TITLE: QUALITY PRIORITIES FOR 2016/17	REPORTING AUTHOR: Juliette Cosgrove
DATE OF MEETING: Tuesday, 28th June 2016	SPONSORING DIRECTOR: Brendan Brown
STRATEGIC DIRECTION - AREA: <ul style="list-style-type: none"> Transforming and improving patient care 	ACTIONS REQUESTED: <ul style="list-style-type: none"> To approve
PREVIOUS FORUMS: None	
EXECUTIVE SUMMARY (inc. Purpose/Background/Overview/Issue/Next Steps) <p>This paper provides an overview of the proposed quality priorities for the Trust for 2016/17. This includes both locally and nationally agreed priorities and includes CQUIN's (Commissioning for Quality and Innovation) and priorities identified within the 2015/16 Quality Account.</p> <p>Summary</p> <p>Each year colleagues within the organisation, including our members, and clinical colleagues in the wider health economy work together to agree quality improvements. These fall into the domains identified by the Care Quality Commission as core components of high quality care. Each of the priorities has an identified lead responsible for delivering the improvements and progress is monitored through the Divisional and Corporate governance structures.</p> <p>Introduction</p> <p>Each year colleagues within the organisation, including our members, and clinical colleagues in the wider health economy work together to agree quality improvements. These fall into the domains identified by the Care Quality Commission as core components of high quality care. Each of the priorities has an identified lead responsible for delivering the improvements and progress is monitored through the Divisional and Corporate governance structures. The Quality Committee will receive an update on progress through the Quarterly Quality Report.</p> <p>Quality Priorities</p> <p>The full list of priorities is attached at appendix 1, below are a number of the priorities that particular attention will be paid to as they are Quality Account priorities and CQUIN's.</p>	

APPENDIX U

Quality Account

Reducing patient falls

Reducing avoidable mortality

Improving patient experience in the community

National CQUIN's

Reducing harm from sepsis

Antimicrobial Stewardship

Improving Staff Health and Wellbeing

Local CQUIN's

Introduction of Hospital at Night Service

Introduction of safety huddles

Increasing the number of patients who are self-administering medicines

Improving patient experience of the Community Service

FINANCIAL IMPLICATIONS OF THIS REPORT:

None

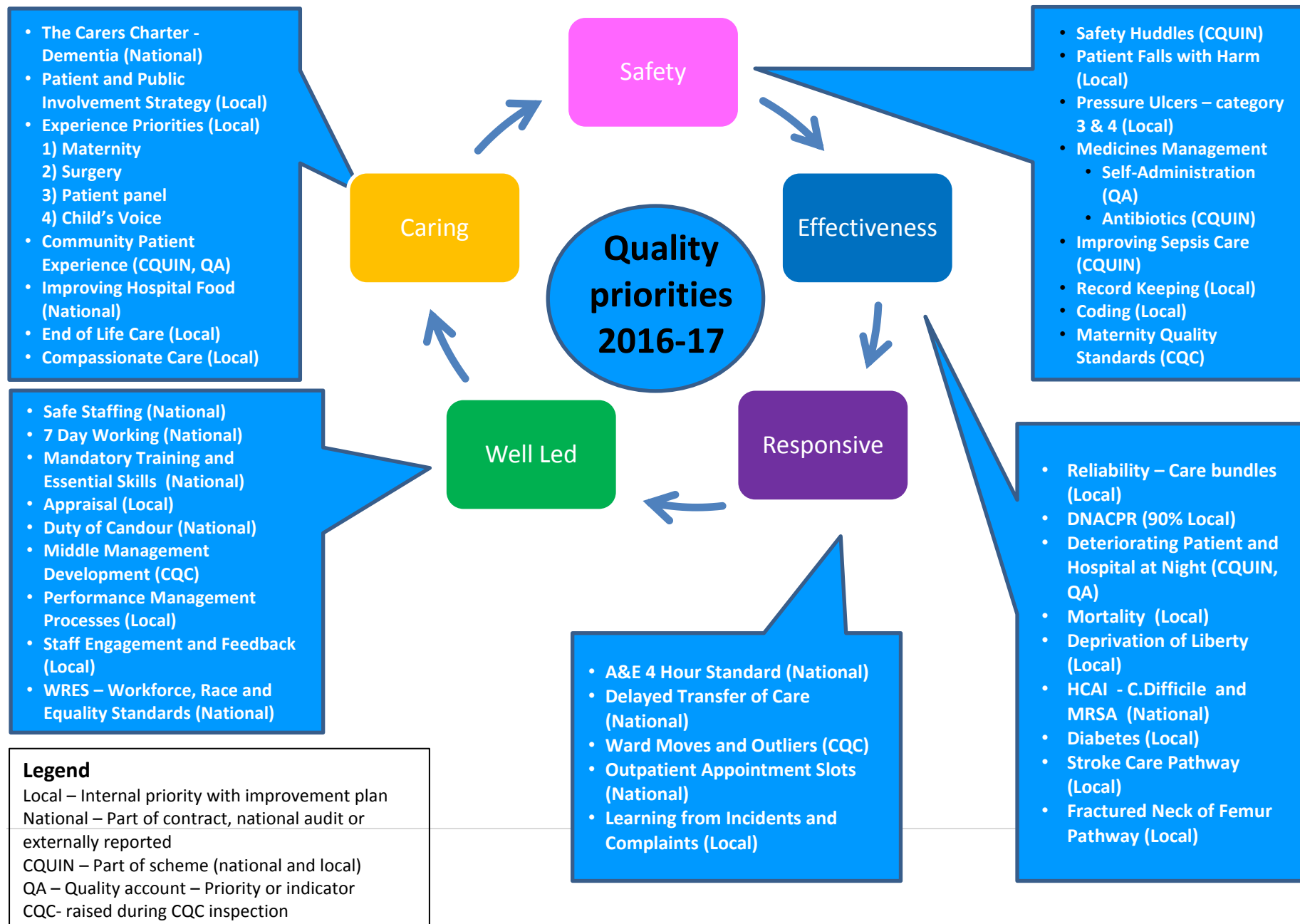
RECOMMENDATION:

The Quality Committee is asked to approve the list of priorities and gain assurance on progress through the Quarterly Quality Report.

APPENDIX ATTACHED:

Yes - Quality Priorities

A Framework for Quality Improvement 2016-17



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MEMBERSHIP COUNCIL

PAPER TITLE: CLINICAL AUDIT AND INTERNAL AUDIT PLANS	REPORTING AUTHOR: Victoria Pickles, Company Secretary
DATE OF MEETING: Thursday 6 July 2016	SPONSORING DIRECTOR: Victoria Pickles, Company Secretary
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note
PREVIOUS FORUMS: Audit and Risk Committee – 20 April 2016 Executive Board – 26 May & 9 June 2016	
<p>BACKGROUND</p> <p>This year, the Trust has reviewed its clinical audit and internal audit plans to ensure that they address the breadth of the strategic and quality priorities of the organisation and help us to monitor progress against their delivery.</p> <p>The Membership Councillor who sits on the Audit and Risk Committee has shown a keen interest in this work and asked that they be shared with the Membership Council to help its understanding of some of the sources of assurance the Trust has in place.</p> <p>At its meeting in April, the Audit and Risk Committee reviewed the Internal Audit Plan and asked that this be considered when putting together the Clinical Audit Plan for the year. This was then reviewed at the Executive Board in May.</p> <p>CLINICAL AUDIT</p> <p>Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against local and national standards and guidelines. Aspects of structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria.</p> <p>It is a way to find out if healthcare is being provided in line with standards and ensures care providers and patients know where their service is doing well, and where there could be improvements.</p> <p>The Trust conducts four different types of audit, National, HQIP, NICE and local. It is mandatory that the Trust comply with national audits set by HQIP, and the Trust has also chosen to regard other national audits as mandatory.</p> <p>If the Trust assesses that it is fully compliant with NICE guidance then they will undertake audit work to confirm this.</p> <p>Clinical Governance Team Leaders emailed a letter to all audit leads in February 2016 to request that a</p>	

Divisional programme of clinical audit be pulled together before the end of March 2016. Guidance was provided as to what should be considered for inclusion. The Team Leaders then met with each audit lead to assist them in producing a programme for their specialty. Each Divisions clinical audit programme has been to the Divisional PSQB for sign off and to the Clinical Effectiveness, Audit and Mortality meeting. Additional projects will be added to the programme throughout the year as required.

The attached table shows a comparison of the number of projects on the clinical audit programme of Trusts in the Yorkshire & Humber Effectiveness and Audit Regional Network.

INTERNAL AUDIT

Internal Audit is a source of assurance to the Board that controls are appropriate and effective. Their work contributes to a Head of Audit Opinion Statement at the end of the year that the Audit Plan reflects the objectives and risks highlighted in the Trust's Assurance Framework and Risk Register, giving coverage over the year of all the chief risks that are currently recorded. The plan for 2016/17 has been aligned against the strategic objectives of the Trust, demonstrating the breadth of coverage necessary to form an opinion. The resulting plan has also been compared against the key areas laid down in the Trust's Assurance Framework and Risk Register. Detail from these documents has been considered along with an assessment of Internal Audit's existing knowledge of the Foundation Trust.

NEXT STEPS

The Audit and Risk Committee receives all of the Internal Audit reports and a progress report on the implementation of any recommendations at each meeting.

The Clinical Audit plan is monitored through the Clinical Effectiveness sub-group of the Quality Committee and an overall report will be taken to the Audit and Risk Committee at the end of the year.

RECOMMENDATION:

The Membership Council is asked to note the Clinical Audit and Internal Audit plans.

APPENDIX ATTACHED: **YES** / NO

Comparison with other Trusts regionally

Trust	Number of beds	Total number of audits	Number of audits per bed
CHFT	858	162	0.18
Mid Yorks	1062	115	0.10
Northern Lincolnshire and Goole	834	192	0.23
Harrogate and District	346	105	0.30
South West Yorkshire Partnership	549	99	0.18
Leeds Partnership	421	103	0.24
Chesterfield Royal Hospital	532	183	0.34
Countess of Chester Hospital	579	300	0.51
Doncaster and Bassetlaw	981	224	0.22

The table above shows a comparison of the number of projects on the clinical audit programme of Trusts in the Yorkshire & Humber Effectiveness and Audit Regional Network (YEARN). The programmes are fluid with additions permitted throughout the year. Some Trusts have provided a figure for 2015/16 as the 2016/17 programme has not been finalised, these would already include additional projects added in the year.

SUMMARY OF CLINICAL AUDITS

Division	NAT	REG	NICE	Peer Review	Local G/lines	Dept priorities	Consent	Local	Out-comes	TOTAL
FSS CWF										
O&G	2		4	1	1		1	20		29
Paeds	5		4							9
FSS DATS										
Pathology	4		1					8		13
Pharmacy			1		1					2
Radiology	3	1					1	5	2	12
MEDICINE										
Acute	14		6				1			21
Emergency	4		1		1					6
IMS	5		4				1			10
SURGERY										
ENT	1						1			2
Ortho	3		2			4	1			10
Gen surgery	7		1			5	1	1		15
Ophthalmology	2		1				1			4
Anaesthetics	4		2		1	6	1	1		15
Oral							1	4		5
Urology	4		1				1			6
COMMUNITY										
Community	2						1			3
TOTAL	60	1	28	1	4	15	12	39	2	162

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Internal Audit Plan - 2016/17

This plan groups the planned audits against the Strategic Objectives of the Trust. It continues the overall level of audit days as in 2015/16 and achieves coverage across the range of the Trust's Board Assurance Framework.

Auditable Area: Transforming and improving patient care	Exec Lead	2016/17 Days
Hospital Service Reconfiguration - to evaluate how the Trust is preparing for the response to the CCG's plans for service reconfiguration.	A Basford	15
EPR Benefits Management and Delivery – a review of the assurance over the delivery of the benefits of the EPR.	A Basford	15
Carter Review Efficiencies – to consider the robustness of plans to derive the efficiencies highlighted by the Carter Review.	A Basford	20
Patient experience – Discharge Planning, to review how the Trust plans for the safe discharge of patients.	J Dawes	15
Vanguard – review how the Trust is working to move specialist care out of hospitals into the community.	TBD	15
Sub Total		80

Auditable Areas: Keeping the base safe	Responsible Officer	2016/17
Performance Management Framework – to review the effectiveness of the new framework and the assurance over the accuracy of the underpinning metrics.	H Barker	20
CQC Report Follow Up – provision to undertake audit work to support management action following the CQC Report.	TBD	20
Capacity Planning & SLA Management – assessment of how capacity, demand and activity are aligned.	J Dawes	15
Pharmacy & Medicines Management - Management of Controlled Drugs	D Birkenhead	20
Winter Planning Review – to review how lessons have been learned from the delivery of the last Winter Plan and incorporated in the Trusts current Winter Plan.	H Barker	15
Use of Medical Devices– this will consider the arrangements for ensuring that users of medical devices are trained in their use. Including how this need is assessed, how this is managed in Divisions, training delivered and records maintained.	D Birkenhead	10
Board Assurance Framework & Risk Management Framework – work to support the Head of Internal Audit Opinion	V Pickles	5
Action Planning - to review how the Trust identifies and ensures the implementation of recommendations made by internal and external reviews.	TBD	15
Health and Safety Assurance – to review the governance arrangements for H&S and how assurance is delivered on the Trust's compliance with its statutory requirements.	L Hill	20
Emergency Preparedness, Resilience and Response – a detailed follow up of the progress made by the Trust to ensure sufficient coverage of reliable business continuity arrangements.	L Hill	10
External Reporting Governance – to review how the Trust handles its external reporting requirements to ensure that they are accurately undertaken. It will include the recording of such reporting, the validation measures in place and how the Trust ensures that any required timescales are met.	H Barker	20
Claims & Complaints – Management, investigation and mitigation of claims and complaints	J Dawes	15
Sub Total		185

Auditable Area: A workforce fit for the future	Responsible Officer	2016/17
Organisational Culture – Staff Survey, looking at how staff are engaged to complete the survey, how it drives management action and how the results are reported back to the Trust.	Workforce	15
Absence management – To review the effectiveness of the Trust arrangements to manage absence.	Workforce	15
Mandatory Training – to review the progress being made to train all staff in the mandatory areas, how this is being handled by local management as well as at a Trust level.	Workforce	15
Raising concerns/Whistleblowing – Impact of Francis Whistleblowing report and Speak Up Policy	Workforce	10
Bank and Agency staff use – to review the Trust's plans to minimise the use the bank and agency staff use.	J Dawes	20
Fit and proper persons – review how the Trust applies these standards to director appointments	V Pickles	5
Consultant Job Plans – to undertake a review looking for compliance with the job planning guidance.	H Barker	15
Safer Staffing – Medical Workforce – to review the actions being taken by the Trust to determine the level of doctors required, across the Trust, and assesses performance against that standard.	D Birkenhead	15
Sub Total		110

Auditable Area: Financial Sustainability	Exec Lead	2016/17
Financial Transactions – Substantive audit work assessing the controls surrounding: <ul style="list-style-type: none"> • General ledger • Debtors and cash collection • Order, receipt and creditor payments. 	K Griffiths	20
Budgetary Control – budget setting, on-going management and control.	K Griffiths	15
Payroll – detailed review of systems to accurately pay staff. Carried out over the year to confirm improvement each quarter.	Workforce	20
Payment by Results and Clinical Coding – following an initial review in 2015/16 detailed follow up work.	M Griffin	10
Service Line Reporting Utilisation–the use of this information in business planning and strategic development.	K Griffiths	10
Charitable Funds – recording and receipting of income, payments and monitoring of fund investments.	K Griffiths	10
Theatre Stores system – review the Bluespire system to provide assurance that it accurately records stock levels as well as handling issuing and receipts.	H Barker	10
Tendering Processes – including compliance with EU procurement limits and SFIs.	K Griffiths	20
Income identification and recovery – Patient Appliances	K Griffiths	10
General Office, Cash Handling	L Hill	15
Sub Total		140

Auditable Area: Health Informatics	Responsible Officer	2016/17
Information governance toolkit – specific requirements to be agreed annually	M Griffin	15
Electronic Patient Records – Introduction to CHFT, to review the transition from the project stage to business as usual, focusing on the technical support arrangements for the system and for users.	M Griffin	15
Electronic Patient Records – Gateway Review Follow Up – to undertake a detailed follow up of all implemented recommendations, whilst assessing the risk of recommendations where actions are still outstanding.	M Griffin	10

New Systems – Patient Health Information Exchange, to review the implementation of the system, how users are established, data secured etc.	M Griffin	15
Cyber Security - to review how the Trust secures its systems and information against external attack.	M Griffin	15
ISO Audit Programme – 3 year coverage of each clause of the ISO standards THIS complies with	M Griffin	20
Sub Total		90

Auditable Area: Planning and Control	Responsible Officer	2016/17
Follow Up All Internal Audit Recommendations will be followed up to ensure that benefits arising from Audit Recommendations are fully realised. Q1-Q4	V Pickles	40
Planning and Control Provision is included in the plan for the management of the audit process, both on an individual basis and for the plan overall.	-	40
Contingency.	-	5
Sub Total		100

Total	690
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MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: Kathy Bray, Board Secretary
TITLE OF PAPER: ELECTION PROCESS FOR THE APPOINTMENT OF DEPUTY CHAIR/LEAD GOVERNOR-COUNCILLOR	
DATE OF MEETING: 6 JULY 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
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The Membership Council is asked to approve the process for the election of Deputy Chair/Lead Governor-Councillor. The paper attached are:- <ul style="list-style-type: none"> • Draft timeline • Procedure for the Appointment of Deputy Chairman The process would begin after the Membership Council meeting on the 6 July and conclude on the 15 September 2016 when the appointment would be formally announced at the Joint AGM.	
RECOMMENDATION: The Membership Council are asked to approve the process for the appointment of Deputy Chairman/Lead Governor-Councillor	
APPENDIX ATTACHED: YES	

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

TIMELINE 2016

DATE	ACTION
6 July 2016	Procedure approved at Membership Council Meeting
w/c 11 July 2016	Board Secretary to send out letters requesting expressions of interest
1 August 2016	Deadline for receipt of expressions of interest
8 August 2016	Deadline for receipt of Candidate Supporting Statements and Letters of support
15 August 2016	Candidate Supporting Statements and Voting Papers sent to all MCs
5 September 2016	Closing date for receipt of completed Voting Papers
15 September 2016	Formal announcement of Deputy Chair/Lead Governor-Councillor at Annual General Meeting
16 September 2016	Appointment effective.

June 2016

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

Introduction

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

Constitutional Context

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

Person Specification Essential

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

Desirable

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

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

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

Members may not vote for more than one candidate.

All public and staff elected members are eligible to stand.

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

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

References:

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

/KB/MC-DEPUTY-CHAIR-PROCEDURE
27.12.06
12.12.06
June 2014
June 2015
June 2016



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

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

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

Please return this Ballot Paper in the envelope provided or email to Kathy.bray@cht.nhs.uk by close of play on Monday 5 September 2016

The appointment will be announced at the Annual General Meeting on Thursday 15 September 2016 and will become effective on Friday 16 September 2016.

Kathy Bray
Board Secretary

Member details:-

Signed:

Name (printed):

Date:

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Appendix B: The role of the nominated lead governor

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

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

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

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

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

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

In such circumstances, where the chairperson, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for NHS Improvement.

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

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MEMBERSHIP COUNCIL MEETING

6 JULY 2016

CHAIRMAN'S APPRAISAL SUMMARY 2015/16

PROCESS

The format for the Chairs appraisal again involved feedback from the Membership Council, NEDs, and Executive team. A newly designed questionnaire was used structuring the responses in terms of assessment of:-

- Chairing Meetings of Board
- Leadership Style
- Corporate Understanding and Strategic awareness
- Commitment
- Holding to Account
- Personal Style
- Self-Development
- Impact

The feedback was collected by David Anderson in his role of SINED through meetings with Rev Wayne Clarke Deputy Chair of Membership Council and Owen Williams Chief Executive, and subsequently feedback to Andrew at his appraisal.

SUMMARY

This was Andrews fifth appraisal since his appointment and is now is approaching the end of his term as Chairman.

SELF-APPRAISAL

Another challenging year for the Board with a CQC inspection, continuing close work with Monitor/NHS Improvement, developing an effective CIP programme, the well led governance review and developing the 5 year transformation programme.

On reflection the year had gone better than expected, and the Board had risen to the challenge and developed positively in response to adversity and delivered on what it had to do. The feedback from the CQC visit was encouraging while acknowledging areas for development such as Maternity and the Well led Governance Review contained few surprises.

The Chairman recognised the challenges still to come in terms of the EPR implementation and the next stage after the consultation Right Care time Place, but felt the Board was working well and had confidence in the Executive team and in his working relationship with the Chief Executive to continue to deliver on these agendas.

He had worked closely with the Membership Council, to progress its role within the Trust and in relation to the Consultation process.

It had been an enjoyable year but hard to believe that he had now been at the Trust for 5 years.

Turning to specifics objectives in last year appraisal

- Increased visibility within the Trust – a drop in session for informal briefing with the Chair had proved not to be an effective form of engagement, but had utilised all

other opportunities to be visible, but perhaps felt frustrated that diary commitments had interfered with how he would like to develop this part of his role.

- He had played a full part in the Trusts preparation for the CQC visit and in the week of the inspection and in giving assurance to Monitor in its Performance review process
- The well lead governance review had been completed and subsequent actions operationalised
- A review of the work streams within the Trust and capacity of the Executive to deliver on these had led to new posts with the Trust Executive and greater understanding of the role of Executive and Non-Executive Directors
- He had regular meetings with chairs of neighbouring organisation and felt that relationships between these organisations were progressing positively, while acknowledging the challenges the Health and wider social economy faces.
- He had been active in recruiting to the Membership Council while acknowledging challenges remain.
- He had been actively involved in the project assurance of the EPR.
- He had enabled regular meeting of the Non-Executive Directors.
- He had attended National Meetings

FEEDBACK

The responses to the questions was overwhelmingly positive with most either agree or strongly agree. Narrative comments included he has his finger on the pulse, he focuses on the big issues, he is diplomatic and tactful, he is welcoming and approachable.

In more detail:

Chairing

It was felt that the Board meetings were very full, and while the direction of travel in terms of the length of the meetings was encouraging, it felt that there was still progress to be made, and for briefings to be more concise. In preparation of papers for the Board improvements could be made in terms of focused outcomes and clarity where a decision is required or if Board is giving assurance; It was felt that there could be more learning from the patient stories.

The balance of the meetings needed to reflect the critical risks facing the Trust

The quality of the information received by the Board was seen as crucial; an example in looking at crude mortality to identify key areas for development for the Trust.

Leadership style

Andrew was seen as being very visible and having a constructive relationship with the Chief Executive, although it was perceived that there could be a risk if this should become too close. Managing relationships within the Board was seen as a real strength, a strong ambassador for the Trust and living its four pillars.

It was felt that he could enhance his leadership role outside the Trust with neighbouring organisations and consider some form of forum for the senior leaders of the organisations to meet on a regular basis

Corporate Understanding and strategic awareness

It was felt that he had detailed understanding and was abreast of the challenges facing the Trust and the needs for transformation in the future. The enhanced leadership role of the Chair in the wider community mentioned above would be an enabler in the transformation journey.

Holding to account

It was felt that there had been real progress in course of year, and a positive impact on difficult agendas.

Personal style/Independence/Self-development/Impact/commitment

There were uniformly positive comments in all these areas

Future areas for development and Objectives for next year

- Increased visibility within the trust – championing and demonstrating the 4 pillars of behaviour.
- Effective input into Board and Committee meetings.
- Address learning and feedback from CQC Inspection and ensure Trust makes appropriate response.
- Ensure an effective relationship with Monitor/NHS Improvement and work to achieve goal of Trust not being in breach of its Licence.
- Ensure an effective follow-up review of the Well Led Governance review in conjunction with another Trust.
- Continue to develop external relationships in the local health economy and West Yorkshire health economy.
- Leadership role within the Health Economy and the Local Authority to enhance future transformation following previous procurement activities and the recent consultation process.
- Leadership role in attracting new members to the Membership Council.
- To organise a stakeholder review in 2017 jointly with the Chief Executive.
- To continue to be involved in the project assurance of the Electronic Patient Record and oversee its safe implementation.
- Continue to attend National Conferences.

Mandatory Training

Andrew had completed either individually or with the Board – Equality, Diversity and Human Rights, Fire Safety, Health and Safety, Infection Prevention and Control, Information Governance, Prevent and Safeguarding Adults and Children

Conflict Resolution and Dementia awareness were outstanding.

Mr Andrew Haigh (Chairman)

Signature:



Date: 30.6.16

Dr David Anderson (Appraiser)

Signature:

Date: 30.6.16

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MEMBERSHIP COUNCIL MEETING**WEDNESDAY 6 JULY 2016****NON-EXECUTIVE APPRAISALS**

With the exception of Linda Patterson the appraisals of the Non-Executive Directors (NEDs) were carried out between April and June 2016 by the Chair with input from the Executive team. All the NEDs were assessed to be carrying out their duties to a satisfactory standard and fulfilling their time commitment to the Trust. In respect of attendance at Board of Directors meetings Peter Roberts attended 13 out of 13 meetings, Jan Wilson attended 12/13 meetings, David Anderson, Jeremy Pease and Philip Oldfield 11/13 meetings and due to sabbatical leave Linda Patterson attended 8/10 meetings. Both Karen Heaton and Richard Hopkin who were appointed on the 1 March 2016 have attended 1/1 meetings.

As advised previously, the time commitment for the NEDs falls into two sections - those activities that all NEDs carry out and those that are dependant on role. In the first category are:

- Board Meetings
- MC/NED workshops
- MC meetings
- Board workshops
- Board/MC workshops
- Leadership walk arounds
- 1:1 meetings with the Chair and NED meetings with the Chair
- Training
- Ad hoc meetings such as the 5 Year Strategy development
- In addition the Finance & Performance Committee is open to all NEDs to attend as observers if they wish and this is often taken up.

In addition to these the NEDs get involved in a variety of activities. Board sub-committee meetings with NED Chairs and/or attendance include Audit & Risk, Finance and Performance, Quality and Workforce (well led). Other committees/meetings with NED attendance include Health & Safety, Charitable Funds, Equality, Pennine Property Partnership, Turnaround Exec and Revalidation; Where NEDs are acting as Chair of Board sub committees the appraisal has included how those committees are performing and their role as Chair.

All the NEDs have a link to one of the Executive Directors (based on skill sets/interest) in a buddying type arrangement; Oversight roles on Trust initiatives including Care of the Acutely Ill Patient and Future Hospital. Some NEDs have very good connections within the Political Establishment which has been very helpful during the CCG consultation process (Peter Roberts) and with NHS England/CQC which has helped during the preparation for our own visit (Linda Patterson).

NEDs, and particularly David Anderson, have got involved during the consultation process to help present the views of the Trust at public events.

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

Since November 14 there has also been the requirement for NED representation at the regular meetings with Monitor/NHS Improvement. Philip Oldfield has been particularly involved with this but others have attended as well.

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

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

The first two of these are being carried forward to appraisal year 2016/17 and as the Trust has now had its CQC inspection (but is still awaiting the report), it is proposed to change the third to "Address learning and feedback from the CQC inspection and ensure the Trust makes an appropriate response".

Finally it should be noted that David Anderson and Jan Wilson take the roles of Senior Independent Non-Executive Director and Deputy Chair respectively. The responsibilities here include carrying out my appraisal and being the Freedom to Speak Up Guardian (FTSU Guardian) for David and standing in for me at meetings such as the West Yorkshire Chairs which Jan has done a couple of times this year.

As Membership Councillors will remember Linda Patterson has been taking a sabbatical from the Trust to carry out a 6 month job in Australia within their health service and is returning to Trust business from 1 September. I met with Linda before she went and discussed her performance with her which, at the time, I considered to be satisfactory and also whether she would want to be considered for a second term as a NED. Her name, together with Phil Oldfield who is also coming to the end of his first term of office, is being taken to the Membership Council Nominations and Remuneration Committee shortly for consideration for second terms.

Andrew Haigh
Chairman

MEMBERSHIP COUNCIL

PAPER TITLE: INTEGRATED PERFORMANCE REPORT	REPORTING AUTHOR: Kathy Bray, Board Secretary
DATE OF MEETING: Thursday 6 July 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 – 30.6.16 Finance and Performance Committee – 28.6.16	
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 (IPR) for May 2016. Summary of the report:- <u>Safe</u> <ul style="list-style-type: none"> • Inpatient Falls with Serious Harm - there were 7 falls in May, which are currently being investigated. This is a further increase on what was already a peak in April. As part of the CQUIN on safety huddles implementation there is an action plan in place to address. • Never Event - There was one Never Event reported in May relating to feeding by a dislodged NG tube. This is in the process of being investigated with NHS England with a final submission date of 11 August to the CCG. The investigation will look at Trust compliance with NPSA alert 2011/PSA002 reducing the harm caused by misplaced ng feeding tubes. • Maternity - % PPH 1500ml - An improvement in overall PPH rates has been recorded in May 2016, however, the Trust is still above the target. A reduction in overall PPH rates will lead to improved patient experience following delivery. • Number of Trust Pressure Ulcers (Category 2) Acquired at CHFT - 22 against monthly target of 17. Further cluster investigations into category 3 ulcers should see improvements in Quarters 2 and 3. Report is expected end of June. <u>Effective</u> <ul style="list-style-type: none"> • Total Number of Clostridium Difficile Cases - There were 3 cases in May. 2 were avoidable. • Perinatal Deaths (0-7 days) - at 0.65% are above the 0.1% target. A New SOP for Perinatal deaths and quarterly reports have been produced. Perinatal mortality group meet monthly to review cases and feedback learning. All perinatal deaths are logged on datix as an incident and fully investigated. • Stillbirths Rate - at 0.65% is above expected levels for the second month running. New SOP in place for 	

stillbirth reduction and action plan in place which is monitored on a weekly basis. Quarterly report produced and findings discussed at stillbirth reduction group and Audit meetings.

- Local SHMI - Relative Risk (1yr Rolling Data October 14 - September 15) 113.88 - The two diagnostic groups that are negative outliers are Acute Cerebrovascular Disease and Pneumonia. There is an improvement plan in place to address both of these.
- Split by site, in-hospital and 30-day post-discharge deaths show that SHMI for post discharge deaths from HRI is much higher than in-hospital HRI deaths or any in CRH. This is currently unexplained and is subject to investigation at present.
- Hospital Standardised Mortality Rate (1 yr Rolling Data April 15 - Mar 16) 111.6 - Trust predicts further modest reductions in the coming months.
- Mortality Reviews - The completion rate for Level 1 reviews has been declining and YTD was 34%. Recruitment of more reviewers has been discussed and a proposal to move towards a consultant delivered initial review process was agreed at the Mortality Surveillance Group and will be taken to the Divisional PSQB for implementation.
- Crude Mortality Rate - has peaked at 1.6% for May 16. This will be reviewed by the Mortality Surveillance Group.
- Average Diagnosis per Coded Episode - there has been an improvement in month and work continues with Surgery focusing on improving coding through the use of Bluespир. Similarly in Paediatrics work done on the Paediatric ward will be extended to the Paediatric Assessment Unit.
- Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge is 68.3% against 85% target. In May 26 of 34 people received an operation within 36 hours. There were 3 clinical breaches and 5 organisational breaches. RCAs are carried on all breaches.

Caring

- Only 38% of complaints were closed within timeframe against a target of 100%. This is the lowest position in the last 12 months and is subject of specific discussions as part of the divisional performance agendas.
- Friends and Family Test Outpatients Survey - 90.8% against a target of 95% would recommend the Service against 95% target. Improvement plans are in place around car parking and clinic waiting times.
- Friends and Family Test Community Survey - 87% would recommend the Service against 96.2% target. Actions are in place to address concerns around the perception of poor staff attitudes, standards of communication and expected behaviours are discussed across the division at every meeting.

Responsive

- Emergency Care Standard 4 hours. May's position has fallen slightly to 93.47% with an increase in patients waiting over 8 hours and further corrective actions have been identified to correct the deterioration. If all actions are achieved the Trust aims to secure a quarter one position of 94% and are seeking to achieve 95% for June. The Trust is 2nd only to Harrogate in performance of surrounding Trusts for the quarter.
- % Daily Discharges - Pre 12pm. 17% against 40% target. 2 wards achieved 50% in May. A month on month improvement of 10% is expected from March to achieve 40% by the end of Q1.
- Green Cross Patients (Snapshot at month end) remains high at 90 patients, discharge coordinators now using a case management model to improve patient experience, discharge planning, continuity and integration with social care.
- 83.3% of patients spent 90% of their stay on a stroke ward similar to last month- action plan for stroke service improvement has been updated.
- Only 47.8% of Stroke patients were scanned within 1 hour of hospital arrival (where indicated) against 90% target - updated action plan.
- % Last Minute Cancellations to Elective Surgery - Continued pressure from Medical outliers on the Gynaecology bed base at CRH. Monthly performance of 1.35% against a target of 0.6%. Discussions taking place to set criteria for outlying into Gynaecology beds and management of patient flow (by July 16).
- RTT pathways over 26weeks highest since July 2015 - need for further validation.
- 38 Day Referral to Tertiary has improved to 66.7% against 85% target. Action plans went to Divisional Performance reviews in May with a requirement to achieve by July reflecting changes to reporting rules from Q3.

Workforce

- Sickness Absence rate has fallen to 4.23% against 4% target the lowest position for over 12 months with improvements across all divisions. Within this long term sickness is 2.8% against 2.7% with the short term 1.47% against 1.3%. Surgery has improved particularly its short term sickness.
- Return to work Interviews are a key contributor to effective sickness management and are currently only running at 34.6% against 100% target. The Trust also has the highest Turnover rate when compared to surrounding Trusts.
- Mandatory Training and appraisal compliance remains a challenge. Appraisal training proposal paper to be received at the Education Learning Group meeting on 22 June 2016.

Efficiency / Finance

- The year to date financial position stands at a deficit of £5.87m, an adverse variance of £0.06m from the planned £5.81m. In month, the Trust has seen a stronger performance against planned activity, catching up some of the shortfall seen in Month 1. However, to deliver activity and maintain staffing ratios across the bed base the Trust continues to rely heavily upon agency staffing at premium rates to cover both medical and nursing vacancies driving a pay overspend in both of these areas. Total agency spend in month was just under £2.5m, an increase on an already high run rate and a significant draw on limited cash resources impacting the Trust's ability to pay for other goods and services in a timely way.
- Theatre Utilisation has improved in month. However there is still room for further improvement due to insufficiently filled lists and large number of patient cancellations.

CQUIN

- Sepsis - % of patients Screened (admission Units) - On plan to hit 3 out of 4 Q1 targets, risk in achieving 90% of patients screened in ED for Q1. Performance 43% against year end 70%. ED staff have identified a way to ensure that all staff have a trigger to 'think sepsis' during triage. From June 1st there is a prompt on the EDIS system which needs to be completed at triage to indicate whether patients are showing signs of sepsis. The pathway and triggers for those patients who present directly to MAU/SAU is next to be improved and engagement with colleagues in those areas has begun in June.

Activity

- Planned day case and elective activity performance is improved at 3.3% above the month 2 plan. This is driven by over-performance within day case activity, with elective activity remaining below plan. Non-elective activity overall is 3.2% below the month 2 plan which is a continued reduction from April. This continues to be mainly driven by emergency long-stay. A&E has seen activity 7.6% above the month 2 plan which is a significant increase from month 1. Outpatient activity has seen a significant increase across first and follow-ups and is 5.3% above the month 2 plan.

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RECOMMENDATION:

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

APPENDIX ATTACHED: YES / NO

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May 2016



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RAG Key

Not achieving target or threshold

Achieving target

Between target and threshold

Executive Summary

The report covers the period from May 2015 to allow comparison with historic performance. However the key messages and targets relate to May 2016 for the financial year 2016/17.

Area	Domain
Safe	<ul style="list-style-type: none"> Inpatient Falls with Serious Harm - there were 7 falls in May, which are currently being investigated. This is a further increase on what was already a peak in April. As part of the CQUIN on safety huddles implementation there is an action plan in place to address.
	<p>Never Event - There was one Never Event reported in May relating to feeding by a dislodged NG tube. This is in the process of being investigated with NHS England with a final submission date of 11 August to the CCG. The investigation will look at Trust compliance with NPSA alert 2011/PSA002 reducing the harm caused by misplaced ng feeding tubes.</p>
Effective	<ul style="list-style-type: none"> Maternity - % PPH \geq 1500ml - An improvement in overall PPH rates has been recorded in May 2016, however, the Trust is still above the target. A reduction in overall PPH rates will lead to improved patient experience following delivery. Number of Trust Pressure Ulcers (Category 2) Acquired at CHFT - 22 against monthly target of 17. Further cluster investigations into category 3 ulcers should see improvements in Quarters 2 and 3. Report is expected end of June.
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Caring	<ul style="list-style-type: none"> Only 38% of complaints were closed within timeframe against a target of 100%. This is the lowest position in the last 12 months and is subject of specific discussions as part of the divisional performance agendas.
	<ul style="list-style-type: none"> Friends and Family Test Outpatients Survey - 90.8% against a target of 95% would recommend the Service against 95% target. Improvement plans are in place around car parking and clinic waiting times. Friends and Family Test Community Survey - 87% would recommend the Service against 96.2% target. Actions are in place to address concerns around the perception of poor staff attitudes, standards of communication and expected behaviours are discussed across the division at every meeting.

Background Context

Overall activity is ahead of plan against all points of delivery with the exception of elective and non-elective inpatients. Planned day case and elective activity performance is improved at 3.3% (121 spells) above the month 2 plan. and Theatre utilisation seeing a positive trend

Non-elective activity overall is 3.2% (140 admissions) below the month 2 plan which is a continued reduction from April. A&E has seen activity 7.6% (960 attendances) above the month 2 plan which is a significant increase from month 1. Outpatient activity has seen a significant increase across first and follow-ups and is 5.3% (1,424 attendances) above the month 2 plan.

The impact is that the Trust, on occasions had to rely on additional capacity and flexible staffing.

The Medicine Division continues to experience a high number of Consultant vacancies some of which are filled with agency locums and other rota gaps covered by substantive colleagues and Surgery had some unexpected Consultant absence.

Flow across the Health and Social care system remains a challenge with the Transfer of Care list remaining high with Calderdale social worker capacity limited and Package of Care capacity an ongoing limitation; both issues recognised by Special Services.

Several specialties are being supported with improvement including Invited Service Reviews in Stroke, Respiratory Medicine, Complex care and Maternity.

The Community services division has now been in existence for 12 months with a significant amount of work undertaken to strengthen governance arrangements and develop effective systems to monitor incidents, complaints and risks.

The division is focused on transforming the services offered in the following ways:-

1. Locality integrated teams are being developed to support the system wide approach to care closer to home
2. Community staff in-reaching into the Emergency department and acute medical units to support admission avoidance, ambulatory care pathways and short stay.
3. Development of specialist teams supporting people in their own home to avoid hospital admission or ED attendance.
4. Development of early supported discharge and pathways to facilitate smooth discharge.

Executive Summary

The report covers the period from May 2015 to allow comparison with historic performance. However the key messages and targets relate to May 2016 for the financial year 2016/17.

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours. May's position has fallen slightly to 93.47% with an increase in patients waiting over 8 hours and further corrective actions have been identified to correct the deterioration. If all actions are achieved the Trust aims to secure a quarter one position of 94% and are seeking to achieve 95% for June. The Trust is 2nd only to Harrogate in performance of surrounding Trusts for the quarter. % Daily Discharges - Pre 12pm. 17% against 40% target. 2 wards achieved 50% in May. A month on month improvement of 10% is expected from March to achieve 40% by the end of Q1. Green Cross Patients (Snapshot at month end) remains high at 90 patients, discharge coordinators now using a case management model to improve patient experience, discharge planning, continuity and integration with social care. 83.3% of patients spent 90% of their stay on a stroke ward similar to last month- action plan for stroke service improvement has been updated. Only 47.8% of Stroke patients were scanned within 1 hour of hospital arrival (where indicated) against 90% target - updated action plan. % Last Minute Cancellations to Elective Surgery - Continued pressure from Medical outliers on the Gynaecology bed base at CRH. Monthly performance of 1.35% against a target of 0.6%. Discussions taking place to set criteria for outlying into Gynaecology beds and management of patient flow (by July 16). RTT pathways over 26weeks highest since July 2015 - need for further validation. 38 Day Referral to Tertiary has improved to 66.7% against 85% target. Action plans went to Divisional Performance reviews in May with a requirement to achieve by July reflecting changes to reporting rules from Q3.
	<ul style="list-style-type: none"> Sickness Absence rate has fallen to 4.23% against 4% target the lowest position for over 12 months with improvements across all divisions. Within this long term sickness is 2.8% against 2.7% with the short term 1.47% against 1.3%. Surgery has improved particularly its short term sickness. Return to work Interviews are a key contributor to effective sickness management and are currently only running at 34.6% against 100% target. The Trust also has the highest Turnover rate when compared to surrounding Trusts. Mandatory Training and appraisal compliance remains a challenge. Appraisal training proposal paper to be received at the Education Learning Group meeting on 22 June 2016.
Workforce	<ul style="list-style-type: none"> The year to date financial position stands at a deficit of £5.87m, an adverse variance of £0.06m from the planned £5.81m. In month, the Trust has seen a stronger performance against planned activity, catching up some of the shortfall seen in Month 1. However, to deliver activity and maintain staffing ratios across the bed base the Trust continues to rely heavily upon agency staffing at premium rates to cover both medical and nursing vacancies driving a pay overspend in both of these areas. Total agency spend in month was just under £2.5m, an increase on an already high run rate and a significant draw on limited cash resources impacting the Trust's ability to pay for other goods and services in a timely way. Theatre Utilisation has improved in month. However there is still room for further improvement due to insufficiently filled lists and large number of patient cancellations.
Efficiency/Finance	<ul style="list-style-type: none"> Sepsis - % of patients Screened (admission Units) - On plan to hit 3 out of 4 Q1 targets, risk in achieving 90% of patients screened in ED for Q1. Performance 43% against year end 70%. ED staff have identified a way to ensure that all staff have a trigger to 'think sepsis' during triage. From June 1st there is a prompt on the EDIS system which needs to be completed at triage to indicate whether patients are showing signs of sepsis. The pathway and triggers for those patients who present directly to MAU/SAU is next to be improved and engagement with colleagues in those areas has begun in June.
CQUIN	<ul style="list-style-type: none"> Planned day case and elective activity performance is improved at 3.3% above the month 2 plan. This is driven by over-performance within day case activity, with elective activity remaining below plan. Non-elective activity overall is 3.2% below the month 2 plan which is a continued reduction from April. This continues to be mainly driven by emergency long-stay. A&E has seen activity 7.6% above the month 2 plan which is a significant increase from month 1. Outpatient activity has seen a significant increase across first and follow-ups and is 5.3% above the month 2 plan.
Activity	

Background Context

Additional capacity was open in some areas through May requiring additional staffing, where shifts not covered through bank or agency redeployment of existing staff was required and fill rates in some areas reduced.

Vacancy rates in Nursing and Medical staffing remain high particularly in the Medicine Division. Vacancy control processes have been enhanced and will be further developed in June with the intention of increasing scrutiny as well as speeding up decision making.

Division Management Teams are working closely with ward sisters weekly to ensure controls on non-contracted spend are in place, roster management is efficient and a 'buddy system' is in place. The absence management team are working closely with Clinical Directorates.

Demand for diagnostics, both inpatients and Direct Access remain high and with vacancy rates in Radiology this remains a challenge however maintained high level of achievement of the 6 week standard at 99.85%.

Assisted conception has now begun providing services to patients from Bradford working with a GP Federation. In May activity increased associated with this development (up 25% on the same period last year)

The Safer Patient Flow Programme launched with over 50 staff involved and local improvement initiatives have been agreed with clinical teams. These are Ambulatory, Frailty, SAFER bundle, Patient flow coordination, Rehabilitation and End of Life.

Decisions on Theatre and ward estate works have been confirmed enabling operational teams to proactively plan developments

Overall performance remains positive in comparison with Peers across the majority of Regulatory Metrics and a range of selected benchmarking reflecting the delivery of the 'we put the patient first' pillar

Performance Summary

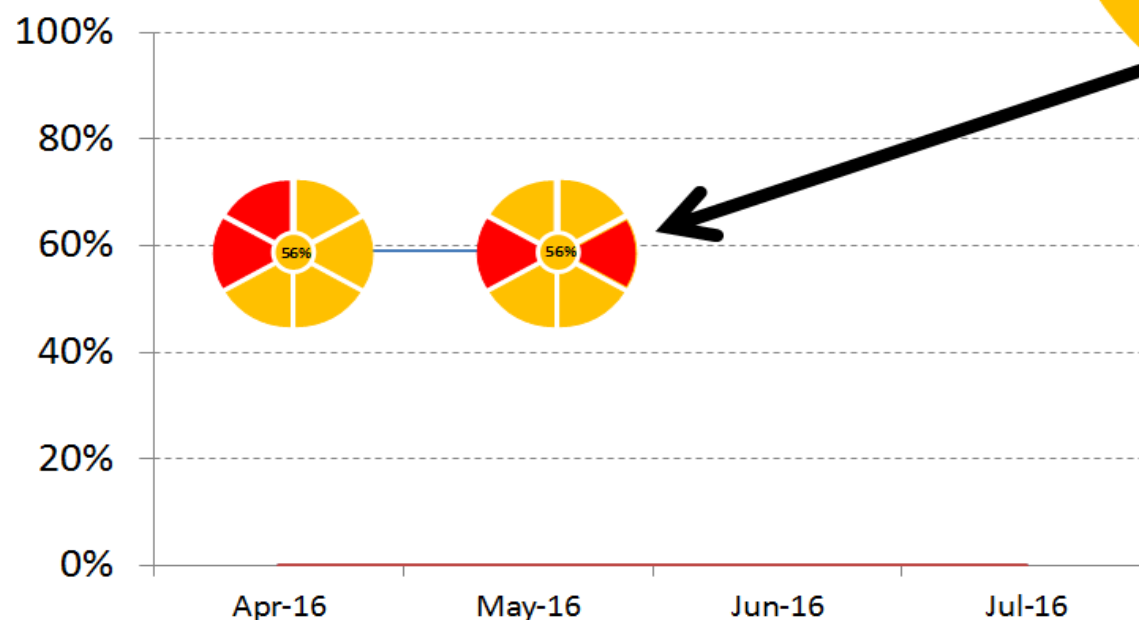
Most recent month's performance

RAG Movement

Within the **Effective** domain deteriorating performance within number of CDiff cases, number of E.Coli - Post 48 Hours, Perinatal deaths and Emergency Readmissions for GH CCG have resulted in a RED rating.
















Within the **Efficiency & Finance** domain improved performance in total expenditure, deficit excl. restructuring, surplus/(deficit), I&E: surplus/(deficit), capital, Failed Day Cases (patients that stayed overnight) and theatre utilisation (Main Theatre –HRI) resulted in an improved RAG rating from RED to AMBER.

Total performance score by month



The **Methodology for calculating the performance score** and the areas that have been considered "**Key**" targets can be found in the Appendices.

Carter Dashboard

		Current Month Score	Progress Against Previous Month	Trend	Target	
CARING	 Friends & Family Test (IP Survey) - % would recommend the Service	97.7%	97.1%	↑	96%	<div> <div>MOST IMPROVED</div> <div>Improved: Delayed Transfer of Care has further improved however this partly relates to overall bed capacity changing the denominator and delays for assignment which mean not yet applicable for reporting</div> <div>Improved: Sickness Absence rate is 4.23% against 4% target the lowest position for several months. Long term sickness is 2.73% against 2.7%, short term 1.48% against 1.3%.</div> <div>Improved: Friends and Family Test A & E Survey - Response rate has improved from 8.37% in March to 15.66% achieving the threshold for the green rating (14%). Staff capturing accurate mobile numbers to increase the success with the text messaging service.</div> <div> <div>TREND ARROWS:</div> <div>Red or Green depending on whether target is being achieved</div> <div>Arrow upwards means improving month on month</div> <div>Arrow downwards means deteriorating month on month.</div> </div> </div>
	 Inpatient Complaints per 1000 bed days	2.2	2.10	↓	TBC	
	 Average Length of Stay - Overall	5.4	5.32	↓	5.17	
	 Delayed Transfers of Care	2.31%	2.90%	↑	5%	
EFFECTIVE	 Green Cross Patients (Snapshot at month end)	90	93	↑	40	<div> <div>MOST DETERIORATED</div> <div>Deteriorated: % Last Minute Cancellations to Elective Surgery, some specialities this is a direct result of bed pressures e.g. Gynaecology but the majority of cancellations did not relate to bed pressures and are being reviewed by the Divisions currently</div> <div>Deteriorated: 62day Cancer performance deteriorated reflecting several bank holidays across April & May impacting on pathway capacity</div> <div>Deteriorated: Agency staffing continued to trend above control limit particularly in Medical and Nursing.</div> </div>
	 Hospital Standardised Mortality Rate (1 yr Rolling Data)	111.60	114.04	↑	100	
	 Theatre Utilisation (TT) - Trust	85.60%	84.13%	↑	92.5%	
RESPONSIVE	 % Last Minute Cancellations to Elective Surgery	1.04%	0.71%	↓	0.6%	<div> <div>PEOPLE, MANAGEMENT & CULTURE: WELL-LED</div> <div>Doctors Hours per Patient Day</div> <div>Care Hours per Patient Day</div> <div>Sickness Absence Rate</div> <div>Turnover</div> <div>Vacancy</div> <div>FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q4</div> <div>FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q4</div> </div>
	 Emergency Care Standard 4 hours	93.40%	93.87%	↓	95%	
	 % Incomplete Pathways <18 Weeks	96.0%	96.2%	↓	92%	
	 62 Day GP Referral to Treatment	87.9%	92.3%	↓	85%	
SAFE	 % Harm Free Care	93.94%	94.16%	↓	95.0%	<div> <div>OUR MONEY</div> <div>Income vs Plan var (£m)</div> <div>Expenditure vs Plan var (£m)</div> <div>Liquidity (Days)</div> <div>I&E: Surplus/(Deficit) var (£m)</div> <div>CIP var (£m)</div> <div>FSRR</div> <div>Temporary Staffing as a % of Trust Pay Bill</div> </div>
	 Number of Outliers (Bed Days)	1363	1115	↓	495	
	 Number of Serious Incidents	6	3	↓	0	
	 Never Events	1	0	↓	0	

Safe, Effective, Caring, Responsive - Community Key messages

Area	Issue	Corrective actions	Impact & Accountability
Safe	<p>Harm free care There have been 2 significant incidents in relation to falls in recent months.</p>	<p>Falls Falls have been investigated fully. The departments where the falls took place have been fully involved and actions have been implemented to reduce the risk of similar incidents occurring. Community staff are engaging with the CHFT falls strategy development.</p>	<p>No further falls of a similar nature in therapy area to occur Accountable: Head of Therapy Falls strategy that can be implemented across the whole organisation. Accountable: ADN</p>
Effective	<p>A focus of attention for Community Services is in relation to Admission avoidance. The Community matrons recorded that they prevented 14 people from being admitted to hospital in May.</p> <p>Leg ulcers healed within 12 weeks 32 out of 36 patients with leg ulcers healed within 12 weeks. This is a slight reduction</p>	<p>Admission avoidance This performance measure is being extended in June to include Quest matrons, respiratory team and the heart failure team.</p> <p>Leg ulcers District nurses reviewing those that have not healed to determine they are on appropriate treatment plans.</p>	<p>Admission avoidance Further admissions will be avoided moving forward.</p> <p>Leg ulcers Improved % of leg ulcers healed within 12 weeks. Accountable: ADN</p>
Caring	<p>Patients dying in their preferred place 12/16 patients died in their preferred place of death.</p> <p>FFT 13% of responders have reported they would not recommend the service. One major theme emerging is attitude.</p> <p>Community - No access visits 228 no access visits in May.</p>	<p>Patients dying in their preferred place Matrons reviewing the 4 that did not. Supporting staff to be more confident with new ICOD pathway.</p> <p>FFT Standards for communicating effectively by telephone and email to be shared across division. To share messages re behaviour expectations across the division at every meeting.</p> <p>Community - No access visits Reviewing reasons and developing a strategy to increase compliance .</p>	<p>Patients dying in their preferred place To provide the opportunity for all patients to die in their preferred place. Accountable: ADN</p> <p>FFT To reduce the % not recommend by end August 2016. Accountable: Head of Therapy</p> <p>No access visits Reduce number of no access visits in community nursing by 1% month on month. Accountable: Directorate Manager</p>
Responsiveness	<p>ASI's for MSK Issue is generally in spinal pathway. Whilst capacity has remained there has been a 7.5% increase in demand for this service in the last year.</p> <p>Typing turnaround There is currently an 11 day delay turnaround for typing letters post clinic for MSK.</p>	<p>ASI's Job planning is being undertaken through June where it is expected change to job plans will enable some additional clinical activity. Identified that podiatry have a system that could be shared with MSK to reduce ASI issue.</p> <p>Typing turnaround Review of admin support to MSK to support this standard.</p>	<p>ASI's Reduce the number of ASI's in MSK. Accountable: Head of Therapy</p> <p>Typing turnaround Week on week improvement on typing turnaround Accountable: Head of Therapy</p>

Safe, Effective, Caring, Responsive - Community - Month & YTD

15/16	
Safe	
Community acquired grade 3 or 4 pressure ulcers	29
Falls that caused harm whilst patient was in receipt of Community Services	20
Harm free care	95.5%
Urinary Catheter Management	3127
Effective	
Number of Hospital admissions avoided by Community Matrons service	319
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days	2.6%
Reablement - Start to discharge Average (days)	33.4
House Bound leg ulcers healed within 12 weeks	92.2%
Caring	
Community No Access Visits -Adult Nursing	1.2%
HV Achieved Targeted Visits	93.2%
End of life patient died in preferred place of death	98.2%
Friends and Family Test - Likely to recommend	89.0%
Responsive	
Average time to start of reablement (days)	5.1
Appointment Slot Issues for MSK and Podiatry	N/A
Waiting Times - 18 week RTT	92.2%
MSK Responsiveness	N/A
Well Led	
% Complaints closed within target timeframe	29.6%
Staff sickness rate	3.9%
Finance - Planned variance against actual (£'000)	1178.03
Finance - Planned CIP saving against actual savings (£'000)	1205.98

TRUST	Division	Adult Nursing	Intermediate Care	Adult Therapy	Children's Therapy	Children's Public Health	Divisional Monthly Trend
0	0	0					↑
1	1						↑
93.2%	96.3%						↓
286	286	286					
17	17	17					
1.9%	1.9%	1.9%					↑
36.5	36.5		36.5				
88.9%	88.9%	88.9%					↓
1.1%	1.1%						↓
104.0%	104.0%					104.0%	↑
75.0%	75.0%	75.0%					↓
87.0%	87.0%						↓
9.2	9.2		9.2				
33	33			33			
96.8%	96.8%		100.0%	96.3%	98.2%		↑
11	11			11			
37.9%	20.0%						↓
	3.6%						↑
	184.48						
	66.0						

TRUST	Division	Adult Nursing	Intermediate Care	Adult Therapy	Children's Therapy	Children's Public Health
1	1	1				
3	3					
93.7%	96.1%					
574	574	574				
36	36	36				
1.9%	1.9%	1.9%				
36.4	36.4		36.4			
90.9%	90.9%	90.9%				
1.0%	1.0%					
103.4%	103.4%					103.4%
77.4%	77.4%	77.4%				
87.3%	87.3%					
8.7	8.7		8.7			
46	46			46		
96.4%	96.5%		88.5%	95.8%	98.5%	
11	11			11		
49.6%	20.0%					
	3.6%					
	232.63					
	132.70					

DIVISION		TRUST	
Annual	Monthly	Annual	Monthly
<29	2.4		
<20	2		
95.0%	95.0%	95.0%	95.0%
<10%	10.0%		
75.0%	75.0%		
<1%	1.0%		
95.0%	95.0%		
95.0%	95.0%		
95.0%	95.0%	95.0%	95.0%
95.0%	95.0%	95.0%	95.0%
100.0%	100.0%	100.0%	100.0%
<4%	4.0%		

Safe - Key messages

Area	Issue	Corrective actions	Impact & Accountability
Falls/Incidents	<p><u>Inpatient Falls with Serious Harm</u> The current number of patients who have had a fall resulting in harm exceeds planned trajectory which was based on the 10% reduction from 2014/15. There were 7 falls in May, which are currently being investigated as part of the SI/orange panel processes. This is a further increase on what was already a peak in April.</p>	<p>To enable improvements there has been an appointment of a specialist falls lead who will lead an agreed Falls quality improvement initiatives. In Quarter 1 work has commenced in line with a new local CQUIN to seek to reduce rates of falls by the introduction of safety huddles into areas with high falls rates. The falls multidisciplinary collaborative meeting is recommencing in June which will engage clinicians across the trust to engage in a strategic approach to reviewing current practice and in managing a reduction in falls.</p>	<p>There will be a 10% reduction in falls by the end of Q1 2016 in the areas identified for safety huddle implementation as part of the CQUIN. Improvement will be seen across the Trust following the reimplementation of collaborative work commencing June 2016.</p> <p>Accountable: Deputy Director of Nursing</p>
	<p><u>Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed)</u> Community division had presented a de-log request to the CCG for SI 2015/34961 in January 2016. The de-log was not accepted and further information to support the de-log was requested. This was also declined and an RCA report provided</p>		
Harm Free Care	<p>Harm free care for the trust is at 93.15%. The harm events contributing to this are primarily old pressure ulcers, of which there were 34, this is a decrease from the 36 in April. These are ulcers which are present on admission or developed within the first 72 hours of admission. Alongside this there were also 4 new pressure ulcers, 13 harm falls, 12 UTI's in patients with a catheter and 6 VTEs.</p>	<p>The improvements in place to reduce harm events in each of the harm categories will impact here. Please see sections on Falls/Pressures ulcers for further details.</p>	<p>The improvements being rolled out to address Falls and Pressure ulcers will impact on the overall harm free care %. Please see the individual sections for details.</p> <p>Accountable: Director of Nursing</p>
% PPH > 1500ml - all deliveries	<p>% of PPH continues to be above target.</p>	<p>PPH's monitored on a weekly basis as part of weekly Governance meeting. Changes to measurement of blood loss now in place.</p>	<p>An improvement in overall PPH rates has been recorded in May 2016, however, we are still above the target. A reduction in overall PPH rates will lead to improved patient experience following delivery.</p> <p>Accountable: Head of Midwifery/ADN</p>
Pressure Ulcers	<p>Current performance being monitored against 15/16 thresholds. There is further investigation into the causes of the category 3 & 4 cases. New targets are to be set in Q2.</p>	<p>Further cluster investigations into category 3 ulcers to increase learning. Report expected at the end of June. Implementations of safety huddles into areas of high incidents commenced this quarter.</p>	<p>Improvement expected with Q2 and Q3. Improvement trajectories will be set in Q2.</p> <p>Accountable : Assistant Director of Quality</p>
Never Event	<p>A never event investigation is underway. The investigation will look at Trust compliance with NPSA alert 2011/PSA002 reducing the harm caused by misplaced ng feeding tubes. A report is to be submitted by 11th August to the CCG</p>	<p>A reiteration of the of the protocol's and guidance regarding NG tubes has been cascaded through the clinical teams to address any knowledge gaps whilst the investigation is underway.</p>	<p>Accountable: Medicine DD</p>

Safe - Key measures

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	2033	146	167	144	155	172	180	168	194	187	167	156	152	165	317	Not applicable	
Inpatient Falls with Serious Harm	29	3	4	2	2	4	3	0	2	3	3	2	6	7	13	<=12	<=1
Falls per 1000 bed days	-	6.6	7.8	6.8	7.4	8.3	8.1	7.7	8.9	7.9	7.2	6.7	6.9	7.1	7.0	TBC	TBC
% Harm Free Care	93.63%	95.04%	94.69%	93.96%	92.19%	93.46%	93.30%	93.29%	92.27%	93.47%	93.25%	93.04%	94.16%	93.94%	94.05%	>=95%	95.00%
Number of Serious Incidents	78	4	15	5	5	7	13	10	2	2	3	3	3	6	9	Not applicable	
Number of Incidents with Harm	1751	114	201	89	111	176	159	203	97	147	139	156	160	169	329	Not applicable	
Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed)	-	21.00%	50.00%	100.00%	100.00%	90.00%	0.00%	0.00%	21.00%	33.00%	28.00%	100.00%	80.00%	66.00%	75.00%	100.00%	100.00%
Never Events	2	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	0
Total Duty of Candour informed		80.00%	100.00%	100.00%	100.00%	100.00%	89.66%	70.59%	100.00%	100.00%	100.00%	80.00%	65.00%	82.00%	72.00%	100.00%	100.00%
Total Duty of Candour shared within 10 days	-	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	86.00%	91.00%	85.71%	100.00%	91.00%	100%	100%
Maternity																	
Elective C-Section Rate	9.00%	11.46%	7.50%	8.50%	7.50%	9.60%	9.60%	9.10%	9.00%	7.60%	9.50%	9.00%	9.10%	9.60%	9.40%	<=10%	10.00%
Total C-Section Rate	23.90%	24.20%	21.90%	24.20%	25.30%	20.40%	28.30%	22.60%	25.70%	22.60%	23.10%	23.60%	22.20%	21.30%	21.90%	<=22.5%	22.50%
Major PPH - Greater than 1000mls	10.40%	9.38%	14.60%	9.60%	9.50%	7.60%	11.60%	11.00%	9.60%	11.20%	11.80%	10.60%	10.20%	7.30%	9.40%	<=8%	8.00%
% PPH ≥ 1500ml - all deliveries	3.78%	3.30%	6.90%	4.80%	2.30%	3.30%	4.20%	3.50%	2.90%	4.00%	2.80%	3.60%	2.90%	2.90%	2.90%	<=2.2%	2.20%
Antenatal Health Visiting Contact by 32 Weeks	91.80%	74.00%	96.00%	98.00%	85.00%	113.00%	95.00%	100.00%	77.00%	95.00%	87.00%	100.00%	103.00%	115.00%	109.00%	>=90%	90.00%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	498	42	61	65	53	32	35	41	20	24	29	44	39	32	71	<=300	25
Pressure Ulcers per 1000 bed days	-	1.9	2.8	3.1	2.5	1.5	1.6	1.9	0.9	1.0	1.3	1.9	1.8	1.4	1.6	TBC	TBC
Number of Category 2 Pressure Ulcers Acquired at CHFT	403	36	51	53	46	26	25	38	13	21	22	35	29	22	51	<=204	17
Number of Category 3 Pressure Ulcers Acquired at CHFT	86	6	9	10	7	6	9	3	6	3	7	8	9	10	19	<=96	8
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	0	1	2	0	0	1	0	1	0	0	1	1	0	1	0	0
Percentage of Completed VTE Risk Assessments	95.30%	95.20%	95.20%	95.90%	95.60%	95.20%	95.20%	95.30%	95.40%	95.40%	95.10%	95.10%	95.01%	95.14%	95.08%	>=95%	95.00%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	157	23	18	29	12	8	16	6	7	12	8	11	20	16	36	Not applicable	
Alert Safeguarding Referrals made against the Trust	99	8	9	10	6	4	9	6	8	7	12	13	7	10	17	Not applicable	

Effectiveness - Key messages

Area	Issue	Corrective Actions	Impact and Accountability
Infection Control	<p>The trust had 3 C. Diff cases in May. Following the RCA processes, the ICU case as seen as unavoidable, the other 2 cases were deemed as avoidable One related to SAU as a result of possible cross contamination. The patient on MAU had 2 previously negative c-diff samples prior to being positive on this occasion. There was incomplete documentation on Bristol stool chart.</p>	<p>Although the ICU case was deemed unavoidable, there was learning around discharge cleaning and an action plan is being implemented which addresses all of the issues working closely with domestic services., this will help to address the issues identified in the avoidable cases. An outbreak meeting was held but cases ribotyped and are not the same.</p>	<p>Matrons working with IPCN to ensure FLO audit captures issues identified pre CQC particularly around the leadership elements.</p> <p>Accountable : All matrons</p>
Average Diagnosis per Coded Episode/ Average co-morbidity score	<p>Whilst there has been an improvement in the coding score since last year, Surgery is still below target for diagnosis per episode and the comorbidity score.</p> <p>The service has focused on improving coding through the use of Bluespier as part of the pre-op process as well as the operation notes. These are currently not used for coding purposes.</p> <p>Childrens:-</p> <p>Venkat Thiyagesh (Consultant Paediatrician) is the FSS Divisional lead for coding and he has done significant work in ensuring that co-morbidities are recorded accurately on the ward. However, the Average Diagnosis per coded episode in paediatrics is still lower than the national average despite a small increase in the last few months.</p>	<p>Find a solution to coding information on bluespier. Reap the benefits of the additional time spent in clinical coding from the service.</p> <p>Childrens:-</p> <p>The work done on the paediatric ward needs to be extended to the Paediatric Assessment Unit where the co-morbidity documentation is rarely completely. By September 2016 (extra time allocated as more complex on the assessment unit due to short length of stays).</p>	<p>An improvement in the Average Diagnosis rate has helped improve the Trust's quality of documentation and has resulted in additional income from capturing additional complexities and has had a minor positive impact on the Trusts overall HSMR/SHMI.</p> <p>Expect to see continued improvement month on month across each average diagnoses and average co-morbidity, with a trajectory to hit targets in 2016/17</p> <p>Accountable: ADD Surgery/Director of THIS/Head of Clinical Coding</p>
Fracture Neck of Femur - Best Practice Guidance	<p>Year to date the Trust is at national average by admission.</p> <p>In May 26 of 34 people received an operation within 36 hours. There were 3 clinical breaches and 5 organisational breaches. 2 of these 5 required a total hip replacement; a surgeon could not be arranged within 36 hours in either case.</p> <p>1 of these 5 became rapidly unwell and sadly died. An RCA has been requested in order to assure ourselves that the delay in surgery did not contribute to the deterioration of her condition. The other 2 were delayed due to competing trauma priorities. The mean time to theatre for the organisational breaches was just over 47 hours. Research suggests that mortality does not increase with delays up to 48 hours post admission. Of the remaining Best Practice Tariff standards only 3 were missed across all components and patients. 2 of these were for the same patient, who sadly died.</p>	<p>Twice daily updates with Trauma coordinator and GM "Plans for every trauma patient"</p> <p>Automatic allocation of fallow laminar theatre lists to Orthopaedics.</p> <p>Investigate use of flexible theatre to extend "trauma 1".</p> <p>From autumn have increased scheduled theatre time with the use of the 6th Theatre at HRI being back in clinical use.</p> <p>Further analysis on trauma capacity required for the whole trauma service.</p> <p>Further work is underway regarding the timeliness of all trauma capacity with a view to improve the whole service for patients. Continue RCA for every patient that breaches with a focus on quality and experience.</p>	<p>The whole plan will be completed in Autumn, with a number of actions in train.</p> <p>Accountable : GM for Orthopaedics</p>

Effectiveness - Key messages

Area	Issue	Corrective Actions	Impact and Accountability
Hospital Mortality	Local SHMI - Relative Risk (1yr Rolling Data) The latest release is for Oct 14 - Sept 15. More up to date data is expected at the end of June. Data continues to scrutinised closely. The two diagnostic groups that are negative outliers within our SHMI data currently are Acute Cerebrovascular Disease and Pneumonia, and both stroke and respiratory are subject to service review at present.	Further analysis by Professor Mohammed Mohammed, splitting SHMI data by site, and also into in-hospital and 30-day post-discharge deaths, shows that the SHMI for post discharge deaths from HRI is much higher than in-hospital HRI deaths or any in CRH. This is currently unexplained and is subject to investigation at present.	The next SHMI is expected to remain at a similar level, as it reflects a delayed period of time when the HSMR was also stabilised.
	Hospital Standardised Mortality Rate (1 yr Rolling Data) The latest HSMR release is for April 15 to March 16, and has shown a fall to 111.6. Our prediction is for further modest reductions in the coming months.	There is a stroke service improvement plan overseen by the Medical Director.	HSMR performance is expected to continue to reduce of the coming months.
	Mortality Reviews As has been noted before, the completion rate for Level 1 reviews has been declining, and for YTD May deaths was 34%. Recruitment of more reviewers has been discussed on several occasions but feedback from Divisions shows that the current system of a nursing-dominated review team is not sustainable.	Mortality Reviews Awaiting review of guidance for roll out of the Trust's new mortality reviews by consultants. In addition, further mortality reviews in respiratory service and stroke medicine have occurred. No key themes but additional work completed by Dr Nair.	Mortality review compliance will rise once the new process for involving all consultants in the process is established This will not be until the end of Q2.
	Crude Mortality Rate For May 16 the crude in-hospital death rate at CHFT was 1.6%, which is a new peak.		Accountable : Associate Medical Director
Still Births	Stillbirth rate at 0.85% remains above expected levels of 0.50%.	All stillbirths reviewed using the NPSA Intrapartum related stillbirth process by at least two clinicians/midwives and findings shared with Medical and Midwifery staff. New SOP in place for stillbirth reduction and action plan in place which is monitored on a weekly basis. Quarterly report produced and findings discussed at stillbirth reduction group and Audit meetings.	Accountable : Head of Midwifery /ADN FSS
Peri-natal Deaths	Perinatal deaths at 0.65% are above the expected level of 0.10%.	A New SOP for Perinatal deaths and quarterly reports have been produced. Perinatal mortality group meet monthly to review cases and feedback learning. All perinatal deaths are logged on datix as an incident and fully investigated.	. Accountable: Head of Midwifery /AND FSS

Effectiveness - Key measures

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	Target	Threshold/M onthly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	3	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	25	0	1	1	3	3	4	2	1	3	3	2	2	3	5	<=21	< = 2
Avoidable number of Clostridium Difficile Cases	5	0	1	0	0	1	1	1	0	0	0	0	1	2	1	0	0
Number of MSSA Bacteraemias - Post 48 Hours	9	2	1	0	2	0	1	0	1	1	1	0	1	1	2	<=12	1
Number of E.Coli - Post 48 Hours	26	3	5	3	3	0	5	4	1	0	1	0	2	3	5	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	99.52%	97.00%	95.74%	96.78%	93.60%	95.29%	96.00%	95.55%	96.08%	96.08%	96.37%	95.11%	95.35%	In arrears	95.35%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.41%	0.21%	0.21%	0.41%	0.00%	0.64%	0.80%	0.20%	0.42%	0.42%	0.68%	0.22%	0.66%	0.85%	0.76%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.16%	0.21%	0.00%	0.21%	0.21%	0.00%	0.43%	0.00%	0.00%	0.21%	0.00%	0.22%	0.00%	0.65%	0.33%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.00%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	<=0.1%	0.1%
Local SHMI - Relative Risk (1yr Rolling Data)	109.10	112.41	112.41	113.88	In arrears	In arrears	In arrears	In arrears	In arrears	In arrears	In arrears	In arrears	In arrears	In arrears	113.88	<=100.0	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	113.00	112.89	114.33	116.16	116.43	116.41	116.49	116.38	116.82	116.62	114.04	111.60	In arrears	In arrears	111.60	<=100.0	100
Mortality Reviews	48.80%	40.50%	20.20%	21.10%	75.20%	50.80%	60.70%	56.80%	60.30%	63.40%	37.90%	38.10%	34.10%	In arrears	34.10%	100.00%	100%
Crude Mortality Rate	1.34%	1.41%	1.19%	1.08%	1.18%	1.22%	1.21%	1.33%	1.41%	1.53%	1.46%	1.49%	1.43%	1.60%	1.52%	<=1.32%	1.32%
Coding and submissions to SUS																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.94%	99.97%	99.94%	99.94%	99.93%	99.94%	99.93%	99.93%	99.94%	99.93%	99.95%	99.95%	99.92%	99.94%	99.94%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.04%	99.20%	99.10%	99.10%	98.80%	99.10%	98.80%	99.00%	99.10%	98.50%	98.60%	98.89%	98.99%	99.21%	99.10%	>=95%	95%
% Sign and Symptom as a Primary Diagnosis	9.63%	9.69%	9.57%	10.03%	9.43%	10.81%	10.08%	9.65%	9.46%	8.99%	8.90%	9.37%	9.14%	8.70%	8.90%	<=9.4%	9.40%
Average co-morbidity score	3.48	3.1	3.32	3.15	3.27	3.36	3.51	3.59	3.82	3.62	3.94	3.84	3.77	4.16	3.97	>=4.4	4.40
Average Diagnosis per Coded Episode	4.34	3.71	3.94	3.98	4.11	4.35	4.39	4.53	4.74	4.68	4.84	4.89	4.94	5.05	5.00	>=5.3	5.30
CHFT Research Recruitment Target	1029	46	44	49	75	79	142	128	114	111	96	96	In arrears	In arrears	In arrears	>=1008	92
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	69.40%	56.52%	76.74%	66.67%	63.16%	55.56%	73.81%	79.49%	86.00%	71.79%	70.70%	61.29%	67.50%	68.30%	68.20%	>=85%	85%
IPMR - Breastfeeding Initiated rates	79.80%	80.00%	79.20%	77.30%	76.10%	80.20%	80.20%	83.90%	77.60%	79.50%	77.60%	78.30%	77.50%	78.50%	78.00%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.85%	8.30%	8.30%	7.77%	6.35%	7.13%	8.73%	7.09%	6.60%	6.78%	7.81%	7.08%	7.70%	6.77%	7.24%	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	7.95%	9.31%	8.96%	8.34%	7.21%	6.45%	7.35%	6.95%	7.06%	7.51%	8.07%	8.06%	7.88%	9.14%	8.51%	<=7.05%	7.05%
% 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	4.20%	5.90%	4.30%	2.70%	3.30%	2.60%	6.30%	3.40%	5.70%	5.70%	3.30%	2.75%	4.20%	In arrears	4.20%	<=10%	10%

Caring - Key messages

Area	Issue	Corrective Actions	Impact and Accountability
Friends & Family Test A&E	A much improved position has been achieved in month increasing response rate to 15.7%. This is just above the threshold for the green rating (14%). Staff in the department have been working together to improve this, with increased use of postcards and greater vigilance in capturing accurate mobile numbers to increase the success with the text messaging service. The impact has been more successful to date on the HRI site.	The team will continue with the good practice introduced during April 16, with a focus now on the CRH site. The teams are also aware that text messages are not sent to children under 16 and therefore will target this patient group with the postcard.	Given the level of improvement achieved in month, it is anticipated that the target will continue to improve and the team are working on sustainable plans..
			Accountable : Emergency Network Matron
Friends & Family Test - Outpatients	May's performance (90.8%) continues in line with the previous month (90.5%) with just under 91% of patients recommending outpatient services against a target of 95%. The previously identified themes surrounding car parking and waiting times in clinics continue to feature.	Car Parking: Following feedback from patients and FFT a new car parking system is to be installed at Acre Mill. The Trust is currently out of tender, anticipated installation July/August 2016. Waiting Times: Clinic Delays slips have been introduced in all OP departments; these slips are completed where trends in delays in clinic are evident and returned to the OP PMO for detailed analysis of clinic start/finish times and clinic templates, recommendations for change taken to the Clinical Division Access Meetings	An Outpatient group continues to meet weekly to review and respond to feedback to FFT and the local patient survey which is coordinated by the OP Managers, to measure impact of improvements made including car parking. Improvement anticipated from July 2016.
			Accountable: Outpatients Matron
Friends & Family Test - Community	An analysis of the comments made by patients who would not recommend the service shows that a major theme centers on staff attitudes.	Standards for communicating effectively by telephone and email to be shared across division. To share messages re behaviour expectations across the division at every meeting.	The % not recommend is expected to reduce by the end August 2016.
Friends & Family Test - Maternity	Women wanted more information during the induction of labour, this would enabled them to be more aware of the time factors that can be involved and the potential for it to be a slow process. Women also suggested that they would like to see allocated times for post natal visiting in the community.	Information sheet produced to explain induction of labour, and the facilities available to women and their partners. Further PN clinics planning to be offered in central locations, morning and afternoon appointments offered. Work ongoing to improve the clinic templates, and reduce waiting times. Work ongoing to improve the efficiency of discharges from the	End of Q2 Accountable: Maternity Matron

Caring - Complaints Key messages

Area	Issue	Corrective Actions	Impact and Accountability
% Complaints closed within target timeframe	65 complaints were closed in May, which is a 38% increase from April. The split by Division is SAS 10, Medicine 37, FSS 15 and Community 3. Of the 65 complaints closed 38% were closed with agreed timescales; this is a 17% decrease from April, the focus remains closing overdue complaints.	Weekly meeting with Divisions and Complaints Team continue, help to improve responsiveness of complaints by weekly performance report, with guidance given for older more complex complaints. We are also attending Divisional PSQB meeting to discuss complaints. Complaint investigation training has also been developed and will be started towards end of June which should help get back on track.	The number of overdue complaints is slowly increasing and we are currently working on getting back on plan with the responsiveness to complaints. Accountable : Head of Risk and Governance
	The total number of overdue complaints is 68 this is an increase of 13% from April. The majority of these complaints still remain in the 0-1 month overdue bracket; however there has been an increase in the number of complaints within the 1-2, 2-3 and 3-4 month overdue brackets. Whilst Medicine have the highest number of overdue complaints (33), proportionally Medicine, FSS and SAS all have approximately 50% of their complaints overdue.		

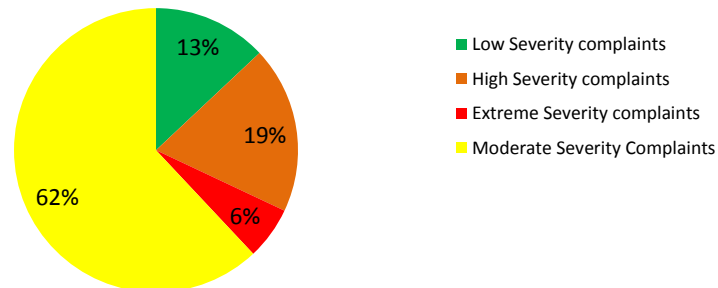
Complaints Background

The Trust received 53 new complaints May 2016, which is only one complaint more than April, and reopened 5 complaints a 44% decrease from April. The Trust received a total of 58 complaints in May 2016. Whilst there has been little change in the total of new complaints received in April, the total number of open complaint (new and reopened) has decreased by 8%, with 68 of these being overdue. The 68 overdue complaints split by Division is SAS 17, Community 5, Medicine 33, and FSS 13.

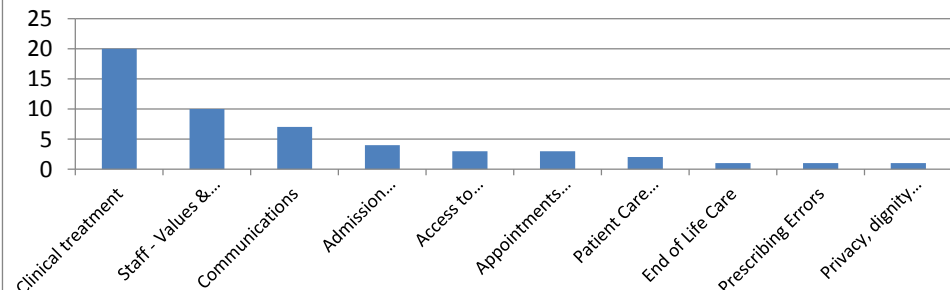
The top 3 Complaints subjects were:
Clinical Treatment
Staff – Values and Behaviours
Communication
These subjects were the same in April 2016.

Severity: The Trust received 3 new Red complaints in May which is a decrease of 57% from April 2016.
PHSO Cases:
The Trust received 4 new Ombudsman / PHSO case received in May 2016. The PHSO have requested the records for all 4.
1 PHSO complaint was closed in May 2016, which was partially upheld.
There were 17 active cases under investigation by the Ombudsman as at the end of March 2016.

Complaints by Severity - May 16



Complaints by Subject - May 16



Caring - Key measures

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	Target	Threshold/ Monthly	
Complaints																		
% Complaints closed within target timeframe	48.45%	47.22%	55.68%	61.11%	56.41%	51.85%	61.11%	39.68%	39.73%	47.73%	43.94%	45.45%	66.67%	37.88%	49.55%	100.00%	100.00%	
Total Complaints received in the month	641	51	62	50	41	48	52	58	49	55	51	65	52	53	105	To be confirmed		
Complaints re-opened		Not collected for 15/16												9	5	14	To be confirmed	
Inpatient Complaints per 1000 bed days		2.11	2.42	2.23	1.77	2.27	2.35	2.36	2.24	2.26	2.05	2.72	2.10	2.20	2.10	To be confirmed		
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	28.60%	21.40%	21.94%	26.50%	28.10%	24.40%	31.10%	32.90%	34.30%	32.10%	33.50%	30.70%	30.98%	31.41%	31.19%	>=28.0%	28.00%	
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.90%	97.37%	96.60%	97.10%	96.50%	96.70%	96.70%	96.40%	97.10%	97.00%	96.94%	97.09%	97.70%	97.39%	>=96.0%	96.00%	
Friends and Family Test Outpatient - Response Rate	13.50%	13.90%	13.60%	13.80%	13.50%	13.30%	13.20%	13.10%	12.90%	13.60%	13.70%	13.20%	13.50%	12.79%	13.14%	>=5.0%	5.00%	
Friends and Family Test Outpatients Survey - % would recommend the Service	89.60%	87.90%	88.40%	89.50%	89.20%	89.20%	90.20%	90.50%	91.60%	90.50%	89.70%	90.70%	90.50%	90.79%	90.64%	>=95.0%	95.00%	
Friends and Family Test A & E Survey - Response Rate	8.50%	10.00%	8.60%	5.70%	2.70%	9.50%	12.10%	9.20%	9.10%	10.20%	9.70%	8.37%	13.27%	15.66%	14.47%	>=14.0%	14.00%	
Friends and Family Test A & E Survey - % would recommend the Service	86.90%	90.50%	91.10%	91.10%	84.80%	86.20%	86.80%	81.60%	85.40%	86.50%	84.80%	84.59%	90.02%	88.58%	89.30%	>=90.0%	90.00%	
Friends & Family Test (Maternity Survey) - Response Rate	30.80%	18.90%	26.30%	27.50%	29.60%	42.60%	30.90%	40.80%	33.60%	30.30%	30.70%	34.47%	26.99%	32.75%	29.87%	>=22.0%	22.00%	
Friends & Family Test (Maternity) - % would recommend the Service	96.30%	89.30%	95.30%	97.80%	95.20%	98.80%	95.00%	97.00%	96.50%	97.80%	96.80%	97.82%	96.32%	96.90%	96.61%	>=96.9%	96.90%	
Friends and Family Test Community - Response Rate	11.60%	8.00%	6.00%	7.00%	7.00%	6.00%	2.00%	14.00%	10.00%	11.00%	10.00%	10.00%	13.20%	9.00%	11.10%	>=3.4%	3.40%	
Friends and Family Test Community Survey - % would recommend the Service	88.80%	89.00%	90.68%	92.00%	90.00%	92.00%	91.00%	85.00%	86.00%	87.00%	86.00%	85.80%	87.50%	87.00%	87.25%	>=96.2%	96.20%	
Maternity																		
Proportion of Women who received Combined 'Harm Free' Care	72.43%	77.78%	67.70%	70.40%	60.90%	73.50%	76.92%	76.92%	70.73%	91.84%	66.00%	78.95%	71.15%	in arrears	71.15%	>=70.9%	70.90%	
Caring																		
Number of Mixed Sex Accommodation Breaches	14	0	2	0	0	7	0	0	0	5	0	0	0	0	0	0	0	

Caring - What our patients are saying

Some of the positive feedback we have received

HRI 22 - Everything was perfect. I was looked after and reassured when I was scared.

NISCBU - Everything went well with my daughter's treatment. They were always there when we needed anyone.

DAYCASE - CRH - Excellent care. Very friendly and very efficient staff. Nothing was too much trouble. Left in no doubt as to what I should do when I leave the hospital. Thank you.

CRH 2AB - Everything from entering A&E and on both wards. Fantastic staff and treatment.

CRH 2CD - All staff - Cleaners, Nurses, Doctors and everybody was fantastic. Could not do enough for me. Thank you very much.

CRH 8D - The operation and the staff's attention to detail when you are coming round from the op - very friendly and make you feel comfortable at all times.

HRI SAU - Transfer to ward and seen quickly by Medics. Nurses all very nice and attentive. Pain relief sorted out quickly. Ward clean and staff helpful.

A&E - CRH - All staff were professional and made my son feel comfortable while he was treated for an asthma attack. Thank you..

Where can we improve

Ensure a morning procedure is carried out in the morning and not the afternoon - long wait!

Would be nice for restaurant to be open on a weekend as, being coeliac, I could find nothing to eat when it was closed.

Communicate the plan to us earlier. We were here 5 hours before we were told we'd be staying and this came out of the blue.

The food ordering system isn't good. Whatever I ticked on the list, I got the opposite which is not good when you have food allergies.

The level of noise was terrible, even at night. The number of people who walk around with pieces of paper, doing very little and interrupting the staff when they are flat out busy - 10 minutes of them helping would be better. 2 Matrons at night, walking in to check on spare beds and then leaving!

Better communication between all parts of the local NHS - HVMH, patient Transport, Endoscopy, patient and carer, especially around medicines management.

I would change the waiting around. People, in general, are frightened, nervous and worried in case anything goes wrong, so by the time they arrive in theatre, they are distressed.

Responsive - Key messages

Area	Issue	Corrective Actions	Impact and Accountability
Emergency Care Standard 4 hours	Improving patient flow through the Emergency Department and the hospital through to discharge into the community is essential. Patients continue to experience long waits for inpatient beds. Lack of compliance with achieving 'bed before 11' - this prevents good capacity and demand management. Whilst the Trust has seen a sustained reduction in the patients over 100 days, the number of patients with a LOS over 10/50 days has increased. High number of patients waiting for social assessment and Package of Care (POC).	<i>Continuous Improvement</i> Safer Patient Flow Programme launched. This includes : 1. Introduce Internal Professional Standards - which includes launch of 'bed before 11', Perfect ward round, 2. Launch of the Ambulatory Emergency Care Collaborative - National Programme to deliver improvements in patient experience, reduce LOS, improve patient flow and aid the delivery of the 4 hour ECS. 3. Acute Frailty model being developed which will look to integrate with the care closer to home frailty model. 4. Escalation through SRG to improve system response to delays. 5. Review options for CHFT to provide rehab services in the community and social care in the community.	If all actions achieved the Trust will deliver a quarter one performance of 94%. Accountable : ADD Medicine
	<u>Pre 12 o'clock Discharges</u> The pre 12 o'clock discharges has improved in month but still some distance from required 40% performance. <u>Green Cross</u> The number of patients with a LOS on or over 10/50 has increased, whilst the number of patients over 100 days has reduced. Lack of internal professional standards. Increasing delays due to lack of social assessments and POC . <u>Number of Outliers (Bed Days)</u> Increase LOS from 5.9 to 6.0 days continues to drive the outlier position. This is predominantly due to lack of social work capacity for assessment and social care provision in the community, highest proportion of outliers is on the Calderdale site, which is impacting on patients within the hospital bed base but also patients in intermediate care and the reablement service.	<u>Pre 12 o'clock Discharges</u> 1. ADN leading by supporting ward sisters with small tests of change to improve compliance. May 16 performance improved with 2 wards now achieving 50% to be spread across Divisions. 2. Divisional Director engaging with consultants with a focus on identification of next day discharges, robust discharge planning, timely completion of TTO's and criteria led discharge. <u>Green Cross</u> 1. Focused MDT discharge planning for all patients over 50/100 days in place. 2. Introduction of internal professional standards. 3. Discharge coordinators now using a case management model to improve patient experience, discharge planning, continuity and integration with social care. 4. Escalation through SRG to improve system response to delays <u>Number of Outliers (Bed Days)</u> 1. Discharge coordinators are pre-screening patients so ensure a coordinated approach prior to social care assessment which prevents delays. 2. Dedicated consultant and junior medical team to support outliers. 3. Escalation to SRG to ensure wider visibility of the reality. 4. Safer Patient Flow Programme (all projects)	Pre 12 o'clock Discharges A weekly meeting with ward sisters to monitor impact of the 'tests of change' is in place. Division expects a month on month improvement of 10% by March to achieve full compliance with the target of 40% by end of Q1. Accountable : ADN Medicine Green Cross & Outliers Internal actions expected to eliminate outliers by 1st Octol facilitate surgical bed changes. System Resilience Group workshop completed with aim of identifying actions to reduce Transfer of Care delays but no definitive outcomes agreed Meeting agreed between CMDC, CHFT and Package of Care providers to discuss options to increase capacity Accountable: ADD Medicine

Responsive - Key messages

Area	Issues	Corrective Actions	Impact and Accountability
Stroke	<p>SNAPP data showed that the service had moved from a D to a B rating.</p> <p>Some patients who were missed as a 1 hour scan despite meeting the urgent imaging criteria were due to being a late diagnosis of stroke, some due to the stroke nursing staff not referring timely, some due to lack of action taken by clinical team.</p> <p><u>90% stay on stroke ward</u> 83.3% of patients spent 90% of their stay on a stroke ward. This is the same level as last month's performance. The principle reason for this is due to the bed pressures and patients on the rehabilitation wards having a prolonged stay in hospital due to the lack of POC.</p> <p><u>50% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival.</u> Direct Admission – Patients who were not directly admitted on to the stroke ward from A+E are mainly due to late diagnosis or lack of beds on ASU.</p>	<p><u>Scanned within 1 hour where indicated</u> The stroke audit and data officer has completed an audit on this matter that has been shared with weekly stroke group. All scans that meet the criteria to be completed within the hour. This was commenced in June 16, this should improve the imaging times in future, the stroke nurses are now also seeing all possible stroke patients and referring for scan earlier to help avoid late/wrong diagnosis of patients.</p> <p><u>90% stay on stroke ward</u> Actions to get back on plan: On going management through patient flow meetings. Close monitoring through the weekly stroke improvement group. Plan for New protocol/SOP developed for rehab/Stroke Ward to enable increased ASU capacity. New process will be launched in July 16.</p> <p><u>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival</u> The stroke team are working with patient flow to prevent outliers. They are also ensuring any outliers that do occur are moved to the appropriate ward ASAP. The stroke nurses are also now personally reviewing all possible stroke patients to help make sure that a larger percentage of stroke patients are provided with the appropriate diagnosis the first time, which should have a positive influence on outcomes for the patients, 90% stay and patient flow therefore also helping direct admission times.</p>	<p>Improvements are expected across all indicators for stroke by the end of July 2016.</p> <p>Accountable : GM IMS Directorate</p>
	<p>% Last minute cancellations to Elective Surgery</p> <p>There are 3 main areas of concern highlighted from Surgical analysis: Emergencies/Trauma, list overrun, ward beds unavailable. Continued pressure from Medical outliers on the Gynaecology bed base at CRH. Monthly performance of 1.35% against a target of 0.6% (this represented a total of 4 patients that were sit-rep reportable).</p>	<p>Work is progressing to alleviate the 3 main areas of concern. Getting Trauma capacity right and a Lap Chole list will improve this. HRI site for Surgery is main issue for unavailable beds. Continue to closely manage elective flow - daily review of elective activity against anticipated capacity (ongoing). Discussions taking place to set criteria for outlying into Gynaecology beds and management of patient flow (by July 16)</p>	<p>Impact and Accountability; Impact on maintaining planned activity against plan and patient experience and safety. Improved patient experience.</p> <p>Accountable: ADD Surgery, GM, Women's</p>

Responsive - Key messages

Area	Issues	Corrective Actions	Impact and Accountability
Referral To Treatment	<p>There are increased waiting times for patients who are not clinically urgent due to capacity constraints caused by:</p> <ul style="list-style-type: none"> Bed capacity and reduced surgical activity in preceding months Consultant sickness Consultant vacancies Junior Doctor strike <p>The impact of this is that generally patients have waited longer than normal for their inpatient operations causing a deterioration in the incomplete target and the above 26 week waits.</p>	<p>Fill vacancies asap – Panels to be held in June for a number of the posts.</p> <p>Provide full cover for sickness at the earliest opportunity</p> <p>Increase length of short term cover to enable recovery of lost capacity</p> <p>Increase operating for new hand surgeon by picking up cases from other surgeons, and thereby reduce waiting times.</p> <p>Ensure a Paediatric all day ENT weekend list is scheduled each month.</p> <p>Improve identification of capacity gaps</p> <p>Aim to reduce fallow lists to no more than 1 per week</p> <p>Ensure scheduling meeting is effective, by improved pre-work with specialties.</p> <p>Ensure all long waiting pathways are validated</p>	<p>It is expected that most capacity gaps within the Division will be covered in June which will stop the deterioration of the current position. Validation capacity is now back on track. As a result an improvement is expected in June with performance targets being met in August due to the time lag on the 18 week pathway.</p> <p>Accountable : ADD Surgery</p>
	<p>Reduced capacity within the surgical management team due to the re-planning of surgical work as a result of the bed capacity constraints has led to a reduction in capacity for validation.</p> <p>Increased waiting times due to outpatient capacity shortfalls have also led to a deterioration in the 18 week position and are caused by a reduction in capacity.</p>		

Cancer

Screening

2 breaches were seen in relation to the bowel cancer screening service. 1 patient experienced a delay in radiotherapy at Leeds. 1 Patient booked holidays which resulted in a long delay. Patient actively chose not to be seen earlier and therefore the breach was unavoidable.

38 day to Referral to Tertiary

Performance was affected by
Lung Cancer Pathway
Haematology Pathway

Bowel Cancer Screening

Focus on achieving the quarter with tight tracking and escalation in place.

Breast Symptomatic

Continued careful management of capacity.

Other specialties

Work underway with Urology regarding the revised prostate cancer pathway which should improve waiting times for patients. Implemented on the 1st June.

Further work with UGI/Colorectal and Head and Neck about more definitive management of whether patients should be on a cancer pathway.

38 day to Referral to Tertiary

The Medicine Division has developed an action plan. Improvements seen, all patients are closely tracked.

Respiratory Consultants are meeting with GPs to discuss the pathway, to look at opportunities to improve the timeliness of the pathway.

Haematology patients are usually patients that have had another cancer diagnosis and are referred to Haematology later in the pathway. Therefore this area is extremely challenging.

June 2016

Accountable : GM for General Surgery

Responsive - Key measures

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	Target	Threshold/Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	93.88%	94.80%	95.44%	95.44%	95.36%	95.37%	95.11%	94.87%	95.26%	91.49%	89.44%	89.30%	93.87%	93.40%	93.62%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1351	88	78	55	57	60	72	69	84	192	250	273	108	144	252	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	103	3	3	4	2	3	7	6	1	13	12	20	10	14	24	0	0
A&E Ambulance 60+ mins	23	0	0	0	1	2	0	0	2	8	2	7	0	1	1	0	0
A&E Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Flow																	
% Daily Discharges - Pre 12pm	19.47%	16.81%	16.94%	18.09%	17.28%	17.03%	16.20%	14.85%	16.47%	15.09%	15.62%	14.41%	16.41%	16.87%	16.64%	>=40%	40.00
Delayed Transfers of Care	5.13%	6.30%	6.20%	7.04%	7.45%	5.30%	4.60%	4.50%	4.50%	3.35%	3.38%	3.30%	2.90%	2.31%	2.61%	<=5%	5.00%
Green Cross Patients (Snapshot at month end)	98	91	90	96	62	71	91	91	79	91	115	98	93	90	90	<=40	<=40
Number of Outliers (Bed Days)	9428	791	813	859	628	598	508	730	781	1035	989	883	1115	1363	2478	<=495	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	83.00%	81.25%	80.39%	66.67%	73.40%	74.60%	97.80%	84.60%	80.00%	94.40%	81.30%	83.70%	83.30%	in arrears	83.30%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.67%	57.70%	59.30%	53.10%	48.40%	83.00%	65.40%	60.00%	66.70%	58.30%	56.70%	67.60%	50.00%	in arrears	50.00%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	55.20%	20.00%	12.50%	50.00%	28.57%	80.00%	50.00%	80.00%	50.00%	57.10%	100.00%	80.00%	66.70%	in arrears	66.70%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival (where indicated)	68.42%	64.00%	75.00%	56.52%	75.00%	90.91%	72.00%	75.00%	66.70%	78.94%	50.80%	47.80%	64.30%	in arrears	64.30%	>=90%	90.00%
Maternity																	
Antenatal Assessments < 13 weeks	91.60%	93.10%	91.48%	92.10%	91.10%	90.40%	92.40%	92.10%	91.60%	88.10%	89.80%	93.80%	90.15%	91.88%	91.00%	>90%	90.00%
Maternal smoking at delivery	9.90%	11.30%	12.00%	11.30%	10.20%	9.80%	9.30%	8.50%	8.20%	7.80%	10.20%	9.70%	10.40%	8.40%	9.40%	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.67%	0.74%	0.50%	0.71%	0.51%	0.76%	0.43%	0.59%	0.75%	0.62%	0.69%	0.96%	0.71%	1.04%	0.88%	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked with 28 days of cancellation)	2	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Responsive - NHS Improvement Dashboard

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	Target	Threshold/ Monthly
Clostridium Difficile																	
Total Number of Clostridium Difficile Cases - Trust assigned	25	0	1	1	3	3	4	2	1	3	3	2	2	3	5	<=21	< = 2
Avoidable number of Clostridium Difficile Cases	5	0	1	0	0	1	1	1	0	0	0	0	1	2	3	0	0
Accident & Emergency																	
Emergency Care Standard 4 hours	93.88%	94.80%	95.44%	95.44%	95.36%	95.37%	95.11%	94.87%	95.26%	91.49%	89.44%	89.30%	93.87%	93.40%	93.62%	>=95%	95%
Referral To Treatment Pathways																	
% Admitted Closed Pathways Under 18 Weeks	91.92%	92.41%	92.67%	92.79%	92.03%	91.64%	90.20%	91.63%	92.04%	92.21%	91.86%	91.96%	92.12%	92.42%	92.27%	>=90%	90%
% Non-admitted closed Pathways under 18 weeks	98.48%	98.89%	98.63%	98.23%	98.55%	98.67%	98.48%	98.62%	98.44%	98.32%	98.39%	98.17%	98.42%	98.49%	98.46%	>=95%	95%
% Incomplete Pathways <18 Weeks	95.70%	95.85%	95.44%	95.55%	95.44%	96.07%	95.80%	96.04%	95.45%	95.95%	95.80%	95.70%	96.16%	96.01%	96.01%	>=92%	92%
Cancer																	
62 Day GP Referral to Treatment	91.19%	92.31%	90.00%	88.95%	93.94%	88.24%	91.77%	95.00%	93.98%	91.04%	94.53%	89.40%	92.31%	87.88%	90.08%	>=85%	85%
62 Day Referral From Screening to Treatment	95.74%	100.00%	100.00%	100.00%	100.00%	100.00%	95.65%	88.24%	96.67%	94.44%	100.00%	100.00%	91.30%	88.00%	89.47%	>=90%	90%
31 Day Subsequent Surgery Treatment	99.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=94%	94%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%	98%
31 Days From Diagnosis to First Treatment	99.81%	100.00%	99.24%	100.00%	100.00%	100.00%	100.00%	99.12%	99.30%	100.00%	99.09%	100.00%	99.14%	100.00%	99.55%	>=96%	96%
Two Week Wait From Referral to Date First Seen	97.34%	98.43%	96.55%	95.64%	93.78%	97.82%	98.73%	96.84%	97.06%	98.86%	99.27%	98.95%	94.98%	98.08%	96.55%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.82%	93.75%	94.92%	94.87%	98.60%	98.47%	94.85%	95.89%	94.05%	96.85%	96.55%	96.55%	90.07%	93.71%	91.94%	>=93%	93%

Workforce - Key messages

Area	Issue	Corrective Action	Impact and Accountability
Sickness Absence	1. Long term absence is above target at 2.73%.	100% of long term sickness absence cases have a 'wrap around' management plan. This is monitored on a routine basis and reported to the Board monthly.	December 2016
	2. Short term absence is above target at 1.48%	Cases moving from short term to long term are monitored and reviewed by the end of the 2nd week each month.	Accountable : Director of Workforce and OD.
	3. Return to work interviews are not consistently undertaken or recorded.	Establish an understanding of whether date of return to work interviews recorded on e-roster are transferred to ESR – 30 June 2016.	
		Audit by Division of periods of absence when no return to work interview has been recorded or undertaken to target non-compliant areas - 30 June 2016.	
		Return to work interview form returned to Attendance Management team to audit whether date has been recorded on ESR - 3 June 2016.	
		Monitor compliance by line managers of action required in accordance with short term absence triggers - 30 June 2016.	
		Guidance document on when to conduct an initial attendance review – 30 June 2016.	
		Identify departments who constantly fail to conduct return to work interviews - 30 June 2016	
		NHS staff health and wellbeing CQUIN plan for health and wellbeing initiatives - 30 June 2016	
Vacancies	1. 30 Consultant vacancies across hard to fill specialties	International recruitment continuing for qualified nursing posts – ongoing with proposal to expand search June 2016.	30 June 2016
	2. 189.23 FTE qualified staff nurse vacancies	42 newly qualified nurses commence employment with the Trust - September 2016.	Accountable : Medical Director Director of Nursing Chief Operating Officer Director of Workforce and OD
	3. 14.9% turnover rate	International recruitment programme agreed for Consultant posts – June 2016.	
		Consultant recruitment approval process (new and replacement posts) redesigned to speed up process.	
		Vacancy approval process redesigned – June 2016.	
		Recruitment process improvements – May to September 2016.	
		Welcome event to be held on 20 June 2016 for newly qualified nurse recruits joining in September 2016 and regular monthly keep in touch dates until they commence in post.	
		Scoping work commenced with Huddersfield University in relation to Band 4 Associate Nursing Posts.	

Workforce - Key messages

Area	Issue	Corrective Action	Impact and Accountability
Appraisal	1. There is an absence of a sanction for non-compliance.	Appraisal compliance to be monitored monthly through the divisional performance meetings	30 June 2016
	2. The appraisal scheduler tool which captures planned activity is not fully or consistently utilised.	Design a proposal for a link to incremental pay progression and mandatory training and appraisal compliance – 30 June 2016.	Accountable : Director of Workforce and OD.
Appraisal	3. Limited opportunity for appraiser training.	Clarity of requirement to use the appraisal scheduler and to complete it in June as set out in the email from Deputy Director of Workforce and OD in email dated 3 June 2016.	
	4. Appraisals scheduler not completed or submitted for 2016/2017	Appraisal training proposal paper to be received at the Education Learning Group meeting on 22 June 2016.	
Mandatory Training	The functionality of the Oracle Learning Management (OLM) system in the national Electronic Staff Record (ESR) is limited and is not user friendly which has deterred some colleagues from using the tool enabling them to be fully compliant.	Business case for replacement learning management system to be submitted to the July Commercial Investment and Strategy Committee meeting.	30 June 2016
	A specific functionality limitation has been highlighted regarding refresher training and the length of 'window' prior to renewal. This is currently set at 3/12 months before compliance expires.	Design a proposal for a link to incremental pay progression and mandatory training and appraisal compliance – 30 June 2016.	Accountable : Director of Workforce and OD.
	There is an absence of a sanction for non-compliance.	Prevent paper drafted for submission to Executive Board in June 2016 by Head of Safeguarding for discussion with the Deputy Director of Nursing.	
	The PREVENT element of mandatory training is delivered on a classroom basis through the Safeguarding team and capacity to deliver sufficient sessions to facilitate full compliance is limited. The requirement to deliver this training in a classroom environment is a DH requirement placed on all public sector bodies.	A paper describing the options to manage mandatory training compliance to be considered by Executive Board on 30 June 2016.	

Workforce Information - Key measures

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	Target	Threshold/Monthly									
Sickness YTD																										
Sickness Absence rate (%)	4.60%	4.57%	4.53%	4.48%	4.43%	4.38%	4.44%	4.52%	4.57%	4.61%	4.62%	4.60%	4.23%	*	4.23%	4.00%	=< 4.00% - Green 4.01 -4.5 Amber >4.5% Red									
Target date - 31 Dec 2016																										
Long Term Sickness Absence rate (%)	3.10%	3.16%	3.15%	3.14%	3.10%	3.05%	3.05%	3.09%	3.12%	3.12%	3.12%	3.10%	2.77%	*	2.77%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red									
Target date - 31 Dec 2016																										
Short Term Sickness Absence rate (%)	1.50%	1.41%	1.37%	1.34%	1.33%	1.33%	1.39%	1.43%	1.45%	1.49%	1.50%	1.50%	1.47%	*	1.47%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red									
Target date - 31 Dec 2016																										
Sickness Monthly																										
Sickness Absence rate (%)	-	4.71%	4.45%	4.36%	4.23%	4.13%	4.76%	5.07%	5.04%	4.96%	4.69%	4.34%	4.23%	*	-	4.00%	=< 4.00% - Green 4.01 -4.5 Amber >4.5% Red									
Long Term Sickness Absence rate (%)	-	3.29%	3.14%	3.11%	2.95%	2.80%	3.02%	3.34%	3.43%	3.14%	3.02%	2.89%	2.77%	*	-	2.70%	=< 2.7% Green 2.71% -3.0 Amber >3.0% Red									
Short Term Sickness Absence rate (%)	-	1.42%	1.30%	1.25%	1.28%	1.33%	1.74%	1.74%	1.61%	1.82%	1.67%	1.46%	1.47%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red									
Attendance Management KPIs																										
Sickness returns submitted per month (%)	76.00%	Data unavailable for this period										100%	100%	100%	*	-	100.00%	100% Green 95%-99% Amber <95% Red								
Target date - 30 April 2016																										
Return to work Interviews (%)	38.00%											43.15%	33.10%	34.60%	*	-	100.00%	100% Green 95%-99% Amber <95% Red								
Number of cases progressing/not progressing from short term absence to long term absence	-											***	9 / 556	12/606	*	-	-									
Long Term Sickness cases with a defined action plan	-											100.00%	100.00%	100.00%	*	-	100.00%	100% Green 95%-99% Amber <95% Red								
Target date - 30 April 2016																										
Number of short term absence cases managed at each stage in the formal procedure	-	***	344	385	*	-	-																			
Number of visits to dedicated intranet web pages.	-	1261	1514	1339	*	-	-																			
Staff in Post																										
Staff in Post Headcount	5820	5781	5732	5701	5701	5749	5696	5730	5721	5753	5806	5820	5812	5816	-	-										
Staff in Post (FTE)	5084.37	5003.42	4961.18	4934.68	4941.67	4986.92	4956.52	4995.31	4987.74	5021.53	5077.42	5084.37	5070.90	5074.47	-	-										
Staff Movements																										
Turnover rate (%)		1.37%	1.37%	1.32%	1.24%	2.40%	0.97%	1.18%	0.99%	1.13%	0.64%	0.82%	0.73%				***									
Turnover rate (%) (Rolling 12m)	15.71%	14.51%	15.14%	15.64%	15.71%	16.76%	16.56%	16.57%	16.63%	16.84%	16.79%	15.71%	14.81%	14.15%	-	-										
Vacancies																										
Establishment (Position FTE)**	5572.34	Data unavailable for this period										5410.68	5572.34	5575.34	5575.37											
Vacancies (FTE)**	495.19											387.12	484.70	494.92	496.71	-	-									
Vacancies (%)**	8.89%											7.15%	8.70%	8.88%	8.91%	-	-									
Agency Spend*												£2.1M				-	-									
Mandatory Training																										
Fire Safety (1 Year Refresher)	73.38%	Packages launched 01 Jun 2015	19.00%	26.70%	31.50%	34.40%	60.80%	61.80%	63.50%	68.70%	73.10%	73.40%	7.52%	11.54%	11.54%	100.00%	16% (100% at 31 March 17)									
Information Governance (1 Year Refresher)	84.24%		73.20%	73.30%	70.30%	70.90%	72.20%	72.90%	76.50%	79.10%	82.30%	84.20%	5.68%	8.27%	8.27%	100.00%	16% (100% at 31 March 17)									
Infection Control (1 Year Refresher)	85.07%		8.50%	22.10%	31.40%	39.20%	49.30%	58.40%	66.70%	73.00%	80.90%	85.10%	6.07%	8.49%	8.49%	100.00%	16% (100% at 31 March 17)									
Manual Handling (2 Year Refresher)	86.73%		8.10%	21.40%	31.30%	39.30%	58.60%	65.40%	72.00%	77.40%	83.10%	86.70%	88.36%	88.25%	88.25%	100.00%	100% Green 95%-99% Amber <95% Red									
Health and Safety (3 Year Refresher)	84.60%		7.90%	21.10%	31.10%	38.50%	48.60%	58.40%	66.50%	73.00%	80.40%	84.60%	86.80%	87.18%	87.18%	100.00%	100% Green 95%-99% Amber <95% Red									
Equality and Diversity (3 Year Refresher)	85.89%		18.90%	29.00%	37.70%	46.10%	56.00%	63.30%	70.40%	75.80%	82.40%	85.90%	87.61%	87.74%	87.74%	100.00%	100% Green 95%-99% Amber <95% Red									
Safeguarding (3 Year Refresher)	78.34%		4.00%	12.20%	19.60%	25.20%	57.90%	61.00%	66.00%	69.80%	73.60%	78.30%	81.09%	81.37%	81.37%	100.00%	100% Green 95%-99% Amber <95% Red									
Dementia Awareness (3 Year Refresher)	81.88%							8.40%	32.90%	54.10%	65.20%	76.60%	81.90%	84.90%	85.14%	85.14%	100.00%	100% Green 95%-99% Amber <95% Red								
Conflict Resolution (3 Year Refresher)	77.63%							7.40%	27.80%	47.70%	58.70%	70.80%	77.60%	81.73%	82.58%	82.58%	100.00%	100% Green 95%-99% Amber <95% Red								
PREVENT (No renewal)	61.59%	21.20%	32.70%	33.60%	35.50%	37.50%	39.90%	43.40%	51.40%	51.80%	54.80%	61.60%	63.71%	65.70%	65.70%	100.00%	100% Green 95%-99% Amber <95% Red									
Appraisal																										
Appraisal (1 Year Refresher)	78.57%	4.10%	7.24%	10.74%	14.46%	25.17%	33.42%	45.70%	56.50%	60.10%	74.10%	78.57%	1.68%	4.28%	4.28%	100.00%	16% (100% at 31 March 17) 20% (90% 31 December 2016)									

* Data one month behind
** 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.

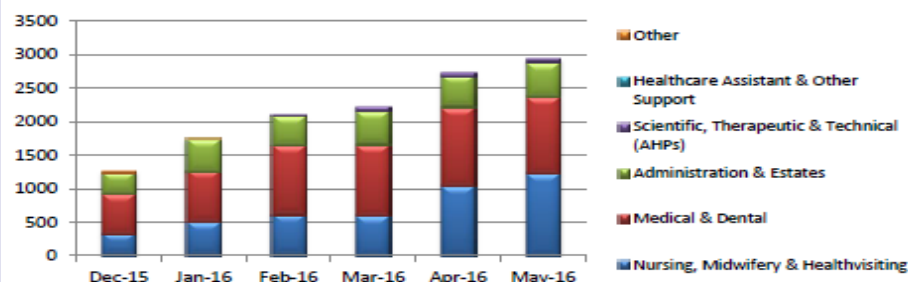
Workforce

WORKFORCE

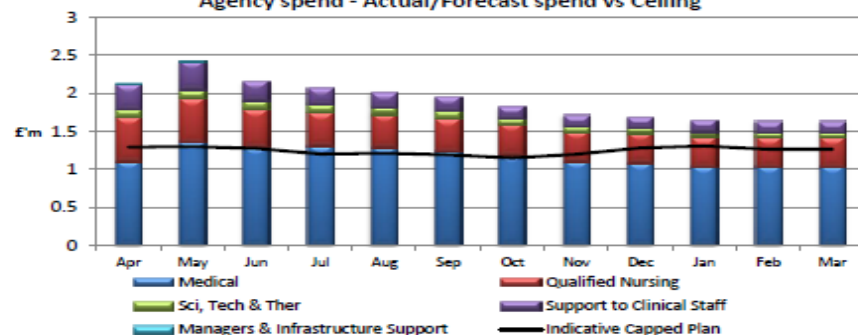
Vacancies

	Sci, Tech &	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	56	71	92	191	80	490
Staff in post (WTE)	611	1,186	509	1,651	1,128	5,085
% Vacancies	8%	6%	15%	10%	7%	9%

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Ceiling



For 2016/17 the Trust has been given a £14.95m ceiling level for agency expenditure by NHS Improvement. This is in the context of actual expenditure incurred in 2015/16 of £19.93m. The Trust must do all that it can to aim to achieve this target which will be extremely challenging. A simple extrapolation of the year to date agency spend would suggest a potential to spend £27.4m in 2016/17, threatening both compliance with the ceiling but also delivery of the overall control total deficit. Capped hourly rates for agency staff were also introduced by NHSI in 2015/16 which are tightened to lower rates from April 2016 and there is a requirement for all agency staff to be booked through approved procurement frameworks.

Vacancies

In overall terms at the end of Month 2 the Trust was carrying 490 vacancies, a rate of 9% of the total establishment which is static from last month. The highest vacancy rates continue to be in directly patient facing staff groups, medical and nursing staffing at 15% and 10% respectively, which are essential to delivery of activity and maintenance of safe and high quality services. In order to quell the unaffordable use of agency staff recruitment to these posts must be a priority.

Agency rate cap

Price caps were introduced to support providers to control and reduce expenditure on agency staffing. Since November 2015 a weekly return has been completed showing the number of shifts that have breached either the rate cap or been booked outside a recognised framework of suppliers. During this period the actual rate cap has been reduced with the latest reduction being applied from April 2016 and further rate reductions coming in from July 2016.

The number of breaches reported in April increased, partly as a result of the reduced cap rate threshold but on a level playing field from April onwards the number of breaches has increased again in May. The number of breaches is exceeding 700 shifts on a weekly basis and the cost in excess of capped rates is above £0.50m per month.

Agency ceiling

In respect of the £14.95m agency ceiling, the Trust has designed a trajectory against which to measure month on month performance. For Month 2, against a trajectory of £1.30m, actual spend is £2.44m. Divisional forecasts, informed by recent run rates but assuming a level of constraint going forwards based on actions that are being mobilised, project a full year spend of £22.97m illustrated by staff group on the graph opposite.

Agency spend must be reduced considerably if the Trust is to deliver the financial plan, not exceed the ceiling and secure the Strategic Transformation Funding. This provides a significant risk for the Trust.

Hard Truths: Safe Staffing

This is a routine, monthly report to the Board of Directors which will provide headlines on the nursing workforce staffing position in May 2016.

Fill Rates

Average fill rates reported to Unify for registered nurse (RN) day shift increased slightly in May on the HRI and CRH site in comparison to April 2016 (Table 1).

- Average fill rates for RN night shift decreased on both sites in comparison to April 2016, but remained above 94% (Table 1). One area achieved average fill rates of 116% for RN day shift (Ward 5) which is due to a level of supernumerary nurses being supported on shift through their induction period.
- Average fill rates for day shifts decreased this month for care staff in comparison to April 2016, and remain above 100% on day and night shifts on both sites.

Average Fill Rates:	Registered Nurses		Care Staff	
	Day	Night	Day	Night
May 2016 HRI	91.94%	94.24%	107.48%	125.10%
May 2016 CRH	89.60%	94.55%	104.84%	113.97%
April 2016 HRI	90.64%	97.30%	107.82%	123.86%
April 2016 CRH	89.46%	95.51%	105.79%	118.69%

Registered Nurses: Three clinical areas, in comparison to one in April 2016 fell below 75% average fill rate.

Ward 5AD continues to regularly report average fill rates of less than 75% (Day shift) due to the proportion of Registered Nurses working long days against planned.

Ward 8AB reported average fill rates of less than 75% (Day shift) for May 2016 in part due to 8B having closed beds and staff being redeployed to other areas and also due to Registered Nurse vacancies.

CCU have reported average fill rates of less than 75% (Night shift) for May 2016. Staffing levels for Registered Nurses have remained largely at 3 Registered Nurses per night against a planned level of 4. The decision to staff with 3 Registered Nurses has been risk assessed on a daily basis, due to vacancy level and a requirement to support the Anglo Bay at present.

Care Staff: Three clinical areas fell below 75% average fill rate which are LDRP, 4C, and 3 (paediatrics). Recruitment to vacancies contributing to decreased fill rates are in process.

Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; realisation of supervisory time for band 7 registered nurses and for care staff supporting reduced fill rate of registered nurse hours.

Average Fill Rates:	Registered Nurses		Care Staff		Total
	Day	Night	Day	Night	
Red (less than 75% fill rate)	2	1	1	2	6
Amber (75 – 89% fill rate)	18	9	5	0	32
Green (90 – 100% fill rate)	16	8	27	7	58
Blue (greater than 100% fill rate)	2	19	5	24	50

Hard Truths: Safe Staffing (2)

Internal Staffing Never Events

Two clinical areas have reported having less than the minimum 2 RN at all times in May.

- Ward 8AB on four nights (1st, 2nd, 15th and 22nd May) had 1 RN and 1 HCA.

On 1st and 2nd the number of patients on the ward were 6 and 5 respectively. On the 15th and 22nd the number of patients on the ward were 11 and 10 respectively. On three occasions the second RN was moved to an alternative area within the hospital following risk assessment.

On all four night shifts 8AB was supported by night matron and RN's from 8C and 8D. No adverse impact on patient care was reported on the 4 shifts with reduced staffing levels recorded.

- 8D on Night Shift on 5th and 11th May. On these shifts the qualified nurse on 8D was supported by the night matron and qualified nurses across the floor (8C and 8AB).

Care hours per patient day (CHPPD)

Data has been submitted in line national guidance.

Vacancies and Retention

Registered nurse vacancies have increased to 212.59 wte (Data reported from ESR). 122 registered nurses are currently in the resourcing pipeline.

- Recruitment events continue with monthly recruitment to band 5 nurses and additional events targeting areas with high levels of vacancies such as Medical Assessment Unit; Operating Department and Emergency Department.
- Engagement of third year student nurses at local universities has been completed (Leeds, Bradford, Huddersfield, UCLAN). A welcome event to meet both the senior nursing team and ward teams is scheduled for 20th June 2016 to continue our engagement with third year students due to commence as qualified nurses and midwives in September 2016.
- International recruitment activity from the EEA has reduced as anticipated following the introduction of IELTS. The Corporate Risk Register has been updated in light of the reduction in availability of nurses within the EEA.
- The Nursing Workforce team are working with the Workforce and Development and Procurement teams to ensure all nurses recruited from the EEA complete their NMC registration process at pace.
- The Nursing Strategy Group have reviewed current retention practices against best practice guidance from Health Education England. Actions have been identified and are under review from the Workforce and Development team to form part of the Trust wide retention strategy.
- The Nursing Strategy Group has met with a local university to identify actions required to ensure minimal impact from the introduction of fees for healthcare courses at University.

Conclusion

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

FINANCIAL POSITION

YEAR TO DATE POSITION: M2

	M2 Plan £m	M2 Actual £m	Var £m	
Total Income	£59.37	£59.89	£0.53	●
Total Expenditure	(£60.93)	(£61.71)	(£0.78)	●
EBITDA	(£1.57)	(£1.82)	(£0.25)	●
Non Operating Expenditure	(£4.24)	(£4.05)	£0.19	●
Deficit excl. Restructuring	(£5.81)	(£5.87)	(£0.06)	●
Restructuring Costs	(£0.00)	£0.00	£0.00	●
Surplus / (Deficit)	(£5.81)	(£5.87)	(£0.06)	●

YEAR END 2016/17

	Plan £m	Forecast £m	Var £m	
Total Income	£371.52	£374.79	£3.27	●
Total Expenditure	(£361.96)	(£366.01)	(£4.05)	●
EBITDA	£9.56	£8.77	(£0.79)	●
Non Operating Expenditure	(£25.66)	(£24.88)	£0.78	●
Deficit excl. Restructuring	(£16.10)	(£16.10)	(£0.00)	●
Restructuring Costs	(£0.00)	£0.00	£0.00	●
Surplus / (Deficit)	(£16.10)	(£16.10)	(£0.00)	● 1

KEY METRICS: YEAR TO DATE M2

	Year To Date			
	M2 Plan £m	M2 Actual £m	Var £m	
I&E: Surplus / (Deficit)	(£5.81)	(£5.87)	(£0.06)	●
Capital	£2.52	£2.38	£0.14	●
Cash	£1.94	£1.93	(£0.01)	●
Borrowing	£42.11	£41.93	(£0.18)	●
CIP	£1.24	£1.26	£0.02	●
Financial Sustainability Risk Rating	2	2		●

KEY METRICS: YEAR END 2016/17

	Year End: Forecast			
	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£16.10)	(£16.10)	£0.00	●
Capital	£28.22	£28.22	£0.00	●
Cash	£1.95	£1.91	£0.00	●
Borrowing	£67.87	£67.51	(£0.36)	●
CIP	£14.00	£14.00	£0.00	●
Financial Sustainability Risk Rating	2	2		●

RAG KEY: ● Actual / Forecast is on plan or an improvement on plan
 (Excl: Cash) ● Actual / Forecast is worse than planned by <2%
 ● Actual / Forecast is worse than planned by >2%

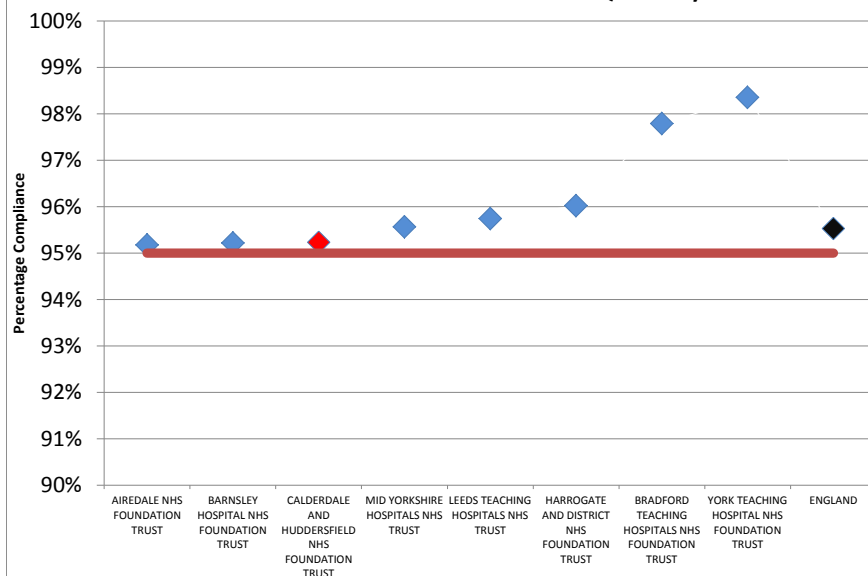
NB. In addition to the above rules, if Capital expenditure <85% of planned then Red, (per Monitor risk indicator)

RAG KEY - Cash:

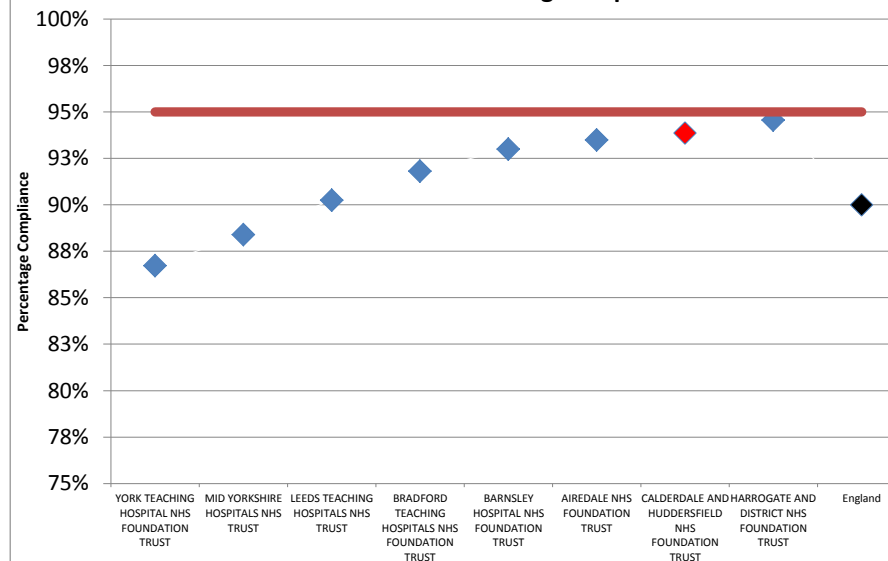
At or above planned level or > £18.6m (20 working days cash)
 < £18.6m (unless planned) but > £9.3m (10 working days cash)
 < £9.3m (less than 10 working days cash)

Benchmarking - Selected Measures

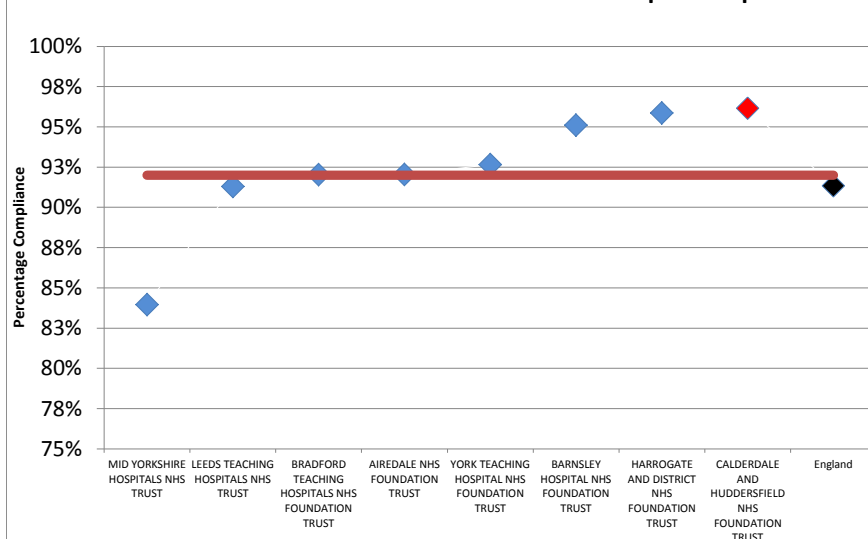
VTE RISK ASSESSMENT COMPLIANCE : QTR 4 15/16



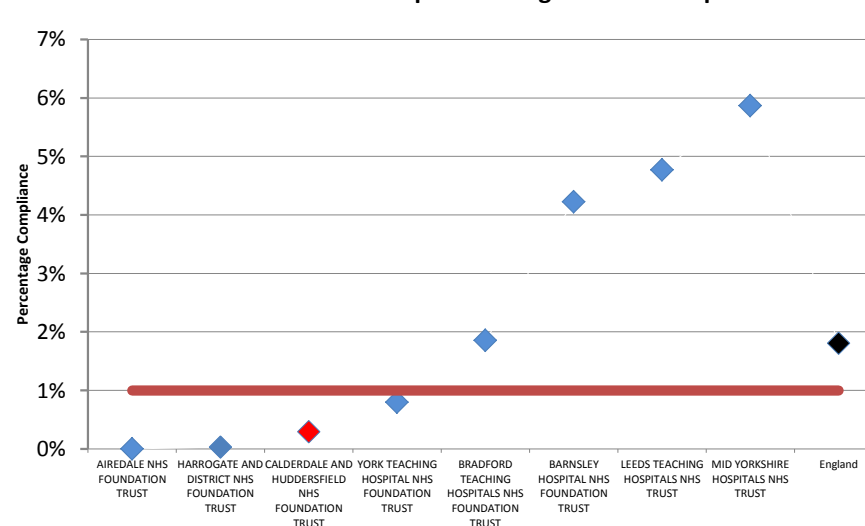
RESPONSIVE - A and E 4 hour target - April 2016



RESPONSIVE - Referral to Treatment Incomplete - April 2016

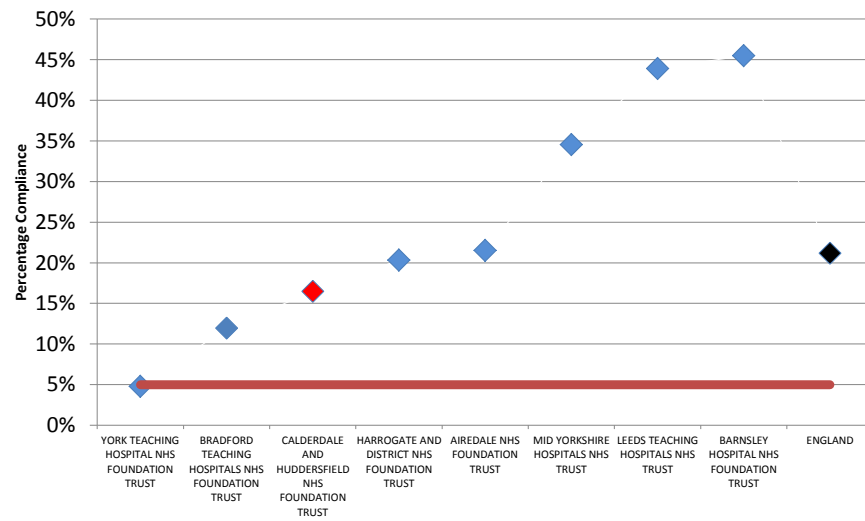


RESPONSIVE - 6 weeks plus for diagnostic test - April 2016

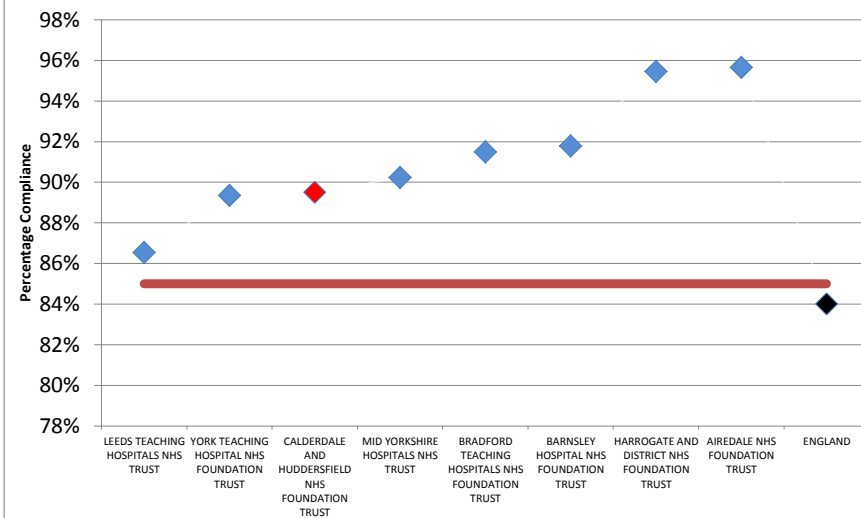


Benchmarking - Selected Measures

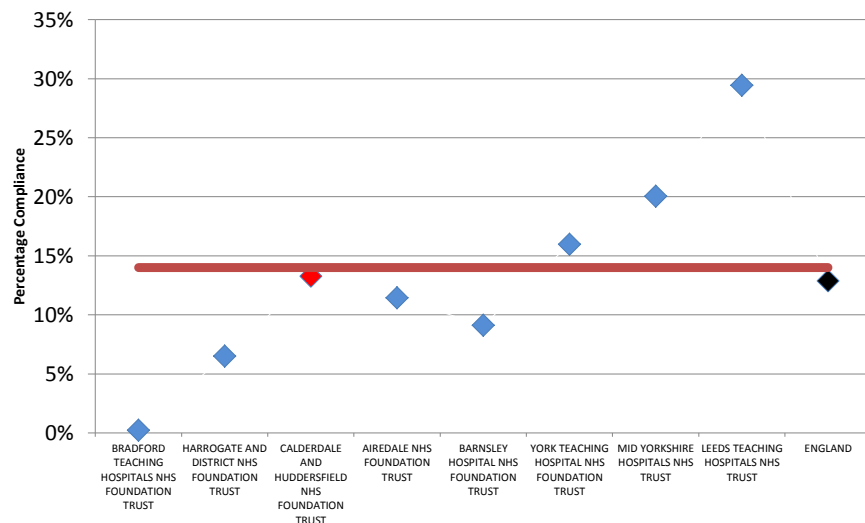
RESPONSIVE - ASIs on Choose & Book - April 2016



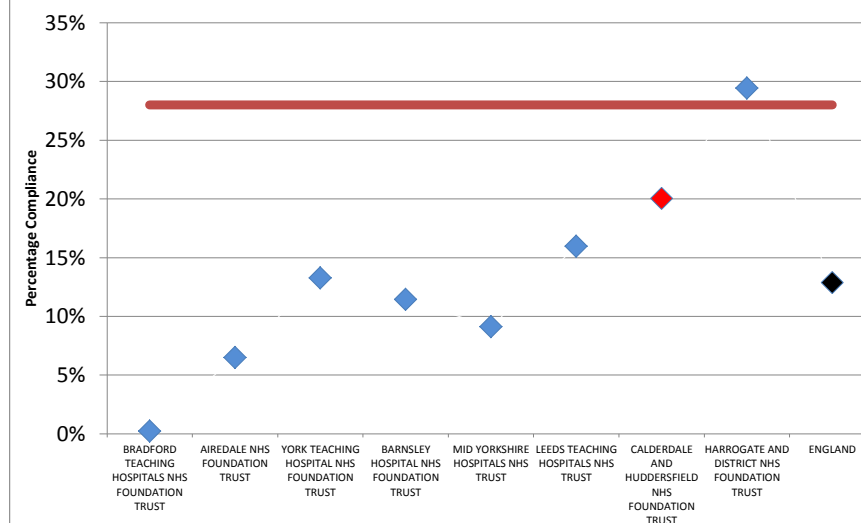
RESPONSIVE - CANCER (62 Day Ref to Treat) - March 2016



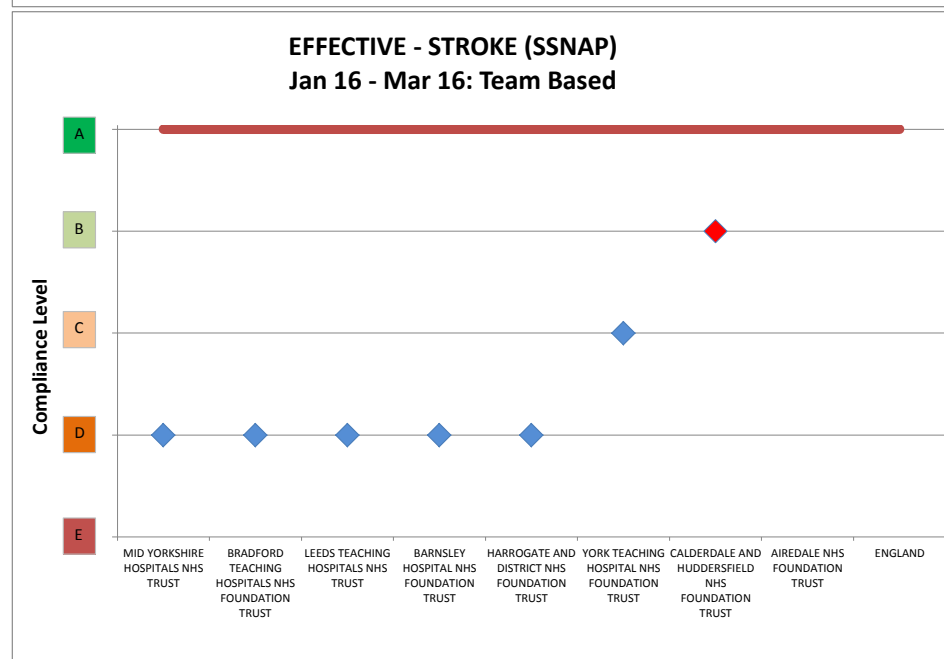
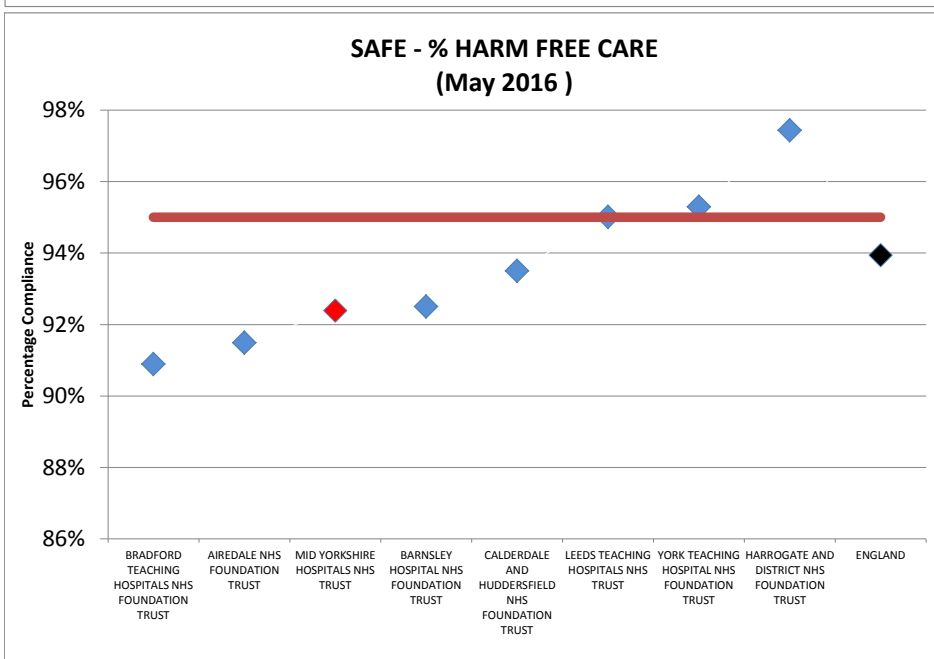
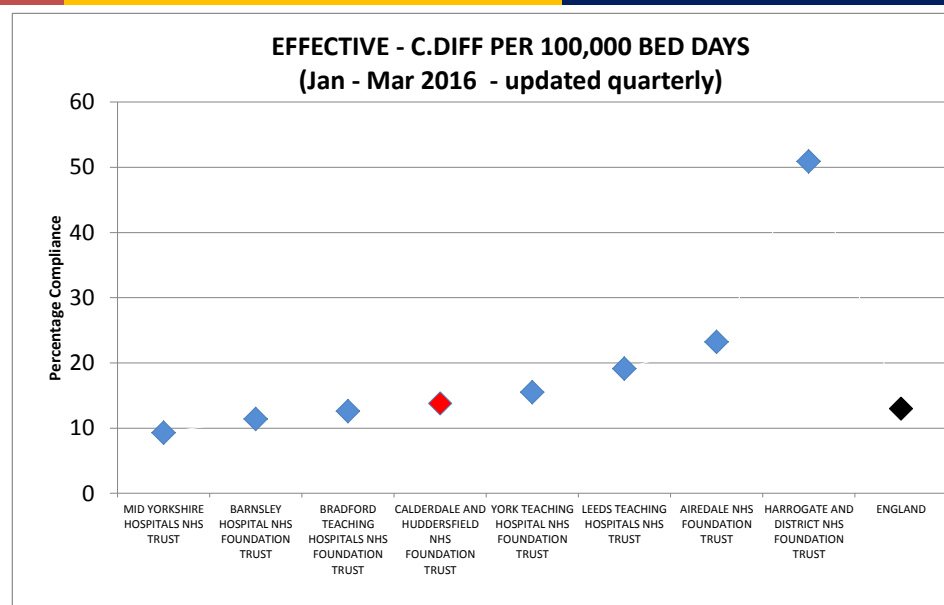
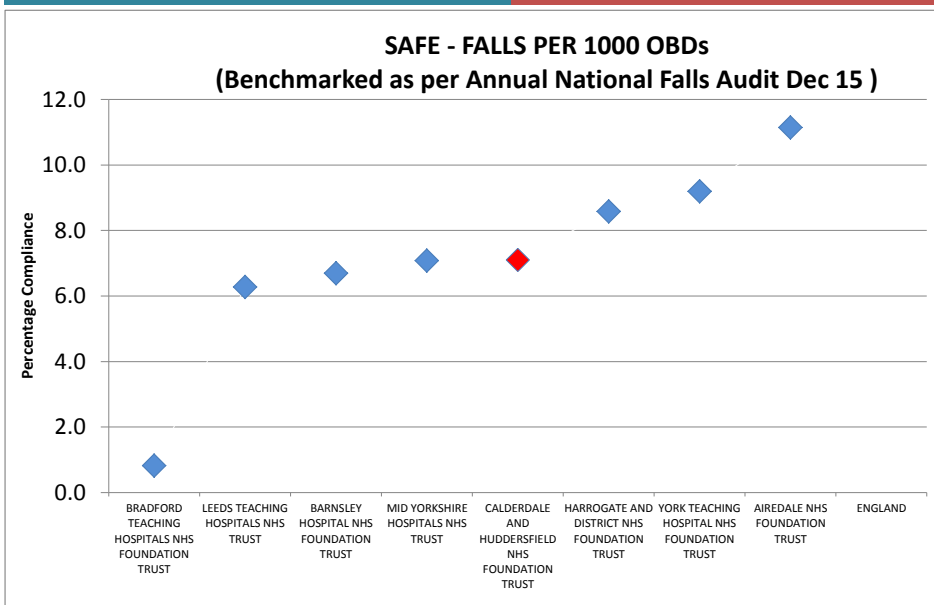
CARING - FFT A&E Response Rate - April 2016



CARING - FFT IP Response Rate - April 2016

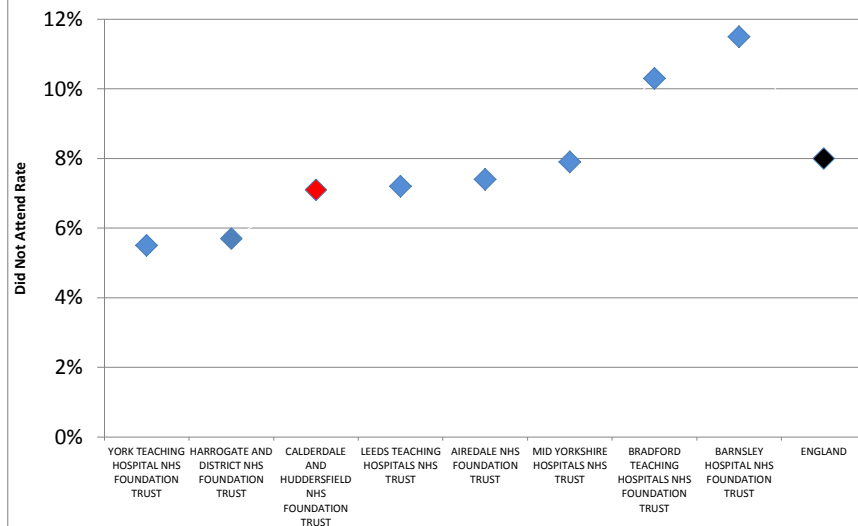


Benchmarking - Selected Measures

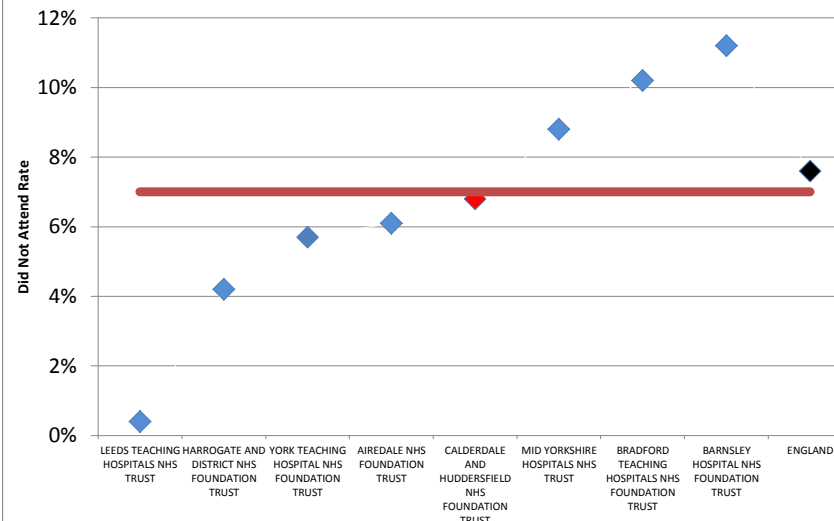


Benchmarking - Selected Measures

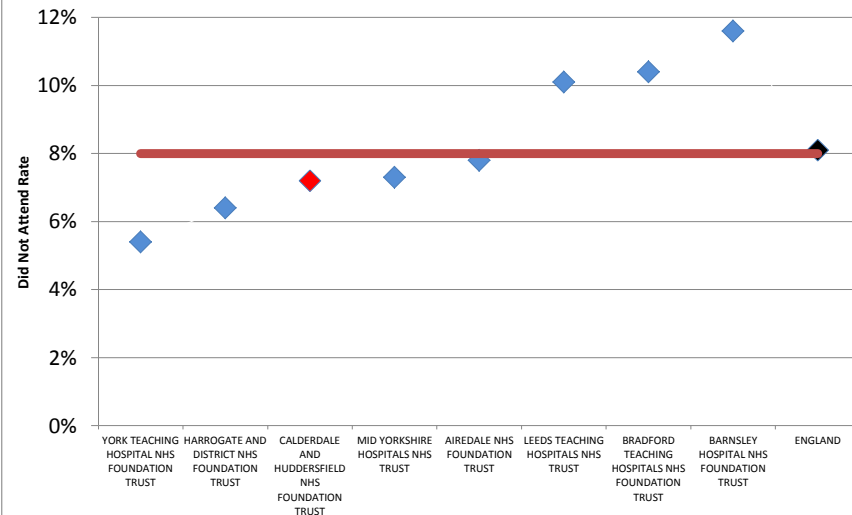
EFFICIENCY - ALL OUTPATIENTS DID NOT ATTEND RATE
March 2016



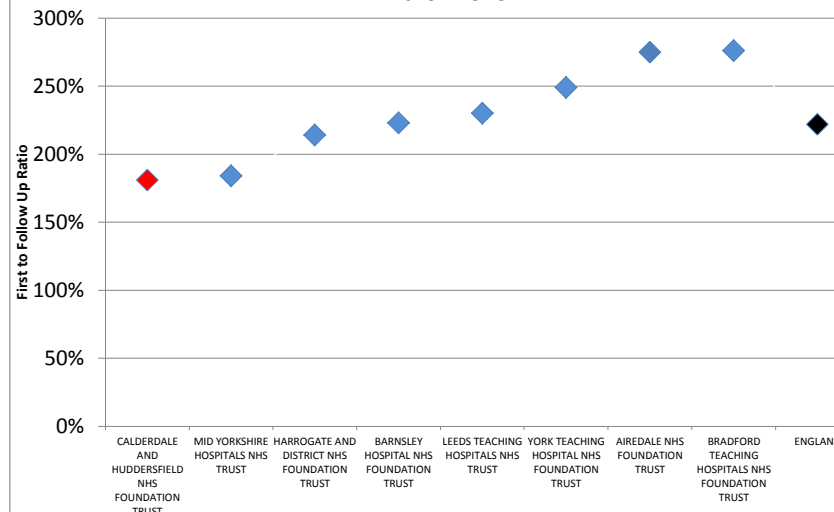
EFFICIENCY - FIRST OUTPATIENTS DID NOT ATTEND RATE
March 2016



EFFICIENCY - FOLLOW UP OUTPATIENTS DID NOT ATTEND RATE
March 2016

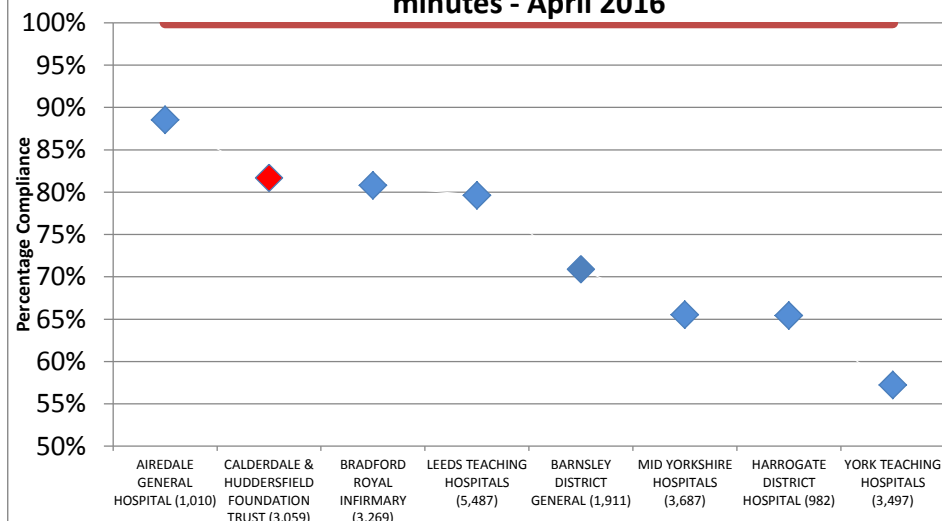


EFFICIENCY - First to Follow Up Ratio
March 2016

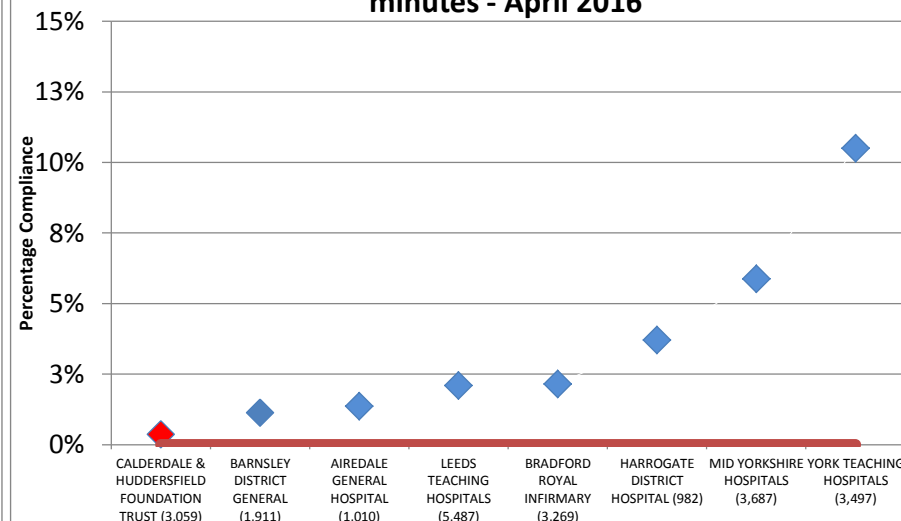


Benchmarking - Selected Measures

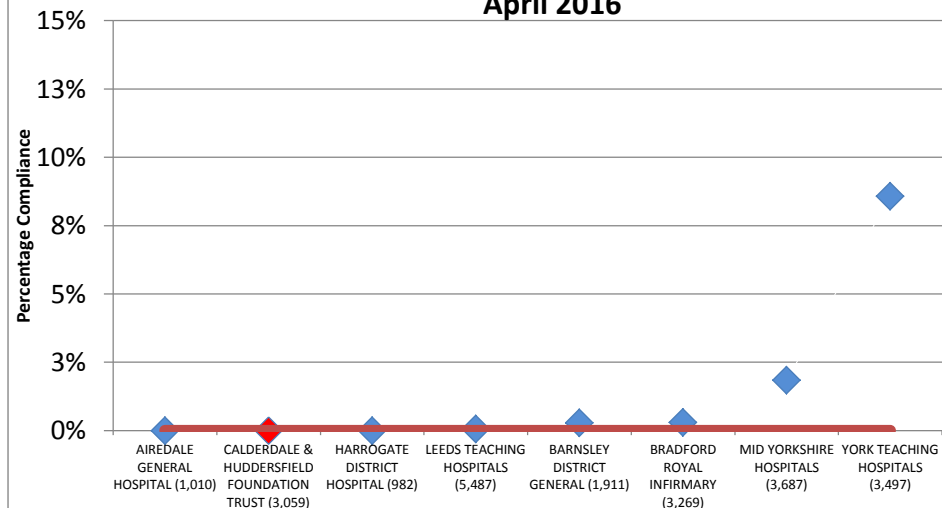
RESPONSIVE - YAS Ambulance handovers within 15 minutes - April 2016



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes - April 2016

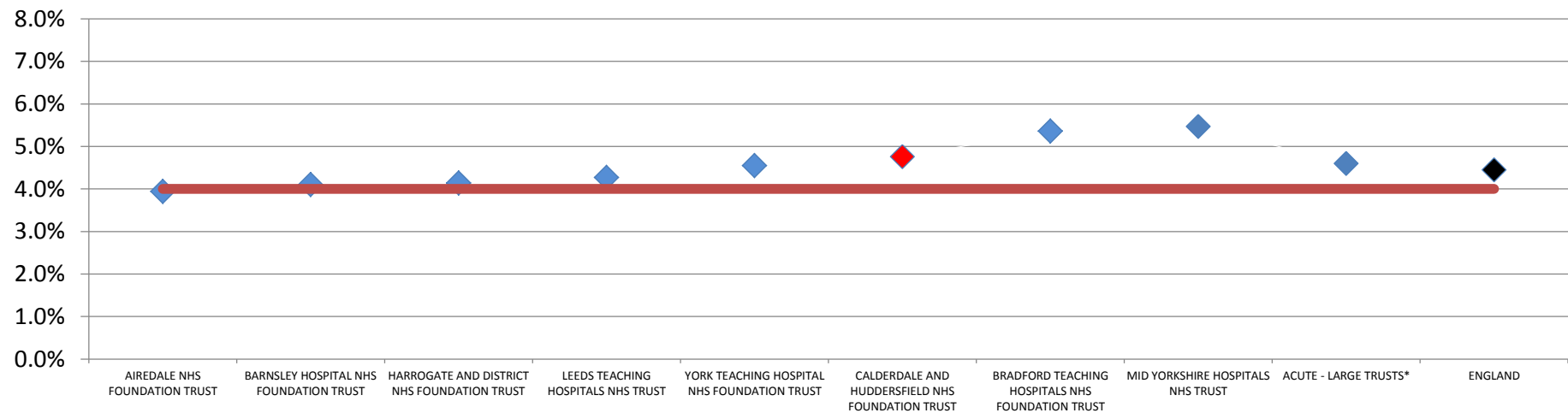


RESPONSIVE - YAS Ambulance handovers > 60 minutes April 2016

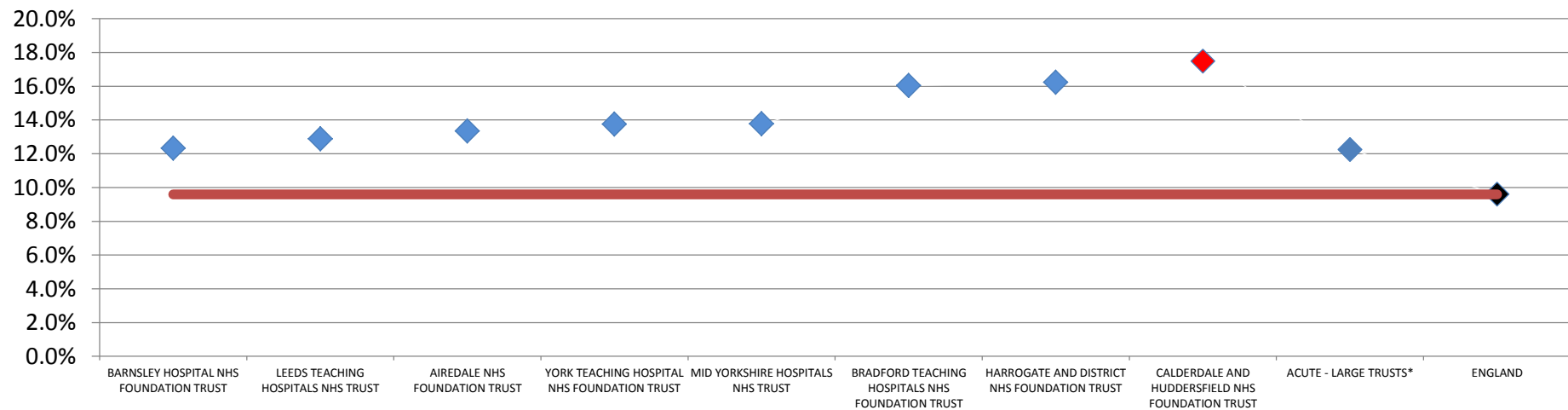


Benchmarking - Selected Measures

WORKFORCE - SICKNESS RATE



WORKFORCE - TURNOVER RATE (12m)

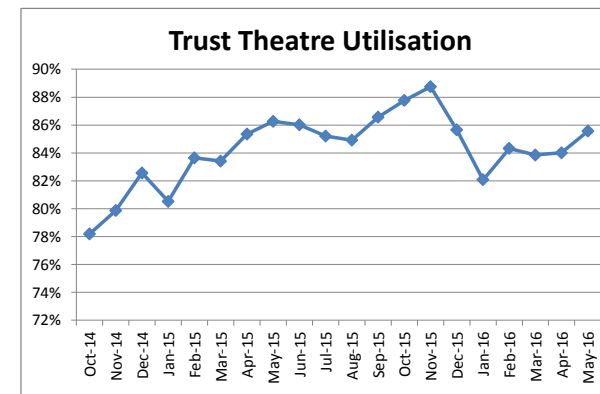
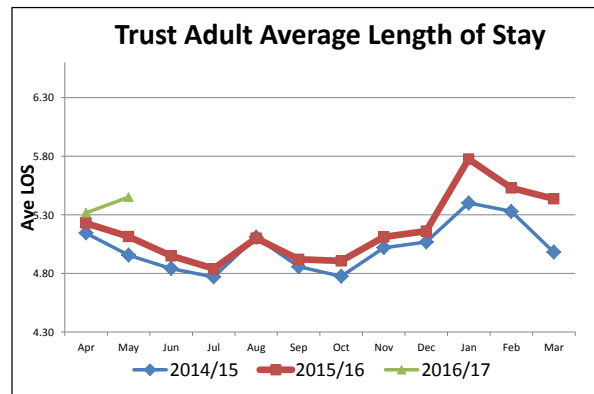
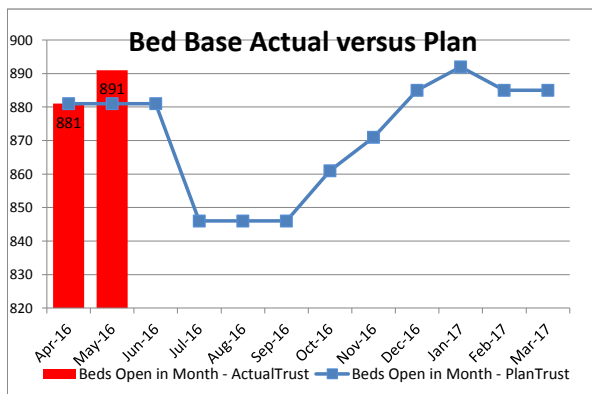


Efficiency & Finance - Efficiency Key Messages

Area	Issue	Corrective Actions	Impact and Accountability
Theatre Utilisation	<p>Theatre utilisation has improved in month. However there is still room for further improvement due to:</p> <ul style="list-style-type: none"> - Insufficiently filled lists - Large number of patient cancellations 	<p>Review pre-assessment call out service to confirm patient is ready for surgery, confirm the date and ensure no clinical reasons for cancellation are known at that point</p> <p>Review all unfilled lists in the weekly scheduling meeting</p> <p>Theatre productivity slots on this month's consultant audit session to talk to consultant groups about the importance of theatre utilisation and share the most recent data.</p> <p>1-2-1 consultant discussions where needed</p> <p>Continued involvement from the service improvement team.</p> <p>Refreshed service improvement group.</p> <p>Involvement of membership councillor to support with service improvement approach.</p>	<p>The Division will be working with clinical specialties to maintain that position for the remainder of the month.</p> <p>Accountable: GM for Theatres</p>
	<p>The Surgery Division has improved its performance against contract plan. There has been a positive movement in the YTD position. The causes of the changes have been:</p> <ul style="list-style-type: none"> - a reduction in consultant vacancies and sickness compared to the April position - Continued focus through the theatre scheduling process. 	<p>Fill vacancies asap – Panels to be held in June for a number of the posts.</p> <p>Provide full cover for sickness at the earliest opportunity</p> <p>Increase length of short term cover to enable recovery of lost capacity</p> <p>Increase operating for new hand surgeon by picking up cases from other surgeons, and thereby reduce waiting times.</p> <p>Ensure a Paediatric all day ENT weekend list is scheduled each month.</p> <p>Improve identification of capacity gaps</p> <p>Aim to reduce fallow lists to no more than 1 per week</p> <p>Ensure scheduling meeting is effective, by improved pre-work with specialties.</p> <p>Ensure all long waiting pathways are validated.</p>	<p>It is expected that most capacity gaps within the Division will be reduce in June which will stop the deterioration of the current position.</p> <p>There remains a risk with Consultant capacity in Urology due to delays in recruitment.</p> <p>Accountable: ADD Surgery</p>
Surgical Activity Variance			

Efficiency & Finance - Key measures

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	Target	Threshold/ Monthly
Did Not Attend Rates																	
First DNA	6.80%	6.83%	6.65%	7.86%	7.07%	6.52%	6.64%	6.55%	7.22%	6.37%	6.26%	6.80%	6.60%	6.37%	6.51%	<=7%	7.00%
Follow up DNA	7.70%	8.44%	7.66%	8.65%	7.91%	8.19%	7.54%	7.21%	7.63%	6.79%	6.60%	7.17%	6.55%	6.34%	6.47%	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	5.17	5.11	4.95	4.85	5.11	4.88	4.91	5.11	5.16	5.78	5.53	5.45	5.32	5.45	5.38	<=5.17	5.17
Average Length of Stay - Elective	2.85	2.75	2.87	2.72	2.90	2.82	2.73	2.89	2.80	3.25	2.92	3.07	2.50	2.77	2.64	<=2.85	2.85
Average Length of Stay - Non Elective	5.63	5.59	5.41	5.31	5.57	5.34	5.36	5.62	5.60	6.24	5.96	5.79	5.87	5.97	5.92	<=5.63	5.63
Day Cases																	
Day Case Rate	85.00%	84.64%	85.15%	85.14%	84.52%	84.74%	84.55%	84.30%	86.34%	86.35%	87.90%	88.50%	86.79%	87.00%	86.89%	>=85%	85.00%
Failed Day Cases	1440	137	121	132	116	147	136	119	93	103	112	93	138	110	248	120	120
Elective Inpatients with zero LOS	1630	118	171	163	136	152	132	142	122	135	110	97	115	109	224	136	136
Beds																	
Beds Open in Month - Plan		835	820	816	809	809	809	820	835	866	878	878	881	881	881	Not applicable	
Beds Open in Month - Actual		868	869	850	849	855	872	873	878	922	906	890	881	891	1772	Not applicable	
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	86.05%	87.28%	87.10%	86.18%	85.64%	89.70%	88.07%	88.30%	85:93%	80.13%	81.36%	83.99%	87.41%	85.59%	86.49%	>=92.5%	92.50%
Theatre Utilisation (TT) - Main Theatre -HRI	94.92%	95.08%	96.08%	93.73%	89.87%	93.13%	96.00%	99.25%	95.01%	92.02%	101.14%	88.36%	89.04%	94.67%	91.93%	>=92.5%	92.50%
Theatre Utilisation (TT) - HRI DSU	78.04%	75.67%	76.41%	76.50%	75.31%	79.83%	81.42%	82.36%	76.33%	76.58%	79.92%	78.00%	75.08%	78.09%	76.67%	>=92.5%	92.50%
Theatre Utilisation (TT) - HRI SPU	82.73%	84.46%	83.48%	85.03%	84.41%	81.97%	80.01%	81.94%	80.94%	82.01%	83.98%	84.68%	79.95%	81.00%	80.44%	>=92.5%	92.50%
Theatre Utilisation (TT) - Trust	85.60%	86.07%	85.25%	84.38%	83.92%	85.57%	87.05%	88.18%	84.67%	81.77%	84.65%	83.82%	84.13%	85.60%	84.80%	>=92.5%	92.50%



Activity - Key measures

15/16		May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16		YTD	YTD % Change
GP referrals to all outpatients																	
02T - NHS CALDERDALE CCG	41532	3419	3586	3514	3194	3681	3693	3368	2989	3555	3437	3651	3763	3830	7593	10.7%	
03A - NHS GREATER HUDDERSFIELD CCG	38613	3069	3456	3357	2921	3465	3423	3206	2862	3171	3241	3367	3320	3131	6451	5.0%	
03J - NHS NORTH KIRKLEES CCG	2830	199	256	227	193	222	243	224	198	246	296	299	283	307	590	38.0%	
02R - NHS BRADFORD DISTRICTS CCG	3055	252	251	280	232	271	273	265	213	283	244	250	242	265	507	2.0%	
03R - NHS WAKEFIELD CCG	444	34	41	36	26	40	37	29	25	35	48	52	56	63	119	58.7%	
02W - NHS BRADFORD CITY CCG	519	42	37	35	58	53	66	41	49	39	40	37	24	33	57	-10.9%	
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	206	10	3	17	8	22	23	19	9	25	35	30	42	38	80	433.3%	
03C - NHS LEEDS WEST CCG	78	3	10	6	6	10	6	3	5	7	4	11	7	3	10	-9.1%	
02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	63	4	9	5	7	3	5	7	5	6	2	6	6	7	13	62.5%	
03G - NHS LEEDS SOUTH AND EAST CCG	19	2	2	3	0	2	0	4	2	0	1	0	0	2	2	-60.0%	
02V - NHS LEEDS NORTH CCG	19	2	2	3	0	2	0	4	2	0	1	0	0	2	2	-80.0%	
Other	993	62	79	97	64	74	71	96	82	103	90	99	68	67	135	-5.0%	
Total	88371	7099	7730	7579	6711	7846	7841	7263	6442	7471	7438	7803	7812	7746	15558	9.2%	
% Change on Previous year	3.5%	1.2%	9.4%	-2.0%	6.1%	4.9%	0.9%	7.1%	4.0%	16.3%	1.0%	-3.0%	9.3%	9.1%	9.2%		
Activity																	
% of spells with > 5 ward movements (No Target)	0.06%	0.06%	0.07%	0.03%	0.03%	0.09%	0.06%	0.06%	0.06%	0.02%	0.16%	0.04%	0.06%	0.06%	0.08%	0.0%	

ACTIVITY VARIANCE AGAINST CONTRACT																	
Day Case Variance against Contract														8	216	225	
% Day Case Variance against Contract														0.3%	7.4%	3.7%	
Elective Variance against Contract														-109	-95	-203	
% Elective Variance against Contract														-14.8%	-13.5%	-14.2%	
Non-elective Variance against Contract														-90	-140	-230	
% Non-elective Variance against Contract														-2.1%	-3.2%	-2.7%	
Outpatient Variance against Contract														-122	1424	1302	
% Outpatient Variance against Contract														-0.4%	5.3%	2.4%	
Accident and Emergency Variance against Contract														-212	960	748	
% Accident and Emergency Variance against Contract														-1.7%	7.6%	3.0%	

Please note further details on the referral position including commentary is available within the appendix.

CQUIN - Key Messages

Area	Issues	Corrective Actions	Impact and Accountability
CQUINS	There are several CQUINS which have not yet been assigned a target / threshold. A large proportion of them are establishing baseline measures in Q1.		
Staff Wellbeing:	<p>At present the Staff Wellbeing is on plan to hit all Q1 Targets however a risk is being raised in achieving the third element, regarding 75% of front line staff receiving the Flu Vaccination. Previous year saw year end at 53%.</p> <p>The final payment is staged, 0-64% vaccinated = £0 64-75% vaccinated 50% payment = £324,701.15 >75% vaccinated = £649,402.30</p>	<p>The campaign planning is underway, with a number of event scheduled over Q1/Q2 to engage with the vaccinators from last year and address what barriers there were.</p> <p>The First National Flu Conference takes place in July with an opportunity to learn from the top performers in previous years</p>	<p>The Campaign starts in October 16 and ends 31st December 16. Performance will be monitored weekly during this stage.</p> <p>Accountable: Director of Workforce</p>
Sepsis	<p>Sepsis CQUIN is on plan to hit A1 elements from Quarter 2 onwards, a risk is being raised in achieving 90% of patients screened in ED for Q1. Performance is reducing on last year's year end of 70%. (this is partially due to the paediatrics element now being added.)</p>	<p>ED staff have identified a way to ensure that all staff have a trigger to 'think sepsis' during triage. From June 1st there is a prompt on the EDIS system which needs to be completed at triage to indicate whether patients are showing signs of sepsis. The pathway and triggers for those patients who present directly to MAU/SAU is next to be improved and engagement with colleagues in those areas has begun in June. Corrective Action in place to deliver >50% for Q1 and receive 50% of the CQUIN (£16k).</p> <p><i>Support Requested</i> - Development Matron with focus on Sepsis still awaiting approval decision, this is impacting on the ability of</p>	<p>The improvement in ED is expected to bring performance to around 60-70%, however this is still short of the target to achieve the full quarterly payment.</p> <p>Payments are as follows: 0-50% = £0 50% - 90% = £16,235.06 >90% = £32,470.12</p>
Antimicrobial Resistance	<p>At present this CQUIN is in on plan to hit all Q1 Targets .</p> <p>A risk is however being raised against achieving the:</p> <ol style="list-style-type: none"> 1) Final quarter performance of 90% for Empiric Review. 2) The 1% reduction in the consumption of Carbopenum 1% reduction in the consumption of Tazobactam 1% in overall antibiotics consumption 	<p>Where non-compliance with a 72 hours review is noted, the pharmacy team feed back and reinforce the requirement. Performance has exceeded expectations so far in Q1 and achievement of the CQUIN is now expected for at least the first three quarter.</p> <p>The 1% reduction will be against a baseline of 13/14 consumption. Raw data for 13/14, 14/15 and 15/16 are being compiled and will be sent to PHE before 30th June. Following this PHE will release the baseline for performance. Internally the calculation is being replicated and high consuming wards will be the focus of improvement work in Q2.</p>	<p>Internal trajectories were expected to be set at the end of Q1; however this will not be fully confirmed until the release of data from PHE following submission of baseline figures. This however does not prevent the improvement work from commencing. The highest consuming wards will be identified by the end of June and improvements are expected to be seen at the end of Q2 onwards.</p> <p>Accountable: Director of Pharmacy</p>

CQUIN - Key measures

£ Annual Value		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target	Threshold, Monthly
Staff Well Being																
Well Being Initiatives	£649,402.30	Plan in Development for three Initiatives - Mental Health, Physical Health, MSK access													Qrtly Written Rpt to Commissioner	
Healthy Food for Visitors	£649,402.30	submit national data collection returns by July													Qrtly Written Rpt to Commissioner	
Flu Vaccination Uptake	£649,402.30	Campaign Starts in September 16													>75%	>75%
Sepsis																
% of patients Screened (admission Units)	£129,880.46	48.00%	40.00%											44.00%	>90%	90.00%
% of patients receiving Antibiotic in timeframe and undertake Antibiotic Review (admission units)	£194,820.69	71.00%	in arrears											71.43%	Yr End = To be agreed post Q2	Q1 = Baseline Data Only
% of patients Screened (Inpatients)	£129,880.46	14.00%	in arrears											14.00%	>90%	Q1 = Baseline Data Only
% of patients receiving Antibiotic in timeframe and undertake Antibiotic Review (inpatients)	£194,820.69	0.00%	in arrears											71.43%	>90%	Q1 = Baseline Data Only
Antimicrobial Resistance																
Antibiotic Consumption - All	£259,760.92	in arrears	in arrears											in arrears	TBC - Post Q1 data	Q1 = Baseline Data Only
Antibiotic Consumption - Carbopenum	£129,880.46	in arrears	in arrears											in arrears	TBC - Post Q1 data	Q1 = Baseline Data Only
Antibiotic Consumption - piperacillin -tazobactam	£129,880.46	in arrears	in arrears											in arrears	TBC - Post Q1 data	Q1 = Baseline Data Only
Empiric review of antibiotic prescriptions within 72 hours	£129,880.46	TBC	96.00%											in arrears	>90%	Q1 = >25%
Safety Huddle (SH) Roll Out																
Number of Wards with SHs in place	£1,168,924.14	2	2											2	8	2
Ulcer performance on SH ward		in arrears	in arrears											in arrears	TBC - Post Q1 data	Q1 = Baseline Data Only
Falls performance on SH ward		in arrears	in arrears											in arrears	TBC - Post Q1 data	Q1 = Baseline Data Only
Self Administration of Medication																
% of patients assessed for self medication	£389,641.38	67.00%	100.00%											75.00%	>=50%	50.00%
Hospital at Night																
Roll out of System	£1,168,924.14	Technical specification complete, testing started													Qrtly Written Rpt to Commissioner	
Community Experience																
Service Users experience of Community Care	£519,521.84	Reporting tool in development													TBC - Post Q1 data	Q1 = Tool Dev

Appendices

Appendices

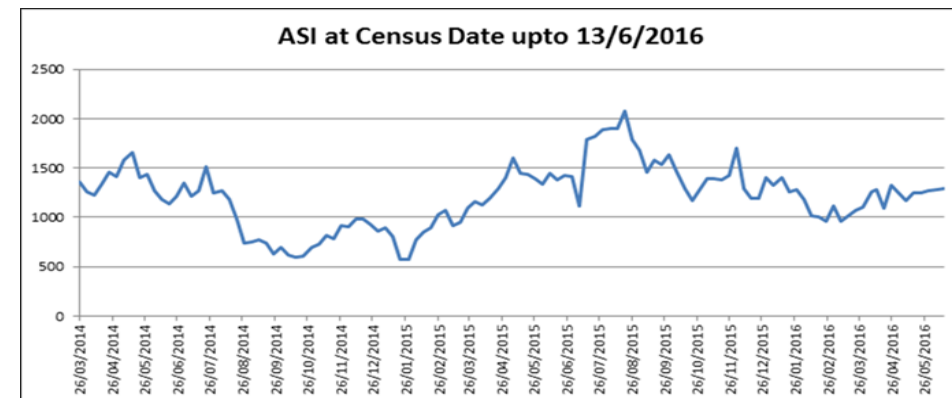
Appendix - Appointment Slot Issues

As at the 21 June there were 1294 referrals waiting appointment of which 396 are e-referrals. This is a reduction of 530 referrals from the 22nd July 2015 position of 1824.

The top 3 specialties with ASIs are Ophthalmology, Colorectal Surgery and Cardiology. The graph on the right shows the length of time (weeks) patients have been waiting for an appointment to be allocated (at 21/6).

ASI reporting and validation continues, and each specialty has an action plan in place to recover the position. The Divisional Information Teams are working up capacity and demand models.

Row Labels	Ophthalmology			Colorectal Surgery			Cardiology		
	ERS	Paper	Total	ERS	Paper	Total	ERS	Paper	Total
0 Weeks	15	2	17	12		12		1	1
1 Week	17	4	21	6	5	11		5	5
2 Weeks	6	25	31	10	7	17		22	22
3 Weeks	9	16	25	12	8	20	2	31	33
4 Weeks	1	25	26	11	12	23	9	19	28
5 Weeks	1	3	4	16	6	22	2	14	16
6 Weeks	2	8	10	17	17	34		21	21
7 Weeks	2	22	24	11	7	18		20	20
8 Weeks	8	23	31	14	7	21		5	5
3 Months	16	60	76	17	23	40	4	34	38
4 Months		10	10	2	12	14		1	1
5 Months		2	2	1	5	6		1	1
6 Months		1	1		1	1			
Grand Total	77	201	278	129	110	239	17	174	191



Appendix - Efficiency Key Measures

BEDS

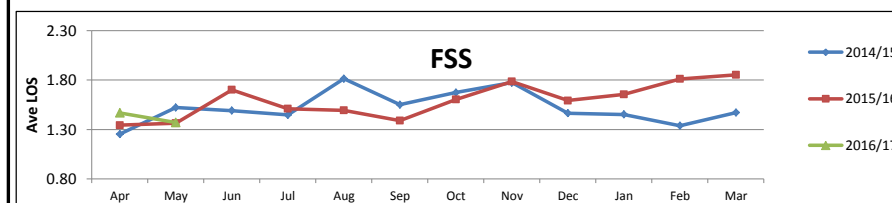
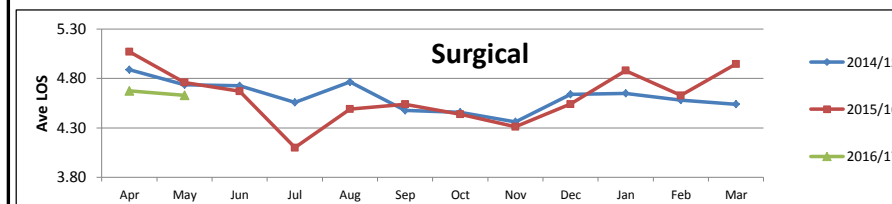
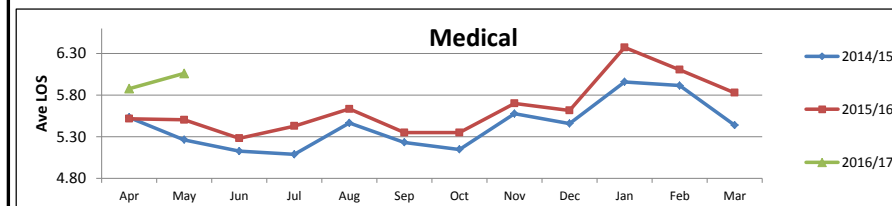
Divisional Breakdown of Bed Base - Actual versus Plan - 2016 / 2017

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Surgical Bed Base Plan	213	213	213	193	193	193	193	193	193	193	193	193
Surgical Bed Base Actual	209	213										
FSS Bed Base Plan - Adult	16	16	16	16	16	16	16	16	16	16	16	16
Paediatrics	43	43	43	43	43	43	43	43	43	43	43	43
Mother	63	63	63	63	63	63	63	63	63	63	63	63
Cots (inc NICU)	80	80	80	80	80	80	80	80	80	80	80	80
FSS Bed Base Plan - TOTAL	202	202	202	202	202	202	202	202	202	202	202	202
FSS Bed Base Actual	202	202										
Medical Bed Base Plan core	451	451	451	451	451	451	451	451	451	451	451	451
Flex	15	15	15	0	0	0	15	25	39	46	39	39
Medical Bed Base Plan - TOTAL	466	466	466	451	451	451	466	476	490	497	490	490
Medical Bed Base Actual	470	476										
TRUST Bed Base Plan - TOTAL	881	881	881	846	846	846	861	871	885	892	885	885
TRUST Bed Base - ACTUAL	881	891										
Beds Above (+ve) / Below (-ve) Plan	0	10										

AVERAGE LENGTH OF STAY

- Trust length of stay (LOS) increased in May with increase relating to the Medical division.
- Surgical and FSS LOS have reduced in May.
- Medical LOS in month was 6.1 days, increasing from 5.9 (plan is 5.6 days).

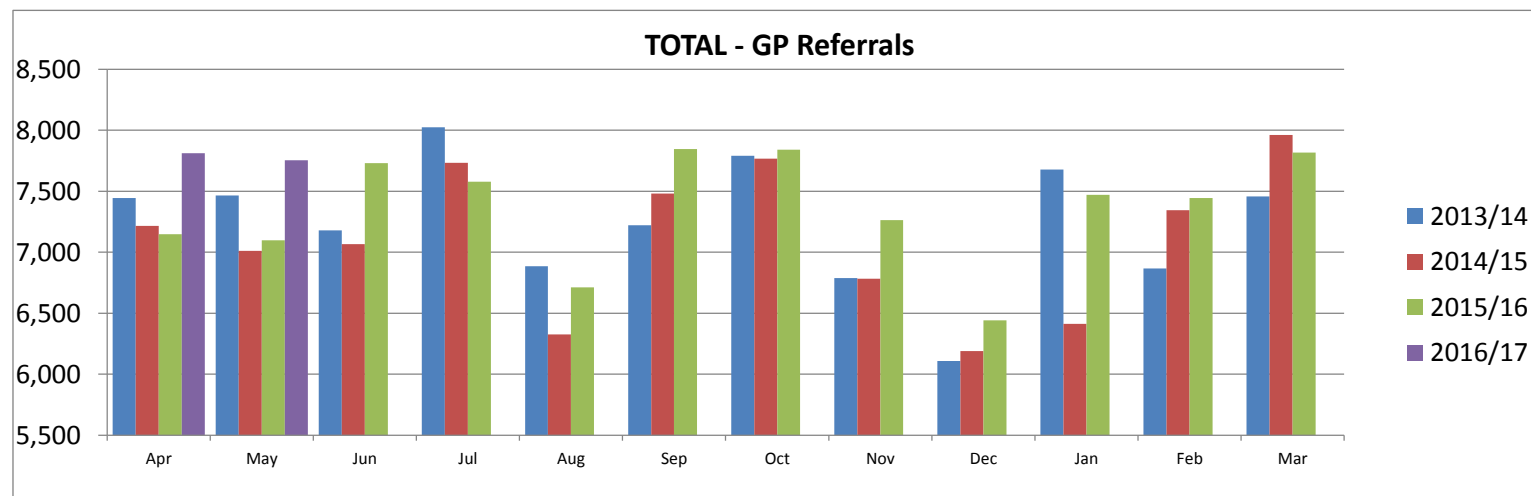
- Contributing factors as follows -
- Reduction in Medical green x patients – from 93 to 90 as at 31 May 2016 (however profile is set at 70).
- Significant number of outliers increase inefficiency .. avg 31 per day in May 2016.
- High bed occupancy levels – 97% in month.
- Lack of nursing home/intermediate care beds.
- There has been a reduction in acute activity levels - 3.4% decrease in admissions YTD and 61 spell reduction (1%) on same month in 2015.
- Beds increase relates to opening of extra capacity (ward 4D) intermittently in May.



Appendix - Referrals

KEY MESSAGES

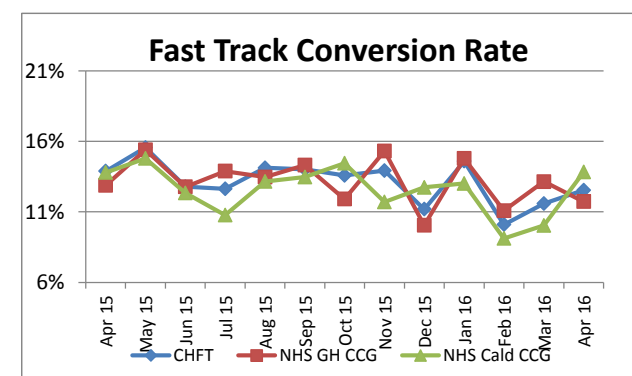
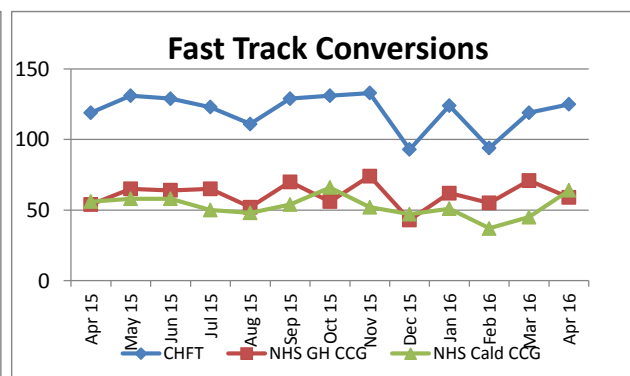
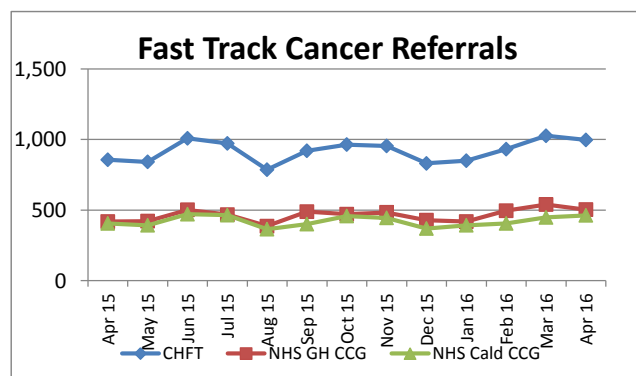
- GP Referrals up 9.1% in May 2016 compared with May 2015.
- With one more working day in May 16 one expects an increase in referrals of 5.3% only.
- YTD there have been 2 more working days compared to April and May 2015 so one would expect this to result in a referral increase of 5.1%.
- Non GP referrals (37% of all referrals) up 11.7% YTD, specialties contributing Trauma and Orthopaedics, Obstetrics, Gynaecology, Oral Surgery, Ophthalmology and Cardiology.
- NHS Calderdale GP referrals have an increase (more than expected) of 10.7% (707) YTD principally due to Orthopaedics 22% (264), ENT 16% (123), Cardiology 36% (90) and Dermatology 23% (106)
- NHS Greater Huddersfield GP referrals increase (in line with expectations) of 4.8% (294) YTD principally due to General Surgery 7% (69), Ophthalmology 9% (49), Gastroenterology 15% (46), Dermatology 12.9% (50) and Cardiology 15% (38)
- YTD there have been notable GP referral increases (above the 5.1% mentioned earlier) for NHS North Kirklees (38%, 162 referrals, numerous practices, Undercliffe in particular, Neurology receiving many extra referrals), NHS Wakefield (59%, 44 referrals, half of the increase from Middlestown practice, Neurology receiving many extra referrals) and particularly NHS Heywood, Middleton and Rochdale (over 400%, 65 referrals, chief rises in Paediatrics, Dermatology and ENT).
- At June's Finance and Performance committee a paper evaluating recent market share movements is to be tabled. This will identify the main specialties that have lost market share in recent years and to which providers the share has moved. An evaluation of the potential income lost through falling market share in the said specialties is also given.



Activity - Key measures

15/16		May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5014	392	470	464	365	401	457	444	369	392	406	448	463	461	924	15.8%
NHS CALDERDALE CCG Conversions	622	58	58	50	48	54	66	52	47	51	37	45	64	in arrears	64	14.3%
NHS CALDERDALE CCG Conversion Rate	12.4%	14.8%	12.3%	10.8%	13.2%	13.5%	14.4%	11.7%	12.7%	13.0%	9.1%	10.0%	13.8%	in arrears	6.9%	
NHS GREATER HUDDERSFIELD CCG Referrals	5521	422	501	468	386	489	470	483	428	419	496	540	503	501	1004	19.4%
NHS GREATER HUDDERSFIELD CCG Conversions	731	65	64	65	52	70	56	74	43	62	55	71	59	in arrears	59	9.3%
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.2%	15.4%	12.8%	13.9%	13.5%	14.3%	11.9%	15.3%	10.0%	14.8%	11.1%	13.1%	11.7%	in arrears	5.9%	
Other CCG Referrals	410	28	38	41	35	30	37	28	34	39	29	39	31	18	49	-18.3%
Other CCG Conversions	83	8	7	8	11	5	9	7	3	11	2	3	2	in arrears	2	-77.8%
Other CCG Conversion Rate	20.2%	28.6%	18.4%	19.5%	31.4%	16.7%	24.3%	25.0%	8.8%	28.2%	6.9%	7.7%	6.5%	in arrears	4.1%	
CHFT Fast Track Referrals	10945	842	1009	973	786	920	964	955	831	850	931	1027	997	980	1977	16.4%
CHFT Fast Track Conversions	1436	131	129	123	111	129	131	133	93	124	94	119	125	in arrears	125	5.0%
CHFT Fast Track Conversion Rate	13.1%	15.6%	12.8%	12.6%	14.1%	14.0%	13.6%	13.9%	11.2%	14.6%	10.1%	11.6%	12.5%	in arrears	6.3%	
% Change on Previous year																

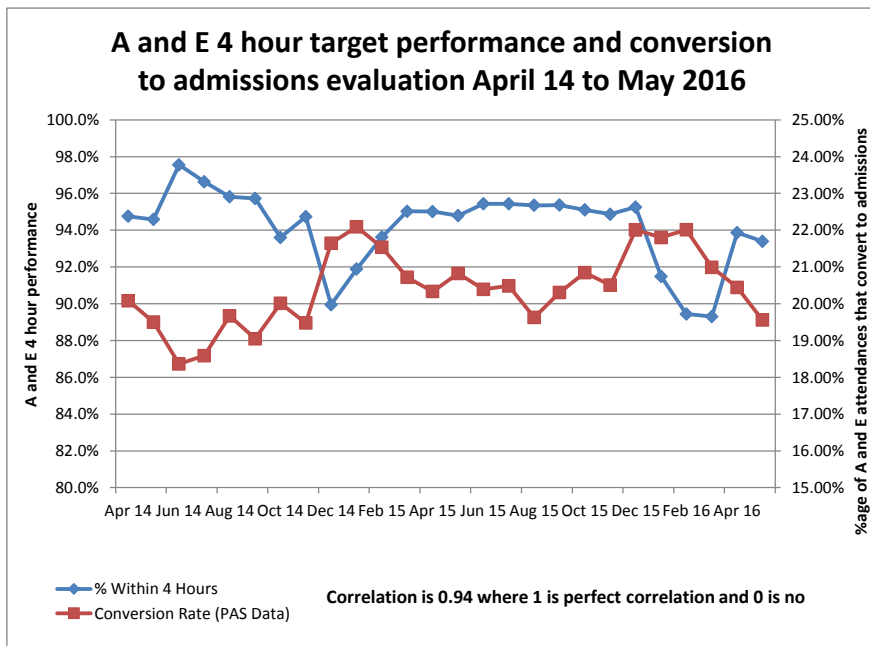
Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.



Appendix - A and E Conversion rates and Delayed Transfers

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	147625	12590	12313	12388	11992	12106	12495	11950	12040	12399	11712	13372	12120	13588	25708	3.4%
A and E 4 hour Breaches	9030	655	562	565	557	561	611	613	571	1055	1237	1431	743	897	1640	29.4%
A and E 4 hour performance	93.9%	94.8%	95.4%	95.4%	95.4%	95.4%	95.1%	94.9%	95.3%	91.5%	89.4%	89.3%	93.9%	93.4%	93.6%	-1.4%
Admissions via Accident and Emergency	30770	2622	2511	2538	2353	2458	2605	2451	2650	2703	2578	2807	2478	2658	5136	0.4%
% A and E Attendances that convert to admissions	20.8%	20.8%	20.4%	20.5%	19.6%	20.3%	20.8%	20.5%	22.0%	21.8%	22.0%	21.0%	20.4%	19.6%	20.0%	-2.9%

Data Source : A and E Attendances (EDIS), Admissions via A and E (PAS)



Delayed Transfers of Care – Snapshot June 2016	Calderdale	Kirklees	Other	total
Total number of patients on TOC Pathway	85	45	1	131
Patients awaiting assessment by a Social Worker	23	6	1	30
Ongoing assessments inc. SW, Therapy, BIM, Case Conference, MCA, DST	22	22		44
Awaiting 24 hour care, res or nursing	16	11		27
Awaiting Package of Care inc. re-ablement	19	5		24
Awaiting housing	2			2
Awaiting short stay or transitional bed				
Awaiting Intermediate Care Bed	3	1		4

Appendix - Responsive Key Measures

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Target	Threshold
Outpatient Total Waiting List																
GP/GDP sourced referrals	9,014	9,462	9,213	8,978	8,993	9,452	9,533	9,112	8,728	8,921	9,258	9,298	9,505	9,300	Not applicable	
Other sourced referrals	8,548	9,060	9,340	9,285	8,994	8,850	8,537	8,428	8,296	8,107	8,389	8,037	8,515	8,880	Not applicable	
Total	17,562	18,522	18,553	18,263	17,987	18,302	18,070	17,540	17,024	17,028	17,647	17,335	18,023	18,180	Not applicable	
Elective Total Waiting List																
18 week pathway	4,314	4,187	4,363	4,374	4,344	4,418	4,570	4,593	4,573	4,763	4,732	4,794	4,738	4,842	Not applicable	
Non 18 week pathway	4,340	4,415	4,551	4,572	4,565	4,640	4,719	4,729	4,792	4,833	4,877	4,956	4,944	4,976	Not applicable	
Not on Active List	172	240	216	234	186	192	181	207	170	155	166	153	207	260	Not applicable	
Unavailable	274	319	361	370	354	287	227	289	373	231	231	254	238	293	Not applicable	
Total	9,100	9,161	9,491	9,550	9,449	9,537	9,697	9,818	9,908	9,982	10,006	10,157	10,127	10,371	Not applicable	
Referral to Treatment (RTT)																
RTT Total incomplete waiting list	19,390	19,247	19,002	18,981	18,655	18,799	19,525	19,282	19,201	19,355	19,625	19,390	19,337	19,927	Not applicable	
RTT Waiting 18 weeks and over (backlog)	833	799	866	845	1052	764	820	758	873	783	825	833	743	796	Not applicable	
18 weeks Pathways >=26 weeks open	134	251	246	197	174	137	98	94	126	152	127	139	186	195	Not applicable	
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Not applicable	
% Non-admitted Closed Pathways under 18 weeks	98.47%	98.89%	98.63%	98.23%	98.55%	98.67%	98.48%	98.62%	98.44%	98.32%	98.39%	98.17%	98.42%	98.49%	>=95%	95.00
% Admitted Closed Pathways Under 18 Weeks	91.92%	92.41%	92.67%	92.79%	92.03%	91.64%	90.20%	91.63%	92.04%	92.21%	91.86%	91.96%	92.12%	92.42%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.70%	95.85%	95.44%	95.55%	95.44%	96.07%	95.80%	96.04%	95.45%	95.95%	95.80%	95.70%	96.16%	96.01%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	139	251	246	197	174	137	98	94	126	152	127	139	186	195	0	0
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Diagnostic Waiting List Within 6 Weeks	99.54%	99.80%	99.89%	99.93%	99.48%	98.56%	99.82%	99.94%	99.65%	98.48%	99.71%	99.52%	99.91%	99.86%	>=99%	99.00%

RTT KEY MESSAGES:

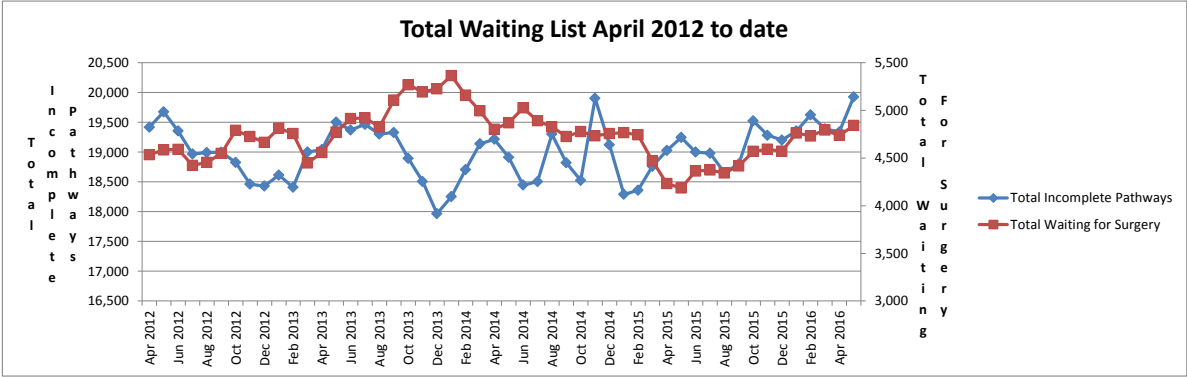
Total number of patients on waiting list (including outpatients, diagnostics, surgery) = 19,927

Total number of patients waiting for surgery = 4,842, this is and increase of 655 compared to the position at end May 2015.

Most notable increases are in the specialties, Ophthalmology, Trauma and Orthopaedics and Gastroenterology

Total number of patients waiting over 18 weeks = 796

Main specialties where highest level of 18+ week waiters:
General Surgery =311 Trauma & Orthopaedics = 163



Appendix - Cancer - By Tumour Group

	15/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD	Target	Threshold/ Monthly
62 Day Referral to Treatment																	
Breast	98.75%	100.00%	100.00%	100.00%	100.00%	81.82%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Gynaecology	85.71%	88.89%	100.00%	100.00%	100.00%	50.00%	100.00%	100.00%	84.62%	75.00%	77.78%	70.00%	100.00%	87.50%	94.74%	>=85%	85.00%
Haematology	91.27%	80.00%	100.00%	85.71%	71.43%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	60.00%	100.00%	83.33%	90.91%	>=85%	85.00%
Head & Neck	74.58%	33.33%	72.73%	75.00%	100.00%	100.00%	71.43%	100.00%	66.67%	66.67%	-	80.00%	100.00%	42.86%	60.00%	>=85%	85.00%
Lower GI	92.70%	84.62%	100.00%	96.15%	100.00%	100.00%	83.33%	80.00%	84.62%	100.00%	93.33%	100.00%	80.00%	83.33%	81.82%	>=85%	85.00%
Lung	85.02%	88.24%	75.86%	91.67%	100.00%	83.33%	90.48%	100.00%	85.71%	61.54%	100.00%	92.31%	100.00%	100.00%	100.00%	>=85%	85.00%
Sarcoma	70.00%	-	-	0.00%	0.00%	50.00%	-	-	-	100.00%	100.00%	100.00%	-	-	-	>=85%	85.00%
Skin	95.83%	100.00%	92.31%	76.19%	100.00%	95.65%	100.00%	94.44%	90.00%	95.45%	100.00%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Upper GI	87.97%	84.62%	100.00%	87.50%	100.00%	88.89%	70.59%	100.00%	100.00%	92.86%	57.14%	37.50%	75.00%	72.73%	74.07%	>=85%	85.00%
Urology	89.60%	100.00%	66.67%	79.41%	85.71%	92.50%	93.75%	88.57%	95.92%	97.06%	96.77%	90.91%	90.70%	89.47%	90.12%	>=85%	85.00%
Others	95.24%	-	66.67%	100.00%	-	-	100.00%	100.00%	100.00%	66.67%	-	-	-	100.00%	100.00%	>=85%	85.00%
14 Day Referral to Date First Seen																	
Brain	98.73%	100.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	95.24%	>=93%	93.00%
Breast	97.81%	100.00%	96.84%	93.17%	98.53%	97.52%	98.32%	98.77%	97.96%	98.43%	99.25%	97.12%	99.22%	96.02%	97.38%	>=93%	93.00%
Childrens	96.85%	100.00%	100.00%	100.00%	-	100.00%	-	100.00%	-	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Gynaecology	96.83%	100.00%	97.96%	94.87%	90.67%	97.59%	98.78%	94.95%	91.82%	97.37%	98.99%	100.00%	96.81%	99.00%	97.94%	>=93%	93.00%
Haematology	97.89%	100.00%	93.75%	90.91%	100.00%	90.48%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	94.74%	>=93%	93.00%
Head & Neck	98.54%	100.00%	98.29%	97.94%	95.08%	100.00%	97.73%	99.12%	98.92%	98.51%	97.96%	100.00%	78.10%	95.74%	86.43%	>=93%	93.00%
Lower GI	98.98%	99.14%	99.31%	96.83%	98.18%	99.24%	97.44%	98.77%	99.41%	100.00%	100.00%	100.00%	89.93%	98.09%	94.26%	>=93%	93.00%
Lung	99.14%	100.00%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	91.67%	95.00%	100.00%	100.00%	96.43%	100.00%	98.36%	>=93%	93.00%
Sarcoma	98.68%	100.00%	100.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	100.00%	94.44%	>=93%	93.00%
Skin	93.26%	95.15%	91.32%	93.29%	83.33%	96.61%	100.00%	90.41%	93.67%	100.00%	99.41%	97.58%	98.20%	99.35%	98.67%	>=93%	93.00%
Testicular	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Upper GI	97.59%	97.10%	98.94%	96.00%	95.18%	95.70%	100.00%	99.02%	98.15%	100.00%	99.00%	98.81%	98.99%	98.10%	98.53%	>=93%	93.00%
Urology	99.07%	100.00%	98.95%	100.00%	97.00%	100.00%	100.00%	99.08%	100.00%	96.67%	99.07%	99.30%	100.00%	100.00%	100.00%	>=93%	93.00%

Appendix - Methodology for calculating the performance score

Step 1

- Measures that are RAG rated as **red** score 0 points; **amber** as 2 points and **green** as 4 points

Step 2

- Identify which measures are “key” targets for the organisation; they may be CQC or Monitor targets or measures on which the trust is particularly focussing
- Key targets have scores multiplied by a factor of 3
- The proposed key targets are detailed on the next slide

Step 3

- Apply the weighting for the key targets; add up the scores for the measures for that month per domain; divide by the maximum total score possible for that domain; multiply by 100 to get a percentage score

Step 4

- Apply the thresholds for the overall domain to get a RAG rating for each domain
- These have been set as a score less than 50% is **red**, 75% or above is **green** and in between is **amber**

Step 5

- Where data is “in arrears” e.g. SHMI, use the score for the previous month for that measure as a proxy

Step 6

- Calculate the overall performance score by adding up the scores for all domains; dividing by the maximum total score possible for all domains; multiply by 100 to get a percentage
- Apply the same thresholds of 50% and 75% to RAG rate the overall score

Appendix - "Key" Targets

The proposed "key" targets are all measures included in CQCs "Intelligent Monitoring" reports for acute trusts or form part of the quarterly monitoring by Monitor. In the new performance score methodology they are weighted more heavily.

Domain

Measure

Safe

- VTE assessments
- Never events

Effective

- MRSA
- SHMI
- HSMR
- Emergency readmissions

Caring

- % Complaints closed within target timeframe
- Friends and family test

Responsive & Monitor

- Stroke - % of patients admitted directly to the stroke unit within 4 hours
- Diagnostics waiting over 6 weeks
- Avoidable number of Clostridium difficile cases
- A&E 4 hour target
- RTT target for incomplete pathways
- Cancer standards

Workforce

- Sickness/Absence %

Efficiency & Finance

- Net / surplus deficit

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st May 2016 - Month 2

YEAR TO DATE POSITION: M2

	M2 Plan £m	M2 Actual £m	Var £m	
Total Income	£59.37	£59.89	£0.53	●
Total Expenditure	(£60.93)	(£61.71)	(£0.78)	●
EBITDA	(£1.57)	(£1.82)	(£0.25)	●
Non Operating Expenditure	(£4.24)	(£4.05)	£0.19	●
Deficit excl. Restructuring	(£5.81)	(£5.87)	(£0.06)	●
Restructuring Costs	(£0.00)	£0.00	£0.00	●
Surplus / (Deficit)	(£5.81)	(£5.87)	(£0.06)	●

YEAR END 2016/17

	Plan £m	Forecast £m	Var £m	
Total Income	£371.52	£374.79	£3.27	●
Total Expenditure	(£361.96)	(£366.01)	(£4.05)	●
EBITDA	£9.56	£8.77	(£0.79)	●
Non Operating Expenditure	(£25.66)	(£24.88)	£0.78	●
Deficit excl. Restructuring	(£16.10)	(£16.10)	(£0.00)	●
Restructuring Costs	(£0.00)	£0.00	£0.00	●
Surplus / (Deficit)	(£16.10)	(£16.10)	(£0.00)	●

KEY METRICS

	Year To Date			Year End: Forecast			
	M2 Plan £m	M2 Actual £m	Var £m	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£5.81)	(£5.87)	(£0.06)	(£16.10)	(£16.10)	(£0.00)	●
Capital	£2.52	£2.38	£0.14	£28.22	£28.22	£0.00	●
Cash	£1.94	£1.93	(£0.01)	£1.95	£1.91	(£0.04)	●
Borrowing	£42.11	£41.93	(£0.18)	£67.87	£67.51	(£0.36)	●
CIP	£1.24	£1.26	£0.03	£14.00	£14.00	£0.00	●
Financial Sustainability Risk Rating	2	2		2	2		●

Year to date: The year to date financial position stands at a deficit of £5.87m, an adverse variance of £0.06m from the planned £5.81m. In month, the Trust has seen a stronger performance against planned activity, catching up some of the shortfall seen in Month 1. However, to deliver activity and maintain staffing ratios across the bed base the Trust continues to rely heavily upon agency staffing at premium rates to cover both medical and nursing vacancies driving a pay overspend in both of these areas. Total agency spend in month was just under £2.5m, an increase on an already high run rate and a significant draw on limited cash resources impacting the Trust's ability to pay for other goods and services in a timely way.

The impact of this operational position is as follows at headline level:

- A negative EBITDA of £1.82m, a £0.25m adverse variance from the plan.
- A bottom line deficit of £5.87m, a £0.06m adverse variance from plan.
- Delivery of CIP of £1.26m against the planned level of £1.24m.
- Contingency reserves of £0.66m have been released in line with the planned profile.
- Capital expenditure of £2.38m, this is below the planned level of £2.52m.
- A cash balance of £1.93m in line with the planned level of £1.94m.
- A Financial Sustainability Risk Rating (FSRR) of level 2, in line with the plan.

As was the case last month, the underlying trading position is masked by a number of one off financial benefits. Outpatient work has been high in the first two months as some specialties aim to get ahead in advance of anticipated capacity gaps later in the year and so this is not forecast to be maintained at the same level. Critical Care income has spiked by £0.46m as a result of the discharge in May of a particularly long staying patient. Finally, one off rebates totalling £0.20m have been received in relation to rates and utilities.

Forecast: Whilst there have been one-off benefits in the year to date, the run rate on underlying expenditure is bringing ongoing pressure with a particular risk around ongoing high levels of agency expenditure. CIP has delivered as planned at Month 2 but it should be noted that the planned profile of CIP is heavily weighted into the latter part of the year and just under half of the £14m required is flagged as 'high risk'. In addition the £2m contingency reserves are planned across the first six months of the year and will therefore bring limited respite against these risks.

Whilst acknowledging these risks, the year end forecast position at this early stage continue to be to deliver the planned £16.1m deficit. Divisions are required to fully develop and deliver recovery plans to mitigate against the risks and pressures and offset any year to date shortfall. In addition, it is assumed that the Trust will achieve the necessary conditions to secure the £11.3m Sustainability and Transformation Funding which is intrinsic to delivery of the planned deficit.

Trust Financial Overview as at 31st May 2016 - Month 2

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT IN MAY 2016

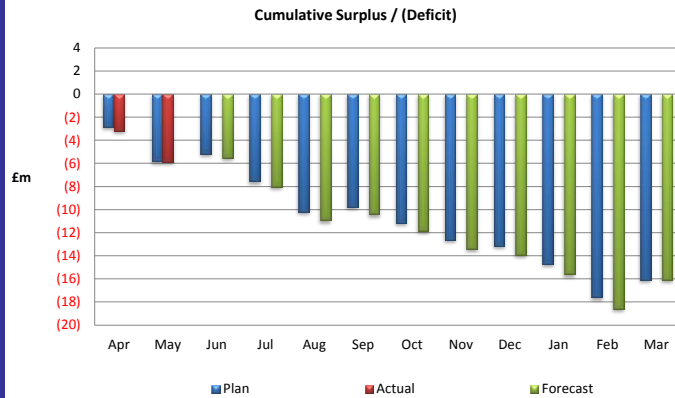
YEAR TO DATE POSITION: M2			
CLINICAL ACTIVITY			
	M2 Plan	M2 Actual	Var
Elective	1,436	1,233	(203)
Non-Elective	8,592	8,362	(230)
Daycase	6,024	6,249	225
Outpatient	55,355	56,657	1,302
A&E	24,960	25,708	748
OTHER NHS NON-TARIFF	258,073	271,042	12,969
OTHER NHS TARIFF	19,070	20,630	1,560
Total	373,510	389,881	16,371

TRUST: INCOME AND EXPENDITURE			
	M2 Plan	M2 Actual	Var
	£m	£m	£m
Elective	£3.67	£3.20	(£0.47)
Non Elective	£14.53	£14.63	£0.10
Daycase	£4.30	£4.35	£0.05
Outpatients	£7.08	£7.32	£0.24
A & E	£2.76	£2.85	£0.09
Other-NHS Clinical	£19.39	£20.25	£0.86
CQUIN	£1.10	£1.14	£0.04
Other Income	£6.53	£6.15	(£0.38)
Total Income	£59.37	£59.89	£0.53

Pay	(£40.13)	(£40.95)	(£0.82)
Drug Costs	(£5.89)	(£5.77)	£0.12
Clinical Support	(£5.08)	(£5.18)	(£0.10)
Other Costs	(£7.82)	(£7.81)	£0.01
PFI Costs	(£2.01)	(£2.00)	£0.00
Total Expenditure	(£60.93)	(£61.71)	(£0.78)
EBITDA	(£1.57)	(£1.82)	(£0.25)
Non Operating Expenditure	(£4.24)	(£4.05)	£0.19
Deficit excl. Restructuring	(£5.81)	(£5.87)	(£0.06)
Restructuring Costs	(£0.00)	£0.00	£0.00
Surplus / (Deficit)	(£5.81)	(£5.87)	(£0.06)

DIVISIONS: INCOME AND EXPENDITURE			
	M2 Plan	M2 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£2.74	£2.76	£0.03
Medical	£3.86	£3.74	(£0.13)
Families & Specialist Services	(£0.85)	(£1.03)	(£0.18)
Community	£0.80	£0.57	(£0.23)
Estates & Facilities	(£4.48)	(£4.38)	£0.11
Corporate	(£4.03)	(£4.11)	(£0.07)
THIS	£0.07	£0.07	£0.00
PMU	£0.37	£0.31	(£0.06)
Central Inc/Technical Accounts	(£3.55)	(£3.81)	(£0.26)
Reserves	(£0.73)	£0.00	£0.73
Surplus / (Deficit)	(£5.81)	(£5.87)	(£0.06)

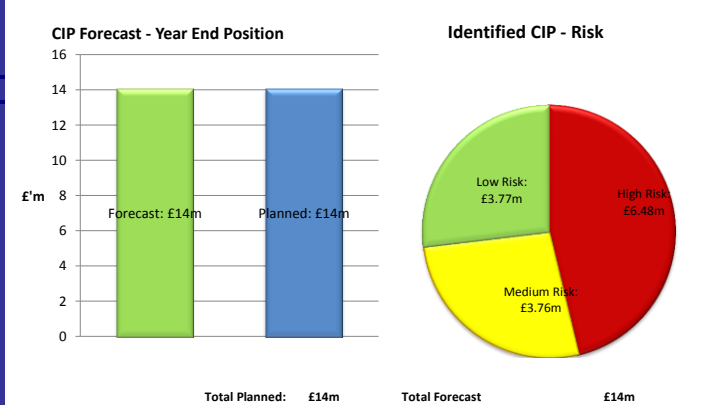
TRUST SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast		
	M2 Plan	M2 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£5.81)	(£5.87)	(£0.06)	(£16.10)	(£16.10)	(£0.00)
Capital	£2.52	£2.38	£0.14	£28.22	£28.22	£0.00
Cash	£1.94	£1.93	(£0.01)	£1.95	£1.91	(£0.04)
Loans	£42.11	£41.93	(£0.18)	£67.87	£67.51	(£0.36)
CIP	£1.24	£1.26	£0.03	£14.00	£14.00	£0.00
Risk Rating	Plan 2	Actual 2		Plan 2	Forecast 2	

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 2016/17			
CLINICAL ACTIVITY			
	Plan	Forecast	Var
Elective	8,787	8,343	(444)
Non-Elective	51,619	50,861	(757)
Daycase	36,895	37,497	603
Outpatient	338,922	341,669	2,747
A&E	148,571	148,712	141
OTHER NHS NON-TARIFF	1,556,020	1,569,918	13,898
OTHER NHS TARIFF	115,305	118,585	3,281
Total	2,256,117	2,275,586	19,468

TRUST: INCOME AND EXPENDITURE			
	Plan	Forecast	Var
	£m	£m	£m
Elective	£22.48	£21.68	(£0.79)
Non Elective	£87.09	£87.97	£0.87
Daycase	£26.37	£26.28	(£0.09)
Outpatients	£43.43	£44.20	£0.77
A & E	£16.43	£16.53	£0.10
Other-NHS Clinical	£129.03	£131.85	£2.82
CQUIN	£6.79	£6.95	£0.16
Other Income	£39.90	£39.32	(£0.58)
Total Income	£371.52	£374.79	£3.27

Pay	(£237.12)	(£241.02)	(£3.91)
Drug Costs	(£35.59)	(£35.82)	(£0.24)
Clinical Support	(£30.17)	(£30.53)	(£0.36)
Other Costs	(£47.05)	(£46.62)	£0.42
PFI Costs	(£12.04)	(£12.02)	£0.02
Total Expenditure	(£361.96)	(£366.01)	(£4.05)
EBITDA	£9.56	£8.77	(£0.79)
Non Operating Expenditure	(£25.66)	(£24.88)	£0.78
Deficit excl. Restructuring	(£16.10)	(£16.10)	(£0.00)
Restructuring Costs	(£0.00)	£0.00	£0.00
Surplus / (Deficit)	(£16.10)	(£16.10)	(£0.00)

DIVISIONS: INCOME AND EXPENDITURE			
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£19.52	£19.53	£0.00
Medical	£22.07	£22.07	(£0.00)
Families & Specialist Services	(£2.51)	(£2.51)	(£0.00)
Community	£4.86	£4.86	(£0.00)
Estates & Facilities	(£26.69)	(£26.69)	£0.00
Corporate	(£24.04)	(£24.04)	(£0.00)
THIS	£0.47	£0.47	(£0.00)
PMU	£2.62	£2.62	£0.00
Central Inc/Technical Accounts	(£10.02)	(£10.08)	(£0.06)
Reserves	(£2.38)	(£2.33)	£0.05
Surplus / (Deficit)	(£16.10)	(£16.10)	(£0.00)

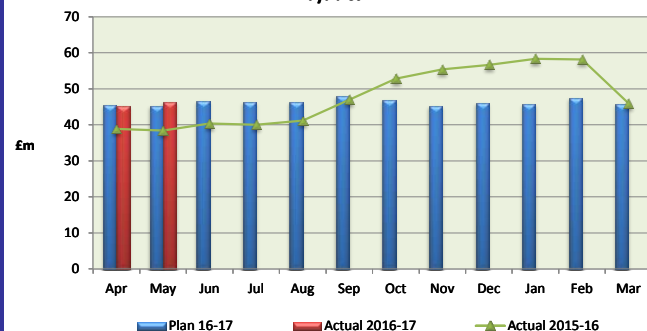
Trust Financial Overview as at 31st May 2016 - Month 2

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT IN MAY 2016

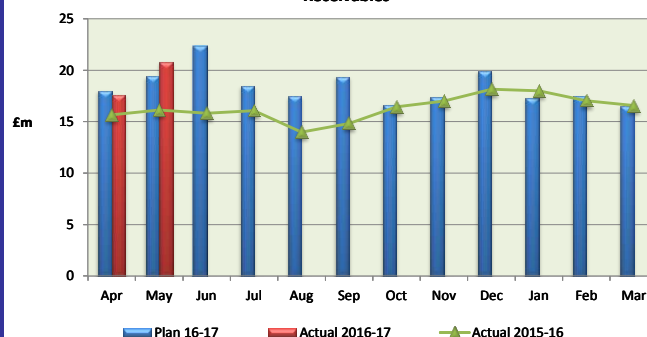
WORKING CAPITAL

	M2 Plan £m	M2 Actual £m	Var £m	M2
Payables	(£45.30)	(£46.41)	£1.11	●
Receivables	£19.41	£20.78	(£1.37)	●

Payables

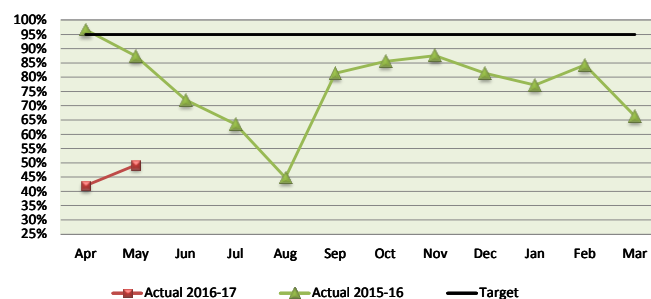


Receivables



BETTER PAYMENT PRACTICE CODE

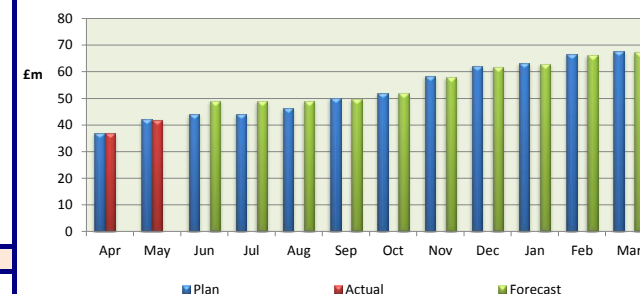
% Number of Invoices Paid within 30 days



CASH

	M2 Plan £m	M2 Actual £m	Var £m	M2
Cash	£1.94	£1.93	(£0.01)	●
Loans	£42.11	£41.93	(£0.18)	●

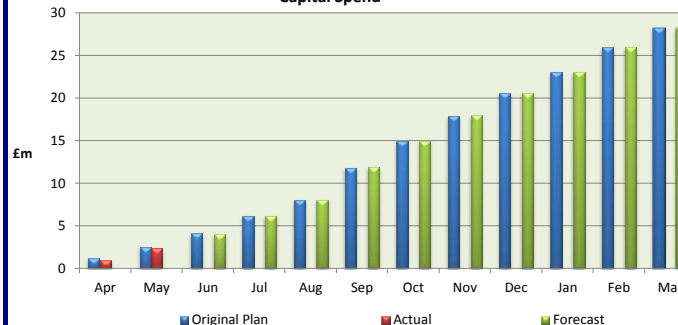
Loans



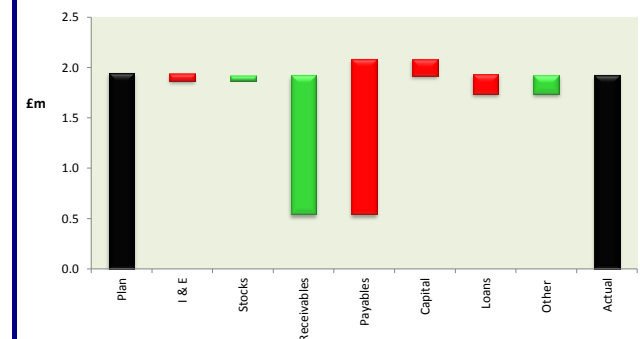
CAPITAL

	M2 Plan £m	M2 Actual £m	Var £m	M2
Capital	£2.52	£2.38	£0.14	●

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £5.87m versus a planned deficit of £5.81m.
- Elective activity remains behind plan but is offset by higher than planned Outpatient, A&E and Daycase activity.
- Capital expenditure year to date is £2.38m against a planned £2.52m.
- Cash balance is virtually on plan with £1.93m against a planned £1.94m.
- As planned, the Trust borrowed a further £5.8m in month through our Independent Trust Financing Facility (ITFF) Working Capital Facility.
- CIP schemes delivered £1.26m in the year to date against a planned target of £1.24m.
- The Monitor performance measure Financial Sustainability Risk Rating (FSRR) stands at 2 against a planned level of 2.

SUMMARY FORECAST

- The forecast year end deficit is £16.10m against a planned £16.10m.
- This position assumes full delivery of the planned £14.0m CIP and recovery of the year to date shortfall in the overall position against plan.
- Cash is forecast very close to plan at £1.91m.
- The Trust cash position relies on the Trust borrowing £37.63m in this financial year to support both Capital and Revenue plans.
- Forecast Capital expenditure is as planned at £28.22m.
- The year end FSRR is forecast to be at level 2 as planned.

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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**SCHEDULE OF MEMBERSHIP COUNCIL
MEETINGS 2016-2017**

DAY/DATE	TIME	VENUE	PURPOSE OF MEETING
2016			
Thursday 15 September 2016	6.00 pm	CRH - Lecture Theatre, Learning Centre, Calderdale Royal Hospital HX4 0PW	Joint BOD & MC Annual General Meeting for Members and Public Members Public Meeting
Wednesday 9 November 2016	4.00 pm	HRI - Boardroom, Sub-basement, Huddersfield Royal Infirmary HD3 3EA	Members Public Meeting
2017			
Tuesday 17 January 2017	4.00 pm	HRI - Boardroom, Sub-basement, Huddersfield Royal Infirmary HD3 3EA	Members Public Meeting
Wednesday 5 April 2017	4.00 pm	CRH – Large Training Room, Learning Centre Calderdale Royal Hospital HX4 0PW	Members Public Meeting
Thursday 6 July 2017	4.00 pm	HRI – Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary HD3 3EA	Members Public Meeting
Thursday 14 September 2017	TBC	TBC	Joint BOD & MC Annual General Meeting for Members and Public Members Public Meeting
Thursday 9 November 2017	4.00 pm	CRH – Large Training Room, Learning Centre Calderdale Royal Hospital HX4 0PW	Members Public Meeting

/KB/SCHEDULE OF MC MEETINGS 2016-17.mc

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MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2016**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
5 Jul	MC Training Session: Working Together Effectively	1.00 – 3.00	Meeting Room 3, 3 rd Floor, Acre Mill Outpatients	Any
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
13 Sep	MC Training Session: Improving the Patient Experience	1.00 – 3.00	Discussion Room 1, Learning Centre, HRI	Any
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/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/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/JP/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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