

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

Date: WEDNESDAY 5 APRIL 2017 at 4.00 pm

Venue: Large Training Room, Learning Centre, Calderdale Royal Hospital

AGENDA

REF	ITEM	LEAD	PAPER	PURPOSE OF PAPER/ UPDATE
1	Welcome and introductions: Prof. Peter Roberts, Non-Executive Director	Chair	VERBAL	Note
2	Apologies for absence: Brian Moore Katy Reiter Victoria Pickles David Birkenhead Owen Williams Helen Barker (Bev Walker, Assoc Director of Urgent Care attending)	Chair	VERBAL	Note
3	Declaration of interests	All	VERBAL	Approve
4	Minutes of the meeting held: Wednesday 17 January 2017	Chair	APP A	Approve
5	Matters Arising	Chair	VERBAL	Information
CHAIRMAN'S REPORT				
6	a. Update from Chairs Information Exchange Meeting – 21.3.17 b. Review Formal MC Attendance report c. Effectiveness of Membership Council - Self-Appraisal Process	Chair Chair RM	APP B APP C VERBAL	Approve Approve Information
GOVERNANCE				
7	Membership Council Register – Resignations/ Appointments	Chair	APP D	Approve
8	Register of Interests/Declaration of Interest	Chair	APP E	Approve
9	Constitutional Amendments	RM	APP F	Note
10	Election Timetable	RM	APP G	Approve
11	Chair and Non-Executive Director Appraisal Process	RM	APP H	Approve
12	Procedure for Appointment of Lead Governor-Councillor	Chair	APP I	Approve
OTHER ITEMS				
13	EPR Operational Readiness Update	MG	APP J	Information

14	TRUST PERFORMANCE a. Financial Position and Forecast b. Performance Report (including Good News Stories)	GB BW	APP K APP L	Information Information
15	Care of the Acutely Ill Patient (CAIP) and Safer Patient Programme	JC BW	VERBAL APP M	Information
16	STRATEGIC PLAN & QUALITY PRIORITIES 2016-17 UPDATE • Performance Against the 3 Quality Priorities – Q3 – 2016-17 • Communications between Professionals Update • Commercial Strategy • Workforce and OD Update • Leadership Development	BB BB/JC AB IW	APP N VERBAL	Information
UPDATE FROM BOARD SUB COMMITTEES				
17	Audit and Risk Committee	P Middleton	VERBAL	Information
18	EPR a. Assurance Gateway 4a Report	Andrew Haigh for Brian Moore/ K Wileman	APP O	Information
19	Finance and Performance Committee	Katy Reiter	VERBAL	Information
20	Quality Committee	P Middleton/ George Richardson	VERBAL	Information
21	Charitable Funds Committee	A Haigh	VERBAL	Information
22	Workforce Well-led Committee	R Hedges	VERBAL	Information
23	Nomination and Remuneration Committee (MC) a. Minutes of Meeting held 8.3.17 b. Revised Terms of Reference	A Haigh	APP P	Approve
24	Patient Experience and Caring Group	J Cosgrove/ L Moore	VERBAL	Information
INFORMATION TO RECEIVE				
25	a. Updated Membership Council Calendar b. Extract from Quarter 3 Quality Report re Complaints & PALS	Chair BB	APP Q APP R	Note Note
26	Any Other Business	Chair	VERBAL	Receive
27	DATE AND TIME OF NEXT MEETING: Date: Thursday 6 July commencing at 4.00 pm Venue: Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary.			

**MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON TUESDAY
17 JANUARY 2017 IN THE BOARDROOM, SUB-BASEMENT, HUDDERSFIELD ROYAL
INFIRMARY**

PRESENT:

Andrew Haigh	Chair
Di Wharmby	Public elected – Constituency 1
Rosemary Hedges	Public elected – Constituency 1
Veronica Maher	Public elected – Constituency 2
Peter Middleton	Public elected – Constituency 3
Nasim Banu Esmail	Public elected – Constituency 4
Stephen Baines	Public elected – Constituency 5
George Richardson	Public elected – Constituency 5
Brian Moore	Public elected – Constituency 8
Charlie Crabtree	Staff-elected – Constituency 13
Cath O'Halloran	Nominated Stakeholder - University of Huddersfield

IN ATTENDANCE:

David Birkenhead	Executive Medical Director
Kathy Bray	Board Secretary
Brendan Brown	Executive Director of Nursing
Lesley Hill	Executive Director of Planning, Performance, Estates & Facilities
Peter Keogh	Assistant Director of Performance
Ruth Mason	Associate Director of Engagement & Inclusion
Victoria Pickles	Company Secretary
Philippa Russell	Acting Director of Finance
Ian Warren	Executive Director of Workforce & OD
Jan Wilson	Non-Executive Director/Deputy Chair - Trust
Owen Williams	Chief Executive

1/17 APOLOGIES:

Apologies for absence were received from:

Katy Reiter	Public elected – Constituency 2
Dianne Hughes	Public elected – Constituency 3
Grenville Horsfall	Public elected – Constituency 4 (Reserve Register)
Annette Bell	Public elected – Constituency 6
Brian Richardson	Public elected – Constituency 6
Lynn Moore	Public elected – Constituency 7
Kate Wileman	Public elected – Constituency 7
Michelle Rich	Public elected – Constituency 8
Mary Kiely	Staff-elected – Constituency 9
Nicola Sheehan	Staff-elected – Constituency 10
Eileen Hamer	Staff-elected – Constituency 11
Bob Metcalfe	Nominated Stakeholder - Calderdale Metropolitan Council
David Longstaff	Nominated Stakeholder – Clinical Commissioning Group
Dawn Stephenson	Nominated Stakeholder – SWYPFT
Sharon Lowrie	Nominated Stakeholder – Locala

Dr David Anderson	SINED/Non-Executive Director
Helen Barker	Chief Operating Officer

Gary Boothby
Anna Basford
Mandy Griffin

Executive Director of Finance
Director of Transformation and Partnerships
Director of The Health Informatics Service

The Chair welcomed everyone to the meeting.

2/17 DECLARATION OF INTERESTS

There were no declarations of interest at the meeting.

3/17 MINUTES OF THE LAST MEETING – 9 NOVEMBER 2016

The minutes of the last meeting held on 9 November 2016 were approved as an accurate record.

4/17 MATTERS ARISING

77/16 - CARE OF THE ACUTELY ILL PATIENT & SAFER PATIENT PROGRAMME

Peter Middleton asked if the Membership Councillors could receive regular updates on the progress with these two programmes. It was agreed that the Executive Medical Director and Chief Operating Officer would be asked to ensure that these two items are included on the MC Agenda for the meeting to be held on 5 April 2017 and would be added to the Membership Council work plan.

ACTION: DB/HB/KB

72/16 REGISTER OF INTERESTS/DECLARATION OF INTERESTS

It was noted that all Membership Councillors with the exception of Sharon Lowrie had returned their completed declarations. The Chairman asked the Board Secretary to send a further reminder to Sharon Lowrie.

ACTION: KB

76/16 - IPR – METHODOLOGY FOR CALCULATING PERFORMANCE SCORES

The Chairman reported that the Chief Operating Officer had agreed to circulate the methodology for calculating the performance score. This was circulated to Membership Councillors on the morning of Wednesday 18 January 2017 by the Board Secretary.

79/15 - MC/BOD WORKSHOP – WEDNESDAY 16 NOVEMBER 2016

The Chairman reported that there had been a disappointing turnout from the Membership Council with only 7 Membership Councillors in attendance at this Workshop. The Chairman requested that, particularly when meetings involve the Board, the Membership Councillors make every effort to ensure good attendance.

73/16b – CQC INSPECTION – ACTION PLAN

The Executive Director of Nursing presented the latest version of the CQC Action Plan.

It had been agreed at the last meeting that an update be given to provide assurance to the Membership Councillors on the delivery of the Trust's response to the CQC report. The plan was based on the 19 must do and 12 should do actions detailed in the CQC report which was published on 15th August 2016.

The report focuses on the movement of individual actions in line with the 'BRAG' (Blue, red, amber and green) rating methodology; these had been approved by the Trust Quality Committee on 3rd January 2017.

It was noted that a mock CQC inspection had been held by NHS England the previous week to look at Maternity Services and this had received positive feedback. Further mock CQC inspections were planned for Paediatrics and ICU. The Executive Director of Nursing reported that it was important to review all evidence to ensure performance and improvements continued.

OUTCOME: The Membership Council **RECEIVED AND NOTED** the CQC Action Plan.

5/17 CHAIRMAN'S REPORT

a. ANNUAL MEMBERSHIP COUNCIL MEETINGS WORK PLAN 2017

The Annual Workplan had been brought to the meeting for approval and give opportunity for the Membership Council to include any other items. No matters were raised.

Peter Middleton requested that 'Quality' be embedded within the Workplan. Discussion took place regarding the various meetings/reports where quality is included which are already included on the Workplan. It was agreed that the Company Secretary would review this.

ACTION: VP

OUTCOME: The Membership Council **RECEIVED AND APPROVED** the MC Workplan for 2017 and it was agreed that the Company Secretary would review 'Quality' on the Workplan.

b. UPDATE FROM CHAIRS INFORMATION EXCHANGE MEETING – 19.12.16

The Minutes from the Chairs Information Exchange Meeting held on the 19 December 2016 were received and noted.

The Chairman updated the Membership Council on developments regarding some of the issues which had been raised at the meeting. This included:-

Communications

Discussion had taken place at the Chairs Information Exchange regarding communication between staff and patients. It had been suggested that Sal Uka be invited to attend a future MC meeting again.

The Executive Medical Director advised that Sal Uka's portfolio had changed since he last attended the Membership Council and suggested that it would be more appropriate for Juliette Cosgrove to come to a future meeting to update on 'Communications' from both a general and clinical perspective.

ACTION: DB/KB/JC

Juliette Cosgrove to be invited to meeting on 5.4.17

OUTCOME: The Membership Council **RECEIVED AND NOTED** the Chairs Information Exchange Minutes – 19.12.16 and it was agreed that Juliette Cosgrove be invited to a future meeting.

c. MEMBERSHIP COUNCIL WORKSHOP – 14.12.16

It was noted that a Membership Council Workshop had taken place on the 14 December 2016 to discuss the Annual Plan and priorities for the Quality Accounts in 2017. It was noted that this had been well attended and was a helpful meeting.

The Chairman reported that the Membership Councillors present had received an update on the Annual Plan submission and were given the opportunity to shortlist the indicators for inclusion in the Quality Account for 2017. It was noted that Members would then be asked to vote against the indicators and the closing date for voting was the end of February 2017.

The Executive Director of Planning, Estates and Facilities had also attended the meeting and the Membership Council had received and approved the Annual Plan.

All presented had reported that this had been a very helpful and productive meeting.

OUTCOME: The Membership Council **NOTED** the feedback from the MC Workshop held on 14.12.16

d. FEEDBACK FROM MATTERS ARISING AT PRE-MEETING HELD 9.1.16

The Chairman updated the Membership Council on the actions which had been undertaken to address the issues raised at the private pre-meeting held on 9.1.16. This included:-

- Good News Stories/Benchmarking – This had now been included within the Performance Paper and would be discussed later in the meeting.
- EPR Communications – A communications plan was in place to ensure that developments are cascaded to both staff and the public in due course.
- Celebrating Success Video – Arrangements were being made for this to be displayed at appropriate events.

OUTCOME: The Membership Council **NOTED** the feedback from the private pre-meeting.

e. A/E PERFORMANCE

Discussion took place regarding the recent national media reporting regarding A/E performance and the view that some patients might be better treated outside of hospital. It was reported that the percentage of these patients within the Trust averaged between 48-49%. It was reported that the A/E pathway had been reviewed and actions had been undertaken by the senior staff to improve triaging in the department. It was reported that the Trust was one of the higher performers nationally but the Chief Executive reported that this came at a cost to the Trust being in deficit by £27m pre STF funding. The Medical Director reported that ultimately reconfiguration of services would give assurance of quality care.

The Chairman and Chief Executive reported on the various data within the Trust which was available to the Executive team and the Non-Executive Directors by which would assure themselves that Trust staff were doing all they could despite the challenges facing them.

Some of the data available included:-

- Data in the Integrated Performance Report
- Quality Committee reports
- Benchmarking performance reports
- SITreps reports
- Safer Patient Programme outcomes
- Complaints information

Discussion took place regarding the good performance of the Trust in meeting the targets and the work undertaken to achieve this. Thanks were given by the Membership Council to staff in achieving the position, despite the challenging position.

The Chairman reported that NHS Improvement had circulated a letter in December regarding broadening our oversight of A/E and further monitoring of services were being introduced.

OUTCOME: The Membership Council **NOTED** the performance of the Trust against the Emergency Care standard.

CONSTITUTION

6/17 MEMBERSHIP COUNCIL REGISTER

The updated register of members as at 1 January 2017 was received.

OUTCOME: The Membership Council **APPROVED** the updated Register.

7/17 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. Only one declaration remained outstanding from Sharon Lowrie and this had been requested.

OUTCOME: All Membership Councillors present **APPROVED** the Register of Interests.

8/17 CONSTITUTIONAL AMENDMENTS

The Company Secretary reported that the two issues requiring clarification had not been finalised and therefore further information was awaited on the impact of the development of a Committee in Common across the West Yorkshire Association of Acute Trusts (WYAAT) and secondly the consultation being undertaken by NHS England on standardising all Trust declarations of interests from staff.

Brian Moore reported that there was some confusion between the titles 'Membership Council' and 'Council of Governors'. Discussion took place and a majority vote in favour of changing the title was agreed, although it was noted that the meeting was not quorate. It was agreed that the Company Secretary would seek the views of the Board and NHSI and bring a recommendation back to the Membership Council and Board as part of the sign off of the changes to the Constitution in April.

OUTCOME: It was **AGREED** that further information would be brought to the Membership Council Meeting on 5 April 2017.

ACTION: Agenda item 5.4.17 – Company Secretary

9/17 REVIEW OF STANDING ORDERS – MEMBERSHIP COUNCIL

The Company Secretary presented the tracked amendments to the Review of Standing Orders for the Membership Council. The amendments included:-

- Expenses clarification
- References to Monitor / NHS Improvement
- Typographical amends

It was noted that this document would be reviewed again in January 2019.

OUTCOME: The Membership Council **APPROVED** the amendments to the Standing Orders for the Membership Council subject to the amendment to the title 'Council of Governors' being approved by the Board and NHSI

ACTION: Company Secretary

10/16 UPDATE FROM BOARD SUB COMMITTEES

10/17a – AUDIT AND RISK COMMITTEE

Peter Middleton reported that the Audit and Risk Committee were progressing well and the next meeting was scheduled for the following day.

10/17b – ELECTRONIC PATIENT RECORD

Brian Moore reported that the 'Go Live' date for implementation of the EPR system within CHFT had now been agreed for the bank holiday weekend of the 28 April to 2 May 2017. Arrangements were still being made for Bradford which was likely to be some time during July 2017.

10/17c – FINANCE AND PERFORMANCE COMMITTEE

Brian Moore reported that the Committee discussion reflected the report given in the Acting Assistant Director of Finance's presentation.

10/17d - QUALITY COMMITTEE

Peter Middleton reported that revised, comprehensive Terms of Reference had been agreed by the Committee. It was noted that a Patient Experience and Caring Group was being established and it was suggested that a MC representative be invited to sit on this group. Jan Wilson reported that she had approached Lynn Moore regarding this. The Associate Director of Engagement & Inclusion advised that as Juliette Cosgrove was to be invited to the April MC meeting (item 5/17) regarding Communications it would be possible to include an update on the work of this group then.

ACTION: MC AGENDA – 5.4.17

10/17e – CHARITABLE FUNDS COMMITTEE

The Chairman reported that the Charitable Funds Committee was looking to rationalize funds in order that they could be used for the benefit of the Trust. Discussions continue with two providers to explore the opportunities of a cash lottery system and as part of this a self-financing Fund Raiser would be appointed.

10/17f – WORKFORCE WELL-LED COMMITTEE

Ian Warren reported that the next Workforce Well-Led Committee was due to meet on Thursday 19 January 2017. The previous meeting had focused on developing the new Workforce Strategy which had been signed off by the Board of Directors in January 2017.

10/17g – ORGAN DONATION COMMITTEE

The Chairman reported that there had been no Organ Donation Committee meetings held since the last Membership Council meeting.

10/17h – MC/BOD JOINT ANNUAL GENERAL MEETING – FEEDBACK FROM TASK AND FINISH GROUP

The Company Secretary presented a paper outlining a proposal:-

- To bring the meeting forward in the year to July, just prior to the start of the school holidays. There are a number of benefits to this including the ability to hold the elections slightly earlier in the year to address some of the current vacancies we are holding; lighter nights and hopefully better weather.
- To hold the meeting on Thursday 20 July 2017 from 5pm.
- To run a small 'health fair' from 5pm to 6pm consisting of:
 - A stand from each division setting out their successes from 2016/17 and plans for 2017/18
 - A successes communication stand celebrating the good work of the Trust
- To hold the formal AGM meeting at 6pm.

The associated implication of this were discussed and the Chairman advised that although the AGM and election process would be brought forward, the new members and existing

members would not change until September as originally planned. This would give opportunity for induction and training to take place before September.

Discussion also took place regarding the 9 November meeting and it was agreed that this should be brought forward to October. (Outside of the meeting this was notified to the Membership Councillors as 4.00 pm on Thursday 26 October 2017 in the Large Training Room, Learning Centre, CRH).

OUTCOME: The Membership Council **APPROVED** the proposed changes for the AGM and Health Fair to be held on the 20 July 2017 and it was agreed that the Board Secretary would confirm the date along with the amended Membership Council Meeting which was to be brought forward from November to October.

ACTION: BOARD SECRETARY

11/17 STRATEGIC PLAN & QUALITY PRIORITIES 2016-17 UPDATE

a. 7 DAY SERVICES

The Executive Medical Director reported on the work being undertaken by Dr Sal Uka to implement 7 day services. It was noted that this work had been led from Sir Bruce Keogh setting 10 standards in emergency/acute care to drive seven-day services across the NHS. Currently the Trust was currently working towards the following 4 standards:-

- Emergency Admissions seen by a consultant within 14 hours of admission to hospital
- Diagnostic Services – timeliness of access to scans and reports
- Timely 24 hour access, seven days a week, to consultant-directed interventions
- All patients on the AMU, SAU, ICU and other high dependency areas to be seen and reviewed by a consultant twice daily.

The Trust was one of the early implementers and was receiving help and support from the NHS Improvement Team.

b. H&S ACTION PLAN

The Executive Director of Planning, Performance, Estates and Facilities outlined the work undertaken within the Trust regarding Health and Safety issues. In summary these included:-

- Appointment of new Health and Safety Manager
- Internal Audit and external audits undertaken
- Fire Training – face to face training being undertaken. Currently achieved 65% compliance.
- COSHH Guidance – Database established. Review of information and training on going.
- Health and Safety Committee – re-established with good attendance from Trust staff.
- Security – further work being undertaken with advice being received from Leeds Teaching Hospital.
- Emergency Planning – Officer currently on sick leave but interim looking at reviewing MAJAX system.
- Estates Capital Work – Fire alarm system at HRI reviewed and work continues on compartmentalization.
- Performance Information – Report to H&S Committee – key themes being looked at – slips, trips and falls

OUTCOME: The Membership Council **RECEIVED** the updates.

12/17 TRUST PERFORMANCE

a. Integrated Performance Report (IPR)

The Assistant Director of Performance gave an overview of the key themes. It was noted that

November's Performance Score is 65% for the Trust. 3 of the 6 domains improved in month. Within the Safe domain the Never Event has contributed significantly to the RED rating. In terms of Performance Achievements the Trust continues to maintain a significant number of its regulatory targets as 'Green' and of particular note is Hospital Standardised Mortality Rate (HSMR) which has fallen below 80 for the first time in month (September).

The Assistant Director of Performance had also supplied the Membership Council with presentation detailing the Trust's performance as at 17 January 2017 in order that this could be shared with the public if required.

b. Month 6 – September 2016 Finance Report

The Executive Director of Finance presented the overview of the financial position in the year to date and the financial forecast for year end 2016/17.

The key issues included:-

Summary Year to Date:

- The year to date deficit is £12.48m versus a planned deficit of £12.60m.
- Year to date Elective activity remains behind plan but is offset by higher than planned Outpatient, A&E and Day case activity
- Capital expenditure year to date is £10.66m against a planned £17.93m.
- Cash balance is above plan at £3.97m against a planned £1.94m.
- The Trust has drawn down loans earlier than planned. The total loan balance is £60.41m against a planned £58.32m.
- CIP schemes delivered £9.65m in the year to date against a planned target of £7.62m.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. This is the equivalent of a Financial Sustainability Risk rating of 2 as previously measured.

Summary Forecast:

- The forecast year end deficit is £16.35m against a planned deficit of £16.10m, but includes exceptional costs of £0.3m relating to the disposal of Princess Royal. These exceptional costs are excluded from the deficit for Control Total purposes and therefore have no impact on our STF allocation or UOR metric. This position assumes delivery of £15.19m CIP and that recovery plans are delivered to offset ongoing pressures and risks.
- Cash forecast is in line with plan at £1.90m.
- The Trust cash position relies on the Trust borrowing £30.53m in this financial year to support both Capital and Revenue plans, lower than the £37.63m planned.
- Forecast capital expenditure is £0.56m below plan at £27.64m. Capital expenditure on EPR has now been pushed back to M12 and a proportion of this expenditure is now forecast to be paid in the next financial year. This has reduced our loan drawdown for 2016-17, but will need be added to the 2017-18 borrowing requirement.
- The year-end UOR metric is forecast to be at level 3 as planned.

OUTCOME: The Membership Council **RECEIVED** the update on Trust performance.

13/17

INFORMATION TO RECEIVE

The following information was received and noted:

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

b. Extract from Quarter 2 Quality Report re Complaints and PALs

The Executive Director of Nursing reported that this information had been supplied to the Membership Council for information and offered an overall view of the Trust's management of the current position with regard to complaints and PALs contacts received during Quarter 2.

14/17 ANY OTHER BUSINESS

The Associate Director of Engagement and Inclusion reminded the Membership Councillors of future diary dates to which all were welcome to attend:-

- a. Training Session "Holding to Account" – Monday 30 January 10.30 – 12.30
- b. Walkabouts to Simulation Suite – Tuesday 17.1.17 – 10.30 – 12.00 noon and Friday 3 February.

15/17 DATE AND TIME OF NEXT MEETING

Wednesday 5 April 2017 commencing at 4.00 pm in the Large Training Room, Learning Centre, Calderdale Royal Hospital

The Chair thanked everyone for their contribution and closed the meeting at 6.15 pm.

MEMBERSHIP COUNCIL
CHAIRS' INFORMATION EXCHANGE MEETING

Tuesday 21 March 2017

NOTES

Present:	Andrew Haigh	Chairman
	Peter Middleton	Deputy Chair
	Kate Wileman	Chair of Surgical DRG
	Brian Moore	Chair of Medical DRG
	Lynn Moore	Chair of FSS DRG
	George Richardson	Chair of Estates & Facilities DRG
	Charlie Crabtree	Staff Membership Councillor (part)
	Nicola Sheehan	Staff Membership Councillor (part)
	Ruth Mason	Associate Director of Engagement & Inclusion
	Vanessa Henderson	Business Manager, Membership & Inclusion

1 Apologies

Annette Bell

2 To receive the SOAPs from DRG meetings

(i) Estates & Facilities DRG

The SOAP was received and noted.

Andrew confirmed that overall the Trust will meet its CIP. The Membership Councillors congratulated managers on the work that has been undertaken to achieve this.

Andrew added that from a performance perspective the Trust is doing very well across all the measures. He reported that March's A&E performance is over 97% and performance is predicted to be circa 94% for the year.

In response to an issue raised by Lynn about a patient having renal dialysis who developed problems having to go through A&E rather than being admitted directly from the Renal unit, Andrew advised that this was because the Renal service is a satellite service from Leeds.

Brian expressed his disappointment that despite a significant amount of work having already been undertaken on the integrated transport review, the pilot is no longer going ahead. He explained the reasons behind this: the three posts that were to transfer to run the service had been lost to the cost improvement programme and neither the current transport system nor the YAS system are compatible with EPR. Andrew agreed to raise the issues with Lesley Hill and Mandy Griffin.

(ii) Surgical & Anaesthetics DRG

The SOAP was received and noted.

Kate referred to the presentation on the Ophthalmology service and said how impressed she and the other Membership Councillors were with the improvements that have been made in the service.

Andrew reported that the division is under some pressure currently around pending outpatient appointments and there will be a heavy focus on this over the next six weeks to clear the backlog.

(iii) Families & Specialist Services DRG

The SOAP was received and noted.

Lynn reported that the DRG had received a very informative presentation from Mike Culshaw about developments in Pharmacy.

(iv) Community DRG

The SOAP was received and noted.

Lynn reported that the division had received an excellent presentation about the work that had taken place to review systems and bring about significant improvements following a patient incident.

Andrew reported that the Community Place has had encouraging results, from a 'whole system' perspective.

3 Membership Office SOAP

The Membership Office SOAP was received and noted.

4 Notes of the last meeting held on 19 December 2016

The notes of the meeting held on 19 December 2016 were approved as a correct record.

5 Matters arising

(i) Staff MC Group: Interviewees/communication

Andrew reported that he had discussed the issue raised by Peter about interviewees whose first language is not English with Sal Uka, who was aware of the potential issues.

(ii) Redesign of Resus area

Andrew confirmed that the redesign of the resus area is currently in the list of capital expenditure for 2017/18.

(iii) Level of third and fourth degree tears in Midwifery

Andrew confirmed that Brendan Brown is closely monitoring the situation around third and fourth degree tears.

(iv) Orange incidents/near misses – Community Division

Vanessa reported that Diane Catlow had given examples of orange incidents at the recent DRG meeting. The most common incidents related to pressure ulcers.

6 Update from the Chair

Andrew reported from the private sessions of the Board in February and March.

- (i) **EPR:** There is now much more focus on operational readiness. We are comfortable that the system works and it has been through all the various trial loads. Training is well underway with 4,500 staff booked on.

Nicola reported that she had undertaken EPR training and said that although she is quite familiar with the system personally, she felt some staff might feel overwhelmed. It was noted that the training is role-specific and some people will attend multiple courses.

Andrew said a certain amount of disruption was anticipated for the first month after implementation but there would be a significant amount of support for staff available throughout.

At their meeting on 5 April there will be a presentation to the Membership Councillors on operational readiness, training and cut-over. Andrew described the complexity of the process of moving from the old to the new system over the cut-over weekend.

- (ii) **Emergency Care:** Andrew referred to the accelerator zone work that is underway at a West Yorkshire level. In terms of performance at CHFT, it was generally felt that the Trust is in a better position this year than last year as a result of a combination of changes made during the year. However Andrew pointed out that the Trust is considered to be an outlier in terms of locum spend and it was possible that this was a contributory factor to the high performance.

- (iii) **Contract negotiations:** The Trust had finally agreed the contract with its two commissioners, which had involved some compromise for all parties. As a result the Trust has appealed its control total with NHS Improvement.
- (iv) **The STP/WYAAT:** The board had received presentations from Mandy Griffin on the Health Informatics Service's 5-year strategy and from Lesley Hill on the West Yorkshire estates & facilities approach.

Andrew described the different approaches of the STP and the WYAAT. He said there were a number of areas which could benefit from working collaboratively across West Yorkshire.

Andrew added that Lesley Hill and Mandy Griffin have been invited to attend the MC development session on 3 April to talk about these developments in their particular areas.

- (v) **Reconfiguration:** At the development session on 3 April there will also be an update on reconfiguration from Anna Basford/Catherine Riley. Andrew reported that at a recent meeting the Overview and Scrutiny Committee had concluded that they did not have enough information to decide whether to refer the proposals to the Secretary of State and would wait until the full business case was available before making a decision.

Andrew said Anna and Catherine, with subject matter expert support from NHSI and NHS England, are in the process of writing the full business case.

Andrew outlined some potential funding sources for the developments on the Calderdale and Huddersfield sites. He said it was possible that the business case could be impacted by any West Yorkshire developments.

- (vi) **Interserve:** The Trust has reappointed Interserve to deal with capital maintenance at HRI for the next three years.
- (vii) **2016 Staff Survey:** The results of the 2016 Staff Survey have been received and the Trust has an action plan to deal with the issues identified.
- (viii) **Local Authority funding:** Andrew referred to changes to LA funding that are to be introduced in 2020 which were likely to have a significant impact on the finances of the Trust and the system as a whole. He described the Trust's proactive approach to discuss the position with partners in the system.

7 Staff feedback & communication

In response to a question from Kate, Charlie and Nicola explained that working in the Trust currently is very pressured, with staff shortages. It was recognised, however, that this is a national problem.

The group acknowledged that the Trust's high performance can be attributed in part due to the additional work that staff are undertaking on a discretionary basis.

There was a general discussion around levels and methods of communication across the Trust particularly in view of the pressures being felt by staff and the problems releasing them from their work areas to attend briefings. It was acknowledged that a number of different communication mechanisms were required.

8 Date and time of next meeting

Monday 3 July, 2 pm to 4 pm, Room F2, Acre House

Attendance	✓	Apologies	✗	Not elected/co-opted	-
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MEMBERSHIP COUNCILLORS AND BOARD OF DIRECTORS ATTENDANCE AT FORMAL MC MEETINGS 1 APRIL 2016 TO 31 MARCH 2017

MEETING DATES		7.4.16	6.7.16	15.9.16 AGM	9.11.16	17.1.17	TOTAL ATTENDANCE
PUBLIC – ELECTED							
1	Mrs Rosemary Claire Hedges	✓	✓	✓	✓	✓	5/5
1	Mrs Di Wharmby	✗	✓	✓	✗	✓	3/5
2	Rev Wayne Clarke	✓	✓	✓ Tenure ceased 15.9.16	-	-	3/3
2	Mrs Veronica Maher	-	-	✓ Tenure commenced 15.9.16	✓	✓	3/3
2	Mrs Katy Reiter	-	-	✓ Tenure commenced 15.9.16	✗	✗	1/3
3	Mr Peter John Middleton	✗	✓	✓	✓	✓	4/5
3	Ms Dianne Hughes	✗	✓	✓	✓	✗	3/5
4	Mrs Nasim Banu Esmail	-	-	✓ Tenure commenced 15.9.16	✓	✓	3/3
4 (RESERVE REGISTER from 15.9.16)	Mr Grenville Horsfall	-	-	✗ RR Tenure commenced 15.9.16	✗	✗	0/3
5	Mr Grenville Horsfall	✗	✓	-	-	-	1/2
5	Mr George Edward Richardson	✓	✗	✓	✓	✓	4/5

5	Stephen Baines	-	-	x Tenure commenced 15.9.16	√	√	2/3
6	Mr Brian Richardson	√	x	√	x	x	2/5
6	Mrs Annette Bell	√	x	x	√	x	2/5
7	Ms Kate Wileman	√	√	x	√	x	3/5
7	Mrs Lynn Moore	√	√	√	√	x	4/5
8	Mrs Michelle Rich	-	-	x Tenure commenced 15.9.16	√	x	1/3
8	Mrs Jennifer Beaumont	√	x	√ Tenure ceased 15.9.16	-	-	2/3
8	Mr Brian Moore	√	√	√	√	√	5/5
STAFF – ELECTED							
9 - Drs/Dentists	Dr Mary Kiely	x	x	x	x	x	0/5
10 - AHPs/HCS/Pharm's	Mrs Nicola Sheehan	-	-	x Tenure commenced 15.9.16	x	x	0/3
11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer	x	√	x	x	x	1/5
12 - Ancillary	Mrs Linda Dawn Salmons	-	-	x Tenure commenced 15.9.16	x	x Resigned 14.12.16	0/3
13 - Nurses/Midwives	Mrs Charlie Crabtree	-	-	x Tenure commenced	√	√	2/3

				15.9.16			
13 - Nurses/Midwives (Reserve Register from 18.9.15 – 15.9.16)	Mrs Chris Bentley	√	√	x Tenure ceased 15.9.16	-	-	2/3
13 - Nurses/Midwives	Ms Julie Hoole	Resign ed 4.4.16	-	-	-	-	-
NOMINATED STAKEHOLDER							
University of Huddersfield	Dr Cath O'Halloran	√	√	x	√	√	4/5
Calderdale Metropolitan Council	Cllr Bob Metcalfe	√	√	√	√	x	4/5
Kirklees Metropolitan Council	Cllr Naheed Mather	x	x Tenure ceased 11.7.16	-	-	-	0/2
Kirklees Metropolitan Council	Cllr Carole Pattison	-	-	- Tenure commenced 22.9.16	x	x Resigned 5.1.17	0/2
Clinical Commissioning Group	Mr David Longstaff	x	x	x	x	x	0/5
Locala	Mrs Sharon Lowrie	x	x	x	x	x	0/5
South West Yorkshire Partnership NHS FT	Mrs Dawn Stephenson	√	x	x	x	x	1/5
BOARD OF DIRECTORS							
Mr Andrew Haigh	Chairman	√	√	√	√	√	5/5
Mrs Jan Wilson	Non-Executive Director	√	-	√	√	√	4/4
Dr David Anderson	Non-Executive Director	-	√	√	√	x	3/4
Mrs Karen Heaton	Non-Executive Director	√	-	x	-	-	1/2
Mr Richard Hopkin	Non-Executive Director	√	-	√	-	-	2/2
Mr Phil Oldfield	Non-Executive Director	-	-	x	-	-	0/1
Dr Linda Patterson	Non-Executive Director	-	-	√	x	-	1/2
Prof Peter Roberts	Non-Executive Director	-	x	x	-	-	1/2
Mr Owen Williams	Chief Executive	x	√	√	x	√	3
Dr David Birkenhead	Exec Medical Director	x	x	√	√	√	3

Mrs Julie Dawes	Exec Director of Nursing	x	-	-	-	-	-
Mr Brendan Brown	Exec Director of Nursing	-	√	x	√	√	3
Mr Ian Warren	Exec Director of Workforce & OD	-	-	-	x	√	1
Mr Keith Griffiths	Exec Director of Finance	x	√	√	-	-	2
Mr Gary Boothby	Deputy and Exec Director of Finance	√	-	-	√	x	2
Lesley Hill	Exec Director of Planning, Perform., Estates & Facilities Ms	√	x	x	√	√	3
Mrs Helen Barker	Associate Director of Community Services & Operations	√	√	√	√	x	4
OTHERS							
Kathy Bray	Board Secretary	√	√	√	√	√	5
Lisa Fox	Clinical Information Manager	√	-	-	-	-	1
Mandy Griffin	Director of THIS	√	-	-	-	-	1
Peter Keogh	Acting Chief Operating Officer					√	1
Ruth Mason	Associate Director of Engagement & Inclusion	√	√	√	√	√	5
Clare Partridge	Engagement Lead – KPMG External Auditors	-	-	√	-	-	1
Victoria Pickles	Company Secretary	√	√	√	√	√	5
Lindsay Rudge	Deputy Director of Nursing	-	-	√	-	-	1
Philippa Russell	Acting Director of Finance					√	1

MARCH 2017

MEMBERSHIP COUNCIL REGISTER AS AT 17 MARCH 2017

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	Mrs Veronica Maher	15.9.16	3 years	2019
2	Mrs Katy Reiter	15.9.16	3 years	2019
3	Mr Peter John Middleton (Lead MC from 15.9.16)	22.9.11 18.9.14	3 years 3 years 1 year	2014 2017 2017
3	Ms Dianne Hughes	19.9.13 15.9.16	3 years 3 years	2016 2019
4	Ms Nasim Banu Esmail	15.9.16	3 years	2019
4 (Reserve Register)	Mr Grenville Horsfall	19.9.13 15.9.16 (Reserve Register Cons. 4)	3 years 1 year	2016 2017
5	Mr Stephen Baines	15.9.16	3 years	2019
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 Michelle Rich	15.9.16	3 years	2019

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
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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	Mrs Nicola Sheehan	15.9.16	3 years	2019
11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer RESIGNED 17.3.17 VACANT POST	20.9.12 17.9.15	3 years 3 years	2015 2018
12 - Ancillary	VACANT POST			
13 - Nurses/Midwives	Mrs Charlie Crabtree	15.9.16	3 years	2019
13 – Nurses/Midwives	VACANT POST			

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	VACANT POST			
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

RED = CHANGES TO REGISTER

DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL AS AT 17.3.17

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
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	-	-	-	-	-	-
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	-	-	-	-	-	-

DATE OF SIGNEDDECLARATION	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
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		(Reserve Register Cons. 4)						
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.
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	-	-	-	-	Locals 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

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
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21.4.16	Catherine O'HALLORAN	Nominated Stakeholder – University of Huddersfield	-	-	-	-		- University of Huddersfield - Registrant & Visitor of Health & Care Professions Council - Treasurer, Council of Deans of Health
14.9.16	Nasim Banu ESMAIL	Public-elected Constituency 4	-	-	-	-	-	-
12.10.16	Veronica MAHER	Public-elected Constituency 2	-	-	-	-	-	-
13.10.16	Michelle RICH	Public-elected Constituency 8	-	-	-	-	-	Kirklees College
10.10.16	Katy REITER	Public-elected Constituency 2	Managing Director Treefrog Communications	-	-	-	-	Mentoring via own business. Care Quality Commission
6.10.16	Stephen BAINES	Public-elected Constituency 5	-	-	-	Trustee – Halifax Opportunities Trust	-	Calderdale MBC
12.11.16	David LONGSTAFF	Nominated Stakeholder - CCG	-	-	-	-	Mental Health Reviews	Audit Chair Calderdale CCG and Audit Chair Greater Huddersfield CCG

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:- NICOLA SHEEHAN, Staff Elected
SHARON LOWRIE, Nominated Stakeholder, Locala**

MEMBERSHIP COUNCIL	
PAPER TITLE: CONSTITUTION	REPORTING AUTHOR: Victoria Pickles, Company Secretary
DATE OF MEETING: 5 th April 2017	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: None	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below:	
For guidance click on this link: http://nwww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: <p>The Trust's Constitution, along with the standing orders for the Membership Council and the Board of Directors, sets the rules for the governance of the Trust and should be periodically reviewed for any changes or updates in legislation.</p> <p>The Chairman, Company Secretary and Associate Director of Engagement and Inclusion have undertaken a thorough review and a number of changes are recommended to the Membership Council for consideration and approval:</p> <ol style="list-style-type: none"> 1. The format of the Constitution has changed to match that of the model constitution provided by NHS Improvement. 2. References to Monitor have been removed and amended to NHS Improvement. 3. Commitments – the Constitution previously included a section on commitments. These did not match the ones in the Membership Charter and are not included in the model. They have therefore been removed and the ones in the Membership Charter retained. 4. Paragraph 3 – Head Office and Website – has been moved from the end of the document and reference to displaying notices removed. 5. Paragraph 7.10 – Automatic membership by default for staff members. Staff become members of the Trust on employment unless they choose to opt out – there was previously no reference to this in the Constitution so it has been added. 6. Paragraph 10 – Annual Members' Meeting – the requirement to hold the meeting within 6 months of the financial year has been removed from the model and it is recommended that this is no longer 	

included. In addition the provisions for the running of the meeting have been placed in an Annexe for ease of use.

7. Paragraph 14.1 – Elected Council Members – clarification that a Membership Councillor may not hold office for more than six years or two terms excluding any time served on the reserve register.
8. Paragraph 14.3 – The Trust holds a reserve register of membership councillors. Previously this made reference to the fact that this was to enable the working of the sub-committees of the Board. However Board sub-committees, while have attendance from membership councillors, do not have membership councillors as part of their quorum and therefore reference to this was removed. **The Membership Council is asked to consider whether the reserve register should be maintained.**
9. Paragraph 16 – Membership Council disqualification and removal – 16.1.5 made reference to being under 18 years of age when membership is open to anyone aged 16 or over. The section also did not allow staff to become a member of the Trust for a year after leaving the organisation. There is no clear rationale for this.
10. Paragraph 20 – Membership Council – standing orders – the detail of how meetings will be run, quoracy, chairing, notice of meetings etc had been included but is set out in the Membership Council Standing Orders and there were some differences between the two. The references have been removed from the Constitution and a copy of the Standing Orders approved by the Membership Council in January 2017 included as an annexe.
11. Paragraph 21 – Membership Council – referral to the Panel – following the Mid Staffs Inquiry, Membership Councils were given the power to refer a trust to a Panel appointed by NHS Improvement. This was not included in the previous constitution and so has been added.
12. Paragraph 33 – Board of Directors – conflicts of interest of directors – wording has been strengthened in line with the model.
13. Paragraph 48 – Notices – it is recommended that this is removed as these are covered in the standing orders for the Membership Council and the Board of Directors.
14. Annexes – some of the detail from within the constitution has been place into annexes for ease of use and reference.

In addition, at the Membership Council meeting in January it was proposed that the Council change its name to Council of Governors. Calderdale & Huddersfield NHS Foundation Trust is an outlier in that almost all other councils are called Councils of Governors. All of the documentation released from NHS Improvement refers to Council of Governors. However the Trust was granted approval to call its council a Membership Council. **The Membership Council is asked to consider whether or not to change its name to Council of Governors.**

FINANCIAL IMPLICATIONS OF THIS REPORT:

None

RECOMMENDATION:

The Membership Council is asked to REVIEW and APPROVE the Constitution.

The Membership Council is asked to CONSIDER whether or not to change its name to Council of Governors.

APPENDIX ATTACHED: YES / NO

Latest review March 2017

**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 otherwise stated 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.
Annual Members' Meeting	is defined in paragraph 10 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: (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 former name for the Trust's regulator, 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;
Public Council Member	means a Member of the Membership Council elected by the Members of the public constituency;
Secretary	means the Board 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 Calderdale & Huddersfield NHS Foundation Trust.

2. Name and status

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

3. Head Office and Website

- 3.1. 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.
- 3.2. The Trust will maintain a website, the address of which is www.cht.nhs.uk or any other address decided by the Membership Council.

~~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~~

4. Purpose

- 4.1. The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.
- 4.2. 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.
- 4.3. The Trust may provide goods and services for any purposes related to:-
- 4.3.1. the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
 - 4.3.2. the promotion and protection of public health.
- 4.4. 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.

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 **NHS Improvement** 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. Membership and Constituencies

- 6.1. The Trust shall have members, each of whom shall be a member of one of the following constituencies:
 - 6.1.1. A public constituency
 - 6.1.2. A staff constituency

7. Members

- 7.1. 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.
- 7.2. Subject to this Constitution, Membership is open to any individual who:
 - 7.2.1. is over 16 years of age;
 - 7.2.2. is entitled under this Constitution to be a Member of the public constituencies, or staff constituency; and
 - 7.2.3. completes or has completed a membership application form in whatever form the Membership Council approves or specifies.

Public Membership

- 7.3. There are eight public constituencies corresponding to the areas served by the Trust as set out in Annexe 1. Members of each constituency are to be individuals:
 - 7.3.1. who live in the relevant area of the Trust;
 - 7.3.2. who are not eligible to be Members of the staff constituency; and
 - 7.3.3. who are not Members of another public constituency.

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

Staff Membership

- 7.5. There is one staff constituency for staff membership. It is to be divided into five classes as follows:
- 7.5.1. doctors or dentists;
 - 7.5.2. Allied Health Professionals, Health Care Scientists and Pharmacists;
 - 7.5.3. Management, administration and clerical;
 - 7.5.4. Ancillary staff;
 - 7.5.5. Nurses and midwives.
- 7.6. Members of the staff constituency are to be individuals:
- 7.6.1. who are employed under a contract of employment by the Trust and who either:
 - 7.6.1.1. 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
 - 7.6.1.2. who have been continuously employed by the Trust for at least 12 months; or
 - 7.6.2. 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.
- 7.7. Individuals entitled to be Members of the staff constituency are not eligible to be Members of the public constituency.
- 7.8. The Secretary is to decide to which class a staff member belongs.
- 7.9. The minimum number of members in each class of the staff membership is to be 20.

Automatic membership by default – Staff

- 7.10. An individual who is:
- 7.10.1. Eligible to become a member of the Staff Constituency, and
 - 7.10.2. Invited by the Trust to become a member of the Staff Constituency,
- Shall become a member of the Trust as a member of the Staff Constituency without an application being made, unless he / she informs the Trust that he / she does not wish to do so.

8. Disqualification from membership

- 8.1. 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.

9. Termination of membership

- 9.1. A Member shall cease to be a Member if:

- 9.1.1. they resign by notice to the Company Secretary;
- 9.1.2. they die;
- 9.1.3. they are disqualified from Membership by paragraph 7;
- 9.1.4. they cease to be entitled under this Constitution to be a Member of any of the public constituencies or the staff constituency.

- 9.2. Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annexe 3 – Further Provisions.

10. Annual Members' Meetings

- 10.1. The Trust is to hold an annual meeting of its members meeting ~~within six months of the end of each financial year.~~ The Annual Members Meeting shall be open to members of the public.
- 10.2. Further provisions about the Annual Members' Meeting are set out in Annexe 4 – Annual Members' Meeting.

11. Membership Council - composition

- 11.1. The Trust is to have a Membership Council which shall comprise both elected and appointed councillors.
- 11.2. The composition of the Membership Council is specified in Appendix 6 – Composition of the Membership Council.
- 11.3. The composition of the Membership Council, subject to the 2006 Act, shall seek to ensure that:
 - 11.3.1. the interests of the community served by the Trust are appropriately represented;
 - 11.3.2. 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.;

12. Membership Council – elections of membership councillors

- 12.1. Public Council Members are to be elected by Members of the public constituencies, and Staff Council Members by Members of the staff constituency.
- 12.2. 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, set out in Annexe 2 – Election Rules.

13. Membership Council - appointed membership councillors

- 13.1. Local Authority Council Members
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.

13.2. Partnership Council Members

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

14. Membership Council - tenure for membership councillors

14.1. Elected Council Members:

- 14.1.1. shall hold office for a period of three years commencing immediately after the annual members meeting at which their election is announced;
- 14.1.2. subject to the next sub-paragraph are eligible for re-election after the end of that period;
- 14.1.3. **may not hold office for more than six consecutive years or two terms excluding any period on the reserve register (see 14.3 below);**
- 14.1.4. 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.

14.2. Appointed Council Members:

- 14.2.1. shall hold office for a period of 3 years commencing immediately after the annual members meeting at which their appointment is announced;
- 14.2.2. subject to the next sub-paragraph are eligible for re-appointment after the end of that period;
- 14.2.3. may not hold office for longer than 6 consecutive years;
- 14.2.4. shall cease to hold office if the Appointing Organisation terminates their appointment.
- 14.2.5. 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.

14.3. 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 14.1. 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. 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 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 on the Membership Council for a 12 month period. No further terms on the register will be available. 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 Membership Council can continue seamlessly using the best available knowledge and experience.

15. Membership Council - vacancies amongst membership councillors

- 15.1. Where a vacancy arises on the Membership Council for any reason other than expiry of term of office, the following provisions will apply.
- 15.2. 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.
- 15.3. Where the vacancy arises amongst the elected Council Member, the Membership Council shall be at liberty either:
 - 15.3.1. to call an election within three months to fill the seat for the remainder of that term of office, or
 - 15.3.2. 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.

16. Membership Council – disqualification and removal

- 16.1. A person may not become a Council Member of the Trust, and if already holding such office will immediately cease to do so if:
 - 16.1.1. they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
 - 16.1.2. 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;
 - 16.1.3. 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.
 - 16.1.4. 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;
 - 16.1.5. they are under ~~18-16~~ years of age;
 - ~~16.1.6. being a Member of a public constituency, they were entitled to be a Member of the staff constituency until less than one year ago;~~
 - 16.1.7. they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
 - 16.1.8. 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;

17. Membership Council - termination of office and removal of Membership Councillor

- 17.1. A person holding office as a Council Member shall immediately cease to do so if:
 - 17.1.1. they resign by notice in writing to the Secretary;

- 17.1.2. they fail to attend two meetings in any 12 month period, unless the other membership councillors are satisfied that:
 - 17.1.3. the absences were due to reasonable causes; and
 - 17.1.4. they will be able to start attending meetings of the Trust again within such a period as they consider reasonable.
 - 17.1.5. in the case of an elected membership councillor, they cease to be a member of the constituency by whom they were elected;
 - 17.1.6. in the case of an appointed membership councillor, the appointing organisation terminates the appointment;
 - 17.1.7. they have failed to undertake any training which the Membership Council requires all membership councillors to undertake;
 - 17.1.8. 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 membership councillors;
 - 17.1.9. 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;
 - 17.1.10. they are removed from the Membership Council under the following provisions.
- 17.2. A Council Member may be removed from the Membership Council by a resolution approved by not less than three-quarters of the remaining membership councillors Members present and voting at a general meeting of the Membership Council on the grounds that:
- 17.2.1. they have committed a serious breach of the code of conduct; or
 - 17.2.2. they have acted in a manner detrimental to the interests of the Trust; and
 - 17.2.3. the Membership Council consider that it is not in the best interests of the Trust for them to continue as a membership councillor.

18. Membership Council – duties of membership councillors

- 18.1. The general duties of the Membership Council are:
 - 18.1.1. to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors;
 - 18.1.2. to represent the interests of the members of the Trust as a whole and the interests of the public;
- 18.2. The Trust must take steps to secure that the membership councillors are equipped with the skills and knowledge they require in their capacity as such.
- 18.3. The Membership Council shall appoint at a general meeting one of its public members to be Lead Membership Councillor of the Membership Council.
- 18.4. The specific roles and responsibilities of the Membership Council are set out in Annexe 5 – Roles and Responsibilities.

19. Membership Council – meetings of the Membership Council

- 19.1. The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed with the provisions of paragraph 26 below) or, in his absence the Deputy Chair (appointed in accordance with the provisions of paragraph 26 below), shall preside at meetings of the Membership Council.
- 19.2. Meetings of the Membership Council shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.
- 19.3. For the purposes of obtaining information about the Trust's performance of its functions or the directors' performance of their duties, the Membership Council may require one or more of the directors to attend a meeting.

20. Membership Council – standing orders

- 20.1. The standing orders for the practice and procedure of the Membership Council and its meetings are included in a separate document which is attached at Annexe 8.

21. Membership Council – referral to the Panel

- 21.1. In this paragraph, the Panel means a panel of persons appointed by NHS Improvement to which a governor of an NHS foundation Trust may refer a question as to whether the Trust has failed or is failing:
 - 21.1.1. to act in accordance with its constitution, or
 - 21.1.2. to act in accordance with provision made by or under Chapter 5 of the 2006 Act.
- 21.2. A membership councillor may refer a question to the Panel only if more than half of the members of the Membership Council voting approve the referral.

22. Membership Council – conflicts of interest

- 22.1. If a Membership Council has a pecuniary, personal or family interest, whether that interest is actual or potential, or whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Membership Council, the councillor shall disclose that interest to the members of the Membership Council as soon as they become aware of it.
- 22.2. The Standing Orders for the Membership Council shall make provision for the disclosure of interests and arrangements for the exclusion of a membership councillor declaring any interest from any discussion or the consideration of the matter in respect of which an interest has been disclosed. **This should be in line with the NHS England guidance on Conflicts of Interest.**
- 22.3. The Standing Orders for the Membership Council are attached at Annexe 7.

23. Membership Council - expenses

- 23.1. The Trust may pay travelling and other expenses to membership councillors at such rates as it decides. These are set out in the Standing Orders for the Membership Council at Annexe 7 and are to be disclosed in the annual report.
- 23.2. Membership councillors are not to receive remuneration.

24. Board of Directors – general duty

- 24.1. 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.
- 24.2. 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.

25. Board of Directors – composition

- 25.1. The Trust is to have a Board of Directors. It is to consist of executive and non-executive directors.
- 25.2. The Board of Directors is to comprise:
 - 25.2.1. a non-executive Chair;
 - 25.2.2. up to 7 other non-executive directors;
 - 25.2.3. up to 7 executive directors.
- 25.3. One of the executive directors shall be the Chief Executive who shall be the Accounting Officer.
- 25.4. One of the executive directors shall be the finance director.
- 25.5. One of the executive directors is to be a registered medical practitioner.
- 25.6. One of the executive directors is to be a registered nurse or a registered midwife.

26. Board of Directors – appointment and removal of the Chairman, Deputy Chair and other non-executive directors

- 26.1. The Membership Council shall appoint a Chair of the Trust.
- 26.2. 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).
- 26.3. The Chair and Deputy Chair will be the Chair and Deputy Chair of both the Membership Council and the Board of Directors.

- 26.4. To be eligible for appointment as a non-executive director of the Trust the candidate must live and/or work within the West Yorkshire and Harrogate area.
- 26.5. The Membership Council at a general meeting shall appoint or remove the Chairman of the Trust and the other non-executive directors.
- 26.6. Non-Executive Directors are to be appointed by the Membership Council using the following procedure:
- 26.6.1. The Board of Directors will work with the external organisations recognised as expert in non-executive appointments to identify the skills and experience required
 - 26.6.2. Appropriate candidates will be identified by the Board of Directors who meet the skills and experience required
 - 26.6.3. A sub-committee of the Membership Council (not exceeding four persons) including the Chair, will interview a short list of candidates and recommend a candidate for appointment by the Membership Council.
- 26.7. Removal of the Chairman or other non-executive director shall require the approval of three-quarters of the Membership Council.
- 26.8. The Board of Directors shall appoint one non-executive director to be the Deputy Chair of the Trust.

27. Board of Directors – Senior Independent Director

- 27.1. The Board of Directors will appoint one non-executive director to be the Senior Independent Director.
- 27.2. The Trust has a detailed job description for the SID. The main duties include:
- 27.2.1. Being 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.
 - 27.2.2. 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.
 - 27.2.3. 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.
 - 27.2.4. 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.
 - 27.2.5. 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.

- 27.2.6. 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.
- 27.2.7. In the circumstances outlined above, the SID will work with the chair, other directors and/or membership councillors, to resolve significant issues.

28. Board of Directors – tenure of non-executive directors

- 28.1. The Chair and the Non-Executive Directors are to be appointed for a period of three years.
- 28.2. The Chair and the Non-Executive Directors will serve for a maximum of two terms.
- 28.3. 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.

29. Board of Directors – appointment and removal of the Chief Executive and other executive directors

- 29.1. The non-executive directors shall appoint or remove the Chief Executive.
- 29.2. The appointment of the Chief Executive requires the approval of the Membership Council.
- 29.3. A committee consisting of the Chairman, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors.

30. Board of Directors – disqualification

- 30.1. A person may not become or continue as a Director of the Trust if:
 - 30.1.1. they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
 - 30.1.2. 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;
 - 30.1.3. they have within the preceding five years been convicted in the British Islands of any offence, and a sentenced of imprisonment (whether

- suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;
- 30.1.4. they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
- 30.1.5. 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;
- 30.1.6. they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
- 30.1.7. in the case of a Non-Executive Director they have failed to fulfil any training requirement established by the Board of Directors; or
- 30.1.8. 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

31. Board of Directors - meetings

- 31.1. 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.
- 31.2. Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Membership Council.
- 31.3. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Membership Council.

32. Board of Directors – standing orders

- 32.1. The standing orders for the practice and procedure of the Board of Directors are attached at Annexe 8.

33. Board of Directors – conflicts of interest of directors

- 33.1. The duties that a director of the Trust has by virtue of being a director include in particular –
 - 33.1.1. A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
 - 33.1.2. A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.
- 33.2. The duty referred to in sub-paragraph 33.1.1 is not infringed if –
 - 33.2.1. The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or
 - 33.2.2. The matter has been authorized in accordance with the constitution.

- 33.3. The duty referred to in sub-paragraph 31.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.
- 33.4. In sub-paragraph 31.1.2, “third party” means a person other than –
 - 33.4.1. The Trust, or
 - 33.4.2. A person acting on its behalf.
- 33.5. If a director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors.
- 33.6. If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.
- 33.7. Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.
- 33.8. This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.
- 33.9. A director need not declare an interest –
 - 33.9.1. If it cannot reasonably be regarded as likely to give rise to a conflict of interest;
 - 33.9.2. If, or to the extent that, the directors are already aware of it;
 - 33.9.3. If, or to the extent that, it concerns terms of the director’s appointment that have been or are to be considered –
 - 33.9.3.1. By a meeting of the Board of Directors, or
 - 33.9.3.2. By a committee of the directors appointed for the purpose under the constitution.
- 33.10. Any Director who has a material interest in a matter as defined below shall declare such interest to the Board of Directors and it shall be recorded in a register of interests and the Director in question:
 - 33.10.1. shall not be present except with the permission of the Board of Directors in any discussion of the matter, and
 - 33.10.2. shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).
- 33.11. 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.
- 33.12. 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.
- 33.13. The exceptions which shall not be treated as material interests are as follows:

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

34. Board of Directors – remuneration and expenses

- 34.1. 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.
- 34.2. 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.
- 34.3. The remuneration and allowances for Directors are to be disclosed in the annual report.

35. Secretary

- 35.1. 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:
- 35.1.1. acting as Secretary to the Membership Council and the Board of Directors, and any committees;
 - 35.1.2. summoning and attending all members meetings, meetings of the Membership Council and the Board of Directors, and keeping the minutes of those meetings;
 - 35.1.3. keeping the register of members and other registers and books required by this Constitution to be kept;
 - 35.1.4. having charge of the Trust's seal;
 - 35.1.5. publishing to members in an appropriate form information which they should have about the Trust's affairs;
 - 35.1.6. preparing and sending to NHS Improvement and any other statutory body all returns which are required to be made;
 - 35.1.7. providing support to the Membership Council and the Non-Executive Directors;
 - 35.1.8. overseeing elections conducted under this Constitution;
 - 35.1.9. offering advice to the Membership Council and the Board of Directors on issues of governance and corporate responsibility.
- 35.2. 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.

36. Registers

- 36.1. The Trust is to have:
- 36.1.1. a Register of Members showing, in respect of each Member, the name of the member, 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;

- 36.1.2. a Register of Members of the Membership Council;
- 36.1.3. a Register of Directors;
- 36.1.4. a Register of Interests of Council Members
- 36.1.5. a Register of Interests of the Directors.

- 36.2. 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.

37. Documents available for public inspection

- 37.1. 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.
 - 37.1.1. a copy of the current Constitution;
 - 37.1.2. a copy of the current Authorisation;
 - 37.1.3. a copy of the latest annual accounts and of any report of the auditor on them;
 - 37.1.4. a copy of the report of any other auditor of the Trust's affairs appointed by the Membership Council;
 - 37.1.5. a copy of the latest annual report;
 - 37.1.6. a copy of the latest information as to its forward planning;
 - 37.1.7. a copy of the Trust's Membership Strategy;
 - 37.1.8. a copy of any notice given under section 52 of the 2006 Act (Monitor's notice to failing NHS Foundation Trust).
 - 37.1.9. The register of Members shall be made available for inspection by members of the public. 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.

38. Auditors

- 38.1. The Trust is to have an auditor and is to provide the auditor.
- 38.2. The Membership Council at a general meeting shall appoint or remove the Trust's auditors.
- 38.3. 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 NHS Improvement standards, procedures and techniques to be adopted.

39. Audit and Risk Committee

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

40. Accounts

- 40.1. The Trust must keep proper accounts and proper records in relation to the accounts.
- 40.2. NHS Improvement may with the approval of the Secretary of State, give directions to the Trust as to the content and form of its accounts.
- 40.3. The accounts are to be audited by the Trust's auditor.
- 40.4. The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.
- 40.5. The following documents will be made available to the Auditor General for examination at their request:
 - 40.5.1. the accounts;
 - 40.5.2. any records relating to them; and
 - 40.5.3. any report of the auditor on them.
- 40.6. 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.
- 40.7. The Trust shall:
 - 40.7.1. lay a copy of the annual accounts, and any report of the auditor on them, before Parliament; and
 - 40.7.2. once it has done so, send copies of those documents to NHS Improvement.

41. Annual report, forward plans and non-NHS work

- 41.1. The Trust is to prepare an Annual Report and send it to NHS Improvement.
- 41.2. The Trust is to give information as to its forward planning in respect of each financial year to NHS Improvement. 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.
- 41.3. Each forward plan must include information about:-
 - 41.3.1. 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
 - 41.3.2. the income it expects to receive from doing so.
- 41.4. Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 39.3.1 the Membership Council must:-
 - 41.4.1. 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
 - 41.4.2. notify the directors of the Trust of its determination.

- 41.5. 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.

42. Indemnity

- 42.1. 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.

43. Seal

- 43.1. The Trust shall have a seal.
- 43.2. The Trust is to have a seal, but this is not to be affixed except under the authority of the Board of Directors.

44. Dispute Resolution Procedures

- 44.1. Every unresolved dispute which arises out of this Constitution between the Trust and:
- 44.1.1. a Member; or
 - 44.1.2. any person aggrieved who has ceased to be a Member within the six months prior to the date of the dispute; or
 - 44.1.3. any person bringing a claim under this Constitution; or
 - 44.1.4. 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.

45. Amendment of the constitution

- 45.1. The Trust may make amendments of its Constitution only if:-
- 45.1.1. More than half of the members of the Membership Council of the Trust voting approve the amendments; and
 - 45.1.2. More than half of the members of the Board of Directors of the Trust voting approve the amendments.
- 45.2. Amendments made under paragraph 43.1 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.

- 45.3. 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)
- 45.3.1. At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and
- 45.3.2. The Trust must give the members an opportunity to vote on whether they approve the amendment.
- 45.4. 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.
- 45.5. 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.

46. Mergers etc. and significant transactions

- 46.1. 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.
- 46.2. 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.
- 46.3. The constitution does not contain any descriptions of the term 'significant transaction' for the purposes of section 51A of the 2006 Act (Significant Transactions).

47. Dissolution of the Trust

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

48. 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.~~

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	
	Spenborough	
	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	
8	Lindley	73,412
	Golcar	

Constituency	Wards	Population
	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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UPDATED 20.1.15 (election rules – electronic voting)

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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)

ANNEXE 3 – FURTHER PROVISIONS

(From paragraph 9.2)

Termination of Membership

1. 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.
2. Any Member may complain to the Company Secretary that another Member has acted in a way detrimental to the interests of the Trust.
3. 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:
 - 3.1. dismiss the complaint and take no further action; or
 - 3.2. arrange for a resolution to expel the Member complained of to be considered at the next general meeting of the Membership Council.
4. 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.
5. 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.
6. If the Member complained of fails to attend the meeting without due cause the meeting may proceed in their absence.
7. 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.
8. 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.

ANNEXE 4 – ANNUAL MEMBERS’ MEETING

(From paragraph 10.2)

1. All Members meetings, other than annual meetings, are called special members meetings.
2. 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.
3. 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.
4. The Membership Council may decide where a members’ meeting is to be held and may also for the benefit of Members:
 - 4.1. arrange for the annual members’ meeting to be held in different venues each year;
 - 4.2. 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.
5. At the Annual Members’ Meeting the Membership Council shall present to the Members:
 - 5.1. the annual accounts;
 - 5.2. any report of the auditor;
 - 5.3. any report of any other auditor of the Trust’s affairs;
 - 5.4. forward planning information for the next financial year;
 - 5.5. 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;
 - 5.6. the progress of the Membership Strategy;
 - 5.7. any proposed changes to the policy for the composition of the Membership Council and of the Non-Executive Directors.
 - 5.8. the results of the election and appointment of Membership Council Members will be announced.
6. Notice of a Members’ meeting is to be given:
 - 6.1. by notice on the Trust’s website at least 14 clear days before the date of the meeting
 - 6.2. by notice emailed to all those members for whom we hold an email address
 - 6.3. included within the Trust’s members newsletter
 - 6.4. be given to the Membership Council and the Board of Directors, and to the auditors;
7. The notice of the member’s meeting must:
 - 7.1. state whether the meeting is an annual or special members’ meeting;
 - 7.2. give the time, date and place of the meeting; and
 - 7.3. indicate the business to be dealt with at the meeting.

8. It is the responsibility of the Membership Council, the Company Chairman of the meeting and the Secretary to ensure that at any members meeting:
 - 8.1. the issues to be decided are clearly explained;
 - 8.2. sufficient information is provided to members to enable rational discussion to take place;
 - 8.3. where appropriate, experts in relevant fields or representatives of special interest groups are invited to address the meeting.
9. The Chair of the Trust or, in their absence, the Deputy-Chair or, in their absence, the Lead Membership Councillor is to chair members' meetings.
10. 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. 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.
12. 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.
13. 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.

ANNEXE 5 – ROLES AND RESPONSIBILITIES OF MEMBERSHIP COUNCILLORS

(from paragraph 11.3)

1. The roles and responsibilities of the Membership Councillors are:
 - 1.1. at a general meeting, to appoint or remove the Chair and the other Non-Executive Directors;
 - 1.2. at a general meeting, to approve an appointment (by the Non-Executive Directors) of the Chief Executive;
 - 1.3. at a general meeting, to decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors;
 - 1.4. at a general meeting, to appoint or remove the Trust's auditor;
 - 1.5. at a general meeting, to be presented with the annual accounts, any report of the auditor on them and the annual report;
 - 1.6. 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;
 - 1.7. 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;
 - 1.8. to respond as appropriate when consulted by the Board of Directors in accordance with this Constitution;
 - 1.9. to undertake such functions as the Board of Directors shall from time to time request;
 - 1.10. 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.
2. 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.

ANNEXE 6 – COMPOSITION OF THE MEMBERSHIP COUNCIL

(from paragraph 12.2)

1. The Membership Council of the Trust is to comprise:
 - 1.1. up to 16 Public Council Members from 8 public constituencies (2 members from each constituency) set out in Annexe 1
 - 1.2. up to six Staff Council Members from 1 Staff Constituency from the following classes:
 - 1.2.1. doctors and dentists (1 member);
 - 1.2.2. Allied Health Professionals, Health Care Scientists and Pharmacists (1 member);
 - 1.2.3. Management, Administration and Clerical (1 Member);
 - 1.2.4. Ancillary Staff (1 Member);
 - 1.2.5. Nurses and Midwives (up to 2 members);
 - 1.3. Two Local Authority Council Members, one to be appointed by each of: Calderdale Metropolitan Borough Council and Kirklees Metropolitan Council;
 - 1.4. Up to six 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 Community Interest Company
 - NHS Calderdale Clinical Commissioning Group
 - NHS Greater Huddersfield Clinical Commissioning Group

ANNEXE 7 – MEMBERSHIP COUNCIL – STANDING ORDERS

AS APPROVED AT MEMBERSHIP COUNCIL JANUARY 2017

TO BE ADDED FOLLOWING APPROVAL

ANNEXE 8 – BOARD OF DIRECTORS – STANDING ORDERS

Due to be presented to Audit and Risk Committee 18 April 2017

MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: KATHY BRAY, BOARD SECRETARY
TITLE OF PAPER: ELECTION TIMETABLE 2017	
DATE OF MEETING: WEDNESDAY 5 APRIL 2017	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: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) <p>Each year, elections are held for a range of seats on the Membership Council. This year there are 10 seats spread across both public and staff constituencies which are eligible for election. Membership Councillors in some of these constituencies are eligible to stand for re-election.</p> <p>In accordance with the Trust's constitution, and for the purposes of fairness and transparency, an independent specialist organisation conducts these elections on behalf of the Trust. Our provider of this service is currently Electoral Reform Services (ERS).</p> <p>The process involves briefing prospective candidates; verification of membership; creating and distributing ballot papers; counting and notifying the Trust. In order for this to process to be conducted in an efficient and democratic manner, ERS issues a timetable for these activities.</p>	
RECOMMENDATION: <p>The Membership Council is asked to approve the proposed timetable.</p>	
APPENDIX ATTACHED: YES / NO Please see attached draft timetable	

PROPOSED ANNUAL ELECTION TIMETABLE – 2017

DAY	DATE	ACTION
Thursday	20 July 2017	Trust & Members Annual General Meeting – Formal Election Announcement
Friday	7 July 2017	Issue of Results to Trust
Thursday	6 July 2017	Close of Ballot
Tuesday	13 June 2017	Voting packs despatched by ERS to members
Monday	12 June 2017	Notice of Poll Published by ERS provided to Trust
Tuesday	30 May 2017	Electoral data to be provided by Trust. Uncontested report provided to Trust
Wednesday	24 May 2017	Final date for Candidate withdrawal
Monday	22 May 2017	ERS & CHFT publish summary of nominated candidates upon validation
Friday	19 May 2017	Deadline for receipt of nominations
Thursday	20 April 2017	ERS/CHFT issue the Notice of Election. Nomination forms to be made available to CHFT
Thursday	13 April 2017	Briefing Sessions for prospective Council Members – Boardroom, Sub Basement, Huddersfield Royal Infirmary
Monday	3 April 2017	Briefing Sessions for prospective Council Members – Large Training Room, Learning Centre, Calderdale Royal Hospital
BRIEFING SESSIONS FOR PROSPECTIVE CANDIDATES		
Thursday	13 April 2017	Discussion Room 2, Learning Centre, Huddersfield Royal Infirmary
Monday	3 April 2017	Large Training Room, Learning Centre, Calderdale Royal Hospital

VACANT POSITIONS AND CANDIDATES ELIGIBLE FOR RE-ELECTION*	
NAME	CONSTITUTENCY
PUBLIC	
Peter Middleton	3 - Almondbury, Dalton, Denby Dale, Kirkburton
Grenville Horsfall	4 - Batley East, Batley West, Birstall & Birkenshaw, Cleckheaton, Dewsbury East, Dewsbury West, Heckmondwike, Mirfield, Spenborough, Thornhill
George Richardson	5 - Brighouse, Elland, Greetland, Stainland, Rastrick, Skircoat

Brian Richardson*	6 - Bingley Rural, Clayton, Great Horton, Hipperholme, Lightcliffe, Northowram, Shelf, Odsal, Queensbury, Thornton, Tong, Wibsey, Wyke
Kate Wileman (2 posts) Lynn Moore*	7 - Mixenden, Illingworth*, Ovenden, St John's, Sowerby Bridge, Town, Warley
STAFF	
Dr Mary Kiely	9 – Doctors/Dentists
Vacant post	11 – Management/Admin/Clerical
Vacant post	12 – Ancillary
Vacant post	13 – Nurses/Midwives

* = Eligible for Re-election

/KB/MC-ELECTION2017

MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: Kathy Bray, Board Secretary
TITLE OF PAPER: CHAIR AND NON EXECUTIVE DIRECTOR APPRAISAL PROCESS – 2016-2017	
DATE OF MEETING: WEDNESDAY 5 APRIL 2017	SPONSORING DIRECTOR: Ruth Mason, Associate Director of Engagement & Inclusion/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: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The annual appraisal is a composite of feedback to the Chairman, achieved via individual interviews with the Chief Executive, the Senior Independent Non-Executive Director, and the Deputy Chair of the Membership Council. The Membership Council are scheduled to meet with the Senior Independent Non-Executive Director and the Deputy Chair (MC) on the 3 April 2017 to feed back. The composite feedback will be managed by Dr David Anderson, Senior Independent Non-Executive Director. The Membership Council then receive this as a formal report at the meeting scheduled for 6 July 2017. Attached is the timeline to complete the appraisal of the Chairman and Non-Executive Directors.	
RECOMMENDATION: The Membership Council is asked to approve the proposed timeline.	
APPENDIX ATTACHED: YES / NO	

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

MEMBERSHIP COUNCIL MEETING - 5 APRIL 2017

CHAIR'S APPRAISAL PROPOSED TIMELINE – 2016/17

w/c 20 March 2017	Board Secretary to circulate questionnaire template to Membership Councillors prior to feedback discussions on 3 April 2017
3 April 2017 (As part of MC Development Session)	Dr David Anderson, SINED to have discussions with Membership Council and Peter Middleton, Lead Governor re their feedback on Chair's performance.
5 April 2017	Timeline formally presented to Membership Council for approval and process explained.
6 April 2017	Questionnaires sent for completion by 21 April 2017 to:- Non Executive Directors* Chief Executive*
24 April 2017	Completed questionnaires * collated by Board Secretary and passed to Dr David Anderson, SINED.
4 May 2017 (after BOD Meeting)	Individual meeting arranged with Dr David Anderson, SINED and:- Non-Executive Directors
17 May 2017	Individual meeting arranged with Dr David Anderson, SINED and:- Mr Owen Williams, Chief Executive
17 May 2017	Informal feedback to Chairman by Dr David Anderson, SINED
w/c 12 June 2017	All feedback collated by Dr David Anderson, SINED and paper prepared to present to MC Meeting on 6 July 2017 (papers to be circulated 29 June 2017)
6 July 2017	Paper on Chair and NEDs Appraisal** presented to MC Meeting.

**Chair to undertake individual NEDs Appraisals during February/March 2017

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: 5 APRIL 2017	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 5 April 2017 and conclude on the 14 September 2017 when the appointment would become effective. A formally announced will be made at the Joint AGM to be held on the 20 July 2017.	
RECOMMENDATION: The Membership Council is 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 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
April 2017

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.

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

TIMELINE 2017

DATE	ACTION
5 April 2017	Procedure approved at Membership Council Meeting
w/c 10 April 2017	Board Secretary to send out letters requesting expressions of interest
24 April 2017	Deadline for receipt of expressions of interest
15 May 2017	Deadline for receipt of Candidate Supporting Statements and Letters of support
29 May 2017	Candidate Supporting Statements and Voting Papers sent to all MCs
6 July 2017	Closing date for receipt of completed Voting Papers
20 July 2017	Formal announcement of Deputy Chair/Lead Governor-Councillor at Annual General Meeting
14 September 2017	Appointment effective.

April 2017

**EPR Readiness Update
Membership Council - 5 April 2017**

Presented by:	Helen Barker – Chief Operating Officer	Author:	Mandy Griffin- The Director of the Health Informatics Service Jackie Murphy- Deputy Director of Nursing
Previously considered by:	N/A		

Key points	Purpose:
1. Operational and technical planning and monitoring is now combined	To inform
2. Training is progressing well with high volumes of staff booked and completing.	To Inform
3. Outpatients is high risk due to approach of Divisions in clinical scheduling and through the lack of a 724 solution	To discuss and note
4. FDR went very well, the outputs have been signed off by both CEOs	To discuss and note
5. Programme risks have significantly reduced and are, for many risks, close to target position.	To note and gain assurance

Executive Summary

The EPR programme is progressing well and is now within the 30day window for implementation. Reflecting the proximity the format, function and attendance at meetings has been reviewed with a more combined approach between operational and technical teams.

A single master spreadsheet of key issues for Operations is in place and is being used as a checklist but also repository for concerns and questions as they are raised by teams locally. In addition a lessons learned document is also now being populated.

Communications are activity involved in all elements of the programme to ensure clarity and consistency of message.

The overall programme for CHFT is now rated 'yellow' i.e. all items will progress to schedule

Recommendation

The Board is asked to accept the report as assurance that the necessary progress is being made for CHFT to undertake a successful go-live in early May 2017.

EPR Operational Readiness Update Board of Directors April 2017

Purpose

This paper provides a high level current position in terms of readiness for the implementation of the Electronic Patient Record at Calderdale and Huddersfield Foundation Trust (CHFT) as of April 2017.

Background

The Trust in partnership with Bradford Teaching Hospitals NHS Trust (BTHFT) and Cerner commenced the work to build and implement an Electronic Patient Record (EPR) in May 2015. The Trust has agreed a cutover date of the 28th April 2017 with a proposed go-live date of May 2nd 2017. CHFT has made significant progress in the Programme since the last Board update in February 2017. The project status is currently rated as yellow; this is in line with the final GE Finnamore external gateway review carried out in February. Overall, the GE review team found evidence of good practice in the organisation and significant progress in preparing for a successful implementation. The overall delivery confidence assessment was amber /green, they state “this reflects the view that a successful go-live at CHFT is probable”.

Operational Arrangements

The monthly Programme Boards have now been increased to fortnightly and are chaired by the CHFT Chief Operating Officer, in addition to the Divisional operational meetings that seeks assurance utilising the operational checklist. Assurance is sought against the project status, technical readiness, workstream activity, change, finance and risk. The Programme’s key focus during February and March has been:

Data Migration

In order to test the quality of data migrated, a Full Dress Rehearsal (FDR) commenced on 27th February 2017. This activity was a critical step towards go-live, it ensured that the system is fit for purpose and allows the programme team to confirm timings for the cutover plan. A full list of issues was captured during this period and reviewed by the workstream leads. The issue is either; resolved, included in cutover plans or added to the FDR to Cutover “Work off Plan”. This work off plan will be used in conjunction with the Master Copy of EPR Operational Checklist to focus the programme and operational teams on the required daily activities to be completed to drive towards a successful cutover and go-live. These combined activities will drive the programme, meetings and reporting for the remaining period between FDR and cutover. One of the more significant issues identified during FDR was in regard to the Trust Personnel Database and producing a single source of the truth so on go-live all colleagues are able to gain access to the system. Progress is being made with input from the divisional teams; the issue has been raised as high risk for go-live.

GE Finnermore recommended the work-off plan should be signed off by the Chief Executives from CHFT and BTHFT; this was completed 22nd March 2017. The Cerner view is that the FDR Exit report, work-off plan and operational checklist provided sufficient confidence to proceed to CHFT Cutover.

Reporting

Overall FDR testing went better than expected, considering only a 2 week window was allocated. The majority of the FDR checks were successfully carried out at a high level and the results were as we had expected. Further granular checks on PIEDW (Cerner data warehouse) tables will be carried out up until cutover.

RTT achieved a 67% success rate in terms of pathway migration and the impact of this on actual performance has yet to be confirmed. Work is continuing to secure a minimum of 90% migration and assurance on reported 'incomplete' performance.

Operational reports at cutover have been identified and work is ongoing to ensure these can be produced. A review of ongoing operational reporting is underway to identify where an automatic extract from Cerner can replace internally produced documents.

To ensure data quality the Trust has invested in 'Cymbio' which is an assurance system used across several Trusts who have implemented an EPR. This will ensure daily tracking of reporting from go-live and will be supported by a daily access meeting and a team of validators. A Task & Finish group is currently concluding implementation and ongoing governance arrangements.

Training

Training commenced on the 6th March 2017 and will continue to 28th April covering an 8 week period. Good progress is being made, figures up to and including the 27th March 2017 are shown below;

Booking Summary

Division	Total To Train	Total Booked	% Booked	Not Booked
372 CHFT Staff Bank L3	754	167	22.15%	
372 Community L3	683	511	74.82%	172
372 Corporate L3	358	126	35.20%	232
372 Estates & Facilities L3	96	35	36.46%	61
372 Families & Specialist Services L3	1609	1301	80.86%	308
372 Health Informatics L3	216	73	33.80%	143

372 Medical L3	1590	1534	96.48%	56
372 Pharmacy Manufacturing Unit L3	64	1	1.56%	63
372 Surgery & Anaesthetics L3	1262	1112	88.11%	150
CHFT Student	200	119	59.50%	
CHFT Temporary	250	187	74.80%	
Total	5878	4693	82.24%	1994.00

Bookings Cancelled by User	768
Bookings Rejected by Line Manager	424
EPR Friends 3 Bookings	548
Total EPR End User Training Bookings	5565

Attendance to up to 27th March 2017

Total Attended To Date	2616
DNAs To Date	327
Assessments failed To Date	35

The detail behind these figures are passed to the Divisions each day, processes are in place that allows each Division to ensure their workforce colleagues attend training, re-book when necessary or organise additional support. The go-live “safe target” is 80%. Currently progress is indicating that CHFT should exceed this. Mitigation is provided in additional capacity being put in place as required.

Feedback is actively sought after all training sessions and, where appropriate, changes have been implemented quickly where concerns have been raised. Medical training has raised awareness of Consultants of the changes which is causing some nervousness about timings, these individuals and teams are being supported by Divisional teams and EPR colleagues and they all have access to the play domain.

Business Continuity

Our aim is to deploy a downtime solution that will enable the Trust to continue to safely care for patients should the EPR system fail for any reason. Our expectation is that the solution would provide a process for both inpatients and outpatients.

As part of the EPR deployment we procured the Cerner 724 Downtime Solution. This provides access to patient information and clinical documentation / e-prescribing should

There be an unplanned downtime (network or power or main EPR system fail) or planned downtime (system upgrades). Currently there is some risk attached in delivering in line with. The Trust's initial requirements. Work is on-going to resolve the risks and issues; it is likely that a satisfactory solution will be achieved for inpatients but as yet there is not a solution for outpatients which reflecting the high volume of pathways, is a risk. Options to mitigate risks are being explored and the current Outpatient Business Continuity plans are being refreshed.

The Trust have also secured the services of an experienced business continuity planner to support operational teams in the development of action cards for business continuity in additional to a single, clear electronic business continuity plan. This process will ensure adequate plans in place prior to cutover.

Device Management

An audit of all the wards and departments has now been completed. The areas previously considered out of scope have now been visited; as a result, the device requirement has risen. Following training and the increased understanding of the system, departments and teams are now requesting additional hardware. We have ensured that the base is kept safe with the level we are providing. After go-live, further analysis will be undertaken to assess appropriate deployment and distribution across all sites. Roll out has commenced and is on track to complete in readiness for go-live.

Standard Operating Procedures

There is good recognition of and engagement in the development of Standard Operating Procedures (SOPs) across the organisation however joint sign off has been slower than anticipated. The target date for completion is 31st March for all but three areas, Order Comms, Clinical Documents and NerveCentre were formally deferred to support FDR and are now scheduled to complete on 10th April. The position is detailed in the table below;

	CHFT	BTHFT
Total SOPs	327	317
Total signed off as now	227	231
Total still to be signed off	100	86
Total to sign off by end March	19	15
Total left to sign off by 10-Apr	81	71
Order comms	12	12
Clin docs	21	21
Nervecentre	10	0
Others	38	38
Total	81	71

The number of SOP's required was calculated during the future state analysis completed at the beginning of the programme.

Specific focus is being applied to areas where there is a fractured SOP i.e. where staff have to utilise 2 systems for a single pathway or patient. Testing of these is stringent with sign off by appropriate senior operational manager. No issues have been raised with this process.

Capacity / Activity / Outpatients

The original plan for all clinics was to increase length of clinic but retain the same number of patients; this would secure RTT maintenance. A 1:1 meeting took place with each Consultant and other staff who deliver clinics to agree templates. Through these meetings a

Significant number of clinicians were offered a choice of reduction in patient numbers or increased clinic time which was not the agreed position.

Divisions have worked with clinical staff to ensure that any lost activity is made up between 1st April and 31st May and clinic templates have been amended and locked. From this there is a small cohort of approximately 800 follow ups in Medical specialties that will be delivered post May and are being phased into plans.

Where concerns have been raised by individuals or teams post training bespoke support has been provided for example a Video Conference with a Consultant from West Suffolk

Refreshments have been arranged for all clinics at go live reflecting the potential for increased waiting times, patients have been notified when invited for their appointment and the free time car parking has been extended on all meters.

EPR Friends

Three sessions of training are being delivered by the EPR Training Team to standard EPR Friends who will be End Users of the system. Session 1 is an overview, Session 2 is what to expect during go-live/ELS and how to support your colleagues and Session 3 is role-based training focusing on questions they are likely to be asked by colleagues using EPR in the way they do.

There are 550 standard EPR Friends within the organisation who will be further supported by Executive Friends, THIS Friends and Hospitality Friends, all of which undertake a role to support the smooth cutover and ELS. Additionally, regular update briefings are being held with all EPR Friends.

All clinical areas have identified the zones for EPR friends and these will be supernumerary at go live, this plan has been reviewed and agreed by the Cutover Manager who has then overlaid the EPR Floorwalkers. Some challenges remain to ensure all clinical shifts are staffed in addition to the EPR friends and this is being tightly monitored through nursing teams.

Types of EPR Friends:

The main group of EPR Friends – This largest group of EPR Friends will be End Users of the system and will provide the first line of support over the go-live and Early Live Support (ELS) period and into BaU. A joint letter from the Director of Informatics and the Chief Operating Officer is being sent personally to all EPR friends to thank them in advance and ensure clarity of roles and responsibilities which will include a requirement to work flexibly across all areas should the need arise.

The Executive Friends – Including Divisional Directors and other Senior Managers who are generally not going to be End Users of the EPR but will provide leadership support over the go-live and ELS period.

The Informatics EPR Friends – As another group that will not generally be End Users of the EPR it is proposed that this group will provide specific types of support over the cutover and go-live/ELS period.

The Go-Live Volunteers – As another group of staff that will not be EPR End Users e.g. staff from HR, Finance, Estates & Facilities and Trust Volunteers etc. Go-live volunteers will also be allocated specific areas of the hospitals to provide general support; signposting colleagues to the right place to get any issues resolved and explaining to patients about the new system and its benefits etc.

Floorwalkers

Floor walking teams are now in place (Ideal agency) and their management team has started engagement and are on site to plan the final allocation, preparation and

mapping of floorwalkers to the relevant locations based on their skills. We are currently also looking at an additional 10 'desk walkers' to support the service desk during the cutover and early live support period.

Command and Control

During the cutover and ELS period the Trust will be running two, connected, Command and Control structures (one technical and one operational).
GOLD - Executive Directors level (meeting by exception),

SILVER x 2, 1 Operational & 1 Technical with a direct communication between the two. Key figures will be the Operational site lead, Divisional Leads and Programme Lead who will attend both sets of meetings to ensure consistency of message and identification of key interdependency

BRONZE x 2 teams Operational teams within each Division and the Trainers/EPR Leads for technical issues.

A full C&C plan and meetings structure has been shared with both operational and technical teams, amended following feedback and is shortly to be published along with a Roles and Responsibilities document

Cutover & ELS

Following FDR, a detailed plan has been developed to ensure all activities are resourced appropriately across an agreed timeline. Decision points will form part of this timeline as the sequence of events is critical to success. All decision points need to achieve 100% in order

To move to the next activity, all the way through to go-live. Briefings are underway with all colleagues through CHFT communication routes to ensure this is understood.

Operationally plans have been developed and reviewed for cutover at the Operational Readiness meetings to ensure safe and effective patient care and flow can continue through

Cutover. This includes additional staff on key shifts, documentation packs, and communication devices cessation of all non-essential clinical activity.

A process for ensuring operational readiness for cutover and go live is in place and a leadership rota has been fully populated to support staff and patients. External stakeholders have been involved in planning and work is currently looking at how to secure a bed occupancy reduction at cutover. A request for support from BTHFT for both clinical and administrative shifts was made but as yet no formal response has

been received. Early feedback suggests some administrative volunteers but clinical capacity is a challenge.

It should be noted that the Tour de Yorkshire takes place on the same weekend at cutover, this was considered by the EPR programme team and the Operational team, previous year's impact assessed and a decision taken to continue with implementation as planned. A table top exercise is scheduled prior to cutover to test plans should a major incident occur simultaneously with cutover and assurance of the outcome will be provided to NHSE

Specific attention has been placed around admin teams at cutover and ELS especially within the Booking/Outpatient services and whilst there is a request for internal staff to support the manual data migration we have excluded this group reflecting the need to ensure all other booking activity is robust and that the deferred referrals can be managed in a timely manner.

Backlogs

All elective activity has been reviewed and areas where backlogs have been identified have a clear trajectory to minimise prior to 28th April

E-Referral

Work has been undertaken with GPs and Practice Managers to agree mitigations to the requirement to close to e-referrals for 1 week prior to go-live. Partners have been extremely supportive of the plan despite this impacting on their resources as all referrals deferred will have to be processed once the system is switched on. Work is still ongoing with NHS Digital to enact this freeze.

Cancer fast track referrals will continue as per current route and a separate referral process has been agreed for non-cancer urgent referrals to ensure no delays for clinically urgent patients

Manual Data input

The capacity required to complete all manual data and information input has been calculated, volunteers are being requested for the data input from Trust and BTHFT staff and the EPR trainers are scheduled to complete the clinical information transcription from cutover. BTHFT & CHFT Directors of Pharmacy are working to populate the transcription teams and a Consultant has been identified as the supervising officer

Communications

The Communications team are heavily involved in all aspects of the programme, work has been completed through GP practices to listen to patients needs through the change, EPR communications boards are in place in all wards and departments, a patient leaflet has been developed for all attenders to the Trust as we implement and a 'get ready for EPR' campaign is live on all Trust screensavers.

Current top risks

The EPR and Operational teams are meeting together a minimum of twice weekly and a single master spreadsheet is in place, themed into key work areas with the relevant queries and issues. This is updated weekly and shared with wider Divisional colleagues. Many items have been closed although weekly more queries are added, this ensures there is a single clear list of items to be concluded as part of implementation and will form part of the operational final readiness checklist.

In addition the programme has a formal risk register that is reviewed in detail at a sub group of the Programme Board and discussed both at the beginning and end of each Programme Board. There has been an accelerated reduction in risk scores as the programme moves closer to implementation. The key risks currently exercising the Programme are:

1. Inaccurate Trust Personnel Database – Cerner require a list of all staff, their professional registration detail, smart card ID and Trust login by 3rd April. The initial collation of this, when validated, was not complete and is currently being worked through between EPR, HR and Divisions. Progress is being made on a daily basis with input from the divisional teams
2. 724 Clinical Configuration – 724 has limitations particularly in the outpatient areas. Joint working is being undertaken to try to mitigate this.
3. Financial Pressures caused by delayed go live – this has been on register for some time. The mitigation date is currently for CHFT go live but will move to BTHFT go live after May.
4. Noncompliance with RTT reports/drop in RTT performance – This is a known risk factor from other go-lives. Testing continues and the deployment of Cymbio should mitigate the risk once we have secured a minimum 90% migration success rate.
5. Staff awareness and anxiety – once staff have undertaken training there is a recognised risk that people will become anxious and seek reassurance. Operation and EPR teams are sharing information on areas of risk and are working together to ensure appropriate support is provided.
6. Availability of additional staff at cutover and ELS both for clinical services and data entry – required staffing for all areas confirmed and currently populating rotas; this will be monitored weekly

Recommendation

The Board is asked to accept the report as assurance that the necessary progress is being made for CHFT to undertake a successful go-live in early May 2017.

EXECUTIVE SUMMARY: Trust Financial Overview as at 28th Feb 2017 - Month 11

YEAR TO DATE POSITION: M11

	M11 Plan £m	M11 Actual £m	Var £m	
Total Income	£337.01	£341.76	£4.74	●
Total Expenditure	(£331.11)	(£336.41)	(£5.30)	●
EBITDA	£5.90	£5.34	(£0.56)	●
Non Operating Expenditure	(£23.50)	(£23.12)	£0.38	●
Surplus / (Deficit)	(£17.60)	(£17.77)	(£0.17)	●
Less: Items excluded from Control Total	(£0.05)	£0.25	£0.30	●
Surplus / (Deficit) Control Total basis	(£17.65)	(£17.52)	£0.12	●

Year to date: The year to date financial position is a deficit of £17.52m as reported on a Control Total basis, a favourable variance of £0.12m from the planned £17.65m. The underlying deficit position is £17.77, an unfavourable variance of £0.17m mainly reflecting a Loss on Disposal of £0.23m that is excluded from the Control Total. Overall this is positive news as the Trust is continuing to maintain both the financial position and operational performance linked to Sustainability Transformation Funding, despite ongoing operational pressures. Divisional positions improved compared to forecast, allowing remaining contingency reserves to be retained for another month. However, it continues to be the case that, in order to secure safe staffing levels across the Trust with high vacancy levels, there is reliance upon agency staffing. Total agency spend in month was £1.68m; £0.27m lower than the previous month, but higher than the values recorded in November and December. The year to date agency expenditure remains beneath the revised trajectory submitted to NHSI, despite including £0.2m that relates to spend against the Accelerator Zone funding which has been agreed as excluded from the trajectory.

YEAR END 2016/17

	Plan £m	Forecast £m	Var £m	
Total Income	£371.32	£375.39	£4.07	●
Total Expenditure	(£361.96)	(£366.74)	(£4.78)	●
EBITDA	£9.36	£8.65	(£0.71)	●
Non Operating Expenditure	(£25.46)	(£24.96)	£0.50	●
Surplus / (Deficit)	(£16.10)	(£16.31)	(£0.21)	●
Less: Items excluded from Control Total	(£0.05)	£0.24	£0.29	●
Surplus / (Deficit) Control Total basis	(£16.15)	(£16.07)	£0.08	●

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

- EBITDA of £5.34m, an adverse variance of £0.56m from the plan.
- A deficit (on Control Total basis which excludes exceptional costs relating to property disposals and the I&E impact of donated assets) of £17.52m, a £0.12m favourable variance from plan.
- Delivery of CIP of £13.67m against the planned level of £12.41m.
- Contingency reserves of £1.36m have been released against pressures.
- Capital expenditure of £14.58m, this is below the planned level of £25.96m.
- A cash balance of £2.69m, this is above the planned level of £1.94m, supported by borrowing.
- A Use of Resources score of level 3, in line with the plan.

Forecast: The Trust has achieved the performance criteria to secure the first 3 quarters of the Sustainability and Transformation Funding and continues to forecast achievement for Q4 and the £11.3m funding which is intrinsic to delivery of plan. Whilst operational challenges remain, the in-month improvement in Divisional financial positions has provided further assurance that the £16.15m Control Total is achievable. Contingency Reserves of £0.67m remain in place to offset Month 12 pressures and a year end agreement with lead Commissioners which includes agreement on coding challenges in line with previous forecasts, ensures that we can accurately predict our Contract Income for the final weeks of the year. Some risks do remain, particularly around EPR implementation costs and our ability to absorb these within the current I&E and Capital forecasts. There may also be some financial implications of the Endoscopy fire at CRH that will need to be accounted for in this financial year once confirmed.

KEY METRICS

	Year To Date			Year End: Forecast			
	M11 Plan £m	M11 Actual £m	Var £m	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£17.65)	(£17.52)	£0.12	(£16.15)	(£16.07)	£0.08	●
Capital	£25.96	£14.58	£11.38	£28.22	£24.12	£4.10	●
Cash	£1.94	£2.69	£0.75	£1.95	£1.90	(£0.05)	●
Borrowing	£66.79	£61.78	(£5.01)	£67.87	£61.78	(£6.09)	●
CIP	£12.41	£13.67	£1.26	£14.00	£14.96	£0.96	●
Use of Resource Metric	3	3		3	3		●

Trust Financial Overview as at 28th Feb 2017 - Month 11

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M11

CLINICAL ACTIVITY

	M11 Plan	M11 Actual	Var	
Elective	7,982	7,116	(866)	●
Non-Elective	47,151	46,898	(253)	●
Daycase	33,515	35,346	1,831	●
Outpatient	307,840	321,034	13,194	●
A&E	135,348	138,382	3,034	●
Other NHS Non-Tariff	1,413,917	1,474,476	60,558	●
Other NHS Tariff	104,890	114,219	9,329	●
Total	2,050,642	2,137,470	86,828	

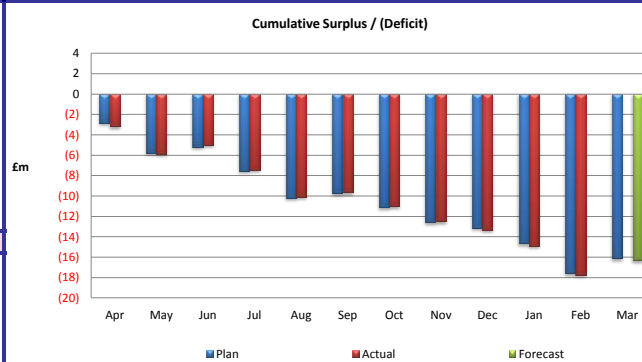
TRUST: INCOME AND EXPENDITURE

	M11 Plan	M11 Actual	Var	
	£m	£m	£m	
Elective	£20.42	£19.64	(£0.78)	●
Non Elective	£79.63	£82.07	£2.44	●
Daycase	£23.95	£25.21	£1.26	●
Outpatients	£39.45	£41.84	£2.38	●
A & E	£14.97	£15.37	£0.40	●
Other-NHS Clinical	£116.02	£112.48	(£3.54)	●
CQUIN	£6.21	£6.39	£0.18	●
Other Income	£36.37	£38.77	£2.40	●
Total Income	£337.01	£341.76	£4.74	●
Pay	(£216.78)	(£220.55)	(£3.78)	●
Drug Costs	(£32.54)	(£29.97)	£2.57	●
Clinical Support	(£27.62)	(£29.96)	(£2.34)	●
Other Costs	(£43.13)	(£44.89)	(£1.75)	●
PFI Costs	(£11.04)	(£11.04)	£0.00	●
Total Expenditure	(£331.11)	(£336.41)	(£5.30)	●
EBITDA	£5.90	£5.34	(£0.56)	●
Non Operating Expenditure	(£23.50)	(£23.12)	£0.38	●
Surplus / (Deficit)	(£17.60)	(£17.77)	(£0.17)	●
Less: Items excluded from Control Total	(£0.05)	£0.25	£0.30	
Surplus / (Deficit) Control Total basis	(£17.65)	(£17.52)	£0.12	●

DIVISIONS: INCOME AND EXPENDITURE

	M11 Plan	M11 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£17.35	£17.98	£0.63	●
Medical	£20.55	£22.25	£1.70	●
Families & Specialist Services	(£2.37)	(£4.00)	(£1.63)	●
Community	£3.91	£3.57	(£0.34)	●
Estates & Facilities	(£24.54)	(£23.64)	£0.91	●
Corporate	(£22.36)	(£22.15)	£0.21	●
THIS	£0.39	£0.52	£0.12	●
PMU	£2.37	£1.99	(£0.38)	●
Central Inc/Technical Accounts	(£10.87)	(£13.63)	(£2.76)	●
Reserves	(£2.03)	(£0.67)	£1.36	●
Surplus / (Deficit)	(£17.60)	(£17.77)	(£0.17)	●

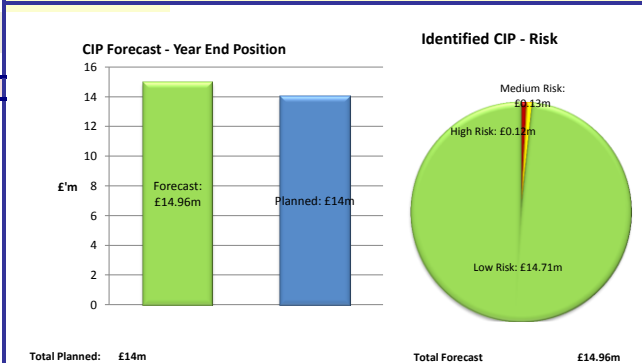
TRUST SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date				Year End: Forecast				
	M11	Plan	M11 Actual	Var	Plan	Forecast	Var		
	£m	£m	£m	£m	£m	£m	£m		
I&E: Surplus / (Deficit)	(£17.65)		(£17.52)	£0.12	(£16.15)	(£16.07)	£0.08	●	
Capital	£25.96		£14.58	£11.38	£28.22	£24.12	£4.10	●	
Cash	£1.94		£2.69	£0.75	£1.95	£1.90	(£0.05)	●	
Loans	£66.79		£61.78	(£5.01)	£67.87	£61.78	(£6.09)	●	
CIP	£12.41		£13.67	£1.26	£14.00	£14.96	£0.96	●	
Use of Resource Metric	3		3		3	3		●	

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 2016/17

CLINICAL ACTIVITY

	Plan	Forecast	Var	
Elective	8,787	7,822	(964)	●
Non-Elective	51,619	51,327	(292)	●
Daycase	36,895	38,770	1,876	●
Outpatient	338,922	352,451	13,529	●
A&E	148,571	151,901	3,330	●
Other NHS Non- Tariff	1,556,020	1,622,082	66,062	●
Other NHS Tariff	115,305	125,531	10,226	●
Total	2,256,117	2,349,885	93,767	

TRUST: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Elective	£22.48	£21.61	(£0.86)	●
Non Elective	£87.09	£89.59	£2.50	●
Daycase	£26.37	£27.70	£1.33	●
Outpatients	£43.43	£45.96	£2.53	●
A & E	£16.43	£16.87	£0.44	●
Other-NHS Clinical	£129.03	£124.25	(£4.78)	●
CQUIN	£6.79	£6.94	£0.16	●
Other Income	£39.70	£42.46	£2.76	●
Total Income	£371.32	£375.39	£4.07	●
Pay	(£237.12)	(£240.84)	(£3.72)	●
Drug Costs	(£35.59)	(£32.87)	£2.71	●
Clinical Support	(£30.16)	(£32.69)	(£2.53)	●
Other Costs	(£47.06)	(£48.31)	(£1.25)	●
PFI Costs	(£12.04)	(£12.03)	£0.01	●
Total Expenditure	(£361.96)	(£366.74)	(£4.78)	●
EBITDA	£9.36	£8.65	(£0.71)	●
Non Operating Expenditure	(£25.46)	(£24.96)	£0.50	●
Surplus / (Deficit)	(£16.10)	(£16.31)	(£0.21)	●
Less: Items excluded from Control Total	(£0.05)	£0.24	£0.29	
Surplus / (Deficit) Control Total basis	(£16.15)	(£16.07)	£0.08	●

DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£19.52	£19.61	£0.09	●
Medical	£22.14	£24.01	£1.88	●
Families & Specialist Services	(£2.35)	(£3.69)	(£1.34)	●
Community	£4.30	£3.96	(£0.33)	●
Estates & Facilities	(£26.72)	(£25.92)	£0.80	●
Corporate	(£24.38)	(£24.31)	£0.06	●
THIS	£0.45	£0.58	£0.13	●
PMU	£2.62	£2.20	(£0.42)	●
Central Inc/Technical Accounts	(£9.63)	(£13.34)	(£3.71)	●
Reserves	(£2.03)	£0.60	£2.63	●
Surplus / (Deficit)	(£16.10)	(£16.31)	(£0.21)	●

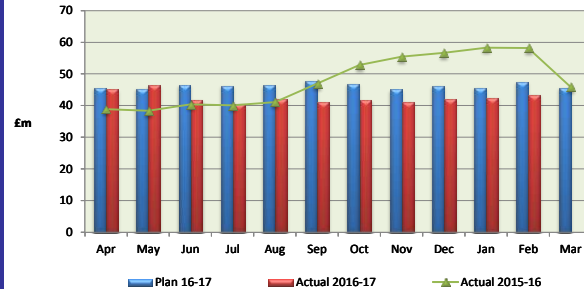
Trust Financial Overview as at 28th Feb 2017 - Month 11

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

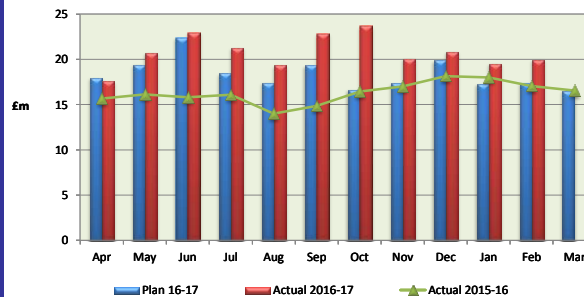
WORKING CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Payables	(£47.50)	(£43.46)	(£4.04)	●
Receivables	£17.46	£19.94	(£2.48)	●

Payables

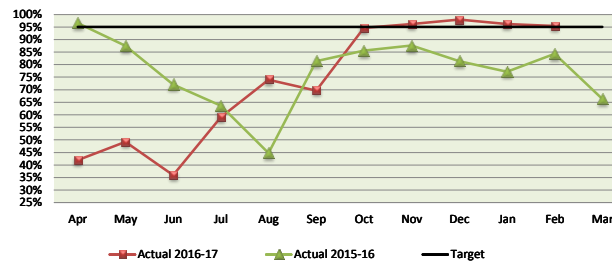


Receivables



BETTER PAYMENT PRACTICE CODE

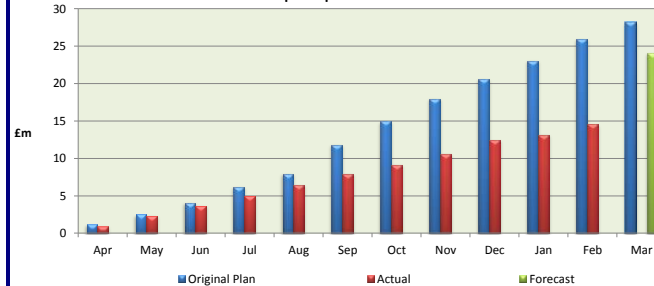
% Number of Invoices Paid within 30 days



CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Capital	£25.96	£14.58	£11.38	●

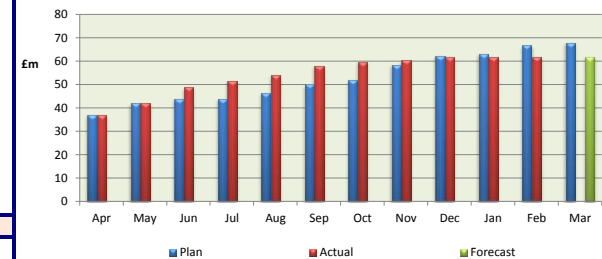
Capital Spend



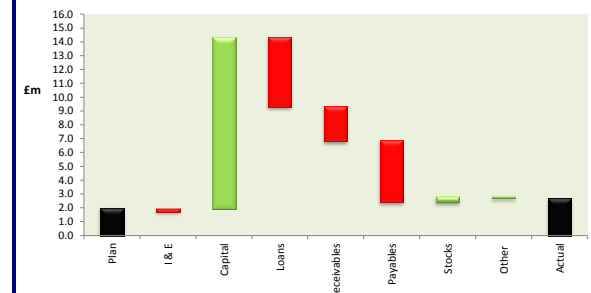
CASH

	M11 Plan £m	M11 Actual £m	Var £m	M11
Cash	£1.94	£2.69	£0.75	●
Loans	£66.79	£61.78	(£5.01)	●

Loans



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £17.77m versus a planned deficit of £17.60m, but includes £0.25m cost excluded from Control Total purposes: Loss on Disposal of properties (£0.23m) and the I&E impact of Donated Assets.
- Year to date Elective activity remains behind plan but is offset by higher than planned Outpatient, A&E and Daycase activity.
- Capital expenditure year to date is £14.58m against a planned £25.96m.
- Cash balance is above plan at £2.69m against a planned £1.94m.
- The Trust has borrowed less cash than planned. The total loan balance is £61.78m against a planned £66.79m.
- CIP schemes delivered £13.67m in the year to date against a planned target of £12.41m.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. This is the equivalent of an Financial Sustainability Risk rating of 2 as previously measured.

SUMMARY FORECAST

- The forecast year end deficit is £16.31m against a planned deficit of £16.10m, but includes £0.24m cost excluded from Control Total purposes: Loss on Disposal of properties (£0.23m) and the I&E impact of Donated Assets.
- These exceptional costs are excluded from the deficit for Control Total purposes and therefore have no impact on our STF allocation or UOR metric. This position assumes delivery of £14.96m CIP and that recovery plans are delivered to offset ongoing pressures and risks.
- Cash forecast is in line with plan at £1.90m.
- The Trust cash position relies on the Trust borrowing £31.90m in this financial year to support both Capital and Revenue plans, lower than the £37.63m planned.
- Forecast capital expenditure is £4.1m below plan at £24.12m. Capital expenditure on EPR has now been pushed back to M12 and a proportion of this expenditure is now forecast to be paid in the next financial year. This has reduced our loan drawdown for 1617, but will need be added to the 1718 borrowing requirement.
- The year end UOR metric is forecast to be at level 3 as planned.

RAG KEY:
(Excl: Cash & UOR)

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

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

RAG KEY: Cash:

● At or above planned level or > £21.2m (20 working days cash)
● < £21.2m (unless planned) but > £10.6m (10 working days cash)
● < £10.6m (less than 10 working days cash)

RAG: UOR

● UOR metric of 1 or 2
● UOR metric of 3 or 4

MEMBERSHIP COUNCIL	
PAPER TITLE: QUALITY & PERFORMANCE REPORT/PERFORMANCE ACHIEVEMENT SLIDES	REPORTING AUTHOR: P Keogh
DATE OF MEETING: 5th April 2017	SPONSORING DIRECTOR: H Barker
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> To note
PREVIOUS FORUMS: Executive Board, Quality Committee, Finance and Performance Committee	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below:	
For guidance click on this link: http://nwww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: February's Performance Score is 60% for the Trust which is a 5 point drop since January. A number of the Trust's higher weighted targets have deteriorated in month:- FFT (A&E response rate and Maternity would recommend), MRSA, Emergency Readmissions, 62 day screening to treatment and Fire Safety training. The SAFE domain has maintained its Green rating for the third month running. All other domains with the exception of Efficiency and Finance have seen a drop in performance in month.	
FINANCIAL IMPLICATIONS OF THIS REPORT: N/A	
RECOMMENDATION: To note the contents of the report and the overall performance score for February. To acknowledge the Trust's performance achievements as currently one of the top 3 performing acute Trusts nationally for its overall performance in A&E, RTT and Cancer standards.	
APPENDIX ATTACHED: YES	

Board Report

February 2017



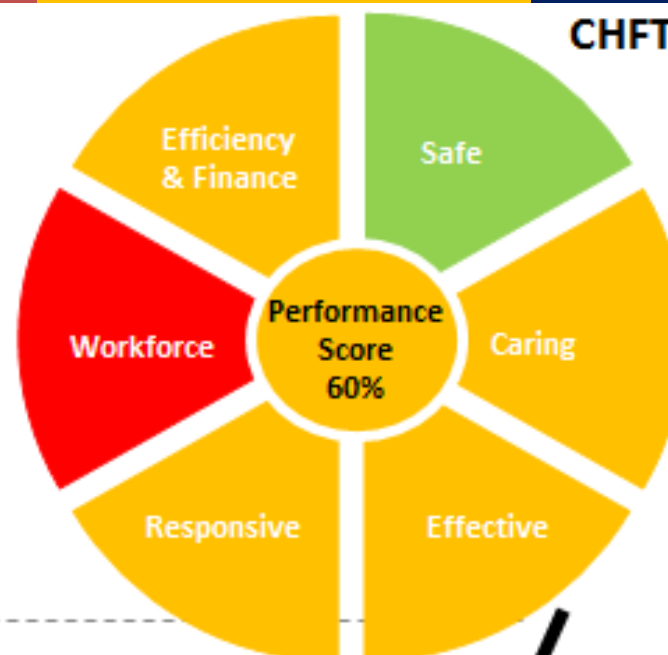
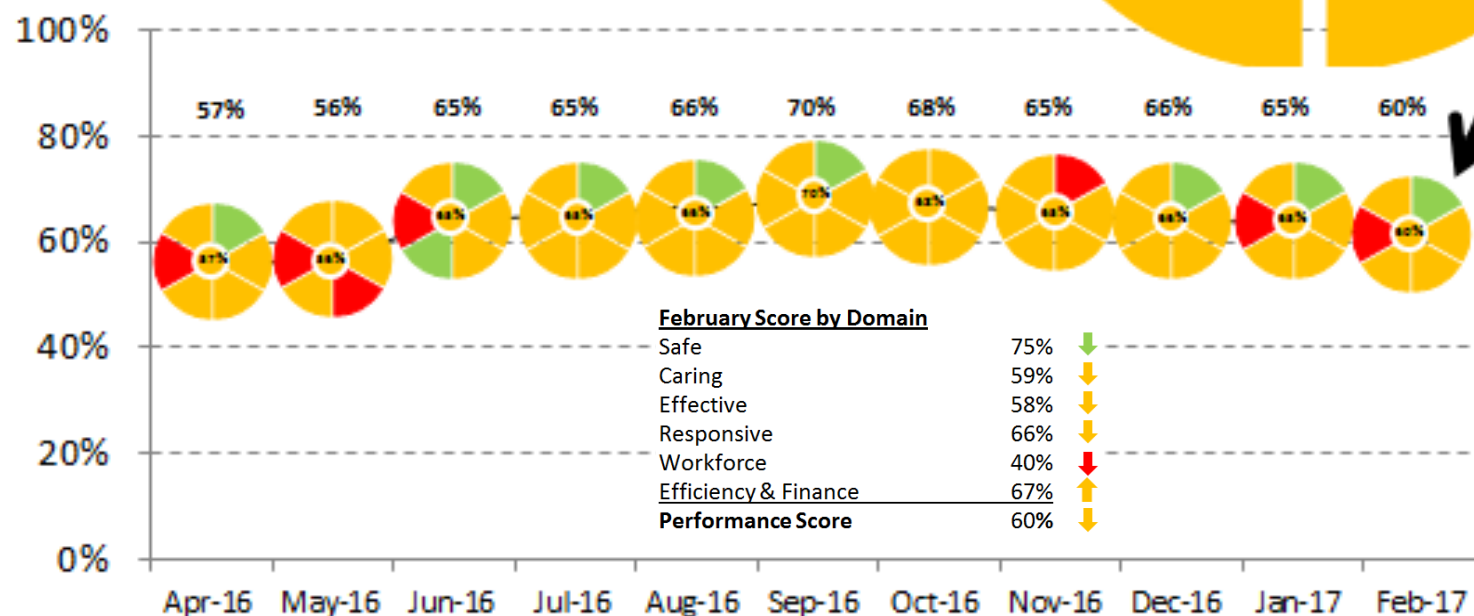
Performance Summary

February

RAG Movement

February's Performance Score is 60% for the Trust which is a 3 point drop since January. A number of the Trust's higher weighted targets have deteriorated in month:- FFT (A&E response rate and Maternity would recommend), MRSA, Emergency Readmissions, 62 day screening to treatment and Fire Safety training. The SAFE domain has maintained its Green rating for the third month running. All other domains with the exception of Efficiency and Finance have seen a drop in performance in month.

Total performance score



SINGLE OVERSIGHT FRAMEWORK

SAFE	Emergency C-Section Rate
VTE Assessments	Never Events
CARING	FFT Maternity
FFT Community FFT OP	FFT Inpatients FFT A&E
Mixed sex accommodation breaches	% Complaints closed
EFFECTIVE	
CDiff Cases	Avoidable Cdiff
MRSA	SHMI
HSMR	HSMR - Weekend
Emergency Readmissions GHCCG	Emergency Readmissions CCCG
RESPONSIVE	Diagnostics 6 weeks
RTT Incomplete Pathways	ECS 4 hours
Cancer 62 day Screening to Treatment	Cancer 62 day Referral to Treatment
FINANCE	
Variance from Plan	Use of Resources
WORKFORCE	
Proportion of Temporary Staff	Sickness
Staff turnover	Executive Turnover

Carter Dashboard

		Current Month Score	Previous Month	Trend	Target
CARING	Friends & Family Test (IP Survey) - % would recommend the Service	97.6%	97.7%	↓	0%
	Inpatient Complaints per 1000 bed days	2.3	2.0	↓	TBC
	Average Length of Stay - Overall	5.28	5.26	↓	5.17
EFFECTIVE	Delayed Transfers of Care	1.44%	1.35%	↓	5%
	Green Cross Patients (Snapshot at month end)	126	153	↑	40
	Hospital Standardised Mortality Rate (12 months Rolling Data)	101.55	101.97	↑	100
	Theatre Utilisation (TT) - Trust	86.3%	83.6%	↑	92.5%
RESPONSIVE	% Last Minute Cancellations to Elective Surgery	0.63%	0.49%	↓	0.6%
	Emergency Care Standard 4 hours	93.45%	92.19%	↑	95%
	% Incomplete Pathways <18 Weeks	95.33%	95.58%	↓	92%
	62 Day GP Referral to Treatment	86.7%	89.4%	↓	85%
SAFE	% Harm Free Care	94.06%	93.99%	↑	95.0%
	Number of Outliers (Bed Days)	579	1153	↑	495
	Number of Serious Incidents	4	5	↑	0
	Never Events	0	0	↔	0

MOST IMPROVED

Improved: Summary Hospital-level Mortality Indicator (SHMI) - (October 2015 to September 2016). The Trust is no longer an outlying organisation with a score of 108 which is expected to reduce further to 106 at next release. Hospital Standardised WEEKDAY Mortality Rate for calendar year 2016 was < 100.

Improved: % Stroke patients Thrombolysed within 1 hour. Performance at 100% equalled performance as at February 2016.

Improved: Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge. Second best performing month of the year.

MOST DETERIORATED

Deteriorated: Total Trust Pressure Ulcers plus Category 4. Highest numbers since March 2016.

Deteriorated: 62 Day Referral from Screening to Treatment. At 57% worst performance in most recent 12 months.

Deteriorated: Friends and Family Test A & E Survey - Response Rate. Worst position since March 2016.

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

Arrow direction count

↔1↑11↓7

		Current Month Score	Previous Month	Trend	Target
PEOPLE, MANAGEMENT & CULTURE: WELL-LED	Doctors Hours per Patient Day				
	Care Hours per Patient Day	7.6	7.5	↑	
	Sickness Absence Rate	4.42%	4.58%	↑	4.0%
	Turnover rate (%) (Rolling 12m)	11.61%	11.62%	↑	12.3%
	Vacancy	292.53	299.59	↑	NA
	FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q2	80%	Different division sampled each quarter. Comparisons not applicable		
OUR MONEY	FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q2	61%	Different division samples each quarter. Comparisons not applicable		
	Income vs Plan var (£m)	£4.74	£4.43		
OUR MONEY	Expenditure vs Plan var (£m)	-£5.30	-£4.93		
	Liquidity (Days)	-20.42	-17.24		
	I&E: Surplus / (Deficit) var - Control Total basis (£m)	£0.12	£0.07		
	CIP var (£m)	£1.26	£1.66		
	UOR	3	3		
	Temporary Staffing as a % of Trust Pay Bill	15.29%	15.46%		

Calderdale & Huddersfield NHS Foundation Trust

Quality & Performance Report

Page 3 of 9

Executive Summary

The report covers the period from February 2016 to allow comparison with historic performance. However the key messages and targets relate to February 2017 for the financial year 2016/17.

Area	Domain
Safe	<ul style="list-style-type: none">% PPH ≥ 1500ml - all deliveries - 4.3% against a target of 3%. Ongoing audit - no concerns have been identified. Additional review will take place should performance remain above target for a second month.Number of Category 4 Pressure Ulcers Acquired at CHFT - There were 3 Category 4 ulcers in February. A deep dive follow-up will be presented at Medicine's March PRM.
	<ul style="list-style-type: none">Complaints closed within timeframe - 54 complaints were closed in February, 54% of these were closed within target timeframe which is an improvement on the January position.Friends and Family Test Outpatients Survey - % would recommend the Service remains at 90.9% against a target of 95%. YTD is also 90.9%. Both of these results are on track to achieve the internal Q4 target of > 90%.Friends and Family Test A & E Survey - Response Rate - was 9.7% in month. This is an unexpected drop and teams on both sites are reviewing the causes. The ED team have taken action to make improvements via safety huddles and team meetings.Friends and Family Test Community Survey - FFT reports 3% of people would not recommend services. Support to change the way FFT responses are collected has been agreed and expect that this will provide more robust information. Community division is reviewing the performance against web forms only in February as this is the methodology that will be implemented from April 2017.
Caring	<ul style="list-style-type: none">Number of Mixed Sex Accommodation Breaches - There were 2 Mixed Sex Accommodation Breaches in February 2017.
	<ul style="list-style-type: none">Number of MRSA Bacteraemias – Trust assigned - There was 1 case of MRSA Bacteraemia reported in month. RCA meeting has been concluded and it was likely to have been a contaminant. The patients was not screened on admission and the directorate is taking appropriate action.Perinatal Deaths (0-7 days) - there was one perinatal death in month.Mortality Reviews - The completion rate for Level 1 reviews reduced to 40.5% in January following increase in the previous 3 months.
Effective	<ul style="list-style-type: none">Crude Mortality Rate has fallen to 1.61% following its peak in January.Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG - Highest level since June 2016.

Background Context

A&E activity has fallen in month 11 to 5.6% below plan however cumulatively still 2.2% above plan.

For non-elective admissions it was a busy month with LOS increasing to over 6 days (average). Agreement was reached between Medicine and Surgery to reallocate Ward 14 to Medicine and whilst there was a good impact from increased Package of Care provision in January there still remains a high number of patients on the Transfer of Care list. Medical outliers reduced in February reflecting the Ward 14 change and the internal use of escalation beds within the Division protecting Surgical capacity.

Accelerator schemes continued in February but some changes eg. increased medical staffing were a March implementation, reflective of funding allocation, so further positive impact is to be expected.

Non-elective activity overall is 1.8% above the month 11 plan, an increase in activity against plan compared to month 10. The in-month over-performance is mainly due to General Medicine and Paediatric emergency short stay.

Planned day case (DC) and elective activity (EL) has continued to be above plan in month 11 by 0.29% which is a reduction from the overperformance seen in month 10. The month 11 position is driven by an overperformance in DC offset by a further reduction within DC Endoscopy and EL activity. This is mainly within Gastroenterology endoscopy and is due to the impact of the fire at CRH and the reduced decontamination capacity.

Executive Summary

The report covers the period from February 2016 to allow comparison with historic performance. However the key messages and targets relate to February 2017 for the financial year 2016/17.

Area	Domain
Responsive	<ul style="list-style-type: none">Emergency Care Standard 4 hours - February's position was 93.45% which was above the STF trajectory and the Trust continued to deliver some of the strongest performance nationally.Stroke - All targets improved in month with the exception of % scanned within 1 hour performance which dropped from its peak in January. % Stroke patients Thrombolysed within 1 hour hit 100% for the first time in 6 months. The recent SSNAP results put the Trust at just below an A grade.RTT pathways over 26 weeks - numbers dropped slightly to 126. Fluctuations in > 26 week open pathways is as a result of capacity constraints and improved ASI position in some specialities.38 Day Referral to Tertiary - at 53% is the best performance since May 2016.62 Day Referral From Screening to Treatment - at 57% is the worst position over the last 12 months. Due to low number of patients a small number of breaches can have a significant effect on performance.Appointment Slot Issues on Choose & Book - As at 16th March 2017 there were 830 referrals awaiting appointment of which 461were e-referrals. This was a reduction of 996 referrals from 22nd July 2015 position of 1,824. Specialty action plans are in place to continue to reduce the ASIs over the forthcoming weeks.
	<ul style="list-style-type: none">Sickness Absence rate - Sickness rates have reduced to 4.4% with long term sickness back within target. All staff involved are being managed within Trust policy.Return to work Interviews have fallen to 69% following last month's peak still short of the 100% target. 3 in 10 still not being completed.Mandatory Training and Appraisals. Fire Safety training has fallen below target this month which means 3 out of the 5 areas monitored are now not achieving. Appraisals remain below target.
Workforce	<ul style="list-style-type: none">Finance: Year to date: The financial position is a deficit of £17.52m as reported on a Control Total basis , a favourable variance of £0.12m from the planned £17.65m. The underlying deficit position is £17.77m, an unfavourable variance of £0.17m mainly reflecting a Loss on Disposal of £0.23m that is excluded from the Control Total. Overall this is positive news as the Trust is continuing to maintain both the financial position and operational performance linked to Sustainability Transformation Funding, despite significant operational pressures. Divisional positions improved compared to forecast, allowing remaining contingency reserves to be retained for another month. It continues to be the case that, in order to maintain safety and secure and regulatory access standards across the Trust with high vacancy levels, there is a reliance upon agency staffing. Total agency spend in month was £1.68m; £0.27m lower than the previous month, but higher than the values recorded in November and December. The year to date agency expenditure remains beneath the revised trajectory submitted to NHSI, despite including £0.2m that relates to spend against the Accelerator Zone funding which has been agreed as excluded from the trajectory. The impact of this operational position is as follows at headline level:<ul style="list-style-type: none">EBITDA of £5.34m, an adverse variance of £0.56m from the plan.A deficit (on Control Total basis which excludes exceptional costs relating to property disposals and the I&E impact of donated assets) of £17.52m, a £0.12m favourable variance from plan.Delivery of CIP of £13.67m against the planned level of £12.41m.Contingency reserves of £1.36m have been released against pressures.Capital expenditure of £14.58m, this is below the planned level of £25.96m.A cash balance of £2.69m, this is above the planned level of £1.94m, supported by borrowing.A Use of Resources score of level 3, in line with the plan.
Efficiency/Finance	
Activity	<ul style="list-style-type: none">Activity in month is above planned levels in all of the main points of delivery apart from Elective inpatients and A&E attendances. Cumulatively elective inpatients and day cases combined are above plan whilst non-elective activity is below plan however waiting lists are still high reflecting ongoing demand.

Background Context

All divisions have been busy in February developing CIP plans. Community have been working closely with partners in primary and social care and have become more involved at a West Yorkshire level with the STP primary and community group.

The Community Place bed base increased to 10 beds throughout February.

Surges in General Surgery and T&O acute activity continued in February having an impact on the Surgical elective programme.

Concerns remain on the Surgery Division's ability to ensure sufficient subcontracted capacity for Plastic Surgery and Max-fax with ongoing conversations with with partners regarding capacity for these services. The Division is also seeking support from neighbouring Trusts.

As a result of the Trust's RTT performance there is the opportunity to attract work from out of area CCG's and a number of proposals are being developed.

Work has also progressed on the cancer pathway between Surgery and FSS clinicians on how the length of the pathway can be reduced and practices standardised. Screening remains an area of concern and a number of new strategies are being explored to address this.

EPR training is progressing well as go-live approaches with the 90/60/30 day plans ongoing.

Direct access and unbundled outpatient imaging has continued to perform above plan in month 11 by 4.5%. Diagnostic testing has seen an overperformance in month 11 and is 6.7% above plan. The majority of this increase however is due to a correction within direct access anti-coagulation where activity has previously been missed when extracted from the COGNOS system.

Outpatient activity overall has continued to overperform and has seen a further increase of 1.2% above the month 11 plan mainly within follow-ups. Cumulatively Outpatient activity is now 4.3% above plan however with demand continuing at high levels this is not resulting in a reduced waiting list size.

Safe, Effective, Caring, Responsive - Community Key messages

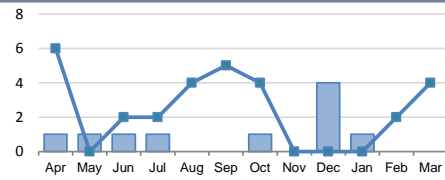


Area	Reality	Response	Result
Safe	Pressure ulcer management	Pressure Ulcer management	Pressure ulcer management
	Much focus has been undertaken in community services around pressure ulcer care through 2016/17. There have been 10 grade 3 pressure ulcers reported within community services to date.	A new TVN joined the team and has supported the team in developing effective risk management tools and working with care homes on the "react to red" campaign. Each grade 3 pressure ulcer is reviewed at "orange panel" and investigated to determine root cause.	Improved communication across agencies with regard to pressure ulcer care and care plans is expected. By when: March 2017 Accountable: ADN
Effective	Admission avoidance	Admission avoidance	Admission avoidance
	The team have focussed on recording accurately the patients that they have seen and subsequently avoided a hospital admission. Each hospital admission avoided is recorded on SystemOne.	The Quest team have recorded only a small number of admissions avoided in February. The matron is meeting with the Quest team to understand the reasons behind this reduction and develop an action plan to improve this in future months.	Increased numbers of admissions being avoided by community teams and supported in their own homes. By when : April 2017 Accountable: ADN
Caring	Health Visitor mandated contacts	Health Visitor mandated contacts	Health visitor mandated contacts
	The HV mandated contacts are being delivered consistently and to the agreed specification. In Q1 of 2016/17 the HV capacity will be reduced due to staff turnover which could impact on performance levels through this time.	A proactive plan has been put in place to minimise the risk associated with the reduced staffing compliment. This will be monitored by the service lead to ensure that as many mandated contacts are undertaken as is practically possible.	Proactive plan agreed by commissioners and systems in place to monitor adherence of mandated contacts. By when: April 17 Accountable: Matron children's services
Responsiveness	MSK responsiveness	MSK responsiveness	MSK responsiveness - Typing turnaround
	There continues to be challenges to meet clinical demand in the MSK service and the administrative tasks once a person has been seen (letter typing and signing).	Additional Saturday clinics continue through February and March. Additional staff have been recruited. Significant amount of redesign is being undertaken in the service in preparation for the implementation of the single point of access.	The service has committed to reduce the backlog of signing by 70% by the end of March 2017. By when: End March 2017 Accountable: Head of Therapies

Dashboard - Community

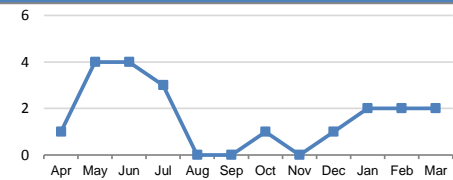
Safe

Community acquired grade 3 or 4 pressure ulcers



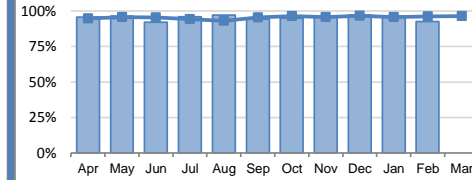
One month in arrears

Falls that caused harm whilst patient was in receipt of Community Services



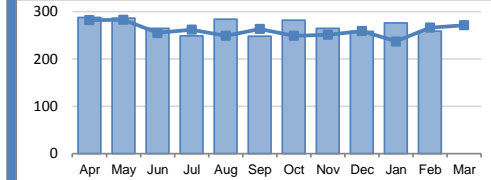
One month in arrears

Incidents Harm free care



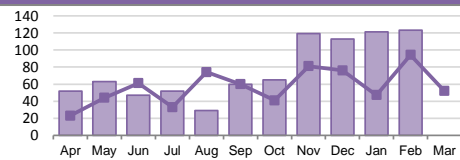
Bar Chart = 16/17 figures Line graph = 15/16 figures

Urinary Catheter Management

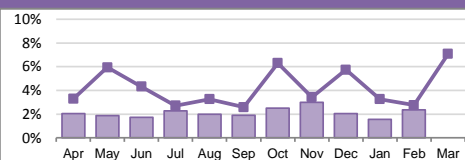


Effective

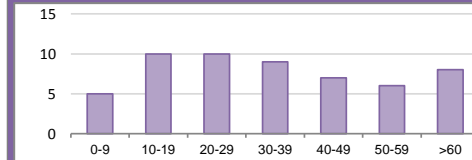
Number of Hospital admissions avoided by Community Nursing services



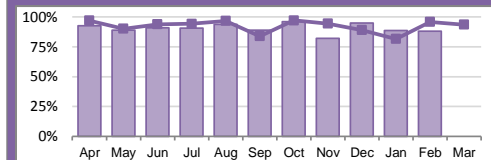
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Reablement - Start to discharge Average (days) Current Month shown

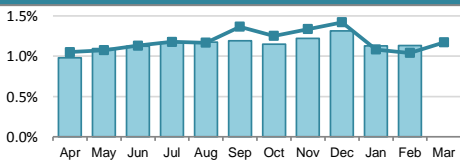


House Bound leg ulcers healed within 12 weeks

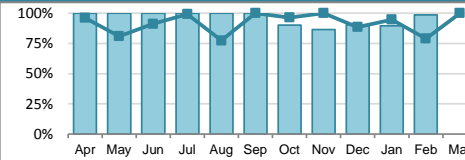


Caring

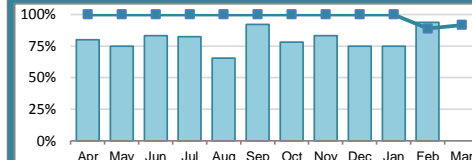
Community No Access Visits Adult Nursing



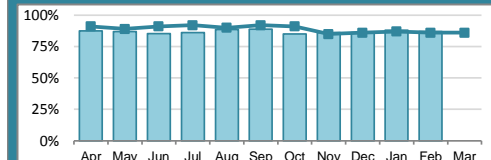
Health Visitor achieved Targeted visits Antenatal and Post Birth visits



End of life patient died in preferred place of death

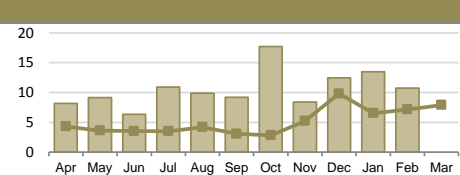


Friends and Family Test- Likely to recommend

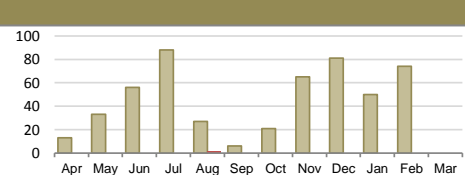


Responsive

Average time to start of reablement (days)

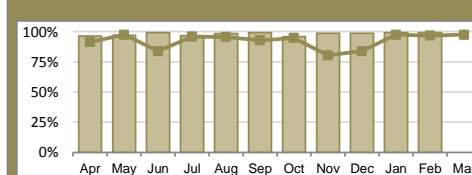


Appointment Slot Issues for MSK & Podiatry

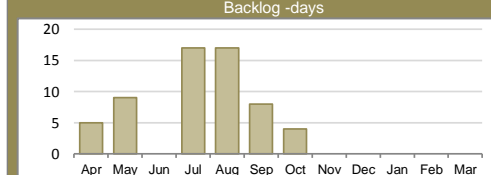


MSK Podiatry

Waiting Times - 18 week RTT

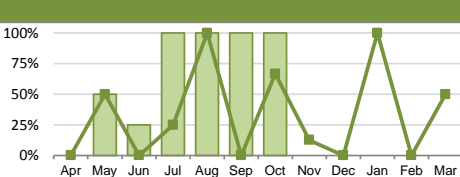


MSK Responsiveness Backlog -days

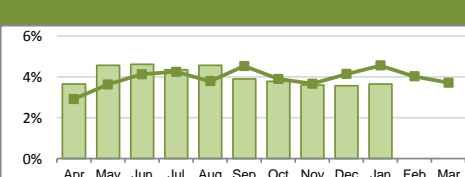


Well Led

% Complaints closed within target timeframe

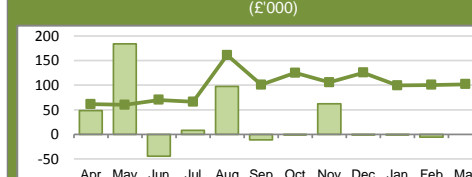


Staff sickness rate

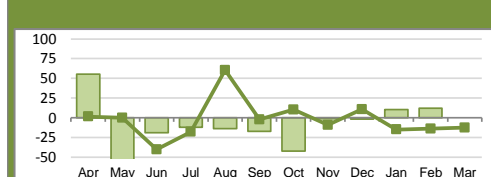


One month in arrears

Finance - Planned variance against actual (£'000)



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



Hard Truths: Safe Staffing

Fill Rates

Average fill rates reported to Unify for Registered Nurse (RN) on day shifts remain largely the same on both sites as January 2017. Table 1 indicates fill rates of less than 90%.

Average fill rates for care staff on both sides remain above 100%.

Table 1: Average Fill Rates Registered Nurses and Care Staff (Overall Summary)

Average Fill Rates:	Registered Nurses		Care Staff	
	Day	Night	Day	Night
February 2017 HRI	85.13%	91.14%	107.49%	135.87%
February 2017 CRH	84.54%	91.69%	103.64%	127.50%
January 2017 HRI	85.30%	89.50%	103.80%	132.00%
January 2017 CRH	85.00%	92.60%	102.90%	119.20%
December 2016 HRI	87.45%	91.07%	106.58%	128.25%
December 2016 CRH	85.06%	91.61%	103.93%	119.18%

Table 2: Wards with fill rates 75% or below

	Dec-16		Jan-17		Feb-17	
	Ward	% Rate	Ward	% Rate	Ward	% Rate
Wards below 75%			2a/b	74.00%		
	5a/d	64.40%	5a/d	63.00%	5a/d	65.80%
	5b	69.40%				
					6d	73.40%
	8a/b day	64.00%				
	8a/b night	73.30%				
	Ward 17	68.80%	Ward 17	72.00% day	Ward17	64.00%
				50.50% night		
	CCU	71.84%	CCU	74.80%		
	Ward 15	67.60%			Ward 15	68.30%
	9crh	74.20%				
	Ward 8	67.70%	Ward 8	67.00%	Ward 8	68.41%
			Ward 19	73.10%	Ward 19	73.70%

The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. In February 2017 six wards reported fill rates of less than 75% for registered nurses. This is managed and monitored within the divisions by the matron and senior nursing team to ensure safe staffing against patient acuity and dependency is achieved. The low fill rates reported in February 2017 are attributed to a level of vacancy and the teams not been able to achieve their WFM.

There are good RN fill rates at HRI on the MAU and ward 21 with HCA fill rates in excess of 190%. This has been attributed to extra bed capacity on the MAU and additional 1-1 usage on ward 21 due to patient acuity.

Average fill rates for HCA's on night of <75% have again been recorded within the FSS division during February 2017. This is due to long term sickness. The short fall is being managed on a daily basis balanced against the acuity of the workload. The post has been recruited to and fill rates are expected to improve.

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.

Hard Truths: Safe Staffing (2)

Table 3: Overall ward breakdown for February 2017 including CHPPD.

STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)												
	Total CHPPD (Qualified and Unqualified)						Fill Rates Day (Qualified and Unqualified)			Fill Rates Night (Qualified and Unqualified)		
	Dec-16		Jan-17		Feb-17		Dec-16	Jan-17	Feb-17	Dec-16	Jan-17	Feb-17
	PLANNED	ACTUAL	PLANNED	ACTUAL	PLANNED	ACTUAL						
CRH MAU	10.0	8.6	9.5	8.5	10.3	9.0	81.6%	84.9%	84.9%	93.7%	94.9%	94.9%
HRI MAU	8.0	9.1	7.4	8.6	7.5	8.5	104.6%	104.2%	104.2%	126.7%	136.8%	136.8%
WARD 2AB	6.3	6.7	6.1	5.8	6.2	6.1	105.5%	90.6%	90.6%	106.8%	102.4%	102.4%
HRI Ward 5 (previously ward 4)	6.6	6.5	6.6	6.2	6.3	6.6	97.3%	89.3%	89.3%	101.6%	102.0%	102.0%
HRI Ward 11 (previously Ward 5)	6.6	6.5	6.5	6.3	7.0	6.8	98.7%	94.8%	94.8%	98.9%	98.4%	98.4%
WARD 5AD	6.6	7.0	6.3	6.6	6.3	6.7	102.0%	101.0%	101.0%	113.6%	112.0%	112.0%
WARD 5C	6.1	5.9	6.1	5.8	6.2	6.0	94.3%	91.6%	91.6%	100.0%	100.0%	100.0%
WARD 6	6.7	6.3	6.7	6.5	6.7	6.2	94.2%	95.9%	95.9%	91.6%	100.0%	100.0%
WARD 6BC	5.3	5.1	5.2	5.1	5.5	5.1	91.5%	91.8%	91.8%	101.6%	104.4%	104.4%
WARD 5B	6.1	6.8	6.0	7.2	6.1	6.9	97.3%	108.1%	108.1%	136.6%	143.0%	143.0%
WARD 6A	5.4	7.1	5.3	5.8	5.3	6.5	147.5%	112.0%	112.0%	106.4%	108.7%	108.7%
WARD 8C	6.1	7.0	5.6	6.7	5.7	6.8	111.5%	113.3%	113.3%	115.8%	127.2%	127.2%
WARD CCU	12.3	9.5	11.0	8.7	11.5	9.0	80.7%	81.0%	81.0%	72.6%	75.7%	75.7%
WARD 6D	11.3	9.4	11.4	10.1	12.5	10.8	75.2%	83.3%	83.3%	94.2%	95.5%	95.5%
WARD 7AD	6.9	6.8	6.8	6.5	6.7	6.3	91.4%	91.7%	91.7%	108.6%	100.0%	100.0%
WARD 7BC	6.9	7.0	6.5	6.4	6.6	6.5	98.6%	97.0%	97.0%	108.0%	99.5%	99.5%
WARD 8	7.4	8.7	7.1	7.5	5.8	6.5	114.0%	108.1%	108.1%	121.5%	104.1%	104.1%
WARD 12	6.5	5.7	6.2	5.5	6.0	5.8	81.3%	79.5%	79.5%	99.2%	106.7%	106.7%
WARD 17	6.1	5.3	5.6	4.9	6.9	5.2	81.1%	80.8%	80.8%	99.2%	103.8%	103.8%
WARD 21	5.8	5.5	5.7	5.6	5.2	5.6	89.1%	89.5%	89.5%	108.2%	114.4%	114.4%
ICU CRH	29.0	24.8	42.6	36.6	31.7	26.9	85.0%	84.0%	84.0%	86.2%	88.4%	88.4%
ICU HRI							101.9%	111.6%	111.6%	116.8%	130.1%	130.1%
WARD 3	6.1	6.6	6.1	7.3	6.1	7.5	101.9%	111.6%	111.6%	116.8%	130.1%	130.1%
WARD 8AB	10.9	7.9	7.7	7.1	6.7	6.7	70.4%	86.2%	86.2%	76.3%	101.5%	101.5%
WARD 8D	7.8	7.4	7.0	6.7	6.6	6.7	93.3%	92.5%	92.5%	100.0%	101.6%	101.6%
WARD 10	5.8	6.0	5.5	5.6	5.6	5.9	104.1%	102.4%	102.4%	100.7%	101.5%	101.5%
WARD 15	5.2	4.8	5.0	4.8	3.8	3.6	89.0%	92.6%	92.6%	100.7%	103.2%	103.2%
WARD 19	8.0	7.5	8.0	7.1	7.9	7.4	88.3%	85.0%	85.0%	99.5%	96.1%	96.1%
WARD 20	6.7	6.7	6.4	6.4	6.2	5.8	93.2%	91.6%	91.6%	113.4%	110.2%	110.2%
WARD 22	5.9	5.8	6.7	6.4	8.5	8.1	98.0%	93.5%	93.5%	99.2%	100.0%	100.0%
SAU HRI	9.7	9.4	8.4	7.9	9.0	8.5	95.3%	90.2%	90.2%	98.1%	101.3%	101.3%
WARD LDRP	32.3	29.3	34.7	31.0	28.9	25.9	90.5%	87.0%	87.0%	91.0%	91.6%	91.6%
WARD NICU	9.8	8.3	11.7	9.9	10.3	8.7	80.9%	78.7%	78.7%	89.0%	90.4%	90.4%
WARD 1D	10.0	9.1	9.6	8.2	8.9	7.9	87.4%	82.3%	82.3%	95.7%	90.3%	90.3%
WARD 3ABCD	12.4	11.5	15.5	14.4	15.8	14.2	86.3%	87.8%	87.8%	101.7%	100.2%	100.2%
WARD 4C	9.9	8.8	7.1	6.8	7.6	7.5	81.2%	94.4%	94.4%	100.0%	98.9%	98.9%
WARD 9	8.6	7.4	8.3	7.7	8.2	7.7	76.3%	88.9%	88.9%	98.9%	98.9%	98.9%
WARD 18	30.1	27.0	21.2	19.9	28.9	27.1	90.6%	94.2%	94.2%	88.6%	93.5%	93.5%
WARD 4	7.5	6.6	5.1	4.9	4.9	4.9	71.2%	85.2%	85.2%	90.3%	100.0%	100.0%
Trust	8.1	7.7	7.8	7.5	7.8	7.5	92.1%	91.6%	91.7%	100.6%	101.8%	101.9%

Care Hours Per Patient Day

A review of February 2017 CHPPD data indicates that the combined (RN and Care staff) metric resulted in 24 clinical areas of the 37 reviewed had CHPPD less than planned. 1 area reported CHPPD as planned. 12 areas reported CHPPD slightly in excess of those planned.

Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.

Internal Never Events

X2 Red Flagged events were recorded in Feb 2017: Ward 6A CRH reported Unsafe staffing levels on 10th February due to short term sickness. The shift was supported by night team and additional HCA support was provided.

8A reported a red flagged incident on 25th February due to full bed occupancy and reduced RN numbers. The short fall was again managed across the floor and supported by the site co-ordinator. No harm was reported to patients.

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.

Membership Council Meeting – Performance Achievements

Wednesday 5th April 2017

Significant Improvements

Summary Hospital-level Mortality Indicator (SHMI) - (October 2015 – September 2016). The Trust is no longer an outlying organisation with a score of 106.

Hospital Standardised WEEKDAY Mortality Rate for calendar year 2016 was < 100.

% Stroke patients Thrombolysed within 1 hour. Performance at 100% equalled performance as at February 2016.

Percentage Non-elective Fractured Neck of Femur Patients with Admission to Procedure of < 36 Hours. February was second best performing month of the year.



Medicine Division



CIP forecast £0.8m better than plan

Consultant appointments made;

Elderly care x1

Acute Medicine x2 (1x fixed term)

Diabetes x1 (new post)

AACs in place with applicants for;

Stroke x1

Emergency Medicine x2

Excellent feedback from PA students

Recruitment fair planned for March, aim to attract early applicants to secure x10 posts



FSS Division

Our Paediatric team will soon start work to become one of the first Paediatric units in the country to gain external accreditation.

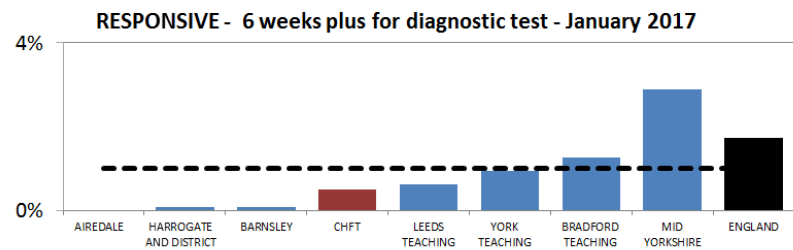
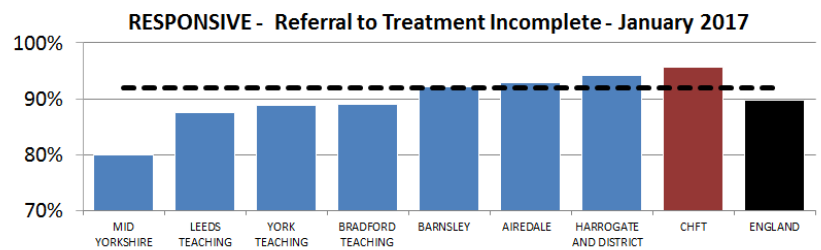
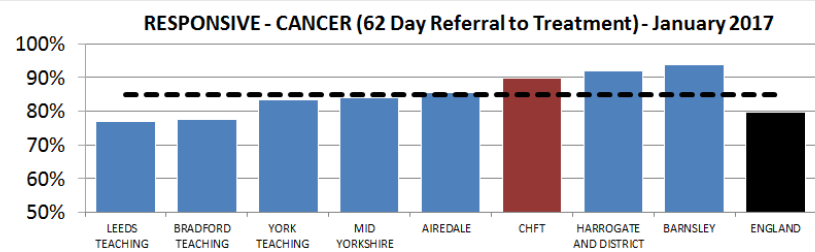
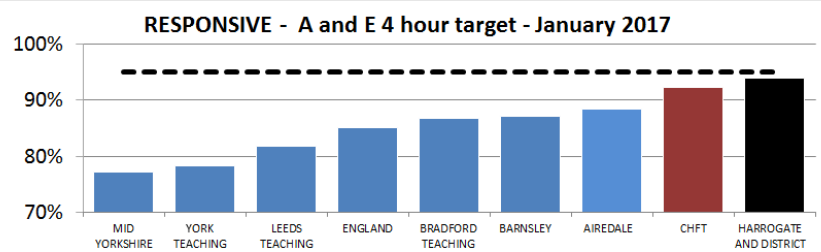
Really positive meeting with MYHT regarding hand over of fertility activity from 1st April

Surgery Division

Induction

- To make new employees feel welcome and valued from the first day
- To help new colleagues settle into their role and working environment as quickly as possible
- To ensure colleagues are aware of key policies and procedures
- To ensure that new employees are aware of the Trust's visions and values, organisational structure and leadership
- Enhances the Trust's reputation. You only get one chance to make a good first impression!

Benchmarking Selected Measures




MEMBERSHIP COUNCIL PUBLIC MEETING


MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: Juliette Cosgrove
TITLE OF PAPER: Quality Priorities – Q3 2016/17	
DATE OF MEETING: 5 April 2017	SPONSORING DIRECTOR: Brendan Brown
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: Quality Committee 30 January 2017	
EXECUTIVE SUMMARY: <p>The enclosed presentation provides an update on performance against the three quality priorities in quarter 3 2016/17.</p> <p>Information for quarter 4 on each of these priorities will be included in the 2016/17 Quality Account which membership councillors will receive for comment during April 2017.</p> <p>The presentation also confirms the three quality priorities chosen by Membership Councillors for 2017/18.</p>	
RECOMMENDATION: To receive information on progress made against performance of quality priorities within quarter 3 2016/17, and confirmation against priorities identified for 2017/18	
APPENDIX ATTACHED: YES	

Delayed Transfers of Care & Green Cross Pathway – 6 Month Update

The past 6 months...

- ▶ Task and Finish Groups for TTOs and equipment provision
 - ▶ Further partnership working with outside organisations including private care providers, Age UK and community place
 - ▶ Re-focus on bed before 11
 - ▶ Successful trial on stroke rehab ward meaning earlier discussions re discharge planning
 - ▶ Involvement in preceptorship for new nurses
 - ▶ Challenging delays and robust escalation process of avoidable delays
 - ▶ Micro-management of process and expectations when choosing care homes
 - ▶ Fortnightly meetings with local authority to discuss all patients over with a LOS over 30 days (initially started over 100 days)
- 

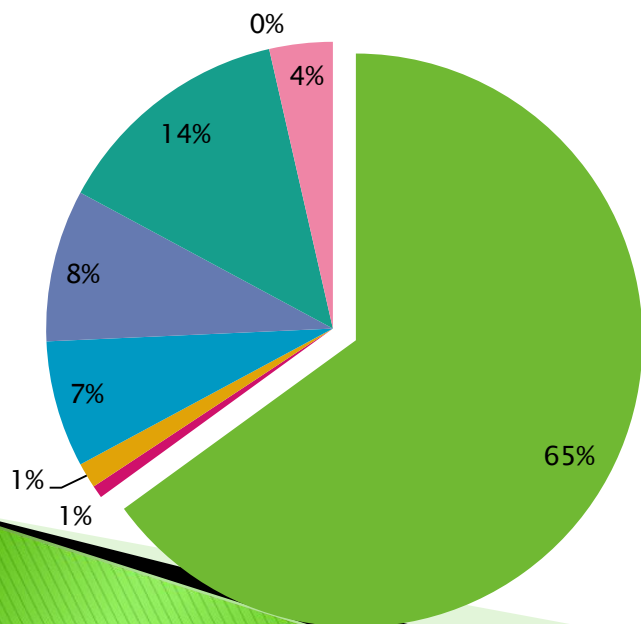
What has this achieved?

- ▶ 25% reduction in medical outliers days – 5 outliers less per day compared to last year
 - ▶ Reduction in average length of stay from 5.9 to 5.5 days
 - ▶ Reduction in time taken between referral to social services and assessment from 9.8 days average to 5 days.
 - ▶ Reduction in number of green cross patients over 100 days
- 

What are patients waiting for?

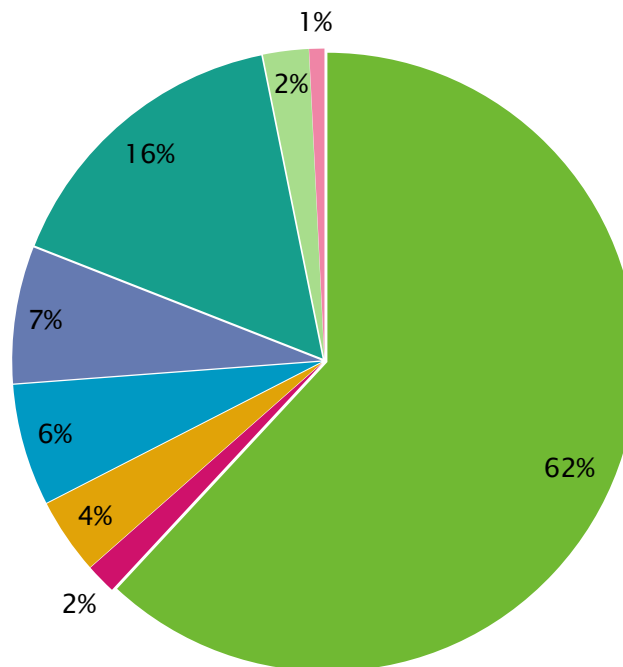
Reason for Delay October 2016

- awaiting completion of assessment
- awaiting public funding
- awaiting further non acute NHS care
- awaiting residential home
- awaiting nursing home
- awaiting package of care at home
- awaiting equipment or adaptations
- Patient or family choice



Reason for Delay March 2017

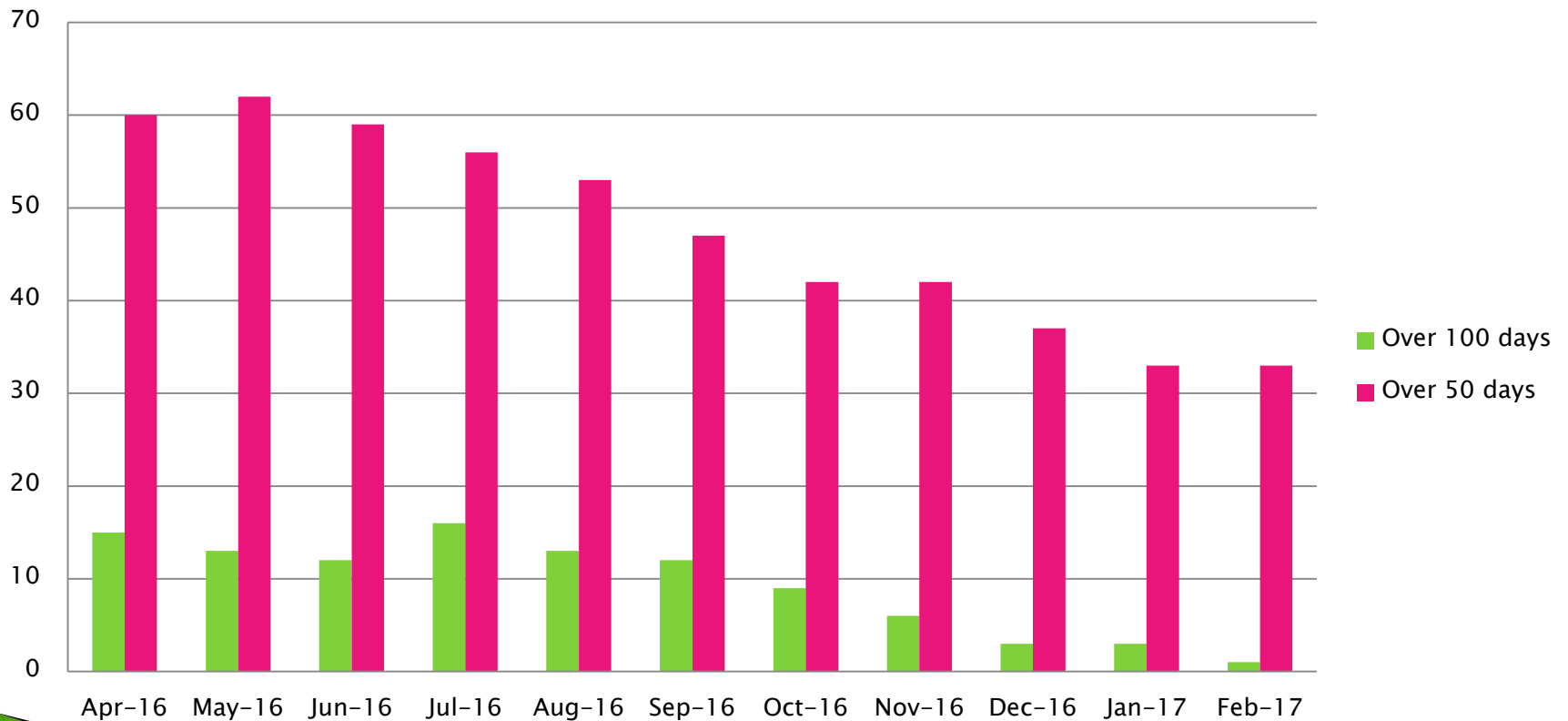
- Awaiting Completion of Assessment
- Awaiting public funding
- Awaiting further non acute NHS care
- Awaiting residential home
- Awaiting nursing home
- Awaiting package of Care
- Awaiting equipment or adaptations
- Patient or Family Choice



Length of stay

April 2016 – February 2017. Figures based on highest number that month.

Length of Stay



What makes a complex discharge?

► Mrs A

Mrs A was admitted to hospital on 3rd Jan with an exacerbation of COPD.

10 days on a respiratory ward.

Medically fit and assessment notice (sec 2) was sent to social services on the 14th Jan as she had deconditioned and would need some support at home.

18th Jan a social worker assessed and referred to reablement.

There was an approximate waiting list time for reablement of two weeks, so on the 21st Jan Mrs A was referred for a short term package of care. This was accepted and arranged to commence on the 28th Jan when Mrs A was discharged.

Key delay here was care provision in community. Delay of a fortnight. The aim would be to reduce this to 3 days maximum

► Mrs B

Mrs B was admitted following a stroke on the 25th Nov.

3 weeks on the acute stroke ward

Transferred to stroke rehab on the 16th Dec.

5 weeks of intensive rehab – at MDT on 8th Jan it was determined that Mrs B was still unable to mobilise and would need two carers on going for her care

She had a PEG inserted on the 15th Jan and on the 17th an assessment notice was sent to social services.

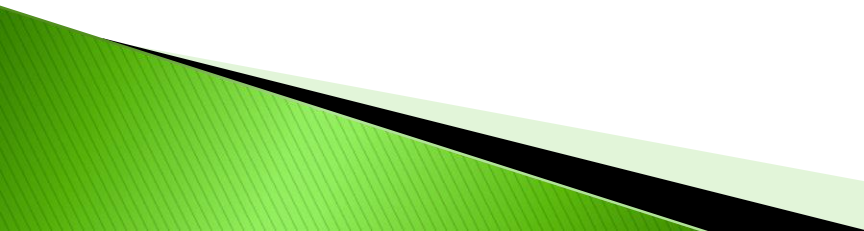
Social worker attended on the 20th Jan and referred on to the complex discharge team for CHC checklist.

CHC team visited on the 24th Jan and completed a checklist and nursing report. It was determined a DST would be needed.


10 days later on the 3rd Feb, a DST was completed and determined that Mrs B would receive full funding for nursing care. Mrs B's family then, with help from Care Home Support Team, sourced a placement for Mrs B. She was discharged from hospital on the 21st Feb.

Key delays here are that LOS had been 44 days before considering discharge planning. There was a further delay in waiting for discharge pathway to nursing home to be determined.


The aim for the next 6 months

- ▶ Continue “zero tolerance” of patients over 100 days, and only 30 patients over 50 days LOS.
 - ▶ Work with local authority partnerships to achieve social worker assessment within 48 hours of section 2.
 - ▶ Continue to reduce wasted bed days by micro managing.
 - ▶ All CHC checklists and nursing reports to be completed within 24hours.
 - ▶ To increase the number of pragmatic decisions being made in hospital and low tolerance of DSTs occurring in acute setting.
 - ▶ Improving ward culture to begin thinking about discharge at admission
- 

Strategy for Improvement

- ▶ Continue to challenge slow decision making
 - ▶ Ensuring patients over 30 days LOS all have plans with a discharge focus
 - ▶ Divisional panel meetings for patients with a LOS over 7 days
 - ▶ Continuing to work on admission avoidance and bringing this focus into discharge planning to avoid future admissions (SAFER)
 - ▶ Continue to have and build excellent partnership working with local authorities, CCGs, care homes and other organisations
 - ▶ Introduction of EPR should enable more accurate EDDs that are reviewed regularly and set earlier in the patient's journey
 - ▶ Commencing skill sharing and competency training for discharge co-ordinators (equipment ordering and provision) to avoid delays in acute areas.
 - ▶ Creation of care home selection pathway
- 

And..

- ▶ Coach and mentor ward staff – it's a complicated system to navigate
 - ▶ Improve the discharge process for patients by early, clear co-ordination and conversations with families
 - ▶ Continuing lobbying for increased community capacity including partner resources and finding new ways of working
 - ▶ Shared and trusted assessment for more efficient onward referrals
 - ▶ Continue micromanaging very complex patients
- 



External Assurance of the Programme to Implement Cerner Millennium

Gateway Review 4a

Bradford Teaching Hospitals NHS
Foundation Trust and Calderdale and
Huddersfield NHS Foundation Trust

1 March 2017

Version 1.0 - Final

Version control

Report Status	Final
Dates of Review	13th -16th February 2017
Draft Report issued to SROs	22nd February 2017
Final Report issued to SROs	1st March 2017
Delivery Confidence Assessment	CHFT - AMBER / GREEN BTHFT - AMBER
Senior Responsible Owners	Owen Williams, Chief Executive, Calderdale and Huddersfield NHS FT Clive Kay, Chief Executive, Bradford Teaching Hospitals NHS FT



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1 Background

1.1 Aims of the Programme

Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) and Calderdale and Huddersfield NHS Foundation Trust (CHFT) are working in partnership to implement an Electronic Patient Record (EPR) and have jointly procured the Cerner Millennium solution to deliver this. Both Trusts are seeking to create a patient centric comprehensive clinical record and share common aims for the programme, centring around:

- Improving care quality, clinical safety and outcomes
- Improving the patient experience
- Improving clinical services, facilitating new models of care
- Supporting an improvement in the efficiency and productivity
- Improving the experience for users by providing staff with a single point of access to all relevant information about a patient.

1.2 Delivery Status

The Trusts have both made significant progress in the implementation of Cerner Millennium since our last review, with an agreed go-live date now in place for CHFT at the end of April 2017. BTHFT have yet to formally agree their go-live date however it is expected to be around 3 months after the CHFT go-live, with draft plans in development for a go-live towards the end of August 2017.

1.3 Previous External Assurance Reviews

In October 2015 GE Healthcare Finnamore was engaged to act as the External Assurance Partner for the EPR Programme for both Trusts, the initial plan being to conduct three reviews (as detailed in Appendix 1). The first two reviews conducted in November 2015 and January 2016 followed this methodology with the format based on the Office of Government Commerce (OGC) Gateway Review process.

Following discussion between the Trusts and the GE Healthcare Finnamore team an alternative, more iterative approach to the third review was agreed. Previous reviews had been based on documentation review and a series of interviews with key personnel, followed by a formal delivery confidence assessment. It was agreed that the third review would begin with shadowing of regular programme meetings to fully understand the key programme issues and relationships, assess the programme status and the organisational readiness to deploy. The output of Gateway Review 3, which was published in July 2016, was a feedback report setting out the key concerns regarding the operation of the programme team and a review of the actual status of the programme, making suggestions for changes aimed at achieving success and identifying areas where further input would improve the likelihood of success.

Purpose and Conduct of this Review

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

2 Purpose and Conduct of this Review

2.1 Purpose of this Review

The aim of this review is three-fold:

1. To confirm that the go-live readiness activity in both Trusts is appropriately preparing the organisations for a system go-live in mid-2017
2. To confirm that the Programme Team have a good understanding of the current status of the programme and that governance and reporting mechanisms are working appropriately to ensure that the Programme Board and Transformation Board are fully aware of progress and the main risks to programme delivery
3. To confirm that the Programme Team have addressed the recommendations made through the previous three reviews.

The Gate 4 review will take place in two phases. Review 4a (this report) focusses on programme readiness for go-live and an assessment of operational readiness preparations (particularly at CHFT). To support this, approximately two-thirds of the time spent on this review was planned to be with frontline staff who will either be end users of the system or will be responsible for managing services that will be reliant on effective system usage post go-live.

Review 4b will focus solely on operational readiness preparations at BTHFT. This will be at a time nearer to their final agreed go-live date, which has yet to be confirmed.

This report is an evidence-based snapshot of the programme's status at the time of the review. It reflects the views of the independent review team from GE Healthcare Finnermore, based on information evaluated over a four-day period, and is delivered to the Senior Responsible Owners (SROs). It is intended to supplement the Trusts' own existing internal and external audit and assurance frameworks.

This review has been documented to bring out both what seems to be working well and what the Programme or individual Trusts should do more of, what may not be quite so good, and a set of specific recommendations which the review team felt were important to be addressed. Within the timescales available for this review it has not been possible to dig deeply into every area where practices could be improved, and accordingly, it is expected that the Trusts will want to review the comments listed as 'not so good' to see if further action would be helpful in the light of their detailed local knowledge.

2.2 Conduct of the Review

The External Assurance Review was carried out from 13/02/2017 to 16/02/2017 at the Bradford, Huddersfield and Halifax hospital sites. The review consisted of the following activities:

- Completion of a self-assessment exercise by the SROs and CIOs in both organisations that related directly to the scope of the review. This was compared with the review team's own assessment of the current position of both organisations and the EPR programme itself



Purpose and Conduct of this Review

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

- Review of relevant documentation in advance of the start of the on-site work. This included:
 - All Project Status Reports from the last month
 - Current detailed overall Programme Plan
 - Latest planning and status documentation for the Data Migration, Reporting, Cutover, Testing and Training workstreams, plus any relevant governance reports for these workstreams
 - Latest Communications Plan and examples of the latest communications materials in use by the Trusts
 - Training plans and training materials
 - Detailed Service Management Plan
 - Risk and Issue Logs
 - Clinical risk assessment documents
 - Outputs from any recent organisational readiness assessment work
 - Papers and Minutes of the last Programme, Transformation and Assurance Board meetings.
- Drop in sessions at each of the Huddersfield, Halifax and Bradford sites to obtain views from frontline staff regarding deployment readiness (what was going well and what could be improved?). 11 sessions in total were conducted (4 at BTHFT and 7 at CHFT) with 48 people in total attending. Attendees were mostly EPR Friends, SMEs and those staff that had undertaken the recent pilot training. As well as capturing key themes from the discussions (see Appendix 5) each attendee was asked to complete a short questionnaire on how confident they were feeling about various aspects of the deployment of the EPR system. 47 responses to this questionnaire were received (14 from BTHFT and 33 from CHFT). The results are summarised in Appendix 6.
- Visits to a wide variety of ward areas, outpatients and other clinical service areas across both the Huddersfield and Halifax sites to talk with a wide range of clinical, managerial and administrative staff about their experience of EPR to date and their specific concerns in relation to the go-live period. In total, 17 different areas were visited and over 40 staff spoken to through these visits.
- Interviews with representatives from operational management teams in local Trust divisions in both Trusts
- Interviews with the following Programme Team members (in small groups):
 - Trust Programme Directors
 - EPR Programme Manager
 - Cutover Manager
 - Training Manager
 - Testing Manager



Purpose and Conduct of this Review

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

- Data Migration Manager
- Communications Lead
- Service Management Lead
- Reporting Lead
- Change Management Lead
- CCIOs
- CNIOs
- Cerner deployment lead.
- Observation of the following Programme related meetings:
 - EPR Senior Leadership Team meeting
 - EPR Workstream Leads meeting.

Details of the GE Healthcare Finnermore review team members and a full list of interviewees, drop in workshop attendees and areas visited is included in Appendix 3 to this report.

The Review Team would like to thank the SROs, the Directors of Informatics, the CCIOs / CNIOs, the EPR Programme Team and all interviewees and workshop attendees for their support and openness, which contributed to the Review Team's understanding of the programme and the outcome of this review.



3 Gateway Review Conclusion

Delivery Confidence Assessment. The Review Team finds that overall delivery confidence assessment is AMBER/ GREEN for CHFT and AMBER for BTHFT.

Overall the review team found evidence of good practice in both organisations and significant progress in preparing for a successful implementation. The Programme Team is working cohesively and governance and decision making across the programme was considered to be working well. The review team received positive feedback from staff regarding the level of engagement with the programme, especially at CHFT where there is growing momentum in preparing for go live. Operations teams taking increasing responsibility for preparatory activities.

Appendix 2 lists the 18 recommendations identified by this review. Of these eighteen, three recommendations are critical priority:

- SRO sign off of work off plans arising from the Full Dress Rehearsal
- Focus on integration of re-developed Standard Operating Procedures with end user training to ensure users are both trained in the use of the system and in new working processes
- Development of a realistic resource model for the Inter-BAU period when CHFT is live and BHTFT is preparing for go live.

Depending upon the content of the work off plans, the Trusts could be agreeing to proceed to go live with several unresolved issues and executive oversight of the level of risks associated with these plans and its match with the Trusts appetite for risk is recommended. Integrating preparation for new working processes with system training was found to be an issue in both organisations and effort is required to ensure that clinical risks are not introduced as a result on lack of preparation for new ways of working.

The amber/green status for CHFT reflects the view that a successful go live at CHFT is probable but close attention will be needed to resolve the critical and high rated recommendations in this report and to ensure that already known risks are mitigated adequately.

The amber status for BTHFT reflects in part that the Trust is further away from go live and therefore less prepared for it and in part the inter-BAU resourcing model which is a bigger threat to BTHFT. If resources are constrained, a live Trust is always likely to take priority over a Trust that is approaching a go-live, especially if clinical service delivery would otherwise be compromised. This issue is therefore more likely to affect progress at BTHFT.

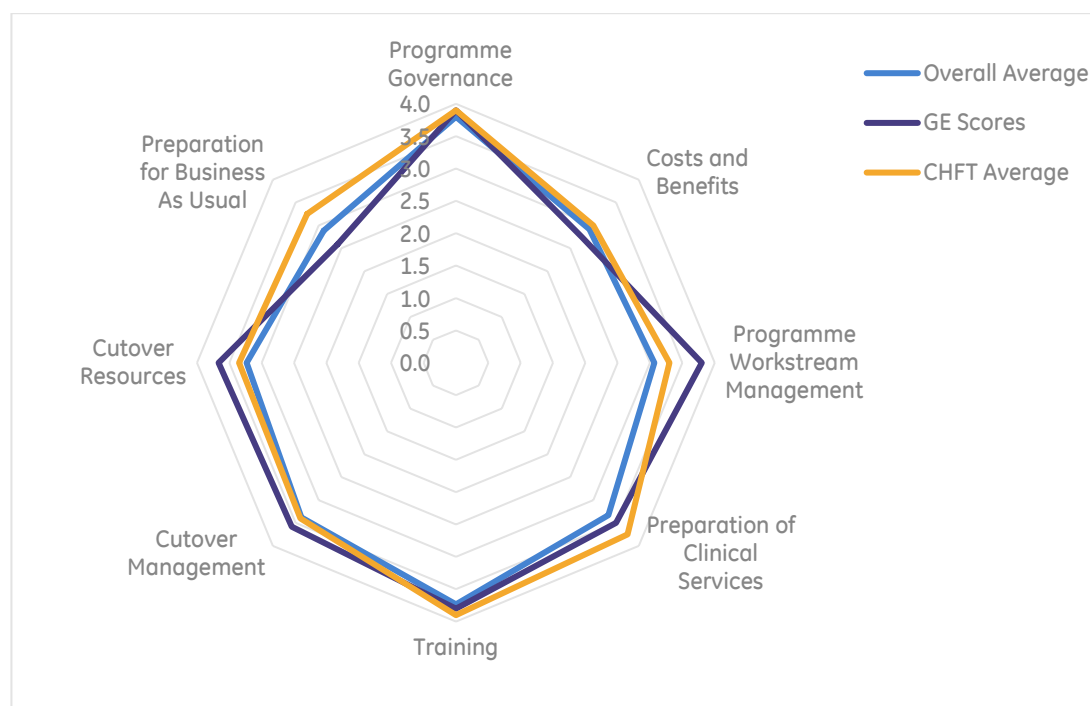
In addition to the report recommendations, we asked the Trusts to complete a self-assessment against the eight criteria specified for this assurance review. This was completed by the two CIOs and the CEO from CHFT, but due to the focussed nature of the

Gateway Review Conclusion

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self-assessment on organisational readiness for deployment, it was agreed that a response was not required from the CEO of BTHFT.

We then compared both the CHFT only score and the combined Trust score to the Review Team Assessment. The scoring criteria are listed in Appendix 4, and range from "1-not met" to "5-fully met". Average Trust scores in each category align reasonably well with the Review Team Assessment, but the review team scores are generally more positive except in the area of Preparation for BAU where the review team score lower than both the overall average and the CHFT average.



The following sections of this report deal separately with each of the key assurance areas identified in the assurance scope in Appendix 1.

The Delivery Confidence Assessment Red, Amber Green (RAG) status uses the definitions below.

RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Amber/Green	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery

Gateway Review Conclusion*External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness*

Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/schedule overrun
Amber/Red	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and whether resolution is feasible
Red	Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The Project/Programme may need re-base lining and/or overall viability re-assessed



Report on Action Plan from Previous Assurance Review

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

4 Report on Action Plan from Previous Assurance Review

Review 3 was conducted in July 2016, and whilst the objective of this review was not to make a delivery confidence assessment as would occur in our standard Gateway Review based approach, the review team considered that had the programme been rated, as of 25th July 2016, it would have been Amber/Red or possibly Red.

The Review 3 report included a range of recommended actions to improve delivery confidence. This report has been reviewed by the EPR Assurance Board and in response the programme developed an action plan for implementation of the recommendations. The ongoing management of the Review 3 actions is being overseen by the Trusts' own internal audit functions and is reported to the Assurance Board at each meeting.

The GE Healthcare Finnermore team review of documentation prior to Review 4a included a review of the Trust Management Response and Actions to the Review 3 report. Based on the updated Action Plan presented to the December 2016 EPR Assurance Board, it is our view that the actions arising have either been completed, or are on-going and being well managed. All recommendations have been agreed for action and documented plans in place to address any outstanding items.



Review Findings and Recommendations*External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness***5 Review Findings and Recommendations****5.1 Governance and Finance****5.1.1 What's going well?**

- The EPR Programme team working culture has improved significantly since our previous review, and would appear to be working well across all the workstreams reviewed
- We found good evidence of the EPR senior leadership team working cohesively with a strong focus on rapid decision making to address issues, which is needed at this point in the programme where a strong action orientated approach is critical to keep within the current go-live timescales. Examples including bringing in additional resources at short notice to support change, manual data migration and training
- We also found a significantly improved focus on providing the right information to the Programme Board and Transformation Board for making key decisions regarding the programme.
- The decision to allow the Chief Operating Officers (COOs) to chair the EPR Programme Board is strongly welcomed, which will help the Board focus on operational preparations for go-live of the system (which is critical at this point in the programme). There is also good evidence of regular reporting in each organisation to their Operational Boards and their local Executive Management Teams (EMTs)
- The progress towards sign-off of each of the go live milestones is being tracked in the Cerner Portal against a set of agreed criteria. This will be used for the go / no-go decision for go-live and should continue to be reviewed on a regular basis to ensure that actions are in place to address the outstanding criteria to move between gates
- There was widespread positive feedback from the drop-in workshops and the hospital area visits for both the CEO and CCIO / CNIO leadership in the programme, in particular the support of the CEOs for making hard decisions when required, and the CCIOs/CNIOs for taking the time to talk to clinical staff about the new system
- Subject Matter Experts (SMEs) have built up a detailed knowledge of the solution in their areas of specialism and plans are now in development for increasing their breadth of knowledge
- With the pending departure of Head of Clinical Informatics at BTHFT, who was leading many EPR activities, the Trust have made an appropriate appointment of an EPR Programme Director and EPR Senior Project Manager to drive the preparation for its go-live date.
- The programme now has its own Clinical Hazard and Risk Management Strategy and is working with NHS Digital and University of York to pilot a clinical hazard software tool. This tool is workflow based and seeks to identify potential hazards at each stage of the process.



Review Findings and Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

- There is improved recognition that board risk reporting and plotting of progress should align with the risk appetite for each organisation, which is a really positive development.

5.1.2 What could be improved?

- There is a risk that as pressure to go live grows and issues arise with the programme, exit/entry gateway criteria are missed or overlooked (which has happened previously in relation to Trial Loads). The two CEOs must be fully aware and sign off at Full Dress Rehearsal exit criteria through an honest and open review to avoid 'go live at all costs' syndrome and to confirm their commitment to being responsible for each other's successful go-lives
- The benefits case for the CHFT go-live requires attention to ensure that it has been re-baselined, taking into account the current scope and timing of the EPR implementation and the other benefit delivery programmes across the Trust. Baseline benefit measures should all be completed, owners fully identified and understand their role in benefit delivery, and measurement aligned to the PMO function
- Given the high proportion of the Programme Team are contractors, and several of this team have been working in an extremely high intensity environment for some time, there is a risk of 'burn out', sickness and loss of key staff leaving the programme at very short notice, either before the go-live at CHFT or more likely between the CHFT and BTHFT go-live dates. Loss of expertise in cutover and training in particular would have a significant detrimental impact on the programme at this point. The Trusts should consider how to provide appropriate 'pastoral care' to its programme team staff, in particular its contractors, to identify and support stress levels in go live period and run up to it
- In addition, the new IR35 Tax regulations that come into force from 6th April 2017 may act as a disincentive for contractors to stay in post for the BTHFT go live in particular. An agreed approach to the IR35 treatment of contractor tax across both Trusts should be agreed to address the risk of contractor staff leaving the programme especially at the end of the CHFT go-live period
- Although rapid decision making is required to bring in additional resources to the programme to address issues that will impact go-live readiness, the impact on the overall cost of the programme to both organisations should be reviewed and assessed on a regular basis
- The Risk Log for the programme should continue to be updated each week to ensure that it does not fall behind, and all staff are aware of the current key risks, and management focus should continue to be focussed on resolving open issues. The new clinical risk and hazard process should continue to be embedded into operational practice, and the development of a rapid response process for any clinical hazards identified in early life support stage addressed.



Review Findings and Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

5.1.3 Recommendations

Number	Recommendation	Who?	Status
R1	The SROs should review the detail of the Full Dress Rehearsal Gateway exit milestone and approve (and then monitor) the detailed work off plan	SRO - CHFT SRO - BTHFT Programme Team	Critical
R2	CHFT should revisit their benefits case to identify any KPI / baseline steps which need to be taken now to enable benefits monitoring to proceed later	CHFT	High
R3	The programme should work with the Directors of Finance at each site to agree the approach to the IR35 treatment of contractor tax	DoF - CHFT DoF - BTHFT	Evaluate

5.2 Pre-Cutover Activities

5.2.1 What's going well?

- There has been excellent work on development of the final build, particularly at Bradford where clinic template development was a particular concern on our last visit. Requests for Changes (RfCs) have mostly been processed and have been integrated into the Training Domain to ensure that end user training reflects the live environment as closely as possible. The current hard line on limiting build changes to those required to ensure patient safety, reimbursement, regulatory compliance and break/fix needs to be continued to be held as the team prepare for Full Dress Rehearsal (FDR) and then end user training
- There was consistently good feedback that the communications across both organisations was ramping up in a positive way, particularly at CHFT. Close links between the programme communications manager and the CHFT Communications lead should continue to ensure all staff are engagement in the programme and momentum and enthusiasm for go-live builds across the organisation.
- There was an overall 'cautious optimism' about EPR and the pending go-live at both Trusts from the range of staff we spoke to, but particularly at CHFT where there was a good acceptance that change in working practices was required, but the detail of how this would change would not be fully clear until end user training had been completed. There was good recognition of and engagement in the development of Standard Operating Procedures (SOPs) across both organisations, but particularly at CHFT where this will have most impact first. There is widespread acceptance that not all issues will be resolved by go live and that there will be problems but work is ongoing with respect to processes to minimise the impact of these



Review Findings and Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

- The implementation of 'Tap and Go' was universally seen as a really positive step in engaging staff in the forthcoming EPR programme and provided them with an immediate benefit that was welcomed. In addition, feedback from CHFT was that previous deployment of NerveCentre had helped with engaging staff with the use of electronic based and near-real-time solutions.
- There were several positives related to training preparations identified through this review:
 - Overall very good feedback from EPR friends on their training, particularly EPR Friends 2 where change management skills were taught and key messages around go-live developed for EPR Friends
 - There was also good feedback on the Pilot Training, and staff felt that if they had a question or query, this was answered by the trainer either during the session or by email afterwards
 - The use of 'Teach back' techniques by the EPR trainers to assess their skills and cross train modules is welcomed
 - There has been a very high uptake of CHFT staff booked onto relevant training in first two weeks of the booking system being open, with over 30% of staff already booked and numbers increasing rapidly each day. There has been great support from divisional managers and leads to encourage people to book onto courses - creating healthy competition between divisional teams to see who has fully booked their staff onto the training first. Weekly reporting to Executive Board on training sign up is helping with the overall management process
 - A robust training plan is in place and is resourced (although there were some Trainer vacancies at the time of the review). The plan has good mitigation actions for checking on training sign up, with increased intention as the training period approaches. The plan also has a robust approach to DNA management and getting staff on training at short notice where appropriate
 - Major training infrastructure issues would appear to be mostly resolved for CHFT, with training rooms and equipment identified, and a training domain up and running with multiple patients / patient states in place to support a wide range of training roles
 - Access to a 'Play domain' will be made available to staff once they have completed the training
 - An e-learning system is in development, which will serve as both another opportunity for staff to practice with the system and gain confidence and skills pre- and post go-live and act as an assessment tool for staff competency in core use of the system for locum / bank staff or others who need access to the system at short notice.



Review Findings and Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

- Testing processes appear to be progressing well, with the number of test issues being reduced from 2300 to 155 over the past few weeks, and a small number of Priority 2 issues remaining with plans in place to address these. The planned pre-work from BTHFT on integrating testing with its existing systems is welcomed as this will reduce the risks associated with the Integration Testing gateway for the Trust on the deployment plan as go-live approaches
- There has also been good progress with reporting, with other half the key reports tested (over 120) and only 4 issues identified.
- The focus and progress on resolving fractured workflow is welcomed, with plans developed to manage any issues arising.

5.2.2 What could be improved?

Data Migration and Reporting

- Despite good progress, there are still some concerns around reporting and the number of reports that need to be tested or re-tested (due to RfCs) in a very short space of time (two-week period). RTT reporting is an area that will especially need addressing. This may be particularly difficult at BTHFT due to the loss of an Information Manager contractor who had been providing specific support for the programme in this area. There is also a concern that Cerner are not focussed on fixing reporting issues and this should be highlighted to the Cerner Deployment Lead as a priority over the next two weeks. It is also important that departments are aware that they may not get their non-statutory reports for over six weeks post go-live, so that expectations are managed.
- Additions to the scope of data migration in both Trusts are a concern, increasing the potential for last minute automatic data migration failures thereby increasing the manual data migration effort. The number of Business as Usual changes will also impact on data migration success; this could be a particularly acute issue for BTHFT due to the high numbers of clinic changes each day.
- There are several concerns regarding the progress of planning and preparation for manual data migration for both Trusts. This is recognised by the Programme Team and actions have been identified to improve the situation.
- Like reporting, Cerner have not been focussed on resolving data migration issues except when pressure is applied by Programme Management.

System Build

- There are still many outstanding issues related to build (PAS case note tracking, radiology scheduling etc.) which need to be addressed as a matter of urgency, especially in the PAS workstream. Although there are plans in place to address these (including additional resources to provide support), careful and close management attention should be paid to these issues in both Trusts to ensure they are resolved before final build for go-live



Review Findings and Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

- A review of end to end patient administration processes should be undertaken as a priority, repeated concerns were expressed regarding potential fractures and data quality issues in the patient administration workflow. Examples of areas of concern in both Trusts include but are not limited to registration of patients out of hours, flows between referral and waiting list management and clinical preparation procedures. In CHFT outpatients, these have the potential to impact significantly on nursing staff schedules and this should be reviewed.
- Within CHFT Pharmacy, the manual link between EPR and Ascribe was poorly understood and staff were concerned. The absence of an automated interface presented a clinical risk which was understood at the CCIO level, but the Trust should make sure that a full clinical risk assessment has been undertaken and formally agreed prior to go-live

Change Management

- There is an urgent need to secure additional change facilitators and training resource to support the pre-go live preparations for CHFT and training preparation at BTHFT. Four change facilitators were being interviewed during the period of our review. Given the likely volume of workflow and process change, these resources levels should be considered as the minimum requirement and the programme should regularly review to create a resource bank if additional resources are required for each Trust go-live to ensure the best outcome possible
- A Change Strategy has now been approved but this is very late in the programme. Leadership changes in this area and resource constraints have also resulted in less progress in reviewing and determining new workflows and processes. The existing team are focussing on fractured workflows (where multiple electronic and manual systems are required to complete the workflow) as a priority.
- Work to develop Standard Operating Procedures (SOPs) has progressed in both Trusts but there is not clarity on how the EPR, other system and manual elements of these will be tested and included in staff training and guidance. Feedback indicated that this is an issue at both Trusts but more so at BTHFT.
- Whilst the review team consider focus on fractured workflows an appropriate priority concerns were expressed frequently in drop in session and walk arounds about the potential for failure of a range of clinical processes. Whilst some of this concern may arise from pre go live anxiety further detailed discussion with staff on walk arounds indicated a justifiable basis for concern. Wards 8a, b and d at Calderdale provide an example of where clinical process review is required and further investigation of the issues of concern to this ward is required along with an assessment of how more widely such issues might apply. This review should touch on process, technology availability and systems resilience / Business Continuity and Disaster Recovery (BCDR).

Review Findings and Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

- Even with the recruitment of additional change resources, the size of the change task (both at go live and as EPR is optimised in the year following go live) is far greater than an expanded team and the CCIOs could ever achieve. It is understood that operational team responsibility for change management, co-ordinated by a central team is the intended approach to achieving this, however there is some way to go before this is achieved.
- For both Trusts, work to integrate the training and change work streams is urgently required to ensure that staff are both skilled in the use of the EPR system and understand how their current work processes will change upon go live. End user training should at least advise staff where to go for more support in understanding process changes.

Training

- In addition to the change resource the programme team have requested two additional trainers to ensure that the load per trainer is reduced from 97% to 82% training contact time during the 40-day training window. Trainers working at a 97% contact rate are unlikely to sustain this work rate for 40 days and to do so would greatly increase the risk of trainer sickness or resignations and the resulting last minute session cancellations.
- Training resource is also cited as the limitation on the availability of SIM Centre sessions and resource reviews should also include resources to run more SIM Centres, especially at Bradford in the period where CHFT are preparing for go live.
- The training resource issue also extends to ongoing BAU training and retention of the knowledge built up in both organisations. This is essential if opportunities for optimisation of the system post go live are to be maximised.
- At CHFT, partly as a factor of the positive response to staff booking on training sessions there is now reduced flexibility in the schedule and several staff reported non-availability of training slots on their scheduled off duty day. Action will be needed to resolve this for staff for whom a suitable slot is not available.
- At CHFT several staff expressed concern that their particular role was not covered by a training session. Whilst it is not possible to cover all roles with session specific training, further user guidance regarding session booking would help to resolve this issue.
- If the BTHFT go live is in August or September 2017 then training delivery will be required in the peak August holiday period presenting additional challenges in releasing staff whilst maintaining clinical service delivery. Timing of the go live must also take into consideration the need to give trainers some respite from face to face training whilst balancing the risk that too long a downtime increases the risk of trainers finding contracts elsewhere.

Engagement and Communications



Review Findings and Recommendations

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- In both Trusts several staff raised concerns about the lack of response to queries that have been raised regarding the use of the EPR system in their clinical area. It is expected that the volume of these requests will increase significantly as end user training commences and as a result, the Programme Team should put in place plans to deal with such queries in a timely manner. Similarly, EPR Friends reported confidence in the process they are expected to follow for support upon go live but not for dealing with questions posed to them in the pre-cutover period.
- BTHFT have recognised the need to focus engagement more on the middle tier of nursing staff as senior and lower level engagement has been the focus to date. A plan is now in place to rectify this. A similar problem was reported at CHFT where messages are not always reaching frontline staff with the suggestion that middle managers need to provide a steer to junior managers with cascade to all staff from there.

Programme Team

- The Programme Team face the challenge of balancing resources between the two Trusts and this is only likely to increase in the coming months. Whilst staff at BHTFT accept that CHFT will receive a greater share of the available resource in the run up to go live, this cannot be at the cost of adequate pre-go live preparation at Bradford and resources should be ring-fenced to ensure that this does not happen.
- During drop in session and walkabouts at CHFT, staff repeatedly raised concerns about a lack of PCs and laptops in clinical areas. It is understood that a programme of work is underway to distribute some 180 additional devices. Communication of plans to ward staff could quickly allay these concerns
- Outstanding issues related to underpinning technical infrastructure work required at BTHFT should be progressed in line with current plans.

5.2.3 Recommendations

Number	Recommendation	Who?	Status
R4	Improve process / structure and timelines for getting queries and questions from staff answered as staff start to go through training	Programme Team	Evaluate
R5	The Programme Team should re-apply pressure on Cerner to resolve reporting and Data Migration issues in a timely manner.	Programme Team	Evaluate
R6	The agreed clinical risk process should be applied and the Programme should undertake a risk assessment of the EPR-Ascribe manual transcription process. The programme should also press for the	Pharmacy - CHFT Programme Team	High



Review Findings and Recommendations

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	implementation of a longer-term interface ASAP (noting that the Programme has already purchased this)		
R7	Both Trusts should clearly track the completion, testing and awareness of the SOPs to enable staff to better understand what future working processes are, and the impact on their future role	CHFT BTHFT	Critical
R8	Action should be taken to review clinical processes in areas where staff have concerns, using Ward 8a and 8b at Calderdale Royal Hospital for an initial review with further roll out to follow	Change Team, CCIOs	Evaluate
R9	An end to end PAS administration workflow process review should be undertaken to ensure there are no fractures that may have knock on effects for clinical workflow	Change and PAS workstream	High
R10	Training on new working process should be integrated with system training where possible or a plan developed for ensuring staff have the appropriate knowledge in both areas upon go live	Programme Team	High
R11	The programme should regularly review the need for additional Change and Training resource to support go-live preparation and actively identify the impact and potential mitigations possible	Programme Team	High
R12	The programme should secure additional Training resource to both reduce the trainer face to face contact time, to enable provision of SIM Centre sessions and for BAU training cover	Programme Team	High
R13	Action is required to resolve off duty and training availability issues	Programme and Operations Teams	Evaluate
R14	The Trusts could make better use of the opportunity that new starter inductions offer to cement EPR as a positive force for good	CHFT BTHFT	Evaluate



Review Findings and Recommendations

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R15	Both organisations should maximise access to the SIM centres or EPR clinical specialists in clinical areas to enable teams to work through their 'future state' working processes with the new system, and to maximise exposure to the new system	CHFT BTHFT	High
R16	Improve communication around what equipment will be available in ward areas to alleviate some concerns quickly and easily	Programme Team CHFT	Evaluate

5.3 Cutover, Early Life Support and Business as Usual Preparation

5.3.1 What's going well?

- Technical cutover planning and preparation is very well advanced with plans in place for addressing identified issues.
- Cerner cutover gateways are being used to track the progress of the programme through the various pre-go live stages, with criteria for progression regularly reviewed by the senior leadership team.
- A single change board for the two trusts is already in place in preparation for the pre-go live and early life support phases.
- The ITIL service management strategy and plan for Business as Usual (BAU) support is in place ready to be operationalised.

5.3.2 What could be improved?

- Additional support from Cerner is being investigated, though contracts are not yet signed. It is understood that this support agreement is for a subset of the Cerner AMS support offering which normally carries a minimum contract term of 2 years. Depending upon the BTHFT go live date, this six-month term may not be long enough, especially given there are concerns that the BAU support resources in place are not sufficient in number.
- The EPR Lead responsible for leading the BAU support programme needs appointing as soon as possible so that they can influence the establishment of the on-going BAU support work.



Review Findings and Recommendations

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- In the period between the CHFT and BTHFT go lives (the inter-BAU period) there is risk that there will be a lack of resources to support early life support and BAU at CHFT whilst simultaneously preparing for BTHFT's go-live. Early life support will have priority but there will be a need to ensure that the programme team are not solely focussed on stabilising CHFT should there be significant issues post go-live. There will also be a desire to see the same 'EPR experts' in a variety of roles move from the CHFT ELS to support both CHFT BAU and BTHFT go-live preparations. Accordingly, in the inter-BAU period, we anticipate both a need for increased resource levels overall but also the need for clarity on which of the 'EPR experts' will retain a CHFT focus and which will switch to a BTHFT focus. In the time available for this review, it was not possible for our review team to determine the probable level of this increased resource need in the Inter-BAU period, but estimates of a 50% to 100% increase were openly put forward from a number of EPR programme team members, which will be validated by internal work that is already underway.
- If the Trusts are to support each other during their respective go lives, some Bradford staff will require Cerner training in advance of the main Bradford sessions. Although for some services there are plans in place to do this (e.g. pharmacy), this should be reviewed across other parts of the programme.
- Concerns regarding floor walker support during cutover and early life were raised from several sources, in particular their local understanding of systems and processes at go-live, and the how the interfaces with third party systems will work in practice. Further re-assurance should be provided to local teams regarding the floor walker function and how it will work in practice over the go-live period.
- Business Continuity and Disaster Recovery (BCDR) plans need to be completed and tested, and made available to operational teams in CHFT to ensure that services will continue post go-live should any problems arise
- Clearer agreement on decision making on the shared instance is required to support change control and planned outage activity through the Change Control Board.



Review Findings and Recommendations*External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness***5.3.3 Recommendations**

Number	Recommendation	Who?	Status
R17	The programme needs to develop realistic resource models with contingency planning for the lead up to CHFT go-live and the Inter-BAU periods. This plan needs to address both the high levels of stress, risk of burnout, role change, AMS BAU model, contractor leveraging and the potential risk that "ring fenced" resources will be held at CHFT longer than planned, in addition to the support for the Bradford go-live	Programme Team	Critical
R18	The programme should agree a 'tenancy agreement' between the two Trusts so that decision making for change / BCDR / Planned Outage etc. is agreed and clear	Programme Team	High



6 Next Gateway Review

This is the last planned Gateway Review for CHFT. Review 4b (Go Live Decision) for BHFT is expected to take place in the summer of 2017 at a date to be confirmed. Review 4b will follow a similar pattern to the Organisational Readiness elements of the 4a Review but focus solely on BHFT in order to provide a comparison to the status noted in this report.

Distribution of the Gateway Review Report

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

7 Distribution of the Gateway Review Report

The contents of this report are confidential to the SROs and their representative/s. It is for the SROs to consider when and to whom they wish to make the report (or part thereof) available, and whether they would wish to be consulted before recipients of the report share its contents (or part thereof) with others.

The Review Team Members will not discuss its content or conclusions with others.

Any other request for copies of the Gateway Report will be directed to the SROs.



Appendix 1: Purpose of the External Assurance Review

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

8 Appendix 1: Purpose of the External Assurance Review

The Trusts identified the following as the initial scope and priorities for the three assurance gateway reviews:

Gateway Review 1 - Governance

- Alignment of programme with business development objectives and priorities.
- Programme governance and accountabilities clearly defined and implemented.
- Risk management processes in place for identification, analysis, control, monitoring and review.
- Risk and issue management strategy in place
- Sponsorship and ownership of change led by Board and senior management team.
- Benefits management framework in place.
- Communications strategy agreed
- Initial engagement status is appropriate

Gateway Review 2 – Programme Management

- Risks and patient safety aspects being addressed
- Robust programme plan developed and effective reporting and escalation processes in place
- Project impact assessments are being done.
- Role based training plan in place.
- Data migration and integration assessment plans completed and risk assessed.
- Benefits are being managed to deliver.
- Programme management resources, controls and reporting defined and implemented.
- Engagement status is appropriate for this stage of the programme
- Future state processes complete

Gateway Review 3 – Prior to Go-live

- Preparation for implementation in place (data, infrastructure, suppliers).
- Process design complete, vetted and clinically risk assessed where required.
- Role security design complete.



Appendix 1: Purpose of the External Assurance Review

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

- Process, systems and data migration testing complete
- Requirements and accountabilities for end to end support and service management in place.
- Go live and cutover planning complete approach and scope and clinically risk assessed
- Risks and patient safety continue to be addressed.
- Organisational readiness and capacity and engagement appropriate for this stage of the programme

For this review (Gateway Review 4a), the priority areas were themed as follows:

- Governance and Finance
 - Programme Governance
 - Costs and Benefits
- Pre-Cutover Activities
 - Programme Workstream Management
 - Preparation of Clinical Services
 - Training
- Preparation for Cutover and Early Life Support
 - Cutover Management
 - Cutover Resources
- Preparation for Business as Usual.



Appendix 2: Summary of Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

9 Appendix 2: Summary of Recommendations

This review has focussed on identifying actions which can be taken to secure a positive outcome for the EPR programme. The following table summarises the recommendations contained in this report.

Each Recommendation has been classified as follows:

- C Critical.** These actions will need to be addressed if the planned go lives are not to be put at risk
- H High.** These actions will help to secure a better outcome
- E Evaluate.** These actions should be evaluated by the programme team to decide if they will add value

Number	Recommendation	Who?	Status
R1	The SROs should review the detail of the Full Dress Rehearsal Gateway exit milestone and approve (and then monitor) the detailed work off plan	SRO - CHFT SRO - BTHFT Programme Team	Critical
R2	CHFT should revisit their benefits case to identify any KPI / baseline steps which need to be taken now to enable benefits monitoring to proceed later	CHFT	High
R3	The programme should work with the Directors of Finance at each site to agree the approach to the IR35 treatment of contractor tax	DoF - CHFT DoF - BTHFT	Evaluate
R4	Improve process / structure and timelines for getting queries and questions from staff answered as staff start to go through training	Programme Team	Evaluate
R5	The Programme Team should re-apply pressure on Cerner to resolve reporting and Data Migration issues in a timely manner.	Programme Team	Evaluate
R6	The agreed clinical risk process should be applied and the Programme should undertake a risk assessment of the EPR-Ascribe manual transcription process. The	Pharmacy - CHFT Programme Team	High



Appendix 2: Summary of Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

	programme should also press for the implementation of a longer-term interface ASAP (noting that the Programme has already purchased this)		
R7	Both Trusts should clearly track the completion, testing and awareness of the SOPs to enable staff to better understand what future working processes are, and the impact on their future role	CHFT BTHFT	Critical
R8	Action should be taken to review clinical processes in areas where staff have concerns, using Ward 8a and 8b at Calderdale Royal Hospital for an initial review with further roll out to follow	Change Team, CCIOs	Evaluate
R9	An end to end PAS administration workflow process review should be undertaken to ensure there are no fractures that may have knock on effects for clinical workflow	Change and PAS workstreams	High
R10	Training on new working process should be integrated with system training where possible or a plan developed for ensuring staff have the appropriate knowledge in both areas upon go live	Programme Team	High
R11	The programme should regularly review the need for additional Change and Training resource to support go-live preparation and actively identify the impact and potential mitigations possible	Programme Team	High
R12	The programme should secure additional Training resource to both reduce the trainer face to face contact time, to enable provision of SIM Centre sessions and for BAU training cover	Programme Team	High
R13	Action is required to resolve off duty and training availability issues	Programme and Operations Teams	Evaluate
R14	The Trusts could make better use of the opportunity which new starter	CHFT BTHFT	Evaluate



Appendix 2: Summary of Recommendations

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

	inductions offer to cement EPR as a positive force for good		
R15	Both organisations should maximise access to the SIM centres or EPR clinical specialists in clinical areas to enable teams to work through their 'future state' working processes with the new system, and to maximise exposure to the new system	CHFT BTHFT	High
R16	Improve communication around what equipment will be available in ward areas to alleviate some concerns quickly and easily	Programme Team	Evaluate
R17	The programme needs to develop realistic resource models with contingency planning for the lead up to CHFT go-live and the Inter-BAU periods. This plan needs to address both the high levels of stress, risk of burnout, role change, AMS BAU model, contractor leveraging and the potential risk that "ring fenced" resources will be held at CHFT longer than planned, in addition to the support for the Bradford go-live	Programme Team	Critical
R18	The programme should agree a 'tenancy agreement' between the two Trusts so that decision making for change / BCDR / Planned Outage etc. is agreed and clear	Programme Team	High



Appendix 3: Review Team and Interviewees

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

10 Appendix 3: Review Team and Interviewees

Review Team:

Review Team Leader:	Max Jones Director GE Healthcare Finnamore
Review Team Members:	Adam Drury Director GE Healthcare Finnamore
	Kate Salsbury Associate Consultant GE Healthcare Finnamore
Quality Assurance	Joel Haspel Partner GE Healthcare Finnamore

List of Interviewees:

Name	Role (Organisation)
Rod Gamble	Programme Manager, EPR Programme Team
Alistair Morris	Chief Clinical Information Officer and Director of Clinical Modernisation, CHFT
Ian Crook	Cerner Deployment Lead
David Williams	EPR Data Migration Manager, EPR Programme Team
Andi Taylor	EPR Cutover Manager, EPR Programme Team
Colin Beesting	Communications Manager, EPR Programme Team
Derek Wright	Training Manager, EPR Programme Team
Helen Webster-Mair	EPR Change Manager, EPR Programme Team
Jackie Murphy	Chief Nursing Information Officer, CHFT
Kay Pagan	Chief Nursing Information Officer, BTHFT
Benny Wokoru	Testing Lead, EPR Programme Team
Imran Moledina	Reporting Lead, EPR Programme Team
Rob Birkett	Programme Director, CHFT



Appendix 3: Review Team and Interviewees*External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness*

Ruth Wood	Divisional Operational Support Manager, Division of Medicine, BTHFT
Janette Reynolds	Divisional General Manager, Women's and Children's Division, BTHFT
Helen Barker	Chief Operating Officer, CHFT
Rob Aitchison	Director of Operations, Family and Specialist Services, CHFT
Karen Barnett	Divisional Manager for Community Services, CHFT
Katherine Fletcher	General Manager, Outpatients, CHFT
Glyn Bigmore	EPR Programme Director, BTHFT

List of Workshop Attendees - BTHFT

Name	Role (Organisation)
Saique Ahmed	CPBS Team Manager
Nicola O'Grady	CPBS Team Manager
Amanda Meehan	Paeds / Maternity Manager
Mohammed Patel	Oncology Pharmacist
Juliet Crowther	EPR Divisional Business Manager
Lisa Stoddart	EPR SME Lead, Paediatrics
Rachel Barnes	Pharmacist
David Smith	Pharmacist
Neill MacDonald	Deputy Director of Pharmacy
Valerie Richardson	Notes Prep Clerk
Shirley Jules	Admin Officer
Tracey Sutcliffe	Orthopaedics Note Prep
Elizabeth McIntosh	Pharmacist
Rebecca Tindall	Pharmacist

List of Workshop Attendees - CHFT

Name	Role (Organisation)
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Appendix 3: Review Team and Interviewees*External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness*

Daniel McNally	Clinical Documentation SME
R Hanan	Clinical Documentation SME
Damon Hosn	Pharmacist and SME E-prescribing
Jonathan Bray	Pathology IT and SME
Elaine Reeves	Phlebotomy Team Leader
Suzanna Wilson	Senior Biomedical Scientist - Cellular Pathology
Emily Dewey	PAS Outpatient SME
Purav Desmi	Order Comms SME
Takira Shariff	ETD Manager
Pam Lewis	Ward Clerk, Ward 15
Sarah Bray	Sister / Ward Manager, Ward 15
Jim Harris	e-prescribing analyst, Pharmacy
Theresa Donnelly	Records Team Leader
Jackie Sellers	Records Service Manager
Maggie Mannifield	Clerical Officer, Validation Appointment Centre
Catherine Foster	SME Paediatrics
Linda Denham	8AB Ward Manager
Barbara Sanderson	8D Ward Manager
Janine Mellor	Ward 9 Manager
Karen Wilkinson	Ward 3a
Deborah Williams	Ward 1D Manager
Jackie White	Orthopaedic outpatient HCA
Karen Buckley	Staff Nurse, orthopaedic outpatients
Gillian Grayson	Medical Secretary Team Leader
Chris Burton	SME Clinical Documentation
Amanda Holmes	Infection prevention and control nurse
Tracy Cartledge	Data manager, Infection Control
Bev Smith	Clinical Coder
Ashwin Verma	Consultant
James Pickles	Overseas Visitors Supervisor
Philip Ashwarts	Overseas Visitors Supervisor
Imran Bhati	Moving and Handling Advisor
Ruth Mills	Development Sister



Appendix 3: Review Team and Interviewees

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

Jane Cash	Sister orthopaedic outpatients
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List of Areas Visited - CHFT

Area	Site	Roles
Emergency Department	Huddersfield	ED EPR Lead consultant ED consultant ED nurse
MAU Department	Huddersfield	Ward Sister
Paediatric Ward	Huddersfield	Ward Sister
Ophthalmology O/P	Huddersfield	Staff Nurse HCA
General Medical O/P	Huddersfield	Staff Nurse
Main O/P Reception	Huddersfield	Receptionist
Ward 12 Oncology	Huddersfield	Ward Clerk Snr Nurse Matron
Ward 10 Gastro Surgery	Huddersfield	Ward Clerks FP1 Doctor
Pharmacy	Huddersfield	Pharmacist Technician Assistant
Pathology	Huddersfield	Snr Lab Team Member
Infection Control	Huddersfield	Nurse
Transfusion	Huddersfield	Nurse
MRI / CT	Huddersfield	Snr Radiographer
Paediatrics	Calderdale	Ward Clerk Snr Nurse Trainee Nurse Admin team
NICU	Calderdale	Doctor Nurse
Various	Calderdale	General Manager (Women's Services) Ops Manager



Appendix 3: Review Team and Interviewees*External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness*

		Dep Head Midwifery Dep Dir of Pharmacy General O/P Matron
Ward 8a, 8b Orthopaedic	Calderdale	Matron Ward Sisters Advanced Nurse Practitioners Health Care Assistants



Appendix 4: Self-Assessment Criteria

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

11 Appendix 4: Self-Assessment Criteria

		Scoring against stated criteria:	Risk based assessment (impact of not taking action to meet the stated criteria)
1	Not Met	Statement/criteria not met	Catastrophic impact on either programme timescales, cost or quality if the required action is not taken to meet the criteria. Very difficult and costly to recover if at all
2	Poorly Met	Statement/criteria partially met but considerable work required to achieve a score of 4	Major impact on either programme timescales, cost or quality if the required action is not taken to meet the criteria. Medium to long term effect (including after go live) and/or expensive to recover.
3	Partially Met	Statement/criteria partially met and applies to the majority of the requirement with only a relatively small amount of effort required to achieve a score of 4.	Moderate impact on either programme timescales, cost or quality if the required action is not taken to meet the criteria. Medium term effect (including after go live) and/or moderately expensive to recover.
4	Mostly Met	Statement/criteria met with only minor action required to achieve a score of 5	Minor disruption to either programme cost, time or quality if the required action is not taken to meet the criteria. Short to medium term effect with little or no associated cost.
5	Fully met	Statement/criteria fully met with no additional work or adjustment required.	Insignificant impact on either programme cost, time or quality if no further action is taken. With no associated cost.

Appendix 5: Summary of Drop-In Workshop Feedback

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

12 Appendix 5: Summary of Drop-In Workshop Feedback

		BTHFT - 14/02				CHFT - 15/02			CHFT - 16/02			
Feedback Point	+/-	1	2	3	4	5	6	7	8	9	10	11
Communications & Engagement												
User friendly, intuitive system	+ve	X	X								X	X
Generally good exposure and lots of people talking about the system - good awareness	+ve	X				X	X			X	X	
A lot of positivity amongst nursing staff about the development but aware this is not comprehensive and other staff groups have greater concerns	+ve	X										X
Good support for EPR Friends	+ve			X		X		X	X	X	X	X
Opportunity for Q&A would be welcome - don't feel this is there at the moment. Don't know where to ask for advice/information particularly in run up to go live if have concerns	-ve	X	X	X		X	X	X				X
Engagement stalled since initial launch, appear to have been large gaps with no communications/feedback. E.g. passport - good launch but no delivery since	-ve	X	X									
Need to manage expectations staff re how much access they will have and when.	-ve		X					X				
Pockets of negativity exist in the organisation, need plans to improve these	-ve	X						X				X
Process for raising build/process issues and receiving feedback not clear	-ve	X		X		X	X					
EPR Friends not briefed or knowledgeable enough to perform their role	-ve	X		X		X	X	X				
Ability for ward staff to familiarise themselves with the system is very poor. Huges concerns about state of readiness at ward level - posters are no longer enough	-ve										X	X
System Familiarisation												
Good progress on build and what is available - generally positive feel	+ve		X								X	
More access to SIM centre /play domain to increase knowledge and understanding	-ve	X	X	X	X	X	X	X	X	X		X



Appendix 5: Summary of Drop-In Workshop Feedback

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

Subject specific team simulation sessions required - both clinical and non clinical to test how roles link up/interface	-ve		X	X	X	X	X	X	X	X		X
No simulation centre at St Luke's	-ve	X		X								
Major concerns over care plan and drug charts and how they work in EPR - not seen it and concerned about length of time this will take until people learn the system and clinical risk associated with mistakes	-ve						X			X		X
Concerns re how/what data will be migrated electronically and what manually and testing of this.	-ve	X					X		X			
Clinical/Patient Safety												
Strong clinical risk management process - feel there is good structure and process for identifying and managing	+ve		X									
How will Cerner work with Pharmacy system. Integration plans not clear.	-ve	X	X		X		X		X			
Concerns re plans for big bang go live - some could elements of implementation could be staged to reduce risk	-ve		X						X			
Concerns over CHFT FDR only covering inpatient and A&E, and not outpatients, pathology etc	-ve					X						
Concerns re how patient safety risks and near misses get identified. Logged and awareness training delivered post go live	-ve					X				X		
Post Go live Support												
Concerns regarding managing queries on go live	-ve				X		X			X	X	
Concerns over rostering of staff for each shift at go-live - EPR Friends v Floorwalker support							X	X		X	X	X
Concerns re. conflict of resources between CHFT stabilisation and Bradford pre-go live prep	-ve					X						
Concerns re resources around go live - both in ops/clinical teams and EPR support	-ve				X	X				X		
Training												
Pilot training sessions well received by those who attended and trainers responded well to questions	+ve	X	X	X	X	X	X				X	

Appendix 5: Summary of Drop-In Workshop Feedback

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

Some of pilot training sessions were not roles specific enough - some admin roles for e.g. need part of a number of the current roles based sessions.	+ve	X				X		X	X	X	X	X		
Need to train some Bradford staff (e.g. pharmacists) to support go-live at CHFT	-ve					X								
Workflow needs finalising before end user training commences	-ve							X	X	X	X	X		X
Bradford concern that trainers are now all fully occupied at CHFT until summer time and BTHFT will have no further access to this resource until shortly before their training begins in the summer.	-ve	X				X								
Location of CHFT Training - some of it at St. Johns in Halifax for Huddersfield based staff - difficulty with travel	-ve								X	X				
Concerns regarding how less computer literate staff will manage	-ve						X	X	X	X		X		X
Alignment of staff study days with availability of training courses	-ve								X			X		X
Concerns re training for doctors changeover and locum and agency staff	-ve							X	X		X	X		X
Unclear how follow up assessment and more training will be provided for those who need additional support or do not pass the assessment on the first session.	-ve							X	X	X	X	X		X
Changing Working Practices														
Improve auditability, traceability and legibility of records	+ve					X								
Great opportunity to find out what doctors were involved in the care	+ve					X								
People given time to come in on Monday post go live to get used to the new system before major flow of patients on follow Tuesday (e.g. Ward Clerks)	+ve								X					
Major concern that end to end admin process changes not worked through - concern that there will be gaps and bottle necks given focus so far has been on clinical processes	-ve	X				X			X	X		X	X	

Appendix 5: Summary of Drop-In Workshop Feedback

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

Concern that the jobs will take longer to do with the new system, and that not all roles have been considered	-ve				X			X	X		X		
Unclear how scanning will work in conjunction with EPR	-ve				X			X		X			
Clinic Prep and likely changes to current process including records canning / mini pack development not clear	-ve	X			X								
Concern that staff will find workarounds to problems and not follow standard processes	-ve				X		X	X	X				
Concern that too far down the line to make build changes and there has not been sufficient review of build against SOPs and working processes	-ve	X					X		X				
Concerns over integration with existing systems (e.g. outpatient kiosks)	-ve						X	X					
Concern over fractured workflows especially in Pathology and Order Comms, feel these are not worked through appropriately	-ve						X	X	X				
Good culture for change - based on successful deployment of previous projects	-ve							X					
Multiple questions about how specific workflow elements will work across a range on admin and clinical workflows	-ve						X	X			X		X
Concern re how current infection control process will work in cerner and how data will flow between cerner and iCNet											X		
Leadership & Decision Making													
Strong project management function - management of technical issues good	+ve		X										
Morale high in the EPR Programme Team	+ve						X						
Programme team approachable	+ve						X						
Excellent senior 'top down' leadership	+ve							X			X		
SME voices heard and changes made as a result	+ve							X					
Great support to clinicians from CCIO	+ve						X	X	X			X	
Internal programme team communications could be better (meeting papers and minutes etc) - especially documenting decisions, how they were made and why	-ve						X				X		

Appendix 5: Summary of Drop-In Workshop Feedback

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

Good cross organisational Boards for specific functions (e.g. Pharmacy)	+ve						X					
Feel senior management is less comfortable with progress and management of risks	-ve		X									
Access Technology												
How will clinicians who are not ward based (e.g. Pharmacists and Physios) access the system? Concern that if there are insufficient access devices and power sockets on wards then they will have to wait to log on.	-ve	X	X		X	X	X	X	X	X		X
Dependencies on Managed Print Services rollout, SSO etc - although 'Tap and Go' very positive	-ve					X	X	X		X	X	X
Concerns about access to appropriate levels of hardware post go-live (computers, printers etc) - not only numbers but whether it has been checked	-ve					X	X	X	X	X	X	X
Business Continuity												
Good contingency plans in place	+ve						X					
No discussion to date on Business continuity arrangements and reverting to paper working if system is not available	-ve	X			X	X	X	X	X	X	X	X
Concern that nursing and admin teams will not be able to re- enter data collected on paper in event of system non availability due to time constraints	-ve	X		X		X						
Other												
Need to ensure cross over/staff exchange between Trusts to ensure BTHFT get learning from CHFT	+ve		X									
Sense of huge possibilities but process for longer term development and benefits management not clear.	+ve		X									
Better relationships with Bradford now in place at a clinical level	+ve					X					X	
How will work off plan/post go live developments be managed - need to inform and set expectations here	-ve		X			X						
Concerns about disruption at go live and sceptical of benefits	-ve			X			X	X		X	X	
Concern about out of hours support at go-live	-ve					X	X			X	X	



Appendix 5: Summary of Drop-In Workshop Feedback

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

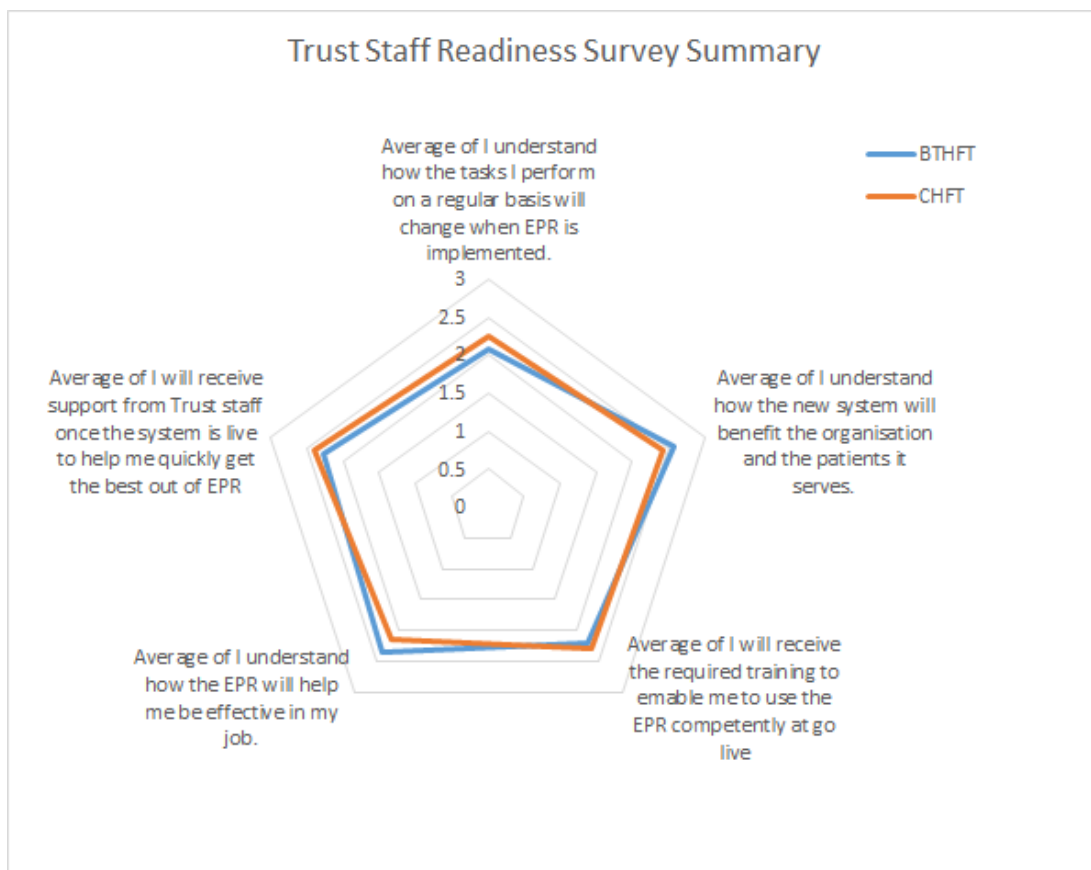
Concern about what may have not been thought of / what has been missed?	-ve							X	X				
Small BAU team - not fully resourced	-ve							X					
Concern over cut down Cerner support over the 6 month post go live period	-ve							X					
Concern that data will be lost in migration process e.g. alerts over three years old are still relevant in many cases - Infection Control for example.	-ve									X			
Drop in activity around go live time, and whether this must be made up	-ve											X	



Appendix 6: Summary of Staff Survey Questionnaire

External Assurance of EPR Programme - Gateway Review 4a: Operational Readiness

13 Appendix 6: Summary of Staff Survey Questionnaire



MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: Kathy Bray
TITLE OF PAPER: NOMINATION AND REMUNERATION COMMITTEE (MC) UPDATE – MARCH 2017	
DATE OF MEETING: Wednesday 5 April 2017	SPONSORING DIRECTOR: Andrew Haigh
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 Nomination and Remuneration Committee met on the 9 March 2017 to discuss the tenure of the three Non-Executive Directors whose tenures are due to complete in the summer of 2017 (please see notes attached) The Committee is asked to receive and note:- <ol style="list-style-type: none"> Draft Minutes of the Nomination held 8.3.17 Updated Terms of Reference – the Committee asked for amendments to be made to include membership and quoracy of Committee. The Membership Council is asked to approve the amendments and nominate other Membership Councillors to serve on the Committee due to a public member vacancy and a staff member vacancy due to the resignation of Eileen Hamer. The approved Terms of Reference will be taken to the Board of Directors meeting on the 6 April 2017 for ratification. 	
RECOMMENDATION: The Committee is asked to:- <ol style="list-style-type: none"> 1. Receive and note the Draft Minutes of the Nomination and Remuneration Committee held on the 8.3.17, 2. Approve the Updated Terms of Reference and 3. Receive any expressions of interest to serve on this Committee. 	
APPENDIX ATTACHED: YES / NO	

Minutes of the meeting of the Nomination and Remuneration Committee (Membership Council)

Held on Wednesday 8 March 2017 in the Chair's Office, Trust Offices, Huddersfield Royal Infirmary at 2pm.

MEMBERS

Andrew Haigh	Chairman and Chair of the meeting
Peter Middleton	Lead Membership Councillor and Chair of the meeting
Eileen Hamer	Staff Membership Councillor
Brian Moore	Publicly Elected Membership Councillor
Di Wharmby	Publicly Elected Membership Councillor

IN ATTENDANCE

Victoria Pickles	Company Secretary (minutes)
Ian Warren	Executive Director of Workforce and OD

Item

01/17

APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Dawn Stephenson, Nominated Membership Councillor

02/17

MINUTES OF THE MEETING HELD ON 18 OCTOBER 2016

The minutes of the last Nomination and Remuneration Committee (Membership Council) meeting held on the 18 October 2016 were accepted as a correct record. It was noted that due to diaries, the meeting agreed in October had been arranged for March rather than February.

03/17

MATTERS ARISING

All matters arising had been included on the agenda.

04/17

DECLARATIONS OF INTEREST

There were no declarations of interest to note. All present declared that they had no interest in applying for a Non-Executive post at the Trust before March 2018.

05/17

REVIEW OF TERMS OF REFERENCE OF THE NOMINATIONS AND REMUNERATION COMMITTEE (MEMBERSHIP COUNCIL)

The Committee **APPROVED** the terms of reference subject to clarification of the number and type of Membership Councillors required to sit on the Committee.

06/17

DISCUSSION PAPER

06/17 (1)

Agreement of Non-Executive Director tenures

The Chairman introduced the paper which set out the tenures of the current Chairman and Non-Executive Directors. The Company Secretary reminded the Committee that at the meeting on 18 October 2016 it had been agreed to extend the tenure of the Chairman by 12 months and a minimum of one other Non-Executive.

The Executive Director of Workforce and OD pointed out that the decision would need to be fair and equitable and not to focus on the individuals.

The Committee discussed the requirement to only extend tenures in exceptional circumstances while needing to maintain some continuity on the Board of Directors. The value of having staggered tenures was also recognised. The report showed that if one Non-Executive Director tenure was to be extended then there would be two Non-Executives coming to the end of their tenure in each year. The Committee felt that this was a sensible approach which would provide good balance and continuity to the Board.

The Committee **AGREED** to extend the tenure of one Non-Executive Director.

06/17 (2) Board skills and competencies

The Executive Director of Workforce and OD presented the report showing the Non-Executive Directors' self-assessment of skills and competencies. The paper demonstrated those areas where there is more limited experience amongst Board members and the areas for priority for the future direction of the Trust.

The Committee recognised that all three Non-Executives whose tenures were due to complete during 2017 had brought a huge amount to the Trust over the six years and that this would prove a difficult decision. The Committee agreed that the decision should be made on the knowledge required to take the Trust through the next 12 months.

It was recognised that the need to maintain clinical experience and a link to primary care was one of the priorities for the Trust given the need to work more closely with GPs. The Committee also highlighted the need for commercial and property development knowledge and experience and system integration skills including links to the social care sector.

It was agreed that there would be an advantage of having knowledge and experience of primary care coupled with knowledge of the Trust as a good set of skills to take us through the next year. The Committee considered this the immediate priority and therefore decided to extend the tenure of the clinical non-executive role. The Executive Director of Workforce and OD also stressed the importance of clinical engagement as the Trust reconfigures the workforce to meet the challenges facing the NHS nationally and locally.

The Committee **AGREED** to extend the tenure of the clinical Non-Executive Director and to focus the Non-Executive recruitment on commercial and social care integration skills and knowledge.

06/17 (3) Chair and Non-Executive Remuneration

The Chairman reported that there has been a 1% increase for those on Agenda for Change. The benchmarking information shows that the Trust pay is broadly in line with other Foundation Trusts. The proposal therefore is for no increase in pay for Non-Executive Directors at this point.

The Committee **AGREED** not to make an increase to Chair and Non-Executive pay.

06/17 (4) Review Chair and Non-Executive terms and conditions

The Chair presented the terms and conditions for Chairman and Non-Executive Directors. It was agreed to remove any reference to Independent Members. **ACTION**

The Committee **APPROVED** the terms and conditions.

06/17 (5) Next steps recruitment

The Chairman set out the next steps to recruiting Non-Executive Directors. It was noted that the Trust has a three year contract in place with a recruitment company and that an initial meeting was in the diary to discuss skills and knowledge. It was agreed to hold another meeting to approve the timetable and process for recruitment. **ACTION**

07/17 ANY OTHER BUSINESS

The Chairman thanked Eileen for her contribution and role on the Membership Council and wished her a happy retirement.

DATE AND TIME OF NEXT MEETING

To be confirmed.

The Chairman closed the meeting at 3pm.

NOMINATION AND REMUNERATION COMMITTEE (MEMBERSHIP COUNCIL)

TERMS OF REFERENCE

Version:	1.1 First draft circulated for review to Chair – 13.10.15 1.2 Draft submitted to Membership Council for approval – 4.11.15 1.3 Draft submitted to Board for approval – 26.11.15 1.4 Reviewed by Noms and Rems Committee 8 March 2017
Approved by:	Board of Directors & Membership Council
Date approved:	4.11.15 and 26.11.15 <u>5.4.17 (MC) & 6.4.17 (BOD)</u>
Date issued:	
Review date:	March 2018

NOMINATION AND REMUNERATION COMMITTEE TERMS OF REFERENCE (MEMBERSHIP COUNCIL)

1. Constitution

- 1.1 The Trust hereby resolves to establish a Committee to be known as the Nomination and Remuneration Committee (Membership Council). The Committee has no executive powers other than those specifically delegated in these terms of reference.
- 1.2 Please note that all references in these terms of reference to Non-Executive Directors are to be taken to include the Chair, unless specifically indicated otherwise.

2. Authority

- 2.1 The Membership Council Nomination and Remuneration Committee (the Committee) is constituted as a standing committee of the Membership Council. Its constitution and terms of reference shall be as set out below, subject to amendment at future Membership Council meetings.
- 2.2 The Nomination and Remuneration Committee is authorised by the Membership Council to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Nomination and Remuneration Committee.
- 2.3 The Nomination and Remuneration Committee is authorised by the Membership Council, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 2.4 The Nomination and Remuneration Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

3. Conflicts of Interest

- 3.1 The Chair of the Trust, or any Non-Executive director present at committee meetings, will withdraw from discussions concerning their own re-appointment, remuneration or terms of services.
- 3.2 In order to sit as a member of the committee participants must sign a declaration that they have no intention to apply for a Non-Executive Director appointment in the 12 months following attendance at the meeting of the Nomination and Remuneration Committee.

4. Nominations role

The Committee will:

- 4.1 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and, having regard to the view of the Board of Directors and relevant guidance on board composition, make recommendations to the Membership Council with regard to the outcome of the review.
- 4.2 Review the results of the Board of Directors' performance evaluation process that relates to the composition of the Board of Directors.
- 4.3 Review annually the time commitment requirement for Non-Executive Directors.
- 4.4 Give consideration to and succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills and

expertise needed on the Board of Directors in the future.

- 4.5 Make recommendations to the Membership Council concerning plans for succession, particularly for the key role of Chair.
- 4.6 Keep the leadership needs of the Trust under review at Non-Executive level to ensure the continued ability of the trust to operate effectively in the health economy.
- 4.7 Keep up-to-date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.
- 4.8 Agree with the Membership Council a clear process for the nomination of a Non-Executive Director.
- 4.9 Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.
- 4.10 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities and expected time commitment required.
- 4.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Membership Council.
- 4.12 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Membership Council before appointment and that any changes to their commitments are reported to the Membership Council as they arise.
- 4.13 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest as well as with compliance with 'Fit and Proper Person' requirements are reported.
- 4.14 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board of Directors Meetings.
- 4.15 Advise the Membership Council in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review.
- 4.16 Advise the Membership Council in regard to any matters relating to the removal of office of a Non-Executive Director.

5. Remuneration role

The Committee will:

- 5.1 Recommend to the Membership Council a remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of his own remuneration and terms of service) and the Chief Executive and any external advisers.
- 5.2 In accordance with all relevant laws and regulations, recommend to the

Membership Council the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.

- 5.3 Receive and evaluate reports about the performance of individual Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.
- 5.4 In adhering to all relevant laws and regulations establish levels of remuneration which:
 - 5.4.1 are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust;
 - 5.4.2 reflect the time commitment and responsibilities of the roles;
 - 5.4.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and
 - 5.4.4 are sensitive to pay and employment conditions elsewhere in the Trust.
- 5.5 Oversee other related arrangements for Non-Executive Directors.

6. Membership and attendance

- 6.1 The membership of the committee shall consist of at least six Membership Councillors appointed by the Membership Council, four of whom must be public Membership Councillors.
- 6.2 The Committee will normally be chaired by the Trust Chair. Where the Trust Chair has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair/Lead Membership Councillor.
- 6.3 A quorum shall be three members, two of whom must be public Membership Councillors.

7. Secretary

- 7.1 The Board Secretary shall be the secretary to the Committee

8. Attendance

- 8.1 Only members of the Committee have the right to attend Committee Meetings.
- 8.2 At the invitation of the Committee, meetings shall normally be attended by the Chief Executive and Director of Workforce.
- 8.3 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

9. Frequency of Meetings

- 9.1 Meetings shall be held as required, but at least twice in each financial year.

10. Minutes and Reporting

- 10.1 Formal minutes shall be taken of all Committee meetings and once approved by the Committee, circulated to all members of the Membership Council unless a

conflict of interest, or matter of confidentiality exists.

10.2 The Committee will report to the Membership Council after each meeting.

10.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director emoluments in order that these are accurately reported in the required format in the Trust's Annual Report.

11. Performance Evaluation

11.1 The Committee shall review annually its collective performance.

12. Review

12.1 The Terms of Reference of the Committee shall be reviewed by the Membership Council at least annually.

/KB/MC-NOMREM-TOR

| ~~NOVEMBER 2015~~MARCH 2017

MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2017

APRIL 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
3 Apr	MC Development Session	9.00 – 1.00	Discussion Room 2, LC, HRI	Any
5 Apr	MCs/Chair Informal meeting	3.00 – 4.00	Large Training Room, LC, CRH	All
5 Apr	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Large Training Room, LC, CRH	All
25 Apr	MC Training Session: Leading for Change at CHFT	10.30 – 12.30 (CHANGE)	DAT's meeting room, North Drive, HRI (CHANGE)	Any

MAY 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
10 May	BOD/MC Workshop	10.00–12.00	Meeting Rooms 3 and 4, Acre Mills Outpatients	All
22 May	Medical DRG meeting	2.00 – 4.00	Small Training Room, LC, CRH	RH, DH, VM, BM, KR, DW
24 May	Surgical/Anaesthetics DRG meeting	2.00 – 4.00	Room F2, Acre House	AB, CC, GH, BR, GR, KW
25 May	MC Training Session: An Introduction to NHS Finance	1.00 – 3.00	Meeting Room 4, 3 rd floor, Acre Mills OP	Any
31 May	FSS DRG meeting	2.00 – 4.00	Room F2, Acre House	AB, PM, LM, MR, NS, KW

JUNE 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
5 June	E&F DRG meeting	1.00 – 3.00	Room F2, Acre House	SB, NE, VM, BM, GR
8 June	Community DRG meeting	2.00 – 4.00	Syndicate Room 3, LC, CRH	AB, PM, LM, GH, GR

JULY 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
3 July	Chairs' Information Exchange	2.00 – 4.00	Room F2, Acre House	PM, AB, GR, LM, BM, KW, NS, CC, MK
5 July	MC Training Session: Working Together Effectively	10.30–12.30	Small Training Room, LC, CRH	Any
6 July	MCs/Chair Informal meeting	3.00 – 4.00	Discussion Room 1, LC, HRI	All
6 July	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Discussion Room 1, LC, HRI	All
10 July	Staff MCs' meeting - CANCELLED	3.00 – 5.00	Room F2, Acre House	MK, CC, NS
20 July	Joint BOD & MC Annual General Meeting (from 14 Sept)	5.00 – 7.00	3 rd floor, Acre Mills OP	All
24 July	MC Development Session	1.00 – 4.30	Medium Training Room, LC, CRH	Any

AUGUST 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND

SEPTEMBER 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
20 Sept	BOD/MC informal workshop	4.00 – 6.00	Medium meeting room, LC, CRH	Any
21 Sept	MC Training Session: Improving the Patient Experience	2.00 – 4.00	Meeting room 4, 3 rd floor, Acre Mills OP	Any
28 Sept	MC Development Session	9.00 – 1.00	Discussion Room 2, LC, HRI	Any

OCTOBER 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
11 Oct	Staff MCs' meeting - CANCELLED	2.00 – 4.00	Meeting Room 3, 3 rd floor, Acre Mills OP	CC, NS
16 Oct	MC Induction Day 1	9.00 – 4.30	Discussion Room 1, LC, HRI	MCs elected in 2017
20 Oct	MC Induction Day 2	9.00 – 4.30	Large Training Room, LC, CRH	MCs elected in 2017

NOVEMBER 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
9 Nov	MCs/Chair Informal meeting	3.00 – 4.00	Large Training Room, LC, CRH	All
9 Nov	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Large Training Room, LC, CRH	All
13 Nov	Medical DRG meeting (from 20 Nov)	1.00 – 3.00	Medium Training Room, LC, CRH	TBC
15 Nov	BOD/MC Workshop (MCs AM only)	9.00 – 12.30	Boardroom, HRI	Any
27 Nov	Surgical/Anaesthetics DRG meeting	2.00 – 4.00	Meeting Room 3, 3 rd floor, Acre Mills OP	TBC
28 Nov	Community DRG meeting (from 23 Nov)	2.00 – 4.00	Multipurpose Room, St John's H Centre	TBC
29 Nov	FSS DRG meeting (from 22 Nov)	11.00 – 1.00	DATs meeting room, South Drive, HRI	TBC
30 Nov	MC Training Session: Understanding Quality in the NHS	10.30-12.30	Small Training Room, LC, CRH	Any

DECEMBER 2017

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
4 Dec	E&F DRG meeting	1.00 – 3.00	Meeting Room 3, 3 rd floor, Acre Mills OP	TBC
13 Dec	MC Development Session	12.30 – 4.30	Large Training Room, LC, CRH	Any
13 Dec	Chairs' Information Exchange (MOVED FROM 18 DEC)	10.00-12.00	Large Training Room, CRH	TBC (New chairs) + NS, CC

MEMBERSHIP COUNCIL PUBLIC MEETING

MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING	REPORTING AUTHOR: Juliette Cosgrove
TITLE OF PAPER: Complaints – Q3 2016/17	
DATE OF MEETING: 5 April 2017	SPONSORING DIRECTOR: Brendan Brown
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: Patient Experience Group	
EXECUTIVE SUMMARY: The enclosed report details complaints activity during quarter 3 2016/17.	
RECOMMENDATION: To note the information on quarter 3 2016/17 quality priorities and three quality priorities for 2017/18.	
APPENDIX ATTACHED: YES / NO	

Complaints and PALs Quarter 3 Report 2016/2017

1. Context / Background

- 1.1 This section provides a quarterly summary of Complaints and PALs contacts using information collected from the data held on the Trust's Patient Advice and Complaints database.
- 1.2 It covers contacts received between October to December 2016; however these do not necessarily relate to issues which occurred during this timeframe.
- 1.3 The report has been split into separate sections to reflect Complaints and PALs contacts.

2. Executive Summary

This report provides a quarterly summary of formal complaint contacts received by Calderdale and Huddersfield NHS Foundation Trust during quarter 3. Key points detailed in the section below are:

- A decrease of 12% in the number of complaints received in this quarter, compared to the same quarter in 2015/16; there has also been a decrease of 10% from quarter 2 of 2016/17.
- The majority of complaints (77%) were graded as yellow or green, ie no lasting harm / minimal impact on care
- Communication, clinical treatment and patient care (including nutrition / hydration) are the main subjects of complaints; this was the same as the financial year.
- Appointments (including delays and cancellations) remain the main subject of concern received.
- Medicine is the Division with the highest number of complaints; however, it is also the largest Division and the number of complaints reflects its size. It should also be noted that there has been a 65% increase in the number of SAS complaints from quarter 1 to quarter 2.

2.1 Key Performance Indicators

Complaints 2016/17	Q1	Q2	Q3
Number of new complaints received	154	162	145
% increase / decrease on 2015/16	↓ 6% (169)	↑ 8% (150)	↓ 12% (165)
Number of complaints closed	174	171	204
% complaints upheld	45%	42%	30%
% complaints partially upheld	34%	33%	34%
% complaints not upheld	18%	23%	32%
Number of complaints re-opened following final response	19	17	22
Number of complaints received from Ombudsman for investigation	10	2	5
Number of complaints upheld by Ombudsman (includes partially upheld)	2	1	2
Number of complaints not upheld by Ombudsman in quarter	0	2	6

Acknowledgement Time

98% of the 145 complaints received within quarter 3 of 2016/17 were acknowledged within three working days. Unfortunately, 3 complaints were not acknowledged within the three working days, this was due to the induction of a member of staff new to the complaints process. This has been addressed with the member of staff involved through training and development.

Complaints Closed in Q3

The Trust closed a total of 204 complaints within quarter 3 of 2016/17. This is an increase of 19% from quarter 2. Of the 204 complaints closed, 30% were upheld, 34% were partially upheld (The HSCIC counts partially upheld complaints as upheld complaints so if looked at in this way the figure is 80%), 32% were not upheld, 2% were closed, investigated and responded to through incidents, and 1% was withdrawn.

Overdue Complaints

The total number of overdue complaints at the end of quarter 3 of 2016/17 was 14. This is a marked decrease of 78% from quarter 2, and at the end of quarter 3 we had no complaints which were over 0 – 1 month overdue.

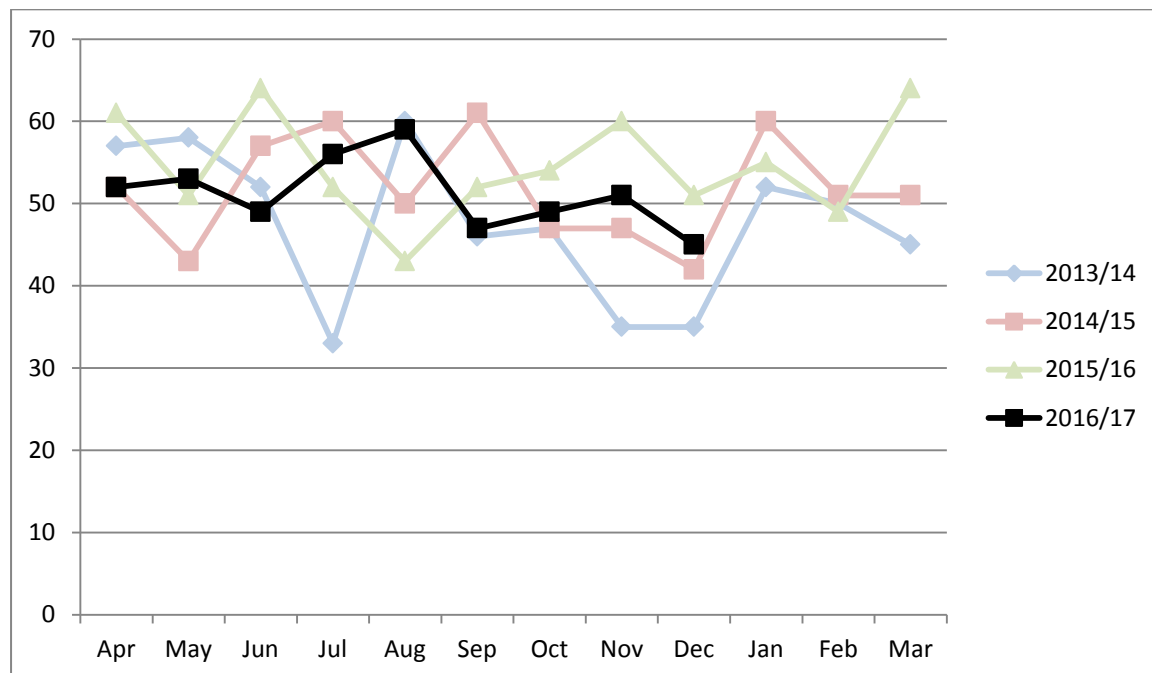
The dramatic decrease in overdue complaints has been due to the extra work put in by the Divisions, the Complaints Departments and the Executive Director of Nursing.

Weekly monitoring reports continue to ensure that remaining overdue complaints are closed and the backlog does not increase.

3. Complaints Data

3.1 Comparison of complaints from 2013/14 to present:

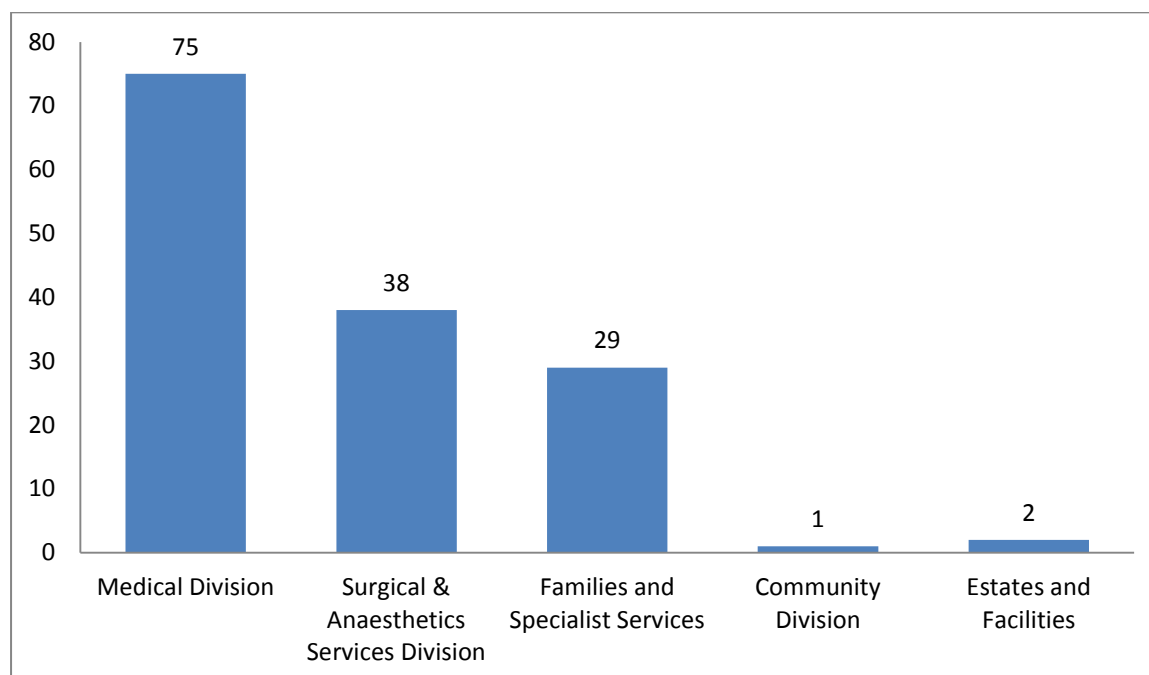
Complaints data reflecting the trends in the number of complaints for the past four years – including numbers for this quarter



3.2 Complaints Received:

At the end of quarter 3 of 2016/17 the Trust received a total number 461 complaints. This is a decrease of 6% from same quarter last year; however an increase of 10% from the same quarter in 2013/14.

3.3 Quarterly Complaint Numbers by Division:

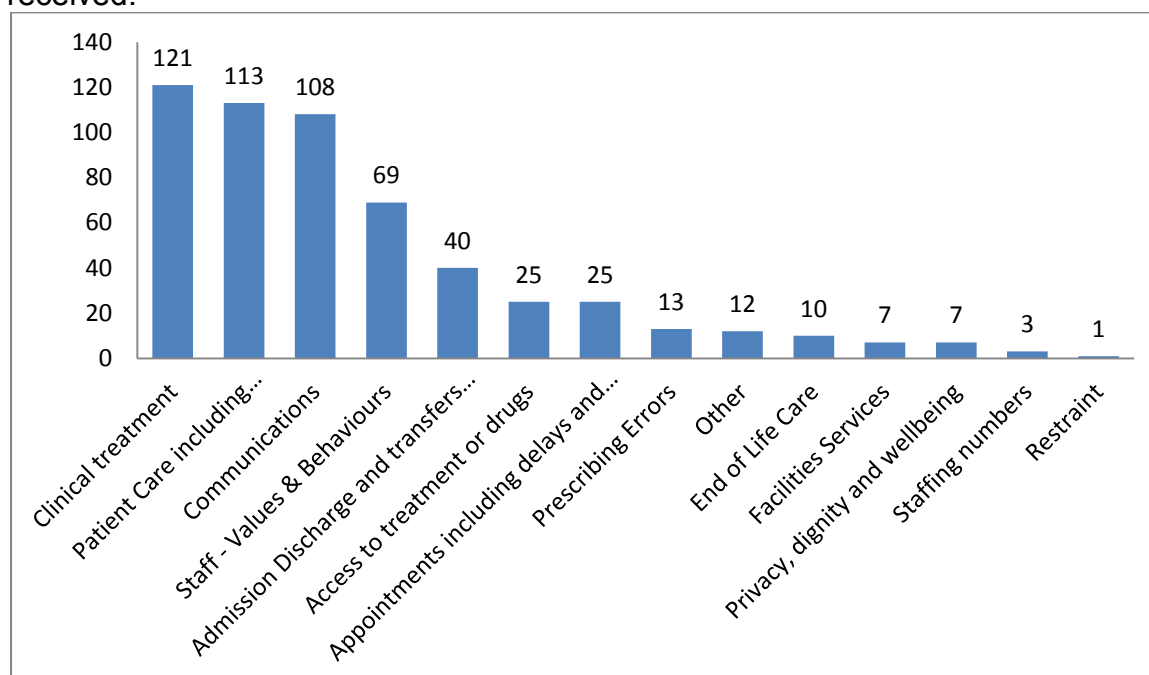


Of the 145 Complaints received in quarter 3 of 2016/17:

- 52% of complaints received related to the division of Medicine, which is the largest division including Emergency Department services. This is a 14% increase from quarter 2, with the biggest increase being seen in Acute Medicine, who had a marked increase of 86% in the number of complaints received. The Emergency Network was the Directorate within Medicine with the highest number of complaints, a total of 38. Acute Medicine received a total of 24 and Integrated Medical a total of 12 complaints.
- 26% complaints received related to the Division of Surgery and Anaesthetic Services (SAS). This is a 9% decrease from quarter 2. General and Specialist Surgery was the Directorate within SAS with the highest number of complaints, a total of 20. Head and Neck received a total of 10 complaints, Orthopaedic a total of 2, and Critical Care received a total of 2.
- 20% complaints received related to the Division of Family and Support Services (FSS). This is a 4% decrease from quarter 2. Woman's Services was the Directorate within FSS with the highest number of complaints, a total of 17. Outpatient and Records a total of 1, Radiology received a total of 3 complaints, Children's Services a total of 8, and Pathology received a total of 1.
- 1% complaints received related to the Division of Community, which was a decrease of 1% from quarter 1. All the complaints received in quarter 3 were for Intermediate and Community Directorate.

3.4 Analysis of Complaints by Theme

Complaints are analysed below by primary subjects, within each complaint subject there will be a number of different sub categories with more detail relating to the complaint. There are often a number of issues logged for a single complaint, which is why the number of primary subjects differs from the total number of complaints received.



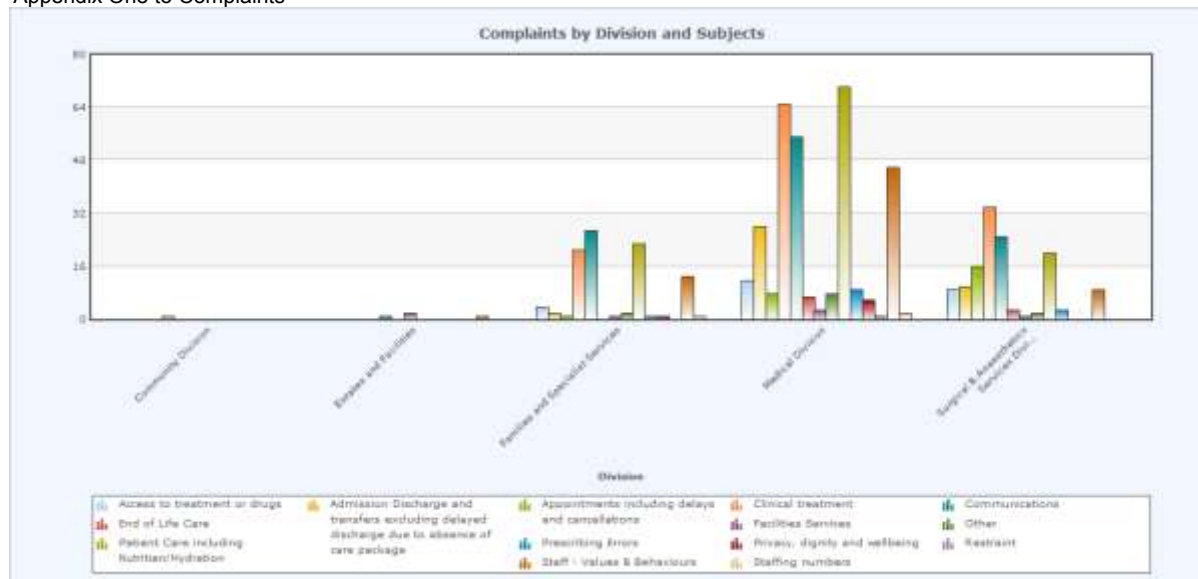
The top three subjects of complaints for the Trust are as follows:

Subject	Percentage
Clinical Treatment	22%
Patient Care (including Nutrition and Hydration)	20%
Communication	19%

The top three complaint subjects above were the same as quarter 1 and 2, with marginal differences in percent.

3.4.1 Quarter 3 Complaints received by Division and Primary Subject

*Appendix One to Complaints



- The top subject of complaint for Medicine was Patient Care (including Nutrition and Hydration), representing 22% all complaint subjects received for Medicine within quarter 3. Clinical Treatment represented 20% and Communication 17%.
- The top subject of complaint for SAS was Clinical Treatment, representing 26% of all complaint subjects received for SAS within quarter 3. Communication represented 19% and Patient Care (including Nutrition and Hydration) 15%.
- The top subject of complaint for FSS was Communication, representing 28% of all complaint subjects received for FFS within quarter 3. Patient Care (including Nutrition and Hydration) represented 24% and Clinical Treatment 22%.
- The only subject of complaint for Community in quarter 3 was Clinical Treatment.

Severity of Complaints Received

The majority of complaints received are graded as yellow severity; no lasting harm (53%) in quarter 3. There was a 10% decrease in yellow complaints in quarter 3 from quarter 2. 6% of complaints received were graded Red, which was the same as quarter 2.

3.5 Parliamentary and Health Service Ombudsman Complaints (PHSO)

A total of 5 complaints were received from the PHSO in quarter 3 of 2016/17. The breakdown for these complaints are as follows:

Division	Directorate	Received	Description
Medicine	Emergency Network	11/10/2016	Treatment and care given caused the patient significant distress. Patient does not know what treatment is available to her and believes that this is because she has never had a proper assessment.
Medicine	Acute Medicine	17/10/2016	Care and treatment of patient. Complainant believes patient's death could have been avoided had she received better care. Concerns raised re handling of complaint.
Medicine	Emergency Network	01/11/2016	Care and treatment in A & E. Failure to treat for urine infection.
Medicine	Emergency Network	07/11/2016	Concerns regarding failed discharge and failure to treat symptoms.
Medicine	Acute Medicine	16/11/2016	Concerns regarding breach of confidentiality during complaints handling.

9 PHSO complaints were closed in quarter 3 of 2016/17; of these 6 were not upheld, 2 were partially upheld and 1 was withdrawn. Learning from PHSO cases is addressed in the learning section of this report.

By the end of quarter 3 of 2016/17 the Trust had 8 active complaints with the PHSO under investigation.

3.6 Learning from Complaints

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

PHSO		
Issue:	Findings:	Learning:
<p><u>Poor Treatment & Care:</u></p> <p>The complainant made a complaint to the PHSO regarding a relative's care. The complainant raised issues relating to communication, nutrition, failure to follow NICE guidelines, lack of care and compassion, delays in referrals, medication and discharge plans.</p>	<p>Whilst the PHSO found that the overall clinical treatment was in line with established good practice, they did find failings on the part of the Trust in relation to Discharging Planning and nutrition of the patient.</p>	<p>Safety huddles are now in place at every handover to improve communication with the team.</p> <p>At MDT communications now go out on blue paper to highlight information regarding discharge and plans of care. This gives clear communication to patients and relatives.</p> <p>Dieticians are now being invited to DMT, when required.</p>
<p><u>Prescribing Errors:</u></p> <p>The Patient complained to the PHSO that the Trust had prescribed incorrect medication which caused Atrial Fibrillation, and that several doctors and nurses misread his notes and repeatedly neglected the fact that he has a heart condition .</p>	<p>Whilst the PHSO accepted the Trust's reasons why the physician did not know about the patient's heart condition they considered this to be maladministration, which lead to confusion by the clinicians and repeatedly telling the patient wrong information.</p> <p>The PHSO also found that the Trust had wrongly prescribed the patient aspirin.</p> <p>The PHSO awarded the patient the sum of £200.</p>	<p>The PHSO report has been shared with the directorate team involved to ensure clear reporting.</p>

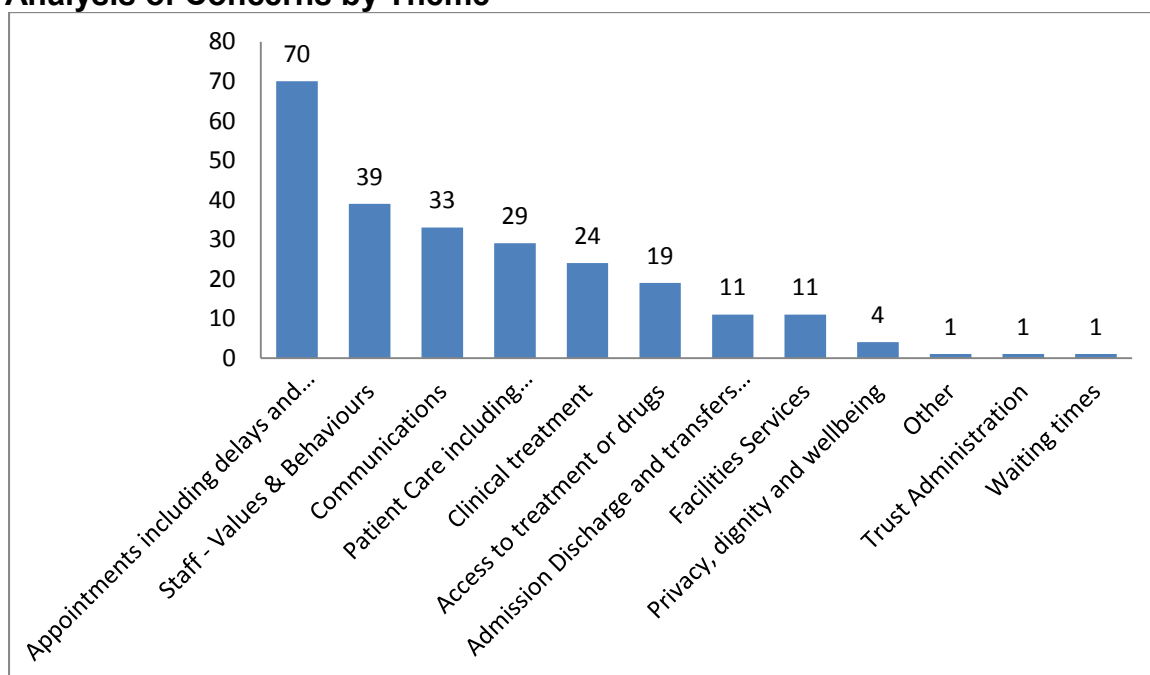
4. PALs Data

4.1 Concerns

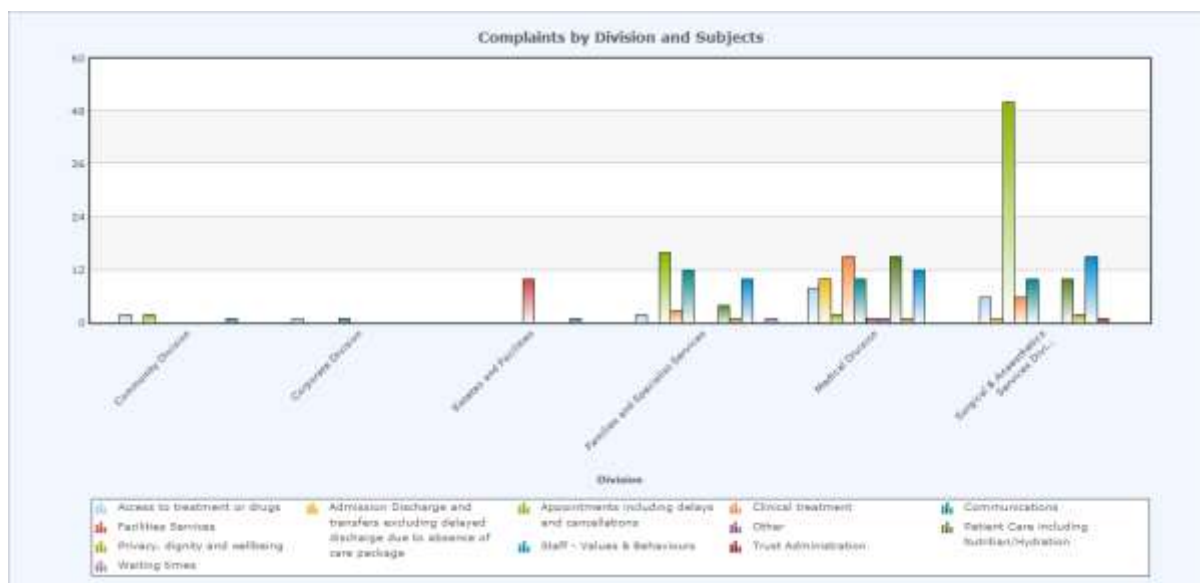
Concerns are issues raised by patients or relatives via the Patient Advice Team. The Trust received a total number of 248 concerns in Quarter 3 of 2016/17. This is an 18% increase from last quarter; however there has been a 57% increase in the number of concerns received in quarter 3 of 2016/17 compared to the same quarter last year.

This year to date there has been a 25% increase in the total number of concerns received by the Trust.

Analysis of Concerns by Theme



Appointments and Appointments including delays and cancellations was the top subject of concern in quarter 3 of 2016/17 representing 29%. This is similar to both quarter 1 and 2 of 2016/17. Staff Values represented 16% of all subject received, which was an increase of 9% from quarter 2. Communication represented 14% which was similar to quarter 2 of 2016/17.

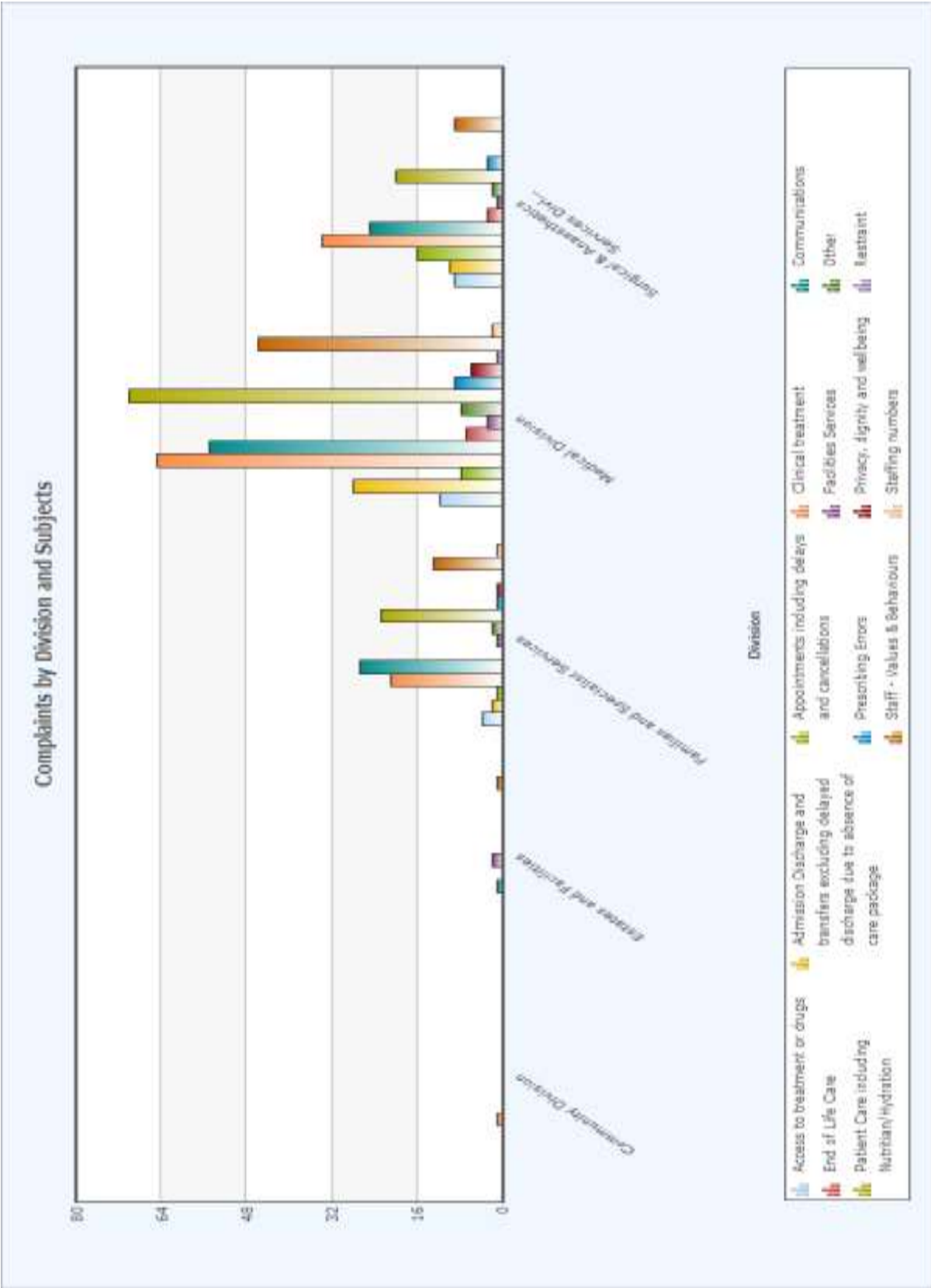


*Appendix Two to Complaints

- The top subject of concerns for Medicine was both clinical treatment and patient care (including nutrition and hydration), representing 20% of all concerns received for Medicine in quarter 3; client treatment was the top complaint subject received for Medicine within quarter 2; however there has been a 10% increase in patient care (including nutrition and hydration). Staff – values and behaviours represented 16, which has increased by 6% from quarter 2.
- The top subject of concern for SAS was appointments (including delays and cancellations), representing 50% of all concern subjects received for SAS within quarter 3, this is the same as quarter 2; however, there has been a 12% increase. Staff – values and behaviours represented 15, which has increased by 11% from quarter 2. Communication was the third highest subject of concern for SAS in quarter 3 representing 10%, this is a slight decrease of 3% from quarter 2.
- The top subject of concern for FSS was appointments (including delays and cancellations), representing 33% of all concern subjects received for FSS within quarter 3. Whilst this was also the top subject of concerns in quarter 2 there has been a decrease of 21% in this quarter. Communication represented 24% and Staff values 20%. Patient care (including nutrition and hydration) represented 12% and clinical treatment 10%.
- The top subject of concern for Community was access to treatment or drugs, representing 40% of all concerns subjects received for Community within quarter 3, this has increased by 20% from quarter 2. Appointments (including delays and cancellations) also represented 40% of all concern subjects received for Community within quarter 3, and Staff - values and behaviours each represent 20% of the subject of concern received by Community; both of these were the same in quarter 2.

Whilst appointments including delays and cancellations remains the top subject of concern received by the Trust in quarter 3, Staff - values and behaviours has more than doubled in quarter 3 and increased by 178%. However, this increase has not translated into the complaints figures, which would suggest that the majority of these issues are resolved through the Patient Advice Service or at source.

Appendix One: Complaints by Division and Subject



Appendix Two: Concerns by Division and Subject

