

















Meeting of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors

Schedule	Thursday 23 January 2020, 15:30 — 17:30 GMT
Venue	Discussion Room 1, Learning Centre, HRI
Organiser	Jacqueline Ryden

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Date: Thursday 23 April 2020

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Time: 3:30 – 5:30 pm (Private meeting 2:00 – 3:15 pm)

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

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Presented by Philip Lewer

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44/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Dianne Hughes	Public Elected - North Kirklees (Reserve Register)
Sheila Taylor	Public Elected - Huddersfield Central
Christine Mills	Public Elected - Huddersfield Central
Veronica Woollin	Public Elected - North Kirklees
Cllr Megan Swift	Calderdale Metropolitan Council
Helen Hunter	Healthwatch Kirklees and Calderdale

45/19 WELCOME & INTRODUCTIONS

The Chair welcomed governors, colleagues from the Board of Directors and staff colleagues to the meeting and introductions were made around the table.

46/19 DECLARATIONS OF INTEREST

The Chair reminded the Council of Governors and staff colleagues to declare their interest at any point in the agenda.

47/19 MINUTES OF THE LAST MEETINGS HELD 18 JULY 2019

The minutes of the previous minutes held 18 July 2019 were approved as a correct record subject to the following amendments:

- 33/19 – confirmation on the specialty of ward 11
UPDATE POST MEETING: This ward has been confirmed as a General Surgery ward.
- 34/19 – The Non-Executive Director interactive session was a **20-minute** session

OUTCOME: The minutes of the previous meeting held 18 July 2019 were **APPROVED** as a correct record, subject to the amendments above.

48/19 MATTERS ARISING / ACTION LOG

Update on the complaints policy and procedure – The Director of Nursing to provide a response. The Company Secretary confirmed the Chief Executive is attending the Council of Governors meeting in January 2020 to provide a presentation on complaints. Sian commented that the reduction in performance may be related to a level of sickness absence in the complaints team.

49/19 INTERACTIVE SESSION WITH NON-EXECUTIVE DIRECTORS

The Chair asked the Non-Executive Directors in attendance to provide an overview of which Committees they attend and what they are involved in.

Richard Hopkin explained he has been a Non-Executive Director for 3.5 years and is in his second term. Richard's background is in finance, largely in the private sectors but recently, more extensively in voluntary and public sector e.g. Age UK, Housing Association. Richard sits on the finance related committees and has attended the Audit and Risk Committee since the beginning of his tenure and took over the chair 18 months ago. Dr Peter Bamber and Brian Moore have both been a member on the Committee which meets quarterly. Andy Nelson and Linda Patterson also attend the Audit and Risk Committee. The purpose of the Audit and Risk Committee is to monitor risk, the performance of internal and external audit and counter fraud. Richard also attends the Finance and Performance Committee

which meets monthly and is chaired by Phil Oldfield. The Finance and Performance Committee reviews financial and operational performance. Sian Grbin has been an active member on this Committee, which was previously attended by Brian Moore. In addition, Richard is a Non-Executive Director on the Pharmacy Manufacturing Unit or Huddersfield Pharmacy Specials (HPS) Board, chaired by the Executive Director of Finance. This effectively operates as a Division of the Trust. In addition, Richard attends Turnaround Executive which meets weekly and focuses on performance against the Cost Improvement Programme (CIP), agency performance, workforce and wider financial performance. Three Non-Executive Directors attend Turnaround Executive on a monthly basis, Richard Hopkin, Phil Oldfield and Andy Nelson.

Dr Peter Bamber asked which Committee monitors clinical risk and performance. Richard confirmed the Audit and Risk Committee focuses on corporate risk and performance; clinical risk and performance is monitored by the Quality Committee, although the Audit and Risk Committee do receive the Clinical Audit Programme. The Quality Committee chair also attends the Audit and Risk Committee.

Andy Nelson explained he has been a Non-Executive Director for two years. Andy's background is in leading information technology and major change projects in the private and public sectors. Andy was a Chief Information Officer in charge of IT for major UK government departments and for a year for the UK government as a whole. He is a Non-Executive Director for the Disclosure and Barring Service (Safeguarding and CRB checks) and he is also a Board Advisor to the Law Society of England and Wales. In addition to Audit and Risk, Andy attends the Workforce Committee which focuses on performance, turnover, recruitment and retention and hot house sessions and deep dives into subjects. Andy will also be a member of the Transformation Programme Board as a Board sub-committee for reconfiguration. Andy is involved in The Health Informatics Service and attends the monthly Executive Board and meets with the Managing Director for Digital Health on a 1-1 basis. He has recently been on a day-long tour through the hospital looking at all aspects of use of technology. Andy chairs a small committee called the Security and Resilience Governance Group which reports into the Health and Safety Committee. All the Non-Executive Directors are involved in chairing consultant recruitment panels. Andy has also spent time in the Community shadowing district care nurses and looking at care closer to home.

The Non-Executive Directors felt the back to the floor experience was very enlightening as it puts things into focus on the clinical floor. All the Board and Non-Executives were involved in back to the floor week.

Karen Heaton explained she is chair of the Workforce Committee and chair of the Clinical Excellence Award panels. She also attends Quality Committee. Karen is a Human Resources Director for the University of Manchester. From her current role, she sees very similar challenges in the Trusts Workforce Committee around well-being and there are lots of deep dive debates focused on topics such as equality and diversity. Karen is looking forward to seeing the equality and diversity strategy this calendar year. The Hot House events are well attended and feed into 'The Cupboard'. The results of the staff survey reached 51% last year and the Trust is looking to increase this significantly. Karen is a Board champion for diversity and inclusion.

50/19 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration meeting held on 15.8.19

The Chair reported there was a meeting held on 15 August 2019 where it was agreed Phil Oldfield and Linda Patterson's tenure was extended for three months to the end of December 2019, to assist with a smooth handover and transition.

OUTCOME: The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee meeting held on 15.8.19.

51/19 CHAIR'S REPORT

Ratify decision at the Nominations and Remuneration Committee on Non-Executive Director Recruitment

The Chair asked the Council of Governors to ratify the appointments of two new Non-Executive Directors, Peter Wilkinson and Denise Sterling as detailed in the supporting paper.

OUTCOME: The Council of Governors **APPROVED** the appointments of the new Non-Executive Directors, Peter Wilkinson and Denise Sterling.

52/19 PERFORMANCE AND STRATEGY

a) Performance Report

The Chief Operating Officer reported a positive position for August 2019, the main highlights from the report were:

- Solid position with all amber or green domains, no red domains
- Struggled with complaints and FFT in August 2019
- There is an ongoing piece of work focused on the patient experience in Outpatients and booking procedures, a session of workshops with consultant staff, admin staff and managers are scheduled to understand what successful looks like, meetings have taken place with each specialty and further updates will be provided following the weekly Task and Finish Group
- 4-hour care emergency standard benchmarks well compared to nationally
- Cancer performance continues to be strong
- Bowel screening process – there are 10 patients per month that need treating and if one patient refuses treatment being offered, this KPI doesn't meet the target
- Diagnostics target remains challenging – patients waiting over 6 weeks for a test in cardiology (echo) and neurophysiology relating to workforce capacity in these hard to recruit to specialties
- No longer reporting on RTT, CHFT are one of the 12 organisations testing the new clinical standards focused on average waiting time rather than 92% of patients seen within 18 weeks
- Staff do exceptionally well in terms of the 4 pillars and putting the patient first, there is a positive balance of performance delivery

Dr Peter Bamber asked why there has been a reduction in staff appraisals at 93% last year and 85% this year. The Chief Operating Officer explained medical staff appraisals are managed differently and take place within a 12-month period. There is always an up and down trajectory throughout the year to meet the target by March,

she explained the position is no worse or better than 12 months ago and a robust process is in place.

Cllr Lesley Warner raised concern about focus on targets and short staffing in ED and the wellbeing of staff. She asked if there is a high rate of staff illness through stress and overwork. The Chief Operating Officer responded that the Trust has some of the best attendance nationally and this has improved over the last 18 months. There has been a focus on staff wellbeing at a series of workshops over the last few days which were well attended and have positive actions.

Jude Goddard highlighted that the governors asked for staff wellbeing as one of the subjects at a future workshop. She highlighted staff work so hard throughout the year and this is not recognised enough and wondered how governors could come up with suggestions. The Chief Operating Officer explained volunteers and non-clinical staff brought a tea trolley to ED last week to thank staff for their hard work, she added there is a good ability to respond to hard work in the Trust. The Chair noted screensavers are used across the Trust to thank staff, particularly when the emergency department is under pressure.

Linzi Smith asked why dementia care is struggling in terms of assessments. The Chief Operating Officer explained this is likely to be reporting related since the electronic patient record. There used to be a clear robust process on paper, and staff now need to remember to enter this in a certain field in the electronic system where there is no reminder or alert to do this. There is currently no robust solution for this and some organisations have moved this to a nursing action, CHFT need to find a solution for a medic.

Lynn Moore highlighted a concern regarding medication when patients are referred to their GP when medication can only be provided by a hospital. The Chief Operating Officer clarified 'amber' or 'red' classified drugs need to be provided by the hospital and this is being managed as part of the Outpatient Transformation Programme.

Dr Peter Bamber explained the general view from doctors is that the training received at go live for the electronic patient record and subsequent training was minimal. They feel they are not getting the best out of the system as they don't know how to use it. The Chief Operating Officer explained this was part of the external review and was one of the pieces of work on the workplan. Dr Peter Bamber clarified that this includes doctors at the Trust for 6, 12, or 18 months. The Chief Operating Officer and Medical Director attended a recent junior doctors induction training and are working with the team to refine this. Dr Sue Crossland has contacted all junior doctors for their feedback. Dr Peter Bamber asked that progress on this is brought back in three months' time.

Action: Chief Operating Officer to report back on progress on doctors training on the electronic patient record - 23 January 2020

The Chief Executive suggested governors attend induction sessions with new staff, normally 25% of the room are returning staff and one reason for this is the digital agenda (tracking blood electronically, echocardiogram, electronic patient record). The Chief Executive reminded colleagues that CHFT were only the second Trust in the country with a 'Big Bang' go live, as much as clinically possible, whereas most Trusts do a modular go live. There is an opportunity to compare the degree to which clinical colleagues use the system compared to other Trusts and CHFT are by far the

most advanced. The patient portal has on average nationally 3,000 users, whereas there are over 20,000 users at CHFT.

Dr Peter Bamber said the Trust must acknowledge the lack of training caused problems, for example, thousands of letters not reaching GPs and entries in records not visible in the system due to lack of training. The Chief Executive confirmed that all these problems have been acknowledged and the Trust have been open and transparent.

Sian Grbin asked what concerned the Trust the most following the staff survey results from 2018. Alison Schofield shared leaflets from the Workforce Committee which shows findings and actions from last year and how they are promoting the survey next year.

b) Financial Position and Forecast – Month 5

The Deputy Director of Finance summarised the key points from the Month 5 position;

- The Trust is forecasting to achieve Control Total as planned with a £9.71m forecast deficit
- The Trust has spent considerably less on agency staffing than the trajectory set by NHS Improvement (NHSI)
- Year-end forecast required identifying recovery and restraint measures – a total of £1.2m has been identified in these measures which will be subject to a quality and equality impact assessment
- The Trust is forecasting full delivery of the £11m 19/20 CIP target, if this delivers, the Trust will have a planned deficit of £9.71m

Dr Peter Bamber asked if the finance report can include figures for agency plus bank by Division. The Deputy Director for Finance confirmed this information is available by Division and will be included in the report. She confirmed agency plus bank is in line with planned overall spend.

Action: Deputy Director of Finance

Alison Schofield asked the Deputy Director of Finance to clarify how the reduction in the deficit position to £9m has improved. The Deputy Director of Finance confirmed the Trust have moved, in reality, from a deficit of £43m last year to a £38m deficit this year before new funding. The rules around income and the marginal rate emergency tariff (MRET) have changed this year and the Trust now receive money back and a refund for penalty previously taken off, which totals £6m. The Trust previously did not receive income for an increase in emergency activity. This brings the deficit down to £9.7m.

Sian Grbin asked why agency expenditure is seeing a variance of £1.32m year to date and if this means the Trust don't need to use this money. The Deputy Director of Finance confirmed rather than spending on agency, the Trust are spending on bank staff, which will see a £1.32m (or similar) overspend.

Sian Grbin asked for clarity on the £2.47m planned income and expenditure against the actual income and expenditure of £2.49m in the Families and Specialist Service Division in month 5. The Deputy Director of Finance clarified the figure of £2.47 versus the £2.49 is effectively the profit loss. The Surgery and

Anaesthetics Division are planning to deliver a surplus profit £5.6m against the aligned incentive contract. This is almost a fixed guaranteed level of income which is not impacted by the volume of work. The aligned incentive contract allows for innovation e.g. frailty model can be reviewed to see if care can be delivered in the community.

c) Q1 Update on Quality Account Priorities

Anne-Marie Henshaw, Assistant Director of Quality and Safety presented an update on the three quality account priorities. Each quality account priority has been BRAG rated on progress which is provided within the report.

Alison Schofield asked what the ligature free room has been named in the Emergency Department (ED). The Assistant Director of Quality and Safety confirmed all the rooms are numbered, there is no specific name. Alison provided praise that there is now a specific room for mental health.

The funding for 24/7 1-1 support in ED for patients in distress has not continued as the scheme had limited success; cover was ad hoc as in reality it was not possible to fill the post or vacant shifts via bank so shift fill was low and there was minimal impact on patient experience. An NHS Trust with a strong focus on patient experience in ED has been identified and a 'Go See' visit is taking place in November 2019. Alison Schofield suggested the staff in ED may need to take a turn at supporting these shifts and South West Yorkshire Partnership Foundation Trust should also provide support. The Assistant Director of Quality and Safety explained the mental health team have supported the education for the teams in ED and are beginning to work on standard operating procedures.

Cllr Lesley Warner highlighted the need for more money put into mental health. The Assistant Director of Quality and Safety explained additional 1-1 support is being prioritised and a robust Director on call rota is in place to escalate through all routes, this continues to be a national challenge. There is a short-term facility on the children's ward which is more appropriate; however, this is not long term and the Trust do not provide mental health inpatient beds for children. A fortnightly quality improvement forum takes place where these issues are discussed. The priorities in ED have provided an opportunity to review the workforce models.

Mr. Smith joined the meeting, an observer from the Halifax constituency.

OUTCOME: The Council of Governors **NOTED** the performance and finance report for August 2019 and the Q1 update on the quality account priorities.

d) Membership and Engagement Strategy

The Company Secretary explained there was a requirement to refresh the membership engagement strategy which will be available on the public website. The Council of Governors are asked to identify the top three priorities from the Membership Strategy to progress.

Linzi Smith asked for the budget to support the membership engagement strategy.

Action: Company Secretary to confirm the budget

Prof Felicity Astin suggested the patient panel should be top priority. Jayne Taylor agreed that the youth membership and patient panel should be one of the top three priorities.

Andy Nelson asked what the timeframe was and overall targets to be achieved. The Company Secretary confirmed it is a three-year strategy with an accompanying one-year action plan which will be brought back each year. The key targets are how to represent members and the community we serve.

Chris Reeve suggested the Trust need to look at getting new members with a focus on people who want to take part, this will also be more cost effective. He suggested the Trust utilise volunteers and asked if there is a role as a governor for a volunteer and if all volunteers are Trust members. The Company Secretary explained the patient panel will include the volunteer's manager. Chris Reeve suggested it would be best to focus on a few aspects in year one.

The Company Secretary will update the strategy based on feedback from the governors and will present an update in January 2020.

Prof Felicity Astin passed on credit for the updated membership strategy to the Membership Engagement Manager, Vanessa Henderson.

OUTCOME: The Council of Governors **NOTED** the draft Membership and Engagement Strategy and that the final strategy will be presented to the Council of Governors meeting in January 2020.

53/19 COMPANY SECRETARY'S REPORT

a. Review of Constitution

A review of the constitution took place during October 2019 with the aim to have a current and clear constitution for the Council of Governors and Board of Directors. The changes that were discussed in these sessions are captured in Appendix I1.

Sian Grbin asked if staff governors reduced from 6 to 5 is being reviewed. The Company Secretary confirmed during the workshops it was identified there is a whole category of staff in the ancillary staff group (HCA's, phlebotomists) which was removed as CHS are an appointed governor. This staff group will be re-instated and will be included in the elections for next year. Sian explained Oxford Trust have a total of 9 staff governors and asked if the number at CHFT can be increased. The Company Secretary will review the ratios of staff and stakeholder governors compared to other Trusts; however, public elected governors need to be in the majority.

Prof Felicity Astin suggested Psychologists are added in with Allied Healthcare Professionals as members. She suggested under non-attendance at meetings, that the word 'normally' is added with regard to the governor losing their position if they do not attend the required meetings as this allows some flexibility.

b. Appointment of Lead Governor

Subject to approval, the lead governor process will begin from 17 October 2019 and the voting will close on 19 November 2019. A formal announcement will be made at an extra-ordinary Council of Governors meeting on Friday 22 November 2019 after the joint Board of Directors and Council of Governors workshop. The appointment

will be effective from 22 November 2019 until the Annual General Meeting on 15 July 2020.

c. Council of Governors Self-Effectiveness Feedback and Action Plan

This paper describes the findings from the review from the summer of 2019 and identifies areas for continual improvement. It was noted that no feedback was received from appointed governors and this will be included in next year's feedback.

d. Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached for review. Any changes to current declarations are to be notified to the Corporate Governance Manager.

e. Review Annual Council of Governors Business Cycle 2020

The annual workplan for the Council of Governors for 2020 was attached for review. Comments are to be sent to the Corporate Governance Manager.

f. Receive allocations of governors on Board sub-committees and Divisional Reference Groups

The governor allocations for Divisional Reference Groups and Board Sub-Committee from November 2019 were attached with upcoming dates of meetings. Governors who are unable to attend any of Board Sub-Committee dates are asked to contact the Deputy allocated to that meeting, to attend in their absence.

g. Senior Independent Non-Executive Director/Deputy Chair Appointment

Phil Oldfield's tenure as a Non-Executive Director ends at the end of December 2019. It is recommended that Richard Hopkin takes on the role as Deputy Chair and Senior Independent Non-Executive Director from January 2020.

OUTCOME: The Council of Governors APPROVED:

1. Changes to the constitution and noted the changes will go to the Board of Directors for approval on 7 November 2019
2. Process for appointment of lead governor
3. Actions identified from the Council of Governors self-effectiveness questionnaire
4. Declarations of interest register

OUTCOME: The Council of Governors NOTED:

1. Council of Governors Workplan for 2019
2. Findings of the 2019 Council of Governors self-effectiveness questionnaire
3. Annual business cycle for 2020
4. Allocations of governors on Board Sub-Committees and Divisional Reference Groups
5. Senior Independent Non-Executive Director / Deputy Chair Appointment from January 2020

54/19 UPDATES FROM SUB-COMMITTEES

Quality Committee

Christine Mills provided written feedback following the last Quality Committee. The key updates were:

- Safe storage of drugs – a new system for keys is being implemented and financial details for this should be available this month, most areas are complying

with the new arrangements; however, there are still one or two areas to reach 100%, further training is being implemented

- Complaints has increased last month, the Chief Executive is looking into this, there was discussion around whether more complaints are being received or more are not being responded to in time, working to different challenges

Finance and Performance Committee

Sian Grbin reported on the last Finance and Performance Committee. The key updates were:

- 7,000 patients are seen in the Radiology Department per week - under resourced and under staffed
- Training a senior house officer to become a radiologist – £150k has been invested into the radiology plan, £60k invested into equipment to invest in an MRI scanner which costs up to £1m
- Interventional Radiologist has been appointed, update on radiologist recruitment will be provided in December 2019
- Use of resources is rated amber – Leeds General Infirmary have agreed to a peer review to look at the Trust's use of resources
- Cost Improvement Plan (CIP) – looking at reducing the deficit and working with budget holders who are supporting this and looking at exemplar wards
- Budgets are set between Finance and Divisions

Workforce Committee

Alison Schofield reported on the last Workforce Committee:

- Number of areas highlighted by staff that they are struggling with
- Following negative feedback from disabled colleagues, the Trust have employed an Equality and Diversity Officer and Alison is assisting with the Colleague Disability Action Group
- Freedom to Speak Up Guardians are included on the staff survey leaflet where staff can raise confidential issues
- Lots of engagement with staff over last year to make them feel more valued – including pets therapy dogs
- 2019 staff survey is being launched beginning of October 2019, the Trust are aiming for an increase in responses

Sian Grbin reported that staff morale is low, and she can't see a benefit of the initiatives arising from the staff survey; she asked what tangible things can be expected in response to the staff survey. Karen Heaton responded some of the issues highlighted are staff not being listened to and not being valued. The Trust are trying to fill vacancies and are reviewing sickness levels which are currently at the lowest they have been in a long time. More engagement will be taking place with staff with a focus on Managers Essentials Training to look at managers development.

OUTCOME: The Council of Governors **RECEIVED** the updates from the Board Sub-Committees.

55/19 INFORMATION TO RECEIVE

a. Council of Governors Register 2019

The updated Council of Governors Register as of 10 October 2019 was circulated for information.

b. Council of Governors Calendar 2019-2020

The Council of Governor's calendar of meetings for 2019 and 2020 was circulated for information. This includes all governor meetings, workshops and Divisional Reference Groups.

OUTCOME: The Council of Governors **RECEIVED** the updated Council of Governors Register and Calendar for 2019 – 2020.

DATE AND TIME OF NEXT MEETING

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting. The Chair formally closed the meeting at 17:51 pm and invited members to the next meeting.

Council of Governors Meeting

Date: Thursday 23 January 2020

Time: 3:30 – 5:30 pm (private meeting 2:00 – 3:15 pm)

Venue: Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary

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which meets monthly and is chaired by Phil Oldfield. The Finance and Performance Committee reviews financial and operational performance. Sian Grbin has been an active member on this Committee, which was previously attended by Brian Moore. In addition, Richard is a Non-Executive Director on the Pharmacy Manufacturing Unit or Huddersfield Pharmacy Specials (HPS) Board, chaired by the Executive Director of Finance. This effectively operates as a Division of the Trust. In addition, Richard attends Turnaround Executive which meets weekly and focuses on performance against the Cost Improvement Programme (CIP), agency performance, workforce and wider financial performance. Three Non-Executive Directors attend Turnaround Executive on a monthly basis, Richard Hopkin, Phil Oldfield and Andy Nelson.

Dr Peter Bamber asked which Committee monitors clinical risk and performance. Richard confirmed the Audit and Risk Committee focuses on corporate risk and performance; clinical risk and performance is monitored by the Quality Committee, although the Audit and Risk Committee do receive the Clinical Audit Programme. The Quality Committee chair also attends the Audit and Risk Committee.

Andy Nelson explained he has been a Non-Executive Director for two years. Andy's background is in leading information technology and major change projects in the private and public sectors. Andy was a Chief Information Officer in charge of IT for major UK government departments and for a year for the UK government as a whole. He is a Non-Executive Director for the Disclosure and Barring Service (Safeguarding and CRB checks) and he is also a Board Advisor to the Law Society of England and Wales. In addition to Audit and Risk, Andy attends the Workforce Committee which focuses on performance, turnover, recruitment and retention and hot house sessions and deep dives into subjects. Andy will also be a member of the Transformation Programme Board as a Board sub-committee for reconfiguration. Andy is involved in The Health Informatics Service and attends the monthly Executive Board and meets with the Managing Director for Digital Health on a 1-1 basis. He has recently been on a day-long tour through the hospital looking at all aspects of use of technology. Andy chairs a small committee called the Security and Resilience Governance Group which reports into the Health and Safety Committee. All the Non-Executive Directors are involved in chairing consultant recruitment panels. Andy has also spent time in the Community shadowing district care nurses and looking at care closer to home.

The Non-Executive Directors felt the back to the floor experience was very enlightening as it puts things into focus on the clinical floor. All the Board and Non-Executives were involved in back to the floor week.

Karen Heaton explained she is chair of the Workforce Committee and chair of the Clinical Excellence Award panels. She also attends Quality Committee. Karen is a Human Resources Director for the University of Manchester. From her current role, she sees very similar challenges in the Trusts Workforce Committee around well-being and there are lots of deep dive debates focused on topics such as equality and diversity. Karen is looking forward to seeing the equality and diversity strategy this calendar year. The Hot House events are well attended and feed into 'The Cupboard'. The results of the staff survey reached 51% last year and the Trust is looking to increase this significantly. Karen is a Board champion for diversity and inclusion.

50/19 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration meeting held on 15.8.19

The Chair reported there was a meeting held on 15 August 2019 where it was agreed Phil Oldfield and Linda Patterson's tenure was extended for three months to the end of December 2019, to assist with a smooth handover and transition.

OUTCOME: The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee meeting held on 15.8.19.

51/19 CHAIR'S REPORT

Ratify decision at the Nominations and Remuneration Committee on Non-Executive Director Recruitment

The Chair asked the Council of Governors to ratify the appointments of two new Non-Executive Directors, Peter Wilkinson and Denise Sterling as detailed in the supporting paper.

OUTCOME: The Council of Governors **APPROVED** the appointments of the new Non-Executive Directors, Peter Wilkinson and Denise Sterling.

52/19 PERFORMANCE AND STRATEGY

a) Performance Report

The Chief Operating Officer reported a positive position for August 2019, the main highlights from the report were:

- Solid position with all amber or green domains, no red domains
- Struggled with complaints and FFT in August 2019
- There is an ongoing piece of work focused on the patient experience in Outpatients and booking procedures, a session of workshops with consultant staff, admin staff and managers are scheduled to understand what successful looks like, meetings have taken place with each specialty and further updates will be provided following the weekly Task and Finish Group
- 4-hour care emergency standard benchmarks well compared to nationally
- Cancer performance continues to be strong
- Bowel screening process – there are 10 patients per month that need treating and if one patient refuses treatment being offered, this KPI doesn't meet the target
- Diagnostics target remains challenging – patients waiting over 6 weeks for a test in cardiology (echo) and neurophysiology relating to workforce capacity in these hard to recruit to specialties
- No longer reporting on RTT, CHFT are one of the 12 organisations testing the new clinical standards focused on average waiting time rather than 92% of patients seen within 18 weeks
- Staff do exceptionally well in terms of the 4 pillars and putting the patient first, there is a positive balance of performance delivery

Dr Peter Bamber asked why there has been a reduction in staff appraisals at 93% last year and 85% this year. The Chief Operating Officer explained medical staff appraisals are managed differently and take place within a 12-month period. There is always an up and down trajectory throughout the year to meet the target by March,

she explained the position is no worse or better than 12 months ago and a robust process is in place.

Cllr Lesley Warner raised concern about focus on targets and short staffing in ED and the wellbeing of staff. She asked if there is a high rate of staff illness through stress and overwork. The Chief Operating Officer responded that the Trust has some of the best attendance nationally and this has improved over the last 18 months. There has been a focus on staff wellbeing at a series of workshops over the last few days which were well attended and have positive actions.

Jude Goddard highlighted that the governors asked for staff wellbeing as one of the subjects at a future workshop. She highlighted staff work so hard throughout the year and this is not recognised enough and wondered how governors could come up with suggestions. The Chief Operating Officer explained volunteers and non-clinical staff brought a tea trolley to ED last week to thank staff for their hard work, she added there is a good ability to respond to hard work in the Trust. The Chair noted screensavers are used across the Trust to thank staff, particularly when the emergency department is under pressure.

Linzi Smith asked why dementia care is struggling in terms of assessments. The Chief Operating Officer explained this is likely to be reporting related since the electronic patient record. There used to be a clear robust process on paper, and staff now need to remember to enter this in a certain field in the electronic system where there is no reminder or alert to do this. There is currently no robust solution for this and some organisations have moved this to a nursing action, CHFT need to find a solution for a medic.

Lynn Moore highlighted a concern regarding medication when patients are referred to their GP when medication can only be provided by a hospital. The Chief Operating Officer clarified 'amber' or 'red' classified drugs need to be provided by the hospital and this is being managed as part of the Outpatient Transformation Programme.

Dr Peter Bamber explained the general view from doctors is that the training received at go live for the electronic patient record and subsequent training was minimal. They feel they are not getting the best out of the system as they don't know how to use it. The Chief Operating Officer explained this was part of the external review and was one of the pieces of work on the workplan. Dr Peter Bamber clarified that this includes doctors at the Trust for 6, 12, or 18 months. The Chief Operating Officer and Medical Director attended a recent junior doctors induction training and are working with the team to refine this. Dr Sue Crossland has contacted all junior doctors for their feedback. Dr Peter Bamber asked that progress on this is brought back in three months' time.

Action: Chief Operating Officer to report back on progress on doctors training on the electronic patient record - 23 January 2020

The Chief Executive suggested governors attend induction sessions with new staff, normally 25% of the room are returning staff and one reason for this is the digital agenda (tracking blood electronically, echocardiogram, electronic patient record). The Chief Executive reminded colleagues that CHFT were only the second Trust in the country with a 'Big Bang' go live, as much as clinically possible, whereas most Trusts do a modular go live. There is an opportunity to compare the degree to which clinical colleagues use the system compared to other Trusts and CHFT are by far the

most advanced. The patient portal has on average nationally 3,000 users, whereas there are over 20,000 users at CHFT.

Dr Peter Bamber said the Trust must acknowledge the lack of training caused problems, for example, thousands of letters not reaching GPs and entries in records not visible in the system due to lack of training. The Chief Executive confirmed that all these problems have been acknowledged and the Trust have been open and transparent.

Sian Grbin asked what concerned the Trust the most following the staff survey results from 2018. Alison Schofield shared leaflets from the Workforce Committee which shows findings and actions from last year and how they are promoting the survey next year.

b) Financial Position and Forecast – Month 5

The Deputy Director of Finance summarised the key points from the Month 5 position;

- The Trust is forecasting to achieve Control Total as planned with a £9.71m forecast deficit
- The Trust has spent considerably less on agency staffing than the trajectory set by NHS Improvement (NHSI)
- Year-end forecast required identifying recovery and restraint measures – a total of £1.2m has been identified in these measures which will be subject to a quality and equality impact assessment
- The Trust is forecasting full delivery of the £11m 19/20 CIP target, if this delivers, the Trust will have a planned deficit of £9.71m

Dr Peter Bamber asked if the finance report can include figures for agency plus bank by Division. The Deputy Director for Finance confirmed this information is available by Division and will be included in the report. She confirmed agency plus bank is in line with planned overall spend.

Action: Deputy Director of Finance

Alison Schofield asked the Deputy Director of Finance to clarify how the reduction in the deficit position to £9m has improved. The Deputy Director of Finance confirmed the Trust have moved, in reality, from a deficit of £43m last year to a £38m deficit this year before new funding. The rules around income and the marginal rate emergency tariff (MRET) have changed this year and the Trust now receive money back and a refund for penalty previously taken off, which totals £6m. The Trust previously did not receive income for an increase in emergency activity. This brings the deficit down to £9.7m.

Sian Grbin asked why agency expenditure is seeing a variance of £1.32m year to date and if this means the Trust don't need to use this money. The Deputy Director of Finance confirmed rather than spending on agency, the Trust are spending on bank staff, which will see a £1.32m (or similar) overspend.

Sian Grbin asked for clarity on the £2.47m planned income and expenditure against the actual income and expenditure of £2.49m in the Families and Specialist Service Division in month 5. The Deputy Director of Finance clarified the figure of £2.47 versus the £2.49 is effectively the profit loss. The Surgery and

Anaesthetics Division are planning to deliver a surplus profit £5.6m against the aligned incentive contract. This is almost a fixed guaranteed level of income which is not impacted by the volume of work. The aligned incentive contract allows for innovation e.g. frailty model can be reviewed to see if care can be delivered in the community.

c) Q1 Update on Quality Account Priorities

Anne-Marie Henshaw, Assistant Director of Quality and Safety presented an update on the three quality account priorities. Each quality account priority has been BRAG rated on progress which is provided within the report.

Alison Schofield asked what the ligature free room has been named in the Emergency Department (ED). The Assistant Director of Quality and Safety confirmed all the rooms are numbered, there is no specific name. Alison provided praise that there is now a specific room for mental health.

The funding for 24/7 1-1 support in ED for patients in distress has not continued as the scheme had limited success; cover was ad hoc as in reality it was not possible to fill the post or vacant shifts via bank so shift fill was low and there was minimal impact on patient experience. An NHS Trust with a strong focus on patient experience in ED has been identified and a 'Go See' visit is taking place in November 2019. Alison Schofield suggested the staff in ED may need to take a turn at supporting these shifts and South West Yorkshire Partnership Foundation Trust should also provide support. The Assistant Director of Quality and Safety explained the mental health team have supported the education for the teams in ED and are beginning to work on standard operating procedures.

Cllr Lesley Warner highlighted the need for more money put into mental health. The Assistant Director of Quality and Safety explained additional 1-1 support is being prioritised and a robust Director on call rota is in place to escalate through all routes, this continues to be a national challenge. There is a short-term facility on the children's ward which is more appropriate; however, this is not long term and the Trust do not provide mental health inpatient beds for children. A fortnightly quality improvement forum takes place where these issues are discussed. The priorities in ED have provided an opportunity to review the workforce models.

Mr. Smith joined the meeting, an observer from the Halifax constituency.

OUTCOME: The Council of Governors **NOTED** the performance and finance report for August 2019 and the Q1 update on the quality account priorities.

d) Membership and Engagement Strategy

The Company Secretary explained there was a requirement to refresh the membership engagement strategy which will be available on the public website. The Council of Governors are asked to identify the top three priorities from the Membership Strategy to progress.

Linzi Smith asked for the budget to support the membership engagement strategy.

Action: Company Secretary to confirm the budget

Prof Felicity Astin suggested the patient panel should be top priority. Jayne Taylor agreed that the youth membership and patient panel should be one of the top three priorities.

Andy Nelson asked what the timeframe was and overall targets to be achieved. The Company Secretary confirmed it is a three-year strategy with an accompanying one-year action plan which will be brought back each year. The key targets are how to represent members and the community we serve.

Chris Reeve suggested the Trust need to look at getting new members with a focus on people who want to take part, this will also be more cost effective. He suggested the Trust utilise volunteers and asked if there is a role as a governor for a volunteer and if all volunteers are Trust members. The Company Secretary explained the patient panel will include the volunteer's manager. Chris Reeve suggested it would be best to focus on a few aspects in year one.

The Company Secretary will update the strategy based on feedback from the governors and will present an update in January 2020.

Prof Felicity Astin passed on credit for the updated membership strategy to the Membership Engagement Manager, Vanessa Henderson.

OUTCOME: The Council of Governors **NOTED** the draft Membership and Engagement Strategy and that the final strategy will be presented to the Council of Governors meeting in January 2020.

53/19 COMPANY SECRETARY'S REPORT

a. Review of Constitution

A review of the constitution took place during October 2019 with the aim to have a current and clear constitution for the Council of Governors and Board of Directors. The changes that were discussed in these sessions are captured in Appendix I1.

Sian Grbin asked if staff governors reduced from 6 to 5 is being reviewed. The Company Secretary confirmed during the workshops it was identified there is a whole category of staff in the ancillary staff group (HCA's, phlebotomists) which was removed as CHS are an appointed governor. This staff group will be re-instated and will be included in the elections for next year. Sian explained Oxford Trust have a total of 9 staff governors and asked if the number at CHFT can be increased. The Company Secretary will review the ratios of staff and stakeholder governors compared to other Trusts; however, public elected governors need to be in the majority.

Prof Felicity Astin suggested Psychologists are added in with Allied Healthcare Professionals as members. She suggested under non-attendance at meetings, that the word 'normally' is added with regard to the governor losing their position if they do not attend the required meetings as this allows some flexibility.

b. Appointment of Lead Governor

Subject to approval, the lead governor process will begin from 17 October 2019 and the voting will close on 19 November 2019. A formal announcement will be made at an extra-ordinary Council of Governors meeting on Friday 22 November 2019 after the joint Board of Directors and Council of Governors workshop. The appointment

will be effective from 22 November 2019 until the Annual General Meeting on 15 July 2020.

c. Council of Governors Self-Effectiveness Feedback and Action Plan

This paper describes the findings from the review from the summer of 2019 and identifies areas for continual improvement. It was noted that no feedback was received from appointed governors and this will be included in next year's feedback.

d. Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached for review. Any changes to current declarations are to be notified to the Corporate Governance Manager.

e. Review Annual Council of Governors Business Cycle 2020

The annual workplan for the Council of Governors for 2020 was attached for review. Comments are to be sent to the Corporate Governance Manager.

f. Receive allocations of governors on Board sub-committees and Divisional Reference Groups

The governor allocations for Divisional Reference Groups and Board Sub-Committee from November 2019 were attached with upcoming dates of meetings. Governors who are unable to attend any of Board Sub-Committee dates are asked to contact the Deputy allocated to that meeting, to attend in their absence.

g. Senior Independent Non-Executive Director/Deputy Chair Appointment

Phil Oldfield's tenure as a Non-Executive Director ends at the end of December 2019. It is recommended that Richard Hopkin takes on the role as Deputy Chair and Senior Independent Non-Executive Director from January 2020.

OUTCOME: The Council of Governors APPROVED:

1. Changes to the constitution and noted the changes will go to the Board of Directors for approval on 7 November 2019
2. Process for appointment of lead governor
3. Actions identified from the Council of Governors self-effectiveness questionnaire
4. Declarations of interest register

OUTCOME: The Council of Governors NOTED:

1. Council of Governors Workplan for 2019
2. Findings of the 2019 Council of Governors self-effectiveness questionnaire
3. Annual business cycle for 2020
4. Allocations of governors on Board Sub-Committees and Divisional Reference Groups
5. Senior Independent Non-Executive Director / Deputy Chair Appointment from January 2020

54/19 UPDATES FROM SUB-COMMITTEES

Quality Committee

Christine Mills provided written feedback following the last Quality Committee. The key updates were:

- Safe storage of drugs – a new system for keys is being implemented and financial details for this should be available this month, most areas are complying

with the new arrangements; however, there are still one or two areas to reach 100%, further training is being implemented

- Complaints has increased last month, the Chief Executive is looking into this, there was discussion around whether more complaints are being received or more are not being responded to in time, working to different challenges

Finance and Performance Committee

Sian Grbin reported on the last Finance and Performance Committee. The key updates were:

- 7,000 patients are seen in the Radiology Department per week - under resourced and under staffed
- Training a senior house officer to become a radiologist – £150k has been invested into the radiology plan, £60k invested into equipment to invest in an MRI scanner which costs up to £1m
- Interventional Radiologist has been appointed, update on radiologist recruitment will be provided in December 2019
- Use of resources is rated amber – Leeds General Infirmary have agreed to a peer review to look at the Trust's use of resources
- Cost Improvement Plan (CIP) – looking at reducing the deficit and working with budget holders who are supporting this and looking at exemplar wards
- Budgets are set between Finance and Divisions

Workforce Committee

Alison Schofield reported on the last Workforce Committee:

- Number of areas highlighted by staff that they are struggling with
- Following negative feedback from disabled colleagues, the Trust have employed an Equality and Diversity Officer and Alison is assisting with the Colleague Disability Action Group
- Freedom to Speak Up Guardians are included on the staff survey leaflet where staff can raise confidential issues
- Lots of engagement with staff over last year to make them feel more valued – including pets therapy dogs
- 2019 staff survey is being launched beginning of October 2019, the Trust are aiming for an increase in responses

Sian Grbin reported that staff morale is low, and she can't see a benefit of the initiatives arising from the staff survey; she asked what tangible things can be expected in response to the staff survey. Karen Heaton responded some of the issues highlighted are staff not being listened to and not being valued. The Trust are trying to fill vacancies and are reviewing sickness levels which are currently at the lowest they have been in a long time. More engagement will be taking place with staff with a focus on Managers Essentials Training to look at managers development.

OUTCOME: The Council of Governors **RECEIVED** the updates from the Board Sub-Committees.

55/19 INFORMATION TO RECEIVE

a. Council of Governors Register 2019

The updated Council of Governors Register as of 10 October 2019 was circulated for information.

b. Council of Governors Calendar 2019-2020

The Council of Governor's calendar of meetings for 2019 and 2020 was circulated for information. This includes all governor meetings, workshops and Divisional Reference Groups.

OUTCOME: The Council of Governors **RECEIVED** the updated Council of Governors Register and Calendar for 2019 – 2020.

DATE AND TIME OF NEXT MEETING

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting. The Chair formally closed the meeting at 17:51 pm and invited members to the next meeting.

Council of Governors Meeting

Date: Thursday 23 January 2020

Time: 3:30 – 5:30 pm (private meeting 2:00 – 3:15 pm)

Venue: Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary

DRAFT MINUTES OF THE EXTRA-ORDINARY FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 3:30 PM ON FRIDAY 22 NOVEMBER 2019 IN THE BOARDROOM, HUDDERSFIELD ROYAL INFIRMARY

***The meeting was brought forward and started at approximately 3:30 pm following the joint Board of Directors and Council of Governors workshop.**

PRESENT:

Philip Lewer Chair

PUBLICLY ELECTED GOVERNORS

Lynn Moore	Public Elected - North and Central Halifax
Paul Butterworth	Public Elected - East Halifax and Bradford
Sheila Taylor	Public Elected - Huddersfield Central
Veronica Woollin	Public Elected – North Kirklees
John Gledhill	Public Elected – Lindley and the Valleys (<i>attended at 4:00 pm</i>)

STAFF GOVERNORS

Dr Peter Bamber	Staff Elected – Drs / Dentists
Sian Grbin	Staff Elected – Nurses/ Midwives
Rosie Hoggart	Staff Elected – Nurses / Midwives (<i>attended at 3.45 pm</i>)

APPOINTED GOVERNORS

Prof Felicity Astin	University of Huddersfield
Jayne Taylor	Calderdale and Huddersfield Solutions Ltd (CHS)
Cllr Lesley Warner	Kirklees Metropolitan Council

IN ATTENDANCE

Amber Fox	Corporate Governance Manager
Jackie Ryden	Corporate Governance Manager (from January 2020)

56/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

John Richardson	Public Elected - South Kirklees
Chris Reeve	Locala
Jude Goddard	Public Elected - Calder and Ryburn Valleys
Christine Mills	Public Elected - Huddersfield Central
Stephen Baines	Public Elected - Skircoat and Lower Calder Valley
Annette Bell	Public Elected – East Halifax and Bradford
Dianne Hughes	Public Elected - South Kirklees
Sally Robertshaw	Staff Elected, Allied Healthcare Professionals (AHPs)
Cllr Megan Swift	Calderdale Metropolitan Council
Brian Richardson	Public Elected - Skircoat and Lower Calder Valley
Alison Schofield	Public Elected - North and Central Halifax
Helen Hunter	Healthwatch

57/19 OUTCOME OF APPOINTMENT FOR LEAD GOVERNOR OF THE COUNCIL OF GOVERNORS

The Company Secretary presented the outcome of appointment for lead governor of the Council of Governors, for ratification.

The majority of votes received were for Stephen Baines to be appointed as lead governor for the Council of Governors.

OUTCOME: The Council of Governors **RATIFIED** the appointment for Stephen Baines to be lead governor of the Council of Governors, effective from 22 November 2019 until 15 July 2020.

POST MEETING UPDATE: Rosie Hoggart and John Gledhill attended the meeting once it had concluded and agreed with the decision to ratify this appointment.

DATE AND TIME OF NEXT MEETING

The Chair thanked the Council of Governors for attending the meeting and invited members to the next meetings.

Governors / Non-Executive Directors Informal Workshop

Date: Tuesday 17 December 2019

Time: 12:30 – 4:30 pm

Venue: Boardroom, Huddersfield Royal Infirmary

Council of Governors Meeting

Date: Thursday 23 January 2020

Time: 3:30 – 5:30 pm (private meeting 2:00 – 3:15 pm)

Venue: Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary

5. Matters Arising / Action Log

To Note

Presented by Philip Lewer

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
17.10.19	Membership and Engagement Strategy Company Secretary to confirm the budget to support the Membership Engagement Strategy	Company Secretary		23.01.20		
17.10.19	Financial Position Finance report to include a breakdown of figures for agency plus bank by Division	Deputy Director of Finance		23.01.20		
17.10.19	Performance Report – Doctors Training – EPR Chief Operating Officer to report back on progress on doctors training on the electronic patient record	Chief Operating Officer		23.01.20		
18.7.19	Matters Arising Update to be provided on the complaints procedure and policy	Company Secretary	Director of Nursing to provide a response	17.10.19		
18.7.19	Staff Consultation (Car Parking) Executive Director of Finance to provide feedback on other income received from staff and if the Trust are involving Nicki Hosty in disability car parking	Director of Finance	Verbal update provided by the Chair	17.10.19		17.10.19
18.7.19	Performance Report Frailty Team invited to a Joint BOD/CoG Workshop – suggested by the Chief Operating Officer	Company Secretary	This is being reviewed for the December Governors/Non-Executive Director informal workshop on 17 December 2019	17.10.19		17.10.19

6. Complaints and Compliments Presentation

For Assurance

Presented by Owen Williams

UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

7. Nominations and Remuneration Committee (CoG) Draft minutes from meeting held 13 January 2020

To Approve

Presented by Philip Lewer

Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) Held on Monday 13 January 2020, 14:00 – 15:00, HRI Trust HQ, Chair's Office

MEMBERS

Philip Lewer	Chair
Paul Butterworth	Public Elected Governor (East Halifax & Bradford)
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley)
Alison Schofield	Public Elected Governor (North & Central Halifax)
Christine Mills	Public Elected Governor (Huddersfield Central)
Lynn Moore	Public Elected Governor (North & Central Halifax)

IN ATTENDANCE

Jason Eddleston	Deputy Director of Workforce and Organisational Development
Andrea McCourt	Company Secretary
Jane Littlewood	(Minutes)

Item

01/20 APOLOGIES FOR ABSENCE

Apologies of absence were received from:
 Richard Hopkin, Non-Executive Director/Chair of ARC
 Veronica Woollin, Public Elected Governor (North Kirklees)

02/20 MINUTES OF THE MEETING HELD ON 15 AUGUST 2019

The minutes of the last Nominations and Remuneration Committee (CoG) meeting held on the 15 August 2019 were approved as a correct record.

OUTCOME: The Nominations and Remuneration Committee **APPROVED** the previous minutes held on 15 August 2019.

03/20 DECLARATIONS OF INTEREST

Philip Lewer declared a conflict of interest for agenda items 03/20 and 07/20, left the room for these items and took no part in the discussions.

04/20 MATTERS ARISING

There were no matters arising.

05/20 REVIEW OF NOMINATIONS & REMUNERATION COMMITTEE TERMS OF REFERENCE

Andrea McCourt advised there were no changes proposed, apart from the membership list, to reflect the changes to the Governor members and the Senior Independent Non-Executive Director. Andrea McCourt will distribute the updated members list.

OUTCOME: The Nominations and Remuneration Committee **APPROVED** the terms of reference.

06/20 CHAIR & NON-EXECUTIVE DIRECTOR PAY ARRANGEMENTS

Philip Lewer took no part in this discussion and Stephen Baines chaired the meeting for this item.

Jason Eddleston presented this paper, which sets out a new pay structure for Chairs and Non-Executive Director for NHS Trusts and NHS Foundations Trusts, as detailed in NHS Improvement (NHSI) implementation guidance issued in September 2019 'Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts'.

The stated principal aims of the new pay structure are to: -

- establish greater transparency, consistency and alignment in remuneration across NHS provider Trusts
- maintain proportionality in remuneration and avoid unnecessary future escalation
- effectively respond to current challenges associated with the attraction, recruitment and retention of Chairs and Non-Executive Directors, particularly within NHS Trusts.

For Chairs, pay ranges comprising a lower quartile value, median value and upper quartile value will apply according to the annual turnover of the NHS provider. Variation across the three values will occur following assessment of the relative complexity of Chair role and the skills and experience of the postholder.

It was noted that notwithstanding the discretion afforded to NHS Foundation Trusts it is anticipated they will demonstrate consistency with the provisions of the new pay structure. To this end, remuneration applied to newly appointed and reappointed Chairs and Non-Executive Directors may need to be adjusted accordingly. Where, when compared with the respective median and upper quartile values, there are significant outliers, NHS Foundation Trusts should apply 'mark-time' arrangements for the duration of current tenures. Jason Eddleston advised that at the point any new appointment or reappointment was considered the guidance should be considered again to review and revise remuneration, with reference to the provisions of the pay structure.

Discussion took place on pay awards for 2018/2019 and 2019/2020 for Non-Executive Directors, which had been deferred pending this national guidance. Members agreed that no pay awards be given for 2018/2019 and 2019/2020.

Paul Butterworth stated that when recruiting to new Non-Executive Directors roles, recruitment details should be explicit about the option for the role to be undertaken on a volunteer basis, (i.e. no salary taken), or that the salary can be donated and that this should be set out in the paper. After discussion, it was confirmed that the point be recorded in the minutes of the meeting and the extract appended to the paper for future reference. It was agreed that this point be further considered in any future nominations discussion.

Discussions took place regarding the tenure of the Non-Executive Directors and their terms of engagement. It was agreed that the terms and conditions for Non-Executive Directors will be shared with Committee members as part of future NED recruitment processes.

Andrea McCourt advised that the time commitments of Non-Executive Directors are shared with the Committee and that an updated summary of time commitments (to include the two new Non-Executive Directors), will be presented at the next meeting.

Alison Schofield proposed that it would be helpful for Non-Executive Directors to film a short video to share with Governors describing what they have been involved with as part of their role. Andrea McCourt agreed to discuss feasibility of this.

OUTCOME: The Nominations and Remuneration Committee **NOTED** the guidance on the pay structure and **AGREED** that it be considered when new appointments or re-appointments to Non-Executive Directors positions are made. The Committee also **RESOLVED** that no pay award for Non-Executive Directors would be applied for 2018/2019 and 2019/2020.

Philip Lewer took no part in this discussion and Stephen Baines chaired the meeting for this item.

In November 2019 NHS Improvement issued a framework for conducting annual appraisal of NHS provider chairs, together with a Provider Chair Competency Framework. The aim of the appraisal framework is to ensure a standardised approach to the Chair annual appraisal process and to ensure that stakeholder assessment from multiple sources is incorporated into the appraisal process, based around the following five competencies:

1. Strategic
2. Partnerships
3. People
4. Professional acumen
5. Outcomes focus

This is detailed in the NHS Provider Chair Competency Framework which was enclosed with papers.

The Trust will undertake the Chair's appraisal for 2019/2020 in line with the NHS Improvement guidance on conducting chair's appraisal. To ensure consistency Andrea McCourt will work with other West Yorkshire acute Trusts during February 2020 to identify which stakeholders will be asked to participate in the stakeholder feedback.

It was agreed a revised Non-Executive Director appraisal process would be presented to members for approval, which would similarly be an inclusive process inviting stakeholder input, including that of Governors. The NED appraisal process will be agreed prior to the appraisal season for undertaking 2019/2020 appraisals.

OUTCOME: The Nominations and Remuneration Committee **APPROVED** the appraisal process for the Chair

08/20 ANY OTHER BUSINESS

There was no other business to note.

09/20 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The minutes from the Nominations and Remuneration Committee will be shared at the next meeting of the Nominations and Remuneration Committee and Council of Governors meeting on Thursday 23rd January 2020 for review and approval. The outcome will be reported back to the Board of Directors.

Non-Executive Directors' terms and conditions of tenure to be available to Committee members prior to new appointments and shared with governors. **Action: Jason Eddleston**

Provide Governors with an updated terms of reference membership list. **Action: Andrea McCourt**

Approved at the Council of Governors meeting on []

8. Chair's Update

To Note

Presented by Philip Lewer

GOVERNANCE

9. Update from Lead Governor - Stephen Baines

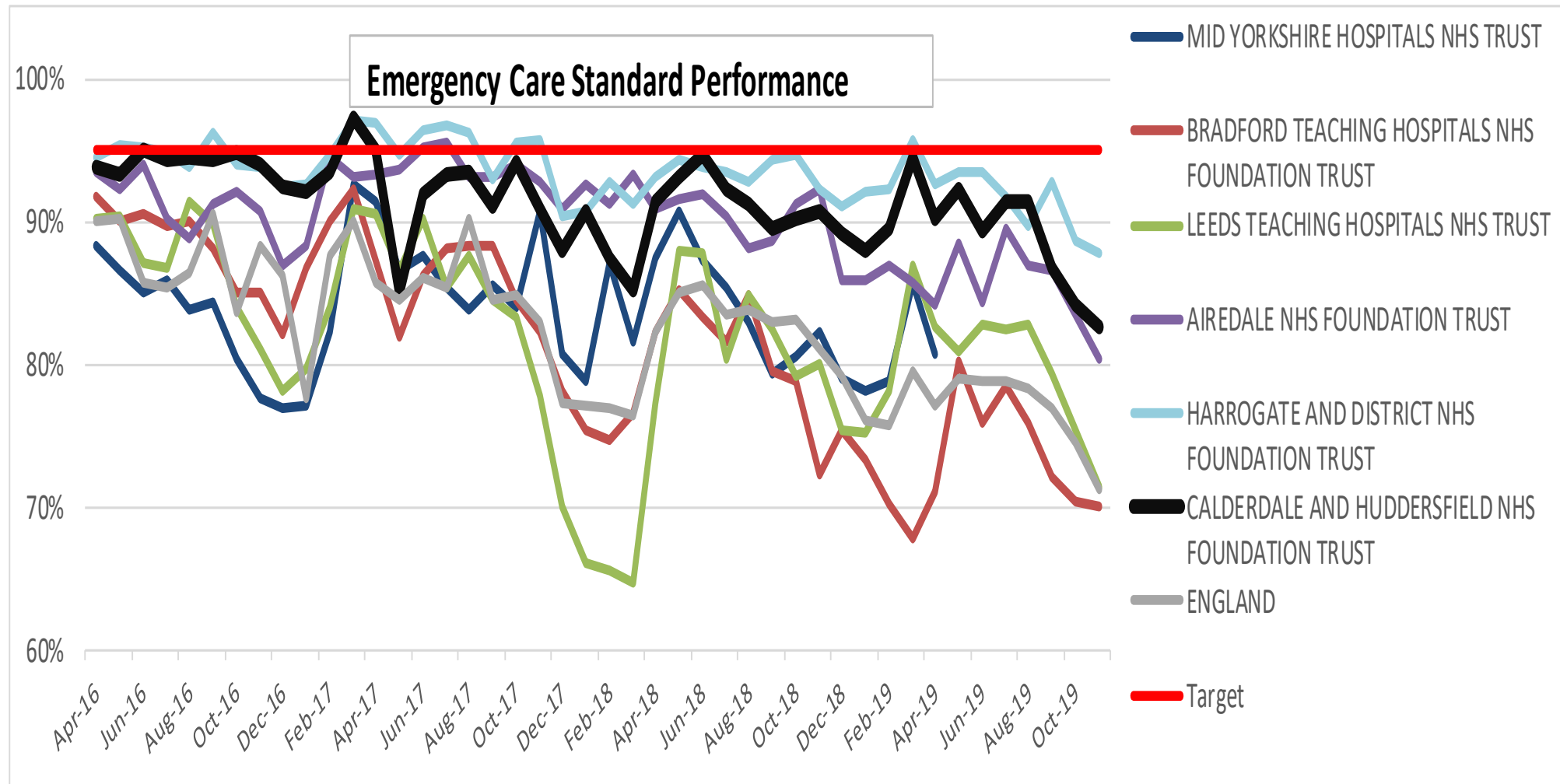
PERFORMANCE AND STRATEGY

10. a. Performance Report

To Note

Presented by Helen Barker

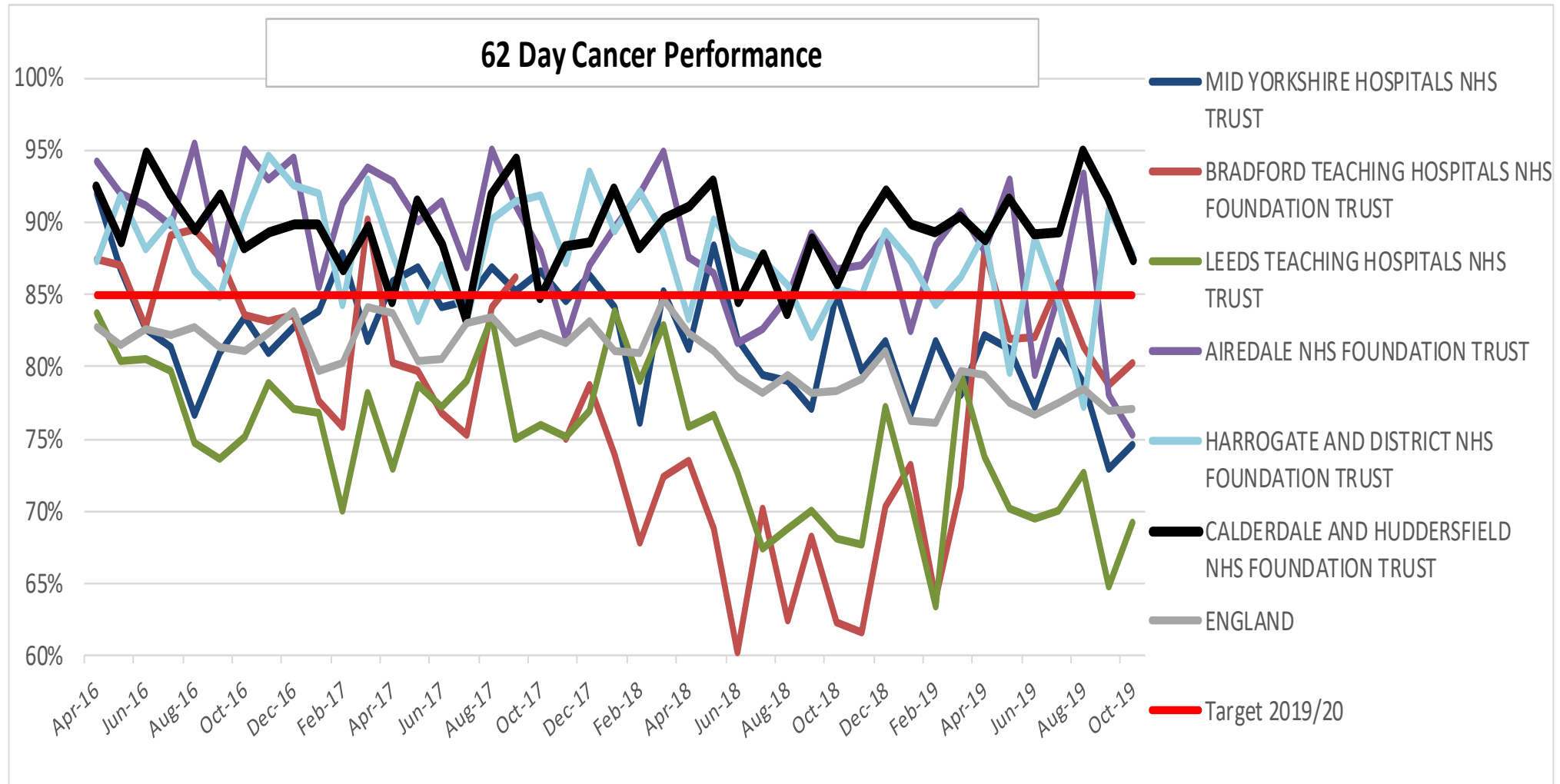
Date of Meeting:	23 rd January 2020
Meeting:	COUNCIL OF GOVERNORS
Title of report:	QUALITY & PERFORMANCE REPORT
Author:	Peter Keogh, Assistant Director of Performance
Sponsor:	Helen Barker, Chief Operating Officer
Previous Forums:	Executive Board, Finance & Performance Committee
Actions Requested: <ul style="list-style-type: none"> To note 	
Purpose of the Report	
To provide the Executive Board with the performance position for the month of November 2019.	
Key Points to Note	
<p>November's Performance Score is 75% with 3 green domains continuing the Trust's excellent performance for 2019/20. The SAFE domain and the EFFECTIVE domain have both maintained their green performance. The CARING domain remains amber although FFT A&E, Community and Outpatients 'would recommend' need improvement. The RESPONSIVE domain remains amber with all key cancer metrics achieving target. 2 of the 4 stroke indicators are still missing target and the 6 weeks Diagnostics only just missed target. WORKFORCE remains green with sickness levels and EST continuing their strong performance which is a great achievement. FINANCE remains green although a deterioration in EFFICIENCY metrics means that the domain is now amber.</p>	
EQIA – Equality Impact Assessment	
<p>The IPR does not report performance with a breakdown of Protected Characteristics either for workforce or patient data. Workforce equality monitoring is conducted at Workforce Committee via WRES, WDES and Staff Survey. The Public Sector Equality Duty annual report is presented to Board annually, as well as our gender pay gap report.</p>	
Recommendation	
<p>The Council of Governors is asked to note the contents of the report and the overall performance score for November.</p>	



PERFORMANCE

LATEST 2019/20

Appendix C



PERFORMANCE

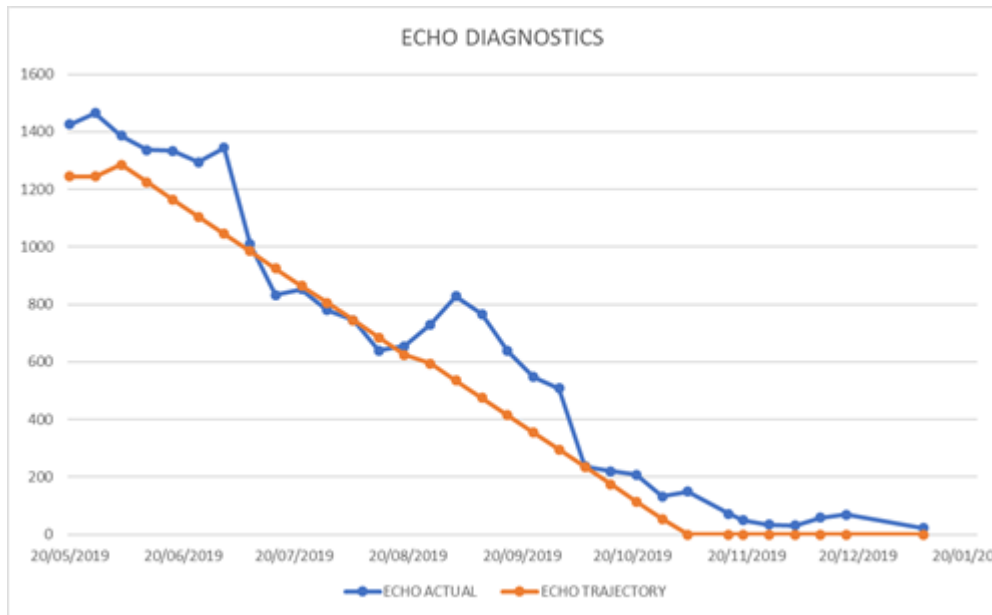
LATEST 2019/20

Appendix C

6 Weeks Diagnostics Test (target > 99%)

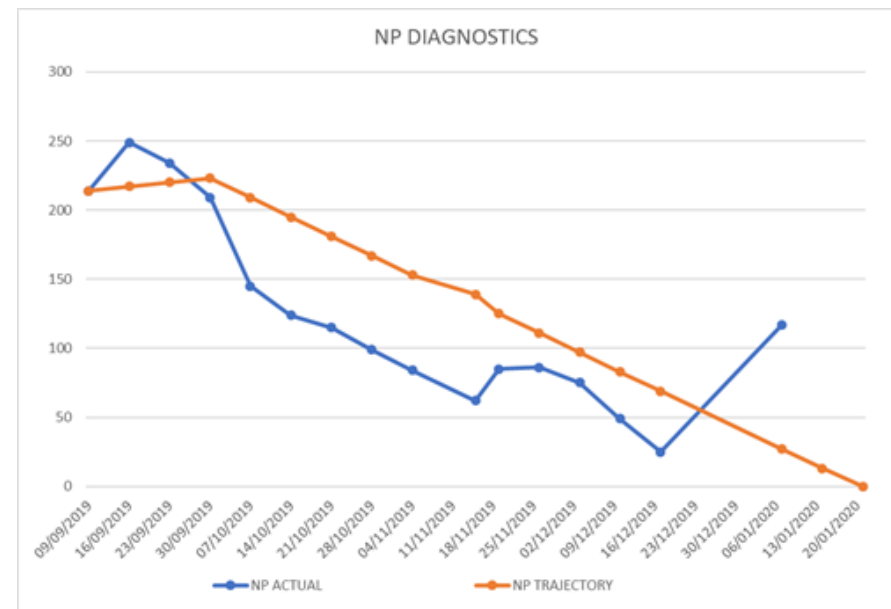
December 2019

Trust Position 98.32%



ECHO

55 over 6 week breaches and 0 without a TCI date
90.69% of patients within 6 weeks



Neurophysiology

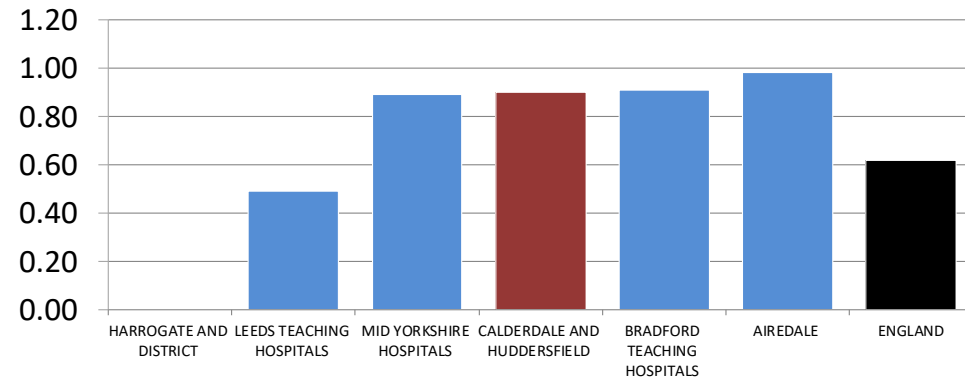
40 over 6 week breaches and 0 without a TCI date
93.02% of patients within 6 weeks

PERFORMANCE

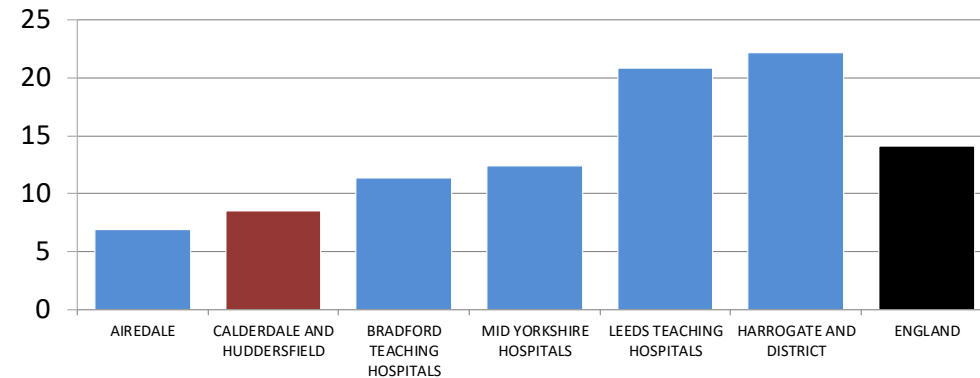
LATEST 2019

Appendix C

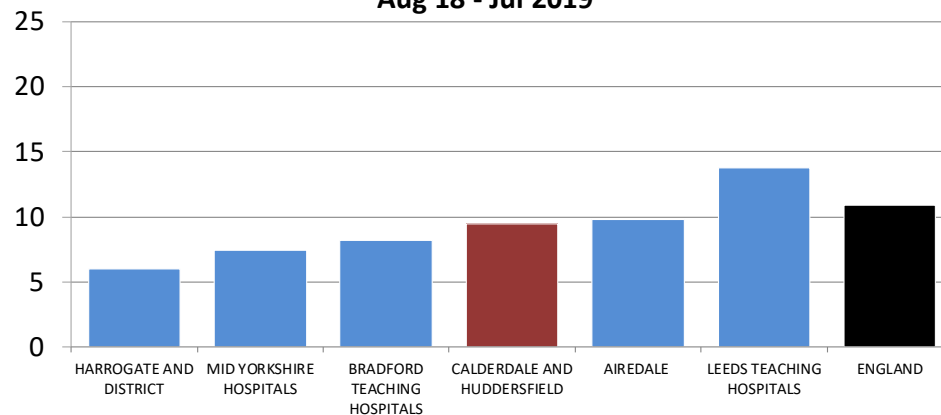
**MRSA per 100,000 days (Rolling 12 months) - Time Period:
Aug 18 - Jul 2019**



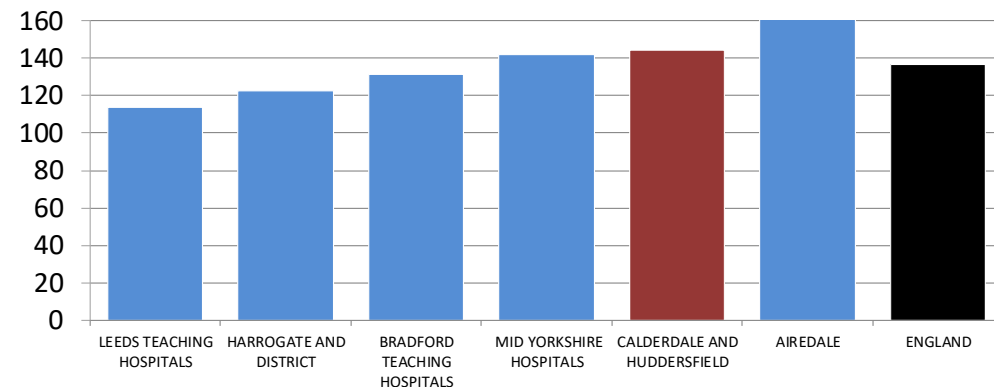
**C.Diff per 100,000 days (Rolling 12 months) - Time Period: Aug
18 - Jul 2019**



**MSSA per 100,000 days (Rolling 12 months) - Time Period:
Aug 18 - Jul 2019**



**EColi per 100,000 days (Rolling 12 months) - Time Period: Aug
18 - Jul 2019**

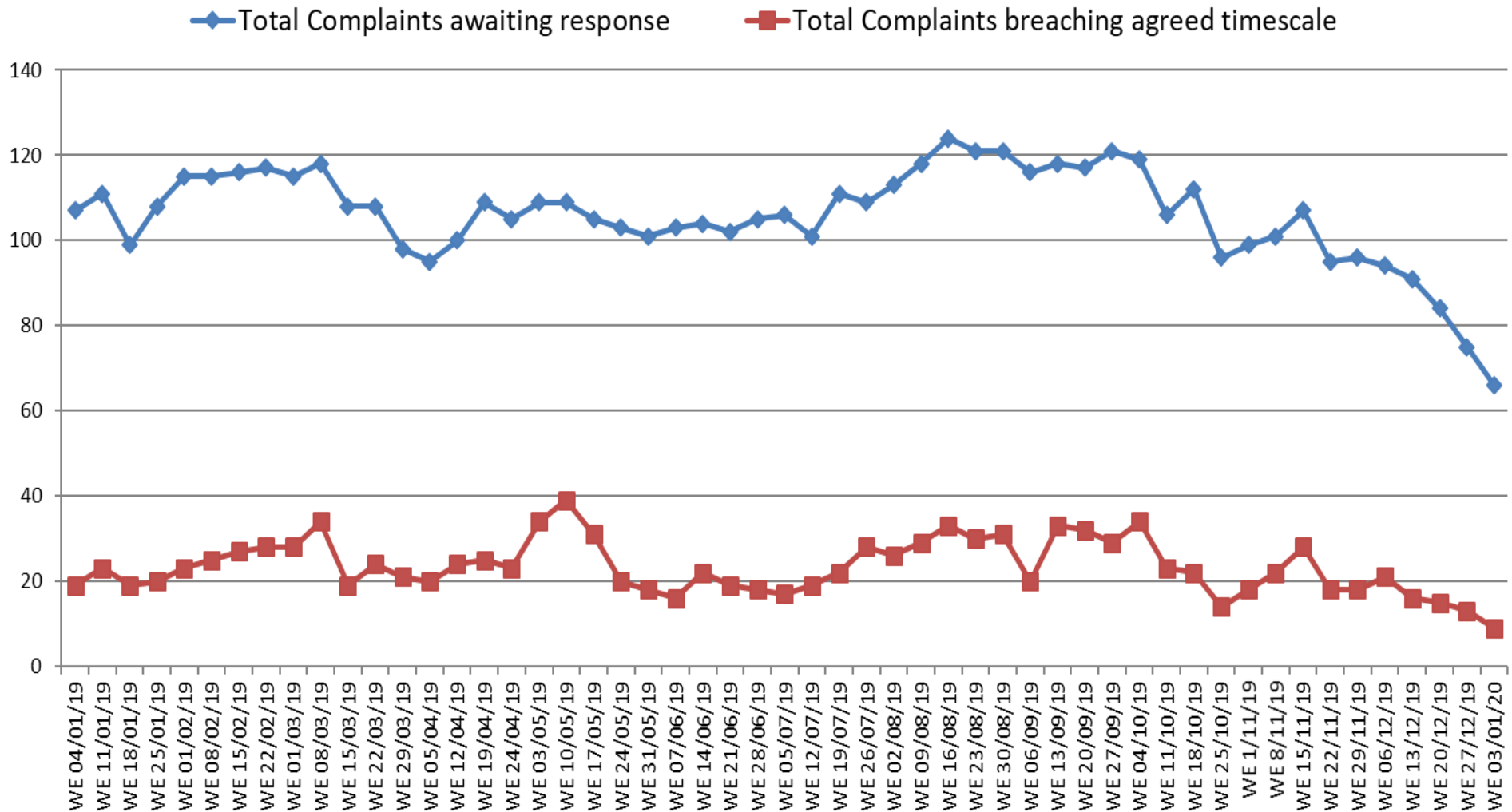


PERFORMANCE

LATEST 2019/20

Appendix C

Complaints Received



Integrated Performance Report

November 2019

Performance Summary

To Note

Sometimes the previous month's % in the Performance Summary is different in the next month's report. This usually happens when there are late changes to indicator values due to validation.

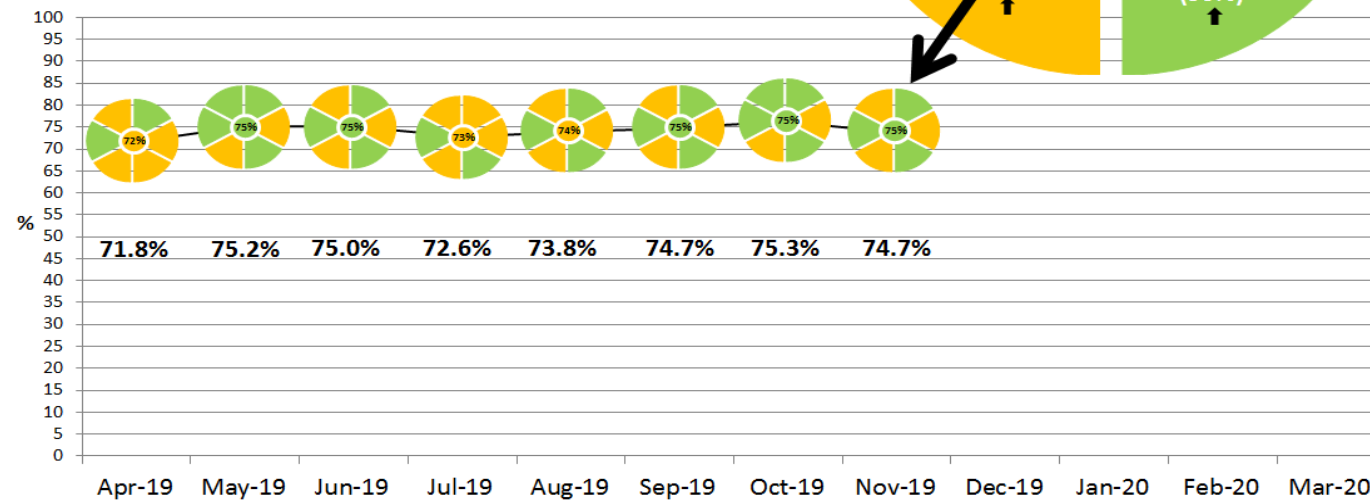
There have been no changes to note since the October report.

Performance Summary

November

RAG Movement

November's Performance Score is 75% with 3 green domains continuing the Trust's excellent performance for 2019/20. The SAFE domain and the EFFECTIVE domain have both maintained their green performance. The CARING domain remains amber although FFT A&E, Community and Outpatients would recommend need improvement. The RESPONSIVE domain remains amber with all key cancer metrics achieving target. 2 of the 4 stroke indicators are still missing target and the 6 weeks Diagnostics only just missed target. WORKFORCE remains green with sickness levels and EST continuing their strong performance which is a great achievement. FINANCE remains green although a deterioration in EFFICIENCY metrics means that the domain is now amber.



OVERSIGHT FRAMEWORK

SAFE	
VTE Assessments	Never Events
CARING	
FFT IP FFT Maternity	FFT OP FFT A&E
Mixed sex accommodation breaches	FFT Community
EFFECTIVE	% Complaints closed
	MRSA
	Preventable Cdiff
RESPONSIVE	HSMR
	SHMI
Diagnostics 6 weeks	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

Key Indicators

	18/19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	YTD	Performance Range			
SAFE											Green	Amber	Red	
Never Events	4	0	0	0	0	0	0	0	0	0	0	0		>=1
CARING											Green	Amber	Red	
% Complaints closed within target timeframe	42.00%	29.0%	38.0%	58.0%	37.0%	22.0%	47.0%	40.0%	41.0%	39.0%	100%	86% - 99%		<=85%
Friends & Family Test (IP Survey) - Response Rate	36.39%	34.35%	36.50%	32.61%	33.58%	26.59%	30.68%	31.51%	29.82%	32.02%	>=24.5%			<24.5%
Friends & Family Test (IP Survey) - % would recommend the Service	97.46%	97.29%	97.56%	96.91%	97.40%	96.40%	97.31%	97.63%	96.78%	97.19%	>=96.7%	33.8% - 96.6%		<93.8%
Friends and Family Test Outpatient - Response Rate	10.75%	7.93%	9.25%	9.93%	10.11%	7.71%	5.62%	6.25%	6.52%	7.60%	>= 4.7%	2.3% - 4.6%		<2.3%
Friends and Family Test Outpatients Survey - % would recommend the Service	90.92%	91.13%	90.36%	91.81%	92.11%	92.31%	91.92%	91.70%	92.80%	91.79%	>= 96.2%	33.4% - 62.1%		<93.4%
Friends and Family Test A & E Survey - Response Rate	13.03%	11.56%	11.48%	14.46%	11.37%	11.10%	9.03%	10.28%	11.12%	11.24%	>= 11.7%	4.2% - 11.6%		<4.2%
Friends and Family Test A & E Survey - % would recommend the Service	83.80%	83.88%	84.79%	85.60%	82.29%	86.82%	80.28%	85.86%	81.84%	83.96%	>=87.2%	32.8% - 87.1%		<82.8%
Friends & Family Test (Maternity Survey) - Response Rate	36.51%	30.84%	41.78%	52.54%	38.29%	34.61%	32.27%	33.65%	37.10%	32.90%	>=20.8%	10.4% - 20.7%		<10.4%
Friends & Family Test (Maternity) - % would recommend the Service	98.64%	100.00%	99.19%	99.43%	99.53%	98.61%	98.66%	99.60%	98.70%	99.20%	>=97.3%	34.3% - 97.2%		<94.3%
Friends and Family Test Community - Response Rate	4.91%	3.38%	5.74%	2.15%	2.48%	2.46%	4.31%	6.10%	9.11%	3.97%	>=3.2%	1.7% - 3.1%		<1.7%
Friends and Family Test Community Survey - % would recommend the Service	94.64%	96.69%	95.48%	97.96%	98.15%	98.21%	97.07%	96.20%	94.66%	96.75%	>=96.7%	34.4% - 96.6%		<94.4%
EFFECTIVE											Green	Amber	Red	
Number of MRSA Bacteraemias – Trust assigned	2	1	0	0	0	0	0	0	0	1	0			>=0
Preventable number of Clostridium Difficile Cases	5	0	0	0	3	1	0	0	0	4	4			3.4
Local SHMI - Relative Risk (1 Yr Rolling Data)	100.25									99.43		<=100	101 - 109	>=110
Hospital Standardised Mortality Rate (1 yr Rolling Data)	84.51									86.84		<=100	101 - 109	>=111
RESPONSIVE											Green	Amber	Red	
Emergency Care Standard 4 hours	91.29%	90.19%	92.30%	89.32%	91.44%	91.37%	86.82%	84.19%	82.68%	88.55%	>=95%	81% - 94%		<=80%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of arrival	64.00%	46.55%	50.88%	63.41%	55.36%	58.21%	62.50%	41.82%	47.37%	52.76%	>=90%			<=85%
Two Week Wait From Referral to Date First Seen	98.46%	96.56%	96.92%	98.00%	98.75%	98.24%	99.09%	99.15%	99.40%	98.29%	>=93%	86% - 92%		<=85%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.56%	98.34%	94.01%	93.56%	97.87%	100.00%	99.27%	96.77%	98.41%	97.17%	>=93%			<=92%
31 Days From Diagnosis to First Treatment	99.63%	100.00%	99.40%	100.00%	99.40%	100.00%	100.00%	98.47%	100.00%	99.61%	>=96%			<=95%
31 Day Subsequent Surgery Treatment	99.04%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%	99.47%	>=94%			<=93%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%			<=97%
38 Day Referral to Tertiary	52.42%	31.58%	31.58%	55.56%	84.21%	41.67%	38.10%	56.52%	66.67%	50.00%	>=85%			<=84%
62 Day GP Referral to Treatment	88.37%	88.51%	91.76%	89.16%	89.58%	93.69%	91.76%	87.56%	92.17%	90.50%	>=85%	81% - 84%		<=80%
62 Day Referral From Screening to Treatment	94.42%	91.30%	96.30%	100.00%	88.46%	86.67%	89.47%	77.50%	100.00%	89.50%	>=90%			<=89%
WORKFORCE											Green	Amber	Red	
Sickness Absence rate (%) - Rolling 12m	3.69%	3.67%	3.64%	3.61%	3.61%	3.63%	3.66%	3.71%	*	-	<=4%	<=4.5%		>4.5%
Long Term Sickness Absence rate (%) -Rolling 12m	2.39%	2.37%	2.36%	2.33%	2.33%	2.35%	2.39%	2.41%	*	-	<=2.5%	<=2.75%		>2.75%
Short Term Sickness Absence rate (%) -Rolling 12m	1.30%	1.29%	1.28%	1.28%	1.28%	1.28%	1.27%	1.30%	*	-	<=1.5%	<=1.75%		>1.75%
Overall Essential Safety Compliance	94.45%	93.18%	93.40%	93.36%	94.68%	94.58%	95.22%	95.30%	95.32%	-	>=90%	>=85%		<85%
Appraisal (1 Year Refresher) - Non-Medical Staff		16.52%	50.88%	96.43%	97.63%	96.97%	96.11%	95.21%	94.65%	-	>=95%	>=90%		<90%
Appraisal (1 Year Refresher) - Medical Staff (Rolling 12mth)	92.85%	87.23%	86.89%	85.28%	86.21%	85.27%	86.71%	83.81%	88.42%	-	>=95%	>=90%		<90%
FINANCE											Green	Amber	Red	
I&E: Surplus / (Deficit) Var £m YTD	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.23	0.24				

Most Improved/Deteriorated

MOST IMPROVED

Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - At 91.89% best monthly performance to date.

3 months' running overall green performance for CHFT.

Cancer performance back on track with all key performance targets achieved.

MOST DETERIORATED

% Stroke patients spending 90% of their stay on a stroke unit is now at 67% against the 90% target. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival has improved to 47% against the 90% target. The quarter 2 SSNAP score has been received and has unfortunately been downgraded to a B.

RTT Waits over 52 weeks - there were 3 at month end.

Emergency Care Standard 4 hours - deteriorated further to 82.68% in November, (85% all types).
A&E Trolley Waits (From decision to admission) - We reported 9 over 12 hour trolley waits in November.

ACTIONS

Following a challenging October and November a full action plan has been drawn up to ensure performance does not worsen and also improve our two most challenging areas; 90% stay and admittance to stroke within 4 hours. It is encouraging that both of these indicators have seen improved performance in month which hopefully will lead to an improvement in the SSNAP score for quarter 3.

As part of the RTT Diagnostic project and agreed trajectory with NHSI/E we have been reviewing 3,000 patients on a Non-Planned Waiting list that were not on a current RTT Pathway. The Validation team started this work in November and have been through over 1,500 patients on the list so far. Of these 625 pathways have been reopened and are now showing in the reported RTT Position. At month end, 3 of these were found to have been waiting over 52 weeks for treatment. All 3 were treated by the 19th December 2019.

We have seen an increase in activity and prolonged length of stay for those patients waiting for beds. We have escalated where appropriate and the introduction of the matron and operational manager on each site has made sure that patients are moved through as quickly as possible. Those patients with prolonged waits are written to in order to give them an opportunity to provide us with feedback.
We escalated the 12 hour trolley waits appropriately and they are currently being externally investigated. A new line is now in place on EPR so all teams can be clear about the time a 12 hour breach is due.

Executive Summary

The report covers the period from November 2018 to allow comparison with historic performance. However the key messages and targets relate to November 2019 for the financial year 2019/20.

Domain	Area
Safe (80%)	<ul style="list-style-type: none"> Maternal smoking at delivery - Performance was 14.5% in November, the highest level in over 12 months against the 12.9% target. Provision of a 'risk perception' intervention following dating scans for women who smoke has not been taking place due to staffing issues in Antenatal clinics. Health & Safety Incidents (RIDDOR) - 1 in month, incident under investigation.
Caring (63%)	<ul style="list-style-type: none"> Complaints closed within timeframe - Complaints performance remains at 41% in November. Divisional Senior Management Teams and Corporate Complaints Team colleagues continue to work together to improve the quality and timeliness of complaint responses, and training and supervision of colleagues responding to complaints. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance at 93% against the 96.2% target. Changes are expected as the Trust continues to work through its outpatient transformation plan. Friends and Family Test A & E Survey - Would Recommend. Deteriorated in month to 81.84%, below 87.2% target. The comments continue to be reviewed and the themes related to both medical and nursing issues. This has been taken through directorate QI and one of the ED consultants is now leading on improving behaviours and therefore patient feedback. Work has started to improve the environment at HRI consisting of re-laying the flooring and re-painting the cubicles. All colours will be dementia friendly and will brighten up the environment. Friends and Family Test Community Survey - % would recommend the service. Performance dropped again to 94.66% in month. The division has reviewed the responses. These have been fed back to the relevant teams for local action. % Dementia patients screened following emergency admission aged 75 and over - performance is at 35% and is a long way from the 90% target. Medicine - Dementia champions are in place in the Medicine division, raising the profile of the importance of the dementia screen with clinical colleagues. The Task & Finish group have met and are supporting the introduction of large touch-screen patient information boards to include essential assessments, including dementia. This is being led by the Associate Medical Director. This will be tested on one of the acute floors initially.
Effective (95%)	All metrics are within normal variation.

Background Context

November has been a challenging month due to the norovirus outbreak which has seen several wards restricted throughout the month resulting in additional escalation areas opening.

Staff sickness has been particularly challenging due to the 48 hour sickness bug.

We had 9 x 12 hour breaches in ED which are currently being investigated externally to the organisation.

The full impact of the Urgent Care Board funding has not yet been realised.

The 8th Respiratory consultant (winter bid) has been recruited to within Acute Medicine. The benefits of this will be to reduce the number of Respiratory patients requiring admission to hospital and for those that do, we will be able to reduce the length of stay for these patients.

The SSNAP score for quarter 2 has been received and has decreased to a B. The Stroke team are working to recover this following a particularly challenging 2 months in September and October.

November has seen the start of the Same Day Emergency Care (SDEC) Unit co-located in CDU in HRI. KPI's are in place to monitor performance. There have been some really positive stories from the first two weeks with examples of outstanding patient care.

Acute Floor consultants started cross site working on 11th November.

Focussed work has started in all divisions on RTT trajectories for patients waiting over 32 weeks.

Executive Summary

The report covers the period from November 2018 to allow comparison with historic performance. However the key messages and targets relate to November 2019 for the financial year 2019/20.

Domain	Area
Responsive (65%)	<ul style="list-style-type: none"> Emergency Care Standard 4 hours - deteriorated further to 82.68% in November, (85% all types) - We have seen an increase in activity and prolonged length of stay for those patients waiting for beds. We have escalated where appropriate and the introduction of the matron and operational manager on each site has made sure that patients are moved through as quickly as possible. Those patients with prolonged waits are written to in order to give them an opportunity to provide us with feedback. A&E Trolley Waits (From decision to admission) - We reported 9 over 12 hour trolley waits in November. We escalated these appropriately and they are currently being externally investigated. A new line is now in place on EPR so all teams can be clear about the time a 12 hour breach is due. Stroke targets - % Stroke patients spending 90% of their stay on a stroke unit is now at 67% against the 90% target. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival improved to 47% against the 90% target. The quarter 2 SSNAP score has been received and has unfortunately been downgraded to a B. Following a challenging October and November a full action plan has been drawn up to ensure performance does not worsen and also improve our two most challenging areas; 90% stay and admittance to stroke within 4 hours. It is encouraging that both of these indicators have seen improved performance in month. RTT Waits over 52 weeks - As part of the RTT Diagnostic project and agreed trajectory with NHSI/E we have been reviewing 3,000 patients on a Non-Planned Waiting list that were not on a current RTT Pathway. At month end, 3 of these were found to have been waiting over 52 weeks for treatment. All 3 were treated by the 19th December 2019. % Diagnostic Waiting List Within 6 Weeks - CHFT just missed the November target due to a small number of Echo cases not seen. Cancer 38 Day Referral to Tertiary - performance was improved to 67% in November. Appointment Slot Issues on Choose & Book - performance has deteriorated to 31% against the 20% target following 3 months of improvement from the introduction of CAS clinics and action plans in place at specialty Level.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Sickness rolling 12 month total continues to increase although October saw a decrease in long term sickness in month. RTWI performance has peaked at 85% just below the 90% target. Essential Safety Training - overall at 95%.
	<ul style="list-style-type: none"> Year to Date Summary The year to date deficit is £8.67m, a £0.24m favourable variance from plan due to a gain on the disposal of property. This benefit is excluded for the purposes of allocation of Provider Sustainability Funding/Financial recovery Funding. There is some pressure year to date due to higher than planned non-pay expenditure including utilities, maintenance contracts, outsourced services and lower than planned VAT recovery. These pressures have been offset year to date by lower than planned pay expenditure, although for the last three months pay has been slightly overspent due to Medical pay awards and pressure from additional capacity. Clinical income performance (contract and other) is below plan by £1.56m. The Aligned Incentive Contract (AIC) protects the income position by £2.15m resulting overall in a favourable variance of £0.59m, an improvement compared to the position in Month 7. This position includes some additional income allocated by the Integrated Care System (ICS) to support winter pressures and cancer services. CIP achieved year to date is £6.34m, £0.17m more than planned. Agency expenditure year to date is £5.35m, £2.16m below the planned level. Key Variances <ul style="list-style-type: none"> Clinical Income is now above plan overall, but only as a result of the £2.15m protection offered by the Aligned Incentive Contract (AIC), with lower than planned activity levels across all points of delivery with the exception of A&E. However, AIC protection has reduced further in month by £0.20m. Surgical Division continue to show a favourable variance to plan, reflective of lower expenditure linked to lower activity levels. However, the Medicine position has worsened further in month primarily due to capacity pressures, staff sickness and pressure on A&E services. Some non clinical areas are experiencing pressure with higher than planned costs for the Health Informatics Service and higher than planned cross charge for services from CHS due to pressure on maintenance contracts, clinical waste and utilities. There is an adverse variance on Medical staffing expenditure of £0.21m, although this includes £0.54m pressure due to pay awards. Some additional funding has been allocated by DH, but this is insufficient to fully cover the planning gap (a net pressure of £0.37m year to date). Nursing pay expenditure is lower than planned year to date by £0.17m, despite the opening of additional capacity, supported in month by a reduction in both agency usage and average hourly rate. Forecast In the round the recovery and restraint requirement reported last month remains at £1.7m. This recovery requirement is largely driven by additional non pay costs linked to the estate and maintenance and the additional capacity requirements seen over the last few months that are very likely to continue. £0.5m additional ICS winter funding has been materially committed to additional capacity and discharge facilities. There remains some uncommitted winter reserve that is assumed to be spent to manage any winter pressures that continue into Quarter 4, but general contingency reserves are now fully committed.

Background Context

Whilst Safe Care remains a priority domain for the Community Healthcare division, there are a number of areas within each domain where an increase in focus through deep-dives /investigations or scrutiny and analysis of processes and impact are being undertaken. This is to either improve performance/patient safety/or data quality. First results will be back 23rd December.

National Community Benchmarking results are now available and a review of community performance nationally will be shared through the PRM Process.

We are now collaborating closely with the Clinical Directors in the newly established Primary Care Networks and have secured agreement to be the primary provider for the new First Contract Practitioners working within the PCNs. This promotes Care closer to home.

Pressures in Paediatrics have been extremely high with very large numbers of children with high acuity requiring admission. There have been significant staffing gaps in nursing and middle grade doctors.

Pathology - work continues across WYAAT some initial conversations with staff on proposals for whole system working across the WYAAT.

Pharmacy - discussions continue re: well pharmacy reposition and associated contractual issues (including potential financial penalties). Asepsis business case continues to progress and workforce redesign in pharmacy pending.

We have maintained elective activity during November despite challenges with Flow, Flu and Norovirus.

We have seen on day cancellations by on day Consultant sickness absence (ENT and Colorectal), high levels of sickness absence in Ops services and the surge in Paediatrics emergency capacity requirements.

Complaints position anticipated to improve further due to continued SMT review/ involvement at an early stage and we will introduce a feedback and monitoring form which describes the standards required from the investigator through every stage of the complaint process. The process will facilitate a targeted approach to addressing training and performance issues and ensure that individuals are clear on what is required to improve.

Activity has improved across all Points of Delivery for most specialties with reductions in longest waits realised in Urology and Plastics Day Cases.

Transformation work across several specialties continues to produce benefits demonstrated by reduced ASIs and holding list position.

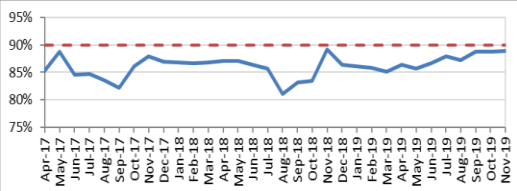
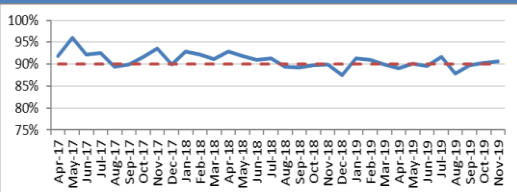
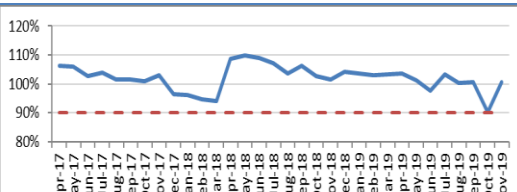
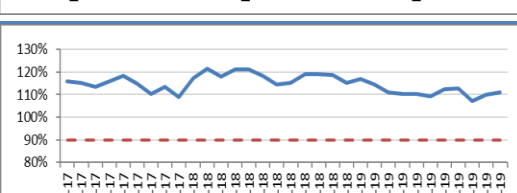
Long term sickness continues to have an impact upon the already challenged Ophthalmology capacity, masking the appointment of the new Corneal Consultant and additional Locum capacity. Additional DC cataract activity continues to be provided via a small number of WLIs on additional weekend operating lists.

Upper GI continues to have long term sickness which has impacted upon ASI position and DC/IP capacity with short term sickness in ENT and Max/Fax contributing to cancelled operations and clinic cancellations.

Theatre Productivity project continues with transactional CIP supporting delivery with a requirement to undertake more transformational work to impact in 2020/21.

The appointment of an additional Elderly Care Consultant in September will enable the commencement of a Proactive care for Older People undergoing Surgery (POPS) service in December – Consultant Physician reviewing acute elderly surgical patients to provide an additional level of care for this client group. This will include assessment and treatment before surgery, as well as individualised care in the days/ weeks post operatively. Impact of this post will be reviewed via SAFER Board with particular KPIs regarding LoS, Readmissions, AKI, post op complications.

Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	88.93% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - Ward 5 67.5% - Ward 6c 73.3%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates are attributed to a level of vacancy. CHPPD has been maintained by using skill-mix opportunities and supported by acuity data on safe care live.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	90.71% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - 7a/d 66.7%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to a level of vacancy. CHPPD has been maintained by using skill mix opportunities and supported by acuity data on safe care live.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	100.71% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - 6C 67.4% - LDRP 72.3% - NICU 44.7%	The low HCA fill rates in November are attributed to a level of HCA sickness and vacancy within the FSS division. This is managed on a daily basis against the acuity of the workload. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	110.99% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - NICU 65.2%	The low fill rate of unqualified staff on night shift on NICU is due to some current vacancy however this has not impacted on care as these staff provide care for lower intensity babies alongside a registered BS nurse. Intensive and High dependency care is provided specifically by qualified in neonatal speciality registered nurses.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

		DAY						NIGHT						Care Hours Per Patient Day				
Ward	Main Specialty on Each Ward	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses(%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls
		Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual							
CRH ACUTE FLOOR	GENERAL MEDICINE	2,754.68	2,756.50	2,238.67	2,225.67	100.1%	99.4%	2,434.00	2,359.00	1,980.00	1,946.50	96.9%	98.3%	7.2	7.1		6	19
HRI ACUTE FLOOR	GENERAL MEDICINE	3,013.17	2,687.53	2,613.50	2,363.25	89.2%	90.4%	2,640.00	2,360.42	1,980.00	2,026.00	89.4%	102.3%	8.2	7.6		4	32
WARD 5	GERIATRIC MEDICINE	1,484.07	1,001.55	1,106.00	1,503.78	67.5%	136.0%	990.00	936.33	990.00	1,107.00	94.6%	111.8%	6.1	6.1		0	11
WARD 15	GENERAL SURGERY	1,683.00	1,447.67	1,493.08	1,869.98	86.0%	125.2%	1,331.00	1,056.00	1,320.00	1,765.00	79.3%	133.7%	7.3	7.7		0	2
RESPIRATORY FLOOR	GENERAL MEDICINE	3,357.10	2,765.02	2,369.60	2,243.50	82.4%	94.7%	2,640.00	2,336.00	1,001.00	1,024.50	88.5%	102.3%	6.7	6.0		1	6
WARD 6	GENERAL MEDICINE	1,488.67	1,127.08	1,181.50	1,396.67	75.7%	118.2%	990.00	946.25	990.00	935.00	95.6%	94.4%	7.2	6.9		0	0
WARD 6C	GENERAL MEDICINE	1,088.40	797.50	726.73	489.83	73.3%	67.4%	660.00	660.00	330.00	330.00	100.0%	100.0%	6.0	4.9		2	7
WARD 6AB	GENERAL MEDICINE	1,411.97	1,487.47	1,110.50	1,243.92	105.3%	112.0%	1,001.00	1,177.00	1,012.00	1,342.50	117.6%	132.7%	4.9	5.7		2	13
WARD CCU	GENERAL MEDICINE	1,360.42	1,227.58	360.00	280.50	90.2%	77.9%	989.25	990.00	0.00	0.00	100.1%	-	8.2	7.6		0	1
WARD 7AD	STROKE MEDICINE	1,287.00	1,338.13	1,152.53	1,058.87	104.0%	91.9%	990.00	660.00	660.00	660.00	66.7%	100.0%	7.6	6.9		0	1
WARD 7BC	STROKE MEDICINE	2,370.05	2,009.67	1,640.33	1,705.33	84.8%	104.0%	1,969.00	1,870.00	660.00	759.00	95.0%	115.0%	8.7	8.3		0	3
WARD 12	MEDICAL ONCOLOGY	1,475.00	1,263.50	738.25	1,048.95	85.7%	142.1%	990.00	946.00	330.00	595.00	95.6%	180.3%	6.0	6.5		3	8
WARD 17	GASTROENTEROLOGY	2,007.67	1,607.83	1,102.33	1,179.33	80.1%	107.0%	1,309.00	990.00	660.00	770.00	75.6%	116.7%	7.1	6.4		0	5
WARD 20	GERIATRIC MEDICINE	1,595.33	1,356.00	1,502.00	1,883.00	85.0%	125.4%	1,320.00	1,145.00	1,320.00	1,730.00	86.7%	131.1%	6.5	7.0		2	10
WARD 21	TRAUMA & ORTHOPAEDICS	1,480.17	1,318.67	1,259.50	1,175.50	89.1%	93.3%	1,035.00	943.00	914.50	1,083.00	91.1%	118.4%	7.8	7.5		0	5
ICU	CRITICAL CARE MEDICINE	3,834.00	3,512.50	767.00	728.00	91.6%	94.9%	4,140.00	3,462.50	0.00	0.00	83.6%	-	34.1	30.1		1	0
WARD 3	GENERAL SURGERY	904.58	847.17	573.50	590.17	93.7%	102.9%	690.00	678.50	499.50	546.92	98.3%	109.5%	5.9	5.9		0	1
WARD 8A	TRAUMA & ORTHOPAEDICS	844.23	743.67	555.92	496.33	88.1%	89.3%	690.00	561.50	345.00	333.50	81.4%	96.7%	8.6	7.5		0	0
WARD 8D	ENT	778.98	775.15	573.08	562.92	99.5%	98.2%	690.00	691.00	157.50	172.50	100.1%	109.5%	6.3	6.3		0	0
WARD 10	GENERAL SURGERY	1,268.33	1,220.08	788.00	786.50	96.2%	99.8%	1,035.00	977.50	690.00	759.00	94.4%	110.0%	6.5	6.5		0	3
WARD 11	CARDIOLOGY	1,606.50	1,510.08	1,085.00	991.02	94.0%	91.3%	1,192.50	1,121.00	690.00	734.50	94.0%	106.4%	6.0	5.7		0	4
WARD 19	TRAUMA & ORTHOPAEDICS	1,568.83	1,413.65	1,324.50	1,395.00	90.1%	105.3%	1,035.00	1,000.08	1,035.00	1,207.50	96.6%	116.7%	7.6	7.7		2	3
WARD 22	UROLOGY	1,144.50	1,102.17	1,073.50	1,079.17	96.3%	100.5%	690.00	690.00	690.00	953.50	100.0%	138.2%	5.4	5.7		0	2
SAU HRI	GENERAL SURGERY	1,394.00	1,305.42	690.00	746.50	93.6%	108.2%	1,600.50	1,504.75	345.00	525.00	94.0%	152.2%	8.6	8.7		0	4
WARD LDRP	OBSTETRICS	3,978.92	3,658.30	916.00	661.83	91.9%	72.3%	3,779.25	3,433.50	690.00	580.00	90.9%	84.1%	26.6	23.7		0	0
WARD NICU	PAEDIATRICS	2,602.98	2,013.47	810.00	362.17	77.4%	44.7%	2,047.00	1,654.25	690.00	450.00	80.8%	65.2%	16.4	12.0		0	0
WARD 3ABCD	PAEDIATRICS	3,859.67	3,436.33	678.50	627.50	89.0%	92.5%	3,908.50	3,442.00	514.00	533.00	88.1%	103.7%	8.1	7.2		0	0
WARD 4ABD	OBSTETRICS	2,380.00	2,248.17	690.00	647.50	94.5%	93.8%	1,719.50	1,710.00	690.00	667.00	99.4%	96.7%	5.2	5.0		0	0
WARD 4C	GYNAECOLOGY	1,209.17	1,142.08	346.83	346.83	94.5%	100.0%	690.00	696.50	345.00	358.50	100.9%	103.9%	7.3	7.1		0	0
TRUST		55,231.38	49119.93	31466.37	31689.5	88.93%	100.71%	45195.5	40998.1	21528.5	23894.4	90.71%	110.99%	7.8	7.4			

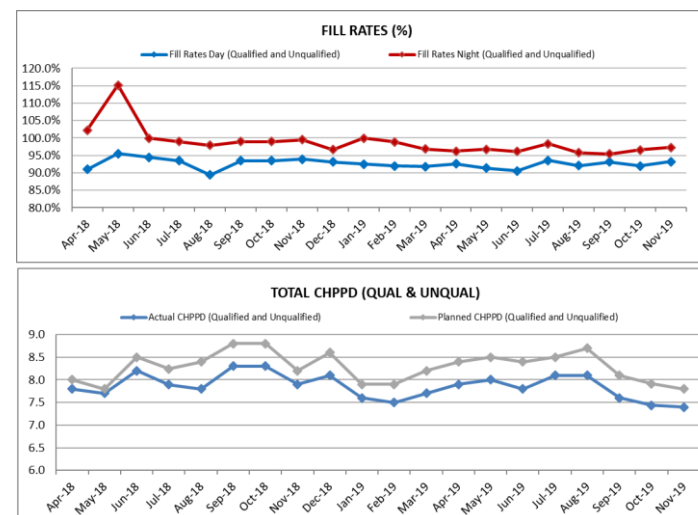
Hard Truths: Safe Staffing Levels (3)

Care Hours per Patient Day

STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)

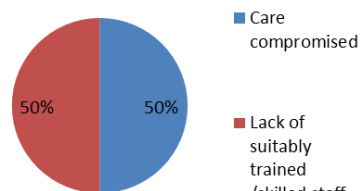
	Sep-19	Oct-19	Nov-19
Fill Rates Day (Qualified and Unqualified)	93.1%	92.0%	93.2%
Fill Rates Night (Qualified and Unqualified)	95.4%	96.6%	97.3%
Planned CHPPD (Qualified and Unqualified)	8.1	7.9	7.8
Actual CHPPD (Qualified and Unqualified)	7.6	7.4	7.4

A review of November data indicates that the combined (RN and care staff metrics) resulted in 18 clinical areas having CHPPD less than planned. 6 departments reported CHPPD slightly in excess of those planned and 24 have CHPPD at planned levels. Areas with CHPPD greater than planned is attributed to 1-1 enhanced care requirements.

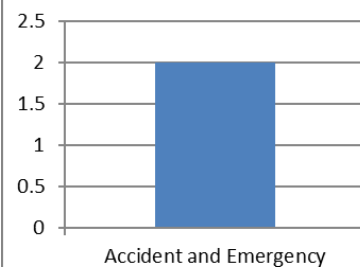


RED FLAG INCIDENTS

Incidents by Adverse Events November 2019



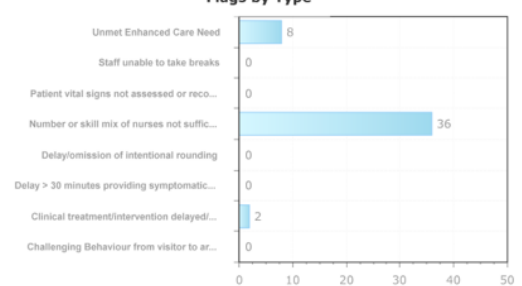
Incidents by Dept/Ward November 2019



Total Flags Over Time



Flags by Type



A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015). As part of the escalation process staff are asked to record any staffing concerns through Safe care live. These are monitored daily by the divisions and review monthly through the Nursing workforce strategy group. There were 48 **Trust-Wide Red shifts** declared in November. This is a significant increase and links to greater accuracy as the reporting framework is now via safecare live. No datix's reported in November have resulted in patient harm.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

The Trust remains committed to achieving its nurse staffing establishments.

On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. The Trust recruited 49 new graduates through September/October 2019.
3. Monthly recruitment initiatives continue.
4. Applications from international recruitment projects are progressing well and the first 35 nurses have arrived in Trust, with a further 5 planned for deployment in late December.
5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 6 NA who started in post in April 2017. A further 60 trainees are on programme and will graduate in 2020. The programme will next run in December with 20 recruits
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce
7. A new module of E roster called safe care has been introduced across the clinical divisions. Benefits will include, better reporting of red flag event and, real-time data of staffing position against acuity.

CQUINS - Key messages

Area	Reality	Response	Result
CCG1a: Antimicrobial resistance - Lower urinary tract infections in older people	CCG1a: Q2 performance was 43% compared to 8% in Q1. CCG1b: Q2 performance was 86% compared to 85.40% in Q1.	A consultant and matron have been identified to work with AMT. UTI guidelines to mirror PHE for diagnosis and treatment. Posters and screensavers have been created for teaching and to raise awareness of not using dipstick in > 65 years. Dip-stick learning trolley rounds are now in place. Exploring options to use dipsticks which exclude markers of infection. Dip-stick learning trolley rounds	Improvement is expected with an expectation of be on track by Q4. Accountable: Clinical Director of Pharmacy
CCG1b: Antimicrobial resistance - Antibiotic prophylaxis in colorectal surgery			
CCG3a: Alcohol and Tobacco - Screening	CCG3a - Q2 performance was 58.3% compared to 57.8% in Q1.	Challenge with attendance at the internal CQUIN meetings – New clinical champion identified to drive the requirements of the CQUIN forward within the Trust.	Month on month improvement is expected, with an expectation to be on track during Q4 Accountable: Associate Director of Nursing - Community
CCG3b: Alcohol and Tobacco - Tobacco Brief Advice	CCG3b - Q2 performance was 21.2% compared to 25.1% in Q1.	CCG3a – Trust clinical lead identified and working with the CQUIN group to embed the requirement of this CQUIN into business as usual.	
CCG3c: Alcohol and Tobacco - Alcohol Brief Advice	CCG3c: Q2 performance was 28.8% compared to 28.7% in Q1.	CCG3b and c –Brief advice training request taken to the NMC Meeting in September for approval and a request has been made for training to be made available through ESR for all staff groups.	
CCG7: Three high impact actions to prevent Hospital Falls	Overall performance for Q2 was 13%, a slight improvement from Q1 but below target so no payment will be achieved. Lying and standing BP being recorded at least once is the area that requires the most improvement, there was some improvement from 12% in Q1 to 20% in Q2 but further improvement is required. Mobility assessment within 24 hours is at 69% compared to 70% in Q1 so this area also requires improvement.	To improve compliance the clinical team are starting to carry out engagement work with staff ensuring they understand the importance of recording lying and standing blood pressure, initially focusing on the elderly care wards, with a view to roll out to other areas in the Trust. The information team will provide weekly data to support and inform this work to see if there has been any improvement.	Month on month improvement is expected in Q3. Accountable: Consultant lead for Falls.

CQUIN - Key Measures

Services in Scope		Indicator Name		Target	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
Prevention of Ill Health	Acute	CCG1: Antimicrobial Resistance	CCG1a: Antimicrobial resistance - Lower urinary tract infections in older people	90%	Data available at quarter end		8%		Data available at quarter end		43%									
			CCG1b: Antimicrobial resistance - Antibiotic prophylaxis in colorectal surgery	90%	Data available at quarter end		85.40%		Data available at quarter end		86.00%									
	Acute & Community	CCG2: Staff Flu Vaccinations	CCG2: Staff Flu Vaccinations	80%	Data collection starts in Q3				Data collection starts in Q3											
	Acute & Community	CCG3: Alcohol and Tobacco	CCG3a: Alcohol and Tobacco - Screening ACUTE	80%	Data available at quarter end		64.5%		65.8%	66.5%	64.6%	65.7%								
			CCG3a: Alcohol and Tobacco - Screening COMMUNITY		Data available at quarter end		25.3%		Data available at quarter end		19.3%									
			CCG3a: Alcohol and Tobacco - Screening TRUST (combined)		Data available at quarter end		57.8%		Data available at quarter end		58.30%									
			CCG3b: Alcohol and Tobacco - Tobacco Brief Advice ACUTE	90%	Data available at quarter end		13.8%		10.7%	9.7%	12.1%	10.8%								
			CCG3b: Alcohol and Tobacco - Tobacco Brief Advice COMMUNITY		Data available at quarter end		92.0%		Data available at quarter end		91.1%									
			CCG3b: Alcohol and Tobacco - Tobacco Brief Advice TRUST (combined)		Data available at quarter end		25.1%		Data available at quarter end		21.2%									
			CCG3c: Alcohol and Tobacco - Alcohol Brief Advice ACUTE	90%	Data available at quarter end		29.0%		30.1%	27.1%	31.9%	29.7%								
			CCG3c: Alcohol and Tobacco - Alcohol Brief Advice COMMUNITY		Data available at quarter end		22.2%		Data available at quarter end		7.7%									
			CCG3c: Alcohol and Tobacco - Alcohol Brief Advice TRUST (Combined)		Data available at quarter end		28.7%		Data available at quarter end		28.8%									
Patient Safety	Acute & Community	CCG7: Three high impact actions to prevent Hospital Falls	CCG7: Three high impact actions to prevent Hospital Falls	80%	Data available at quarter end		12%		15.6%	8.6%	15.2%	13%								
Best Practice Pathways	Acute with type 1 emergency department	CCG11: Same Day Emergency Care	CCG11a: SDEC - Pulmonary Embolus	75%	100.0%	100.0%	100.0%	100.0%	Data available at quarter end		98.3%									
			CCG11b: SDEC - Tachycardia with Atrial Fibrillation	75%	100.0%	70.0%	100.0%	91.4%	Data available at quarter end		94.6%									
			CCG11c: SDEC - Community Acquired Pneumonia	75%	100.0%	97.1%	96.2%	97.7%	Data available at quarter end		92.0%									

b. 2019/2020 Financial Position and Forecast

To Note

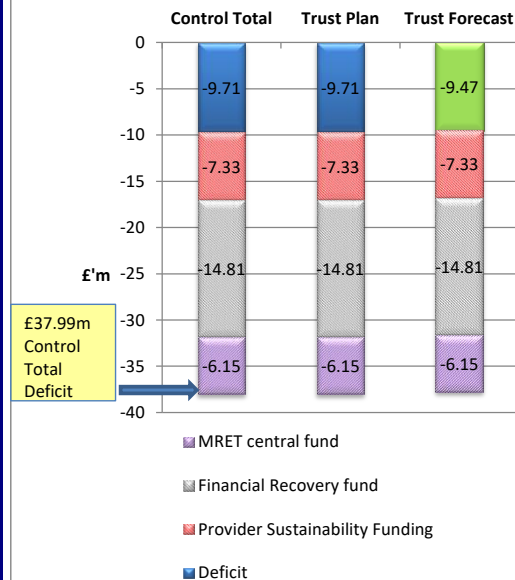
Presented by Kirsty Archer

EXECUTIVE SUMMARY: Total Group Financial Overview as at 30th Nov 2019 - Month 8

KEY METRICS

					YTD (NOV 2019)				Forecast 19/20				
	Plan £m	M8 Actual £m	Var £m			Plan £m	Actual £m	Var £m		Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£0.57)	(£0.34)	£0.23	●		(£8.91)	(£8.67)	£0.24	●	(£9.71)	(£9.47)	£0.24	●
Agency Expenditure	(£0.81)	(£0.58)	£0.23	●	1	(£7.51)	(£5.35)	£2.16	●	(£11.56)	(£7.27)	£4.28	●
Capital	£1.04	£0.46	£0.58	●	1	£7.68	£4.59	£3.09	●	£20.21	£14.35	£5.86	●
Cash	£1.91	£4.91	£3.00	●	3	£1.91	£4.91	£3.00	●	£1.91	£1.90	(£0.01)	●
Borrowing (Cumulative)	£156.74	£159.71	£2.97	●	1	£156.74	£159.71	£2.97	●	£168.40	£162.06	(£6.34)	●
CIP	£0.96	£1.07	£0.11	●	1	£6.17	£6.34	£0.17	●	£11.00	£11.00	£0.00	●
Use of Resource Metric	3	3		●	1	3	3		●	3	3		●

Trust Deficit vs NHS I Control Total



Year to Date Summary

The year to date deficit is £8.67m, a £0.24m favourable variance from plan due to a gain on the disposal of property. This benefit is excluded for the purposes of allocation of Provider Sustainability Funding / Financial recovery Funding.

- There is some pressure year to date due to higher than planned non pay expenditure including utilities, maintenance contracts, outsourced services and lower than planned VAT recovery.
- These pressures have been offset year to date by lower than planned pay expenditure, although for the last three months pay has been slightly overspent due to Medical pay awards and pressure from additional capacity.
- Clinical income performance (contract and other) is below plan by £1.56m. The Aligned Incentive Contract (AIC) protects the income position by £2.15m resulting overall in a favourable variance of £0.59m, an improvement compared to the position in Month 7. This position includes some additional income allocated by the Integrated Care System (ICS) to support winter pressures and cancer services.
- CIP achieved year to date is £6.34m, £0.17m more than planned.
- Agency expenditure year to date is £5.35m, £2.16m below the planned level.

Key Variances

- Clinical income is now above plan overall, but only as a result of the £2.15m protection offered by the Aligned Incentive Contract (AIC), with lower than planned activity levels across all points of delivery with the exception of A&E. However, AIC protection has reduced further in month by £0.20m.
- Surgical Division continue to show a favourable variance to plan, reflective of lower expenditure linked to lower activity levels. However, the Medicine position has worsened further in month primarily due to capacity pressures, staff sickness and pressure on A&E services.
- Some non clinical areas are experiencing pressure with higher than planned costs for the Health Informatics Service and higher than planned cross charge for services from CHS due to pressure on maintenance contracts, clinical waste and utilities.
- There is an adverse variance on Medical staffing expenditure of £0.21m, although this includes £0.54m pressure due to pay awards. Some additional funding has been allocated by DH, but this is insufficient to fully cover the planning gap (a net pressure of £0.37m year to date).
- Nursing pay expenditure is lower than planned year to date by £0.17m, despite the opening of additional capacity, supported in month by a reduction in both agency usage and average hourly rate.

Forecast

In the round the recovery and restraint requirement reported last month remains at £1.7m. This recovery requirement is largely driven by additional non pay costs linked to the estate and maintenance and the additional capacity requirements seen over the last few months that are very likely to continue.

£0.5m additional ICS winter funding has been materially committed to additional capacity and discharge facilities. There remains some uncommitted winter reserve that is assumed to be spent to manage any winter pressures that continue into Quarter 4, but general contingency reserves are now fully committed.

Total Group Financial Overview as at 30th Nov 2019 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M8

CLINICAL ACTIVITY

	M8 Plan	M8 Actual	Var	
Elective	3,699	3,657	(42)	●
Non-Elective	40,142	39,175	(967)	●
Daycase	28,132	27,710	(422)	●
Outpatient	244,267	238,617	(5,651)	●
A&E	103,802	105,474	1,672	●
Other NHS Non-Tariff	1,211,316	1,200,355	(10,961)	●
Other NHS Tariff	87,080	87,111	31	●
Total	1,718,439	1,702,099	(16,340)	

TOTAL GROUP: INCOME AND EXPENDITURE

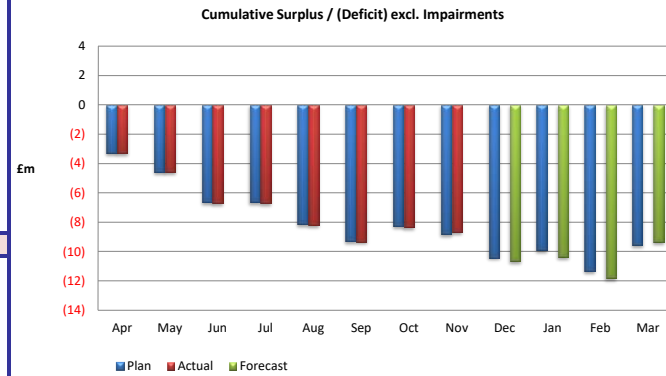
	M8 Plan £m	M8 Actual £m	Var £m	
Elective	£11.92	£11.56	(£0.37)	●
Non Elective	£73.51	£72.41	(£1.10)	●
Daycase	£19.94	£19.15	(£0.79)	●
Outpatients	£31.43	£31.01	(£0.41)	●
A & E	£15.01	£15.27	£0.26	●
Other-NHS Clinical	£67.36	£70.17	£2.81	●
CQUIN	£2.44	£2.41	(£0.03)	●
Other Income	£31.72	£33.26	£1.55	●
Total Income	£253.33	£255.24	£1.91	●
Pay	(£174.59)	(£173.39)	£1.20	●
Drug Costs	(£24.37)	(£26.47)	(£2.10)	●
Clinical Support	(£19.86)	(£19.91)	(£0.06)	●
Other Costs	(£34.36)	(£35.53)	(£1.17)	●
PFI Costs	(£8.72)	(£8.72)	£0.00	●
Total Expenditure	(£261.89)	(£264.02)	(£2.13)	●
EBITDA	(£8.57)	(£8.78)	(£0.21)	●
Non Operating Expenditure	(£16.62)	(£16.17)	£0.45	●
Surplus / (Deficit) Control Total basis*	(£25.19)	(£24.95)	£0.24	●
Conditional Funding (MRET/PSF/FRF)	£16.27	£16.27	£0.00	●
Surplus / Deficit*	(£8.91)	(£8.67)	£0.24	●

* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M8 Plan £m	M8 Actual £m	Var £m	
Surgery & Anaesthetics	£9.22	£10.20	£0.97	●
Medical	£27.47	£26.32	(£1.16)	●
Families & Specialist Services	(£3.11)	(£3.27)	(£0.16)	●
Community	(£1.91)	(£1.52)	£0.39	●
Estates & Facilities	(£0.00)	(£0.02)	(£0.02)	●
Corporate	(£28.84)	(£28.34)	£0.50	●
THIS	£1.60	£1.29	(£0.31)	●
PMU	£2.04	£2.23	£0.20	●
CHS LTD	£0.24	£0.32	£0.09	●
Central Inc/Technical Accounts	(£14.78)	(£14.84)	(£0.06)	●
Reserves	(£1.06)	(£1.04)	£0.02	●
Unallocated CIP	£0.21	£0.00	(£0.21)	●
Surplus / (Deficit)	(£8.91)	(£8.67)	£0.24	●

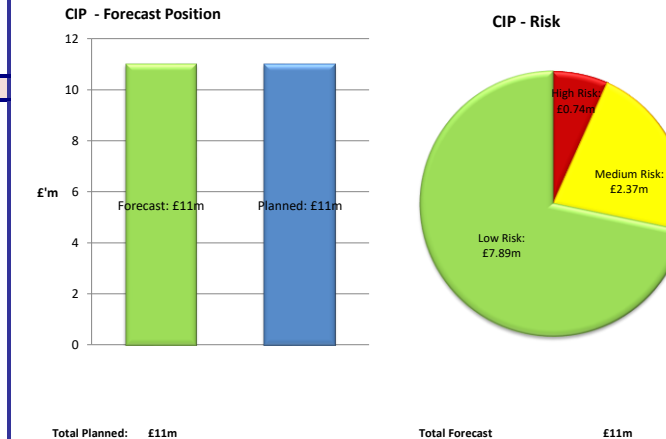
TOTAL GROUP SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M8 Plan £m	M8 Actual £m	Var £m	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£8.91)	(£8.67)	£0.24	(£9.71)	(£9.47)	£0.24	●
Capital	£7.68	£4.59	£3.09	£20.21	£14.35	£5.86	●
Cash	£1.91	£4.91	£3.00	£1.91	£1.90	(£0.01)	●
Loans	£156.74	£159.71	£2.97	£168.40	£162.06	(£6.34)	●
CIP	£6.17	£6.34	£0.17	£11.00	£11.00	£0.00	●
Use of Resource Metric	3	3		3	3		●

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 19/20

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	5,459	5,490	31	●
Non-Elective	60,256	59,484	(771)	●
Daycase	41,813	40,867	(946)	●
Outpatient	362,551	356,832	(5,719)	●
A&E	153,542	156,532	2,990	●
Other NHS Non- Tariff	1,798,704	1,781,960	(16,744)	●
Other NHS Tariff	129,454	130,030	576	●
Total	2,551,779	2,531,195	(20,584)	

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan £m	Actual £m	Var £m	
Elective	£17.64	£17.27	(£0.37)	●
Non Elective	£110.17	£109.33	(£0.84)	●
Daycase	£29.65	£28.48	(£1.17)	●
Outpatients	£50.52	£44.10	(£6.42)	●
A & E	£22.21	£22.68	£0.47	●
Other-NHS Clinical	£97.06	£105.79	£8.73	●
CQUIN	£3.63	£3.61	(£0.02)	●
Other Income	£48.55	£50.37	£1.83	●
Total Income	£379.42	£381.63	£2.21	●
Pay	(£262.18)	(£261.14)	£1.04	●
Drug Costs	(£36.42)	(£39.04)	(£2.63)	●
Clinical Support	(£29.62)	(£29.81)	(£0.18)	●
Other Costs	(£51.31)	(£51.99)	(£0.68)	●
PFI Costs	(£13.07)	(£13.17)	(£0.09)	●
Total Expenditure	(£392.61)	(£395.14)	(£2.52)	●
EBITDA	(£13.19)	(£13.51)	(£0.32)	●
Non Operating Expenditure	(£24.80)	(£24.25)	£0.56	●
Surplus / (Deficit) Control Total basis*	(£37.99)	(£37.75)	£0.24	●
Conditional Funding (MRET/PSF/FRF)	£28.28	£28.28	£0.00	●
Surplus / Deficit*	(£9.71)	(£9.47)	£0.24	●

* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

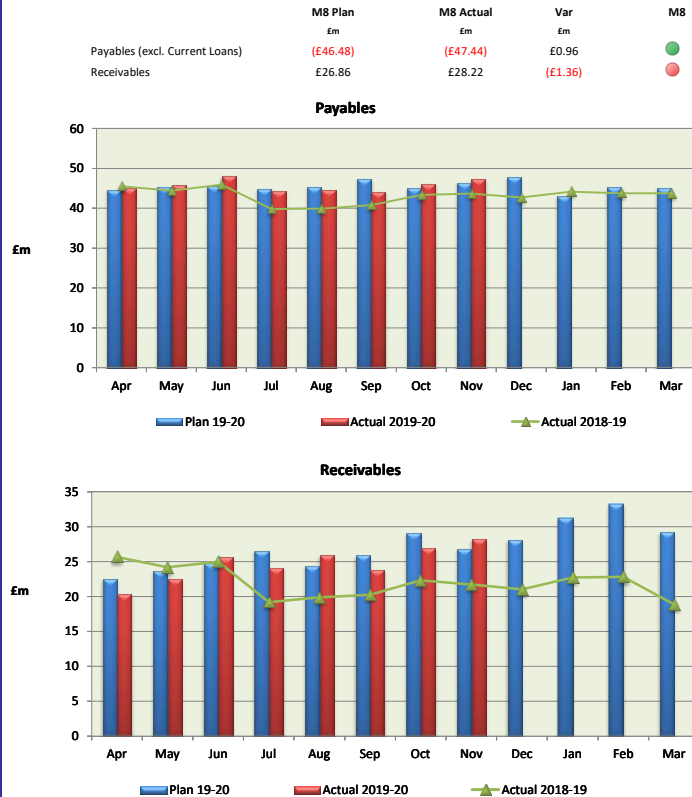
DIVISIONS: INCOME AND EXPENDITURE

	Plan £m	Forecast £m	Var £m	
Surgery & Anaesthetics	£13.90	£15.08	£1.18	●
Medical	£40.37	£39.56	(£0.81)	●
Families & Specialist Services	(£4.90)	(£5.21)	(£0.31)	●
Community	(£2.92)	(£2.58)	£0.34	●
Estates & Facilities	(£0.00)	(£0.02)	(£0.02)	●
Corporate	(£43.15)	(£42.87)	£0.28	●
THIS	£2.43	£2.23	(£0.20)	●
PMU	£2.99	£3.15	£0.16	●
CHS LTD	£0.62	£0.58	(£0.03)	●
Central Inc/Technical Accounts	(£17.39)	(£18.10)	(£0.71)	●
Reserves	(£2.08)	(£1.71)	£0.37	●
Unallocated CIP	£0.41	£0.41	£0.00	●
Surplus / (Deficit)	(£9.71)	(£9.47)	£0.24	●

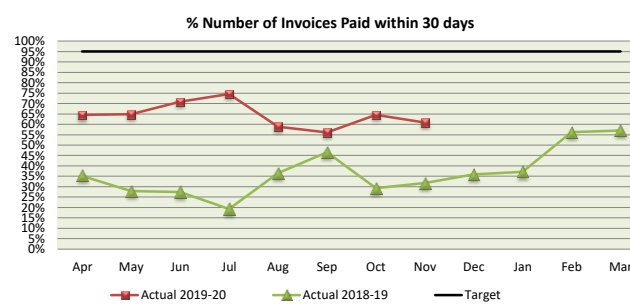
Total Group Financial Overview as at 30th Nov 2019 - Month 8

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

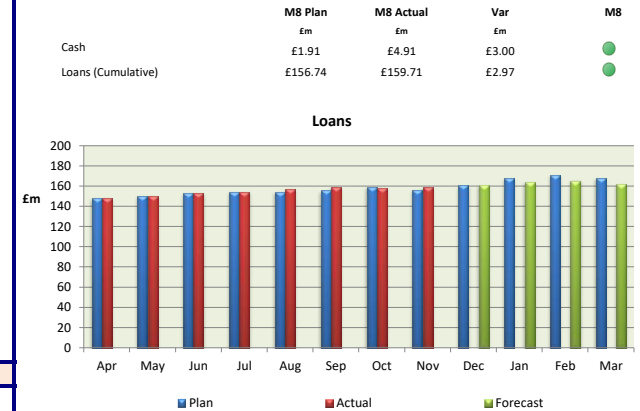
WORKING CAPITAL



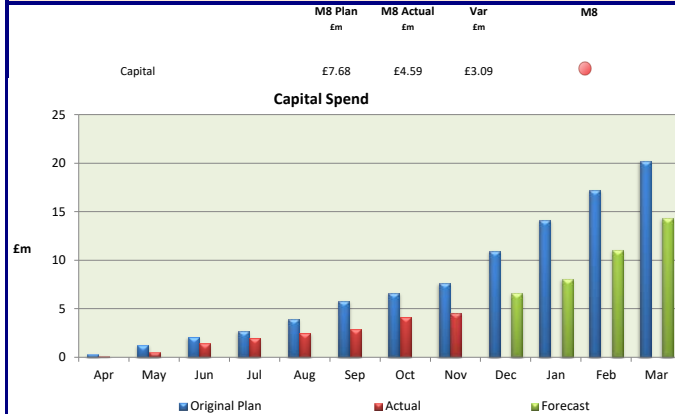
BETTER PAYMENT PRACTICE CODE



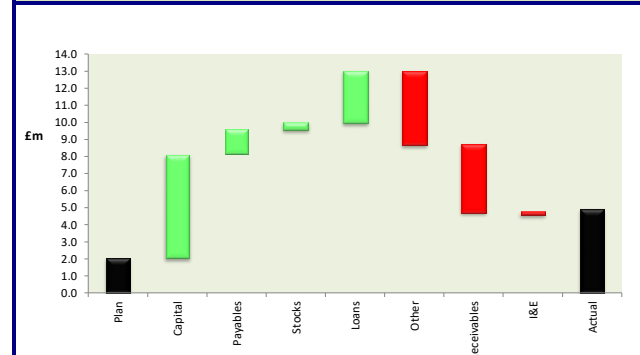
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £8.67m, a £0.24m favourable variance from plan due to a gain on the disposal of property. This benefit is excluded for the purposes of allocation of Provider Sustainability Funding / Financial recovery Funding. This position excludes the I&E impact of the reversal of an impairment (£0.9m favourable variance) and donated assets (£0.06m adverse variance) which are excluded for control total purposes.
- Income position assumes that the Trust will be eligible to receive full year to date allocation of Provider Sustainability Funding (PSF) and Financial Recovery Fund (FRF) totalling £9.96m year to date, given that the Control Total has been achieved as planned.
- Year to date activity is below plan for all points of delivery with the exception of A&E and overall Clinical Contract Income is below plan by £0.34m, an improvement compared to Month 7.
- Year to date Capital expenditure was lower than planned at £4.59m against a planned £7.68m.
- Cash balance is £4.91m, £3.0m higher than the planned £1.91m.
- Year to date the Trust has borrowed £17.77m to support the deficit and PSF / FRF funding that will be paid in arrears.
- Year to date CIP schemes have delivered £6.34m of savings, £0.17m more than planned.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned.

NOTES

- The Trust is forecasting to achieve Control Total as planned with a £9.71m forecast deficit.
- The Forecast position includes conditional funding of £28.28m, (£6.147m MRET central funding, £7.33m Provider Sustainability Funding and £14.807m Financial Recovery Fund). 15% of the Trust's Provider Sustainability Funding (£1.10m) is reliant on the Integrated Care System (ICS) delivering Control Total overall and this is also currently forecast to deliver.
- The Trust is forecasting Agency expenditure of £7.27m, considerably below the NHSI ceiling of £14.96m, but offset by an increase in expenditure on Bank staff.
- The Trust is forecasting full delivery of the £11.00m 19/20 CIP target.
- The Trust planned to borrow £26.46m in 19/20 to support Capital and Revenue plans; £9.71m deficit funding, £7.75m advance to cover PSF & FRF funding that will not be paid until next year and £9m Emergency Capital loan. Forecast loan requirements have now reduced by £6.34m due to slippage on emergency capital plans
- The total loan balance at year end is forecast to be £162.06m, £6.34m lower than planned. Two Revenue loans were due for repayment this year: £12.9m loan due for repayment in February 20 has now been extended until August 20 and a further loan for £26.9m due for repayment in January 20 has been extended until July 20. These loan extensions have now been confirmed.
- Capital expenditure is forecast at £14.35m, £5.86m lower than planned. The latest plan submitted to NHSI on 15th July detailed forecast expenditure of £15.01m. This reduced further following confirmation of a revised profile for the 2 year PDC funded Energy Efficiency Scheme. Other amendments have been made to the capital forecast since that last submission, but whilst these impact on the make-up of the forecast, total forecast remains within the agreed envelope.

RAG KEY: (Excl: 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: UOR

●	All UOR metrics are at the planned level
●	Overall UOR as planned, but one or more component metrics are worse than planned
●	Overall UOR worse than planned

c. 2020/2021 Planning Overview Presentation

To Note

Presented by Kirsty Archer

d. Q3 Update on Quality Priorities and Quality Report Presentation

To Note

Presented by Ellen Armistead

e. Membership Strategy and Update

To Note

Presented by Andrea McCourt

Date of Meeting:	23 January 2020	APPENDIX F
Meeting:	COUNCIL OF GOVERNORS	
Title of report:	MEMBERSHIP AND ENGAGEMENT STRATEGY UPDATE	
Author:	Vanessa Henderson, Membership and Engagement Manager	
Previous Forums:	N/A	
Actions Requested: <ul style="list-style-type: none">To note (see Recommendation)		
Purpose of the Report		
<p>The draft Membership and Engagement Strategy for the next three years was shared with governors at the Council of Governors meeting on 17 October 2019. At that meeting the top priorities for each of the three goals were agreed and these are now incorporated into a one year Membership and Engagement Strategy for 2020/21 (shown in Appendix 2 below).</p> <p>This report provides an outline of the preparatory work that has been undertaken to develop an action plan for the period April 2020 to March 2021. Once completed the full action plan for 2020/21 will be submitted to the CoG meeting in April 2020.</p> <p>Enclosed with this paper is:</p> <ul style="list-style-type: none">Appendix 1: Three year Membership and Engagement Strategy and action plan for 2020 – 2023Appendix 2: One year Membership and Engagement Strategy 2020/21		
Key Points to Note		
<p>Preparatory work for action plan for 2020/21</p> <p>Analysis of our membership from an ethnicity, gender and age perspective has identified that we are under-represented in the following groups:</p> <ul style="list-style-type: none">Asian/Asian British ethnicMalesThe younger age group (ages 17 to 21) <p>We will focus on these groups when establishing links with local organisations and targeted activities will be included in the action plan for 2020/21.</p> <p>During workshops to review the Trust’s Constitution in September/October 2019 the proposal to introduce a youth membership constituency was not supported by the majority of governors. It was also felt that the minimum age for membership of the Trust should remain at 16, not reduced to 14. However, there was an appreciation that there was a need to encourage younger members to get more involved with the Trust.</p>		

A Youth Forum was established in 2019 by the Sister in Children's Outpatients and the first meeting of the group took place at the end of October. The event was a success, and the Trust Chair and the Membership and Engagement Manager attended in order to forge links with potential youth members. These links will be strengthened through the action plan for 2020/21.

Scoping meetings to set up a Patient Panel took place at the end of 2019, supported by two governors. This development will be further explored as part of the action plan for 2020/21.

A proposal to introduce an engagement learning session for governors is being worked up, to provide governors with the skills they might need in order to have regular, meaningful, two-way engagement with members and members of the public. Once agreed, the session will form part of the action plan for 2020/21.

Governors have been asked to provide the Membership and Engagement Manager with details of organisations, groups, committees etc with which they already have links, which might provide opportunities to promote membership and raise the profile of governors and the Council of Governors. These opportunities will be detailed further in the action plan for 2020/21.

Recommendation

The Council of Governors is asked to:

- **APPROVE** the Membership and Engagement Strategy
- note the preparatory work that has been undertaken to develop a comprehensive action plan to achieve the goals in the one year Membership and Engagement Strategy for 2020/21.

APPENDIX 1



**Membership &
Engagement
Strategy
2020 - 2023**



Our membership and engagement strategy

This strategy outlines what we will do over the next three years to achieve our vision for membership and engagement, which is that we will be directly accountable to local people by making the best use of our membership communities. It describes the methods we intend to use to create and maintain a representative membership and strengthen engagement and communication with members over the three-year period.

Our membership community

CHFT became a Foundation Trust in 2006, and as such, we are required to have a membership community. A fundamental part of being a NHS Foundation Trust is the way the organisation is structured, based upon the involvement of local people, patients, carers, partner organisations and staff employed by the Trust.

There are three main components to the way a NHS Foundation Trust is structured:

- A membership community made up of local people, patients, carers and staff employed by the Trust
- A Council of Governors consisting of public and staff governors elected from the membership community and also appointed representatives from the Trust's key partners in health and social care
- A Board of Directors made up of a chairman and non-executive directors

One of the greatest benefits of being a NHS Foundation Trust is that the structure helps us to work much more closely with local people and service users to help us respond to the needs of our communities.

We encourage membership applications from all sectors of our communities, to develop a wide and diverse membership, and we try to provide different ways for the people we serve to contribute to the success of our organisation. Through this strategy we aim to build on our existing membership to develop an active and engaged membership community that helps us with our forward plans.

The core benefit of becoming a member is that members have a voice and can be involved in shaping the way services are provided and contribute to the future direction of the organisation. Our strategy describes a number of ways in which we will develop in this area.

You can find out more about membership and how you can become a member via our website: <https://www.cht.nhs.uk/about-us/membership-and-the-council-of-governors/>

Our governors provide the link between members and the Trust and it is the role of the Council of Governors to represent the interests of members and hold the non-executive directors to account for the performance of the Board. It is crucial that governors have the skills and opportunities to engage with members, and our strategy has a particular focus on this area also.

Three Year Membership & Engagement Strategy – 2020 to 2023

Our vision	Together we will deliver outstanding compassionate care to the communities we serve		
Our overall membership objective	We will be directly accountable to local people by making the best use of our membership communities		
Our goals (the result)	Our membership community will be active and engaged; be representative of our local communities and increase year on year	Our governors will have regular, meaningful, two-way engagement with our membership community and members of the public	Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future
Our response	We will have a recruitment and engagement plan for the next three years with annual targets for increasing membership numbers	We will have a recruitment and engagement plan for the next three years outlining all our engagement activities	We will have a series of regular events for members
	We will analyse our membership on a regular basis, and have targeted campaigns to recruit members from any group that is under-represented	We will actively promote membership and raise the profile of our governors and the Council of Governors in a variety of settings and forums	Members will have more opportunities to get involved in service changes and improvement projects
	Within our public membership body we will have a youth membership constituency	Our governors will have opportunities, and the necessary skills, to actively seek out the views of members and the public on material issues or changes being discussed at the Trust	Members will have more opportunities to express their views on service changes and improvement projects
	We will have a number of incentives to attract new members		
	We will have an accurate, up-to-date membership database which allows us to target members who wish to be actively engaged	Our governors will have opportunities to feed back to members and the public information about the trust, its vision, performance and material strategic proposals made by the trust board	Members will have the opportunity to comment on any forward plans
	We will have established links with local organisations through whom we can recruit members		We will have a Patient Panel through which members and members of the public can feed back on service changes and forward plans
		We will have new methods of communicating/engaging with our members, including making more use of social media channels	

Our vision	Together we will deliver outstanding compassionate care to the communities we serve		
Our overall membership objective	We will be directly accountable to local people by making the best use of our membership communities		
Our goals (the result)	Our membership community will be active and engaged; be representative of our local communities and increase year on year	Our governors will have regular, meaningful, two-way engagement with our membership community and members of the public	Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future
Our priority responses	We will analyse our membership on a regular basis, and have targeted campaigns to recruit members from any group that is under-represented	We will actively promote membership and raise the profile of our governors and the Council of Governors in a variety of settings and forums	We will have a Patient Panel through which members and members of the public can feed back on service changes and forward plans
	Within our public membership body we will have a youth membership constituency	Our governors will have opportunities, and the necessary skills, to actively seek out the views of members and the public on material issues or changes being discussed at the Trust	
	We will have established links with local organisations through whom we can recruit members		

f. Risk Register

To Note

COVER SHEET

Date of Meeting:	Thursday 23 January 2020	APPENDIX G
Meeting:	Council of Governors	
Title:	High Level Risk Register	
Author:	Andrea McCourt, Company Secretary	
Sponsoring Director:	Ellen Armistead, Executive Director of Nursing, Deputy Chief Executive	
Previous Forums:	Risk and Compliance Group – 9 December 2019 Weekly Executive Board - 12 December 2019 Board of Directors – 9 January 2020	
Actions Requested: To note		
Purpose of the Report		
<p>A key element of risk management is to clearly understand the risks pertinent to the Trust and ensure effective governance is in place to support a consistent and integrated approach to risk management.</p> <p>The Trust's current high level risk register approved by the Board at its meeting on 9 January 2020 is attached for information. This details 21 risks and is enclosed with this paper. .</p>		
Key Points to Note		
<p>The Trusts's risk management strategy describes the framework for management of risk throughout the organisation and roles and responsibilities for risk management.</p> <p>The high level risk register is a key report for the Board and its Committees which details risks, risk scores and the controls and actions in place to manage and mitigate the risk.</p> <p>The high level risk register report is presented to every public Board meeting with updates on the management of each risk and details of risks being removed or added highlighted with the rationale for this explained. This ensures that the Board is aware of and regularly reviews its highest scoring operational risks and the management of these. .</p> <p>The Trust currently has 21 risks on the high level risk register.</p> <p>The Audit and Risk Committee has a key role in assuring itself that the risk management processes in the Trust are effective and it receives regular reports from the Risk and Compliance Group which reviews operational risks.</p> <p>Each risk has a lead Executive Director and Board Committee with the relevant Board Committee reviewing the risks on the high level risk register, for example the Finance and</p>		

Performance Committee will review finance related risks at each meeting.

High level risks are linked as relevant to the risks on the Board Assurance Framework which details risks to the achievement of strategic objectives and is reviewed and approved by the Board. Each year the annual report in the annual governance statement describes the risks that the Trust is managing via its Board Assurance Framework.

Recommendation

The Council of Governors is asked to NOTE the current high level risk register for the Trust.

December 2019 – SUMMARY OF HIGH LEVEL RISK REGISTER BY TYPE OF RISK AS AT 20th December 2019

BAF ref	Risk ref	Strategic Objective	Risk	Executive Lead/ Divisional Director	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
QUALITY AND SAFETY RISKS										
10a/19	2827	Developing Our workforce	Over–reliance on locum middle grade doctors in A&E	Medical Director (DB)	=20	=20	=20	=20	=20	=20
10a/19	7454	Keeping the base safe	Radiology service provision staffing risk	Divisional Director of FSS (JO'R)	=20	=20	=20	=20	=20	=20
08/19	7223	Keeping the base safe	Digital IT systems risk	Managing Director – Digital Health (MG)	=16	=16	=16	=16	=16	=16
11/19	7248	Keeping the base safe	Essential Safety Training	Director of Workforce and OD (SD)	=16	=16	=16	=16	=16	=16
06/19	6829	Keeping the base safe	Pharmacy Aseptic Dispensing Service	Director of Nursing (EA)	=16	=16	=16	=16	=16	=16
06/19	3793	Keeping the base safe	Ophthalmology follow up appointment capacity risk	Divisional Director of SAS (WA)	=16	=16	=16	=16	=16	=16
06/19	2830	Keeping the base safe	ED Mental Health Breach	Associate Director of Nursing (MM)					!15	=15
06/19	7315	Keeping the base safe	Out patient appointments capacity risk	Divisional Director of FSS (JO'R)	=15	=15	=15	=15	=15	=15
05/19	6715	Keeping the base safe	Poor quality / incomplete documentation	Director of Nursing (EA)	=15	=15	=15	=15	=15	=15
10a/19	5747	Keeping the base safe	Vascular / interventional radiology service	Divisional Director of FSS (JO'R)	=15	=15	=15	=15	=15	=15
08/19	6493	Keeping the base safe	Complaints Quality and performance Risk	Director of Nursing (EA)	=15	=15	=15	=15	=15	=15
06/19	7474	Keeping the base safe	Medical Devices Risk	Director of Finance (GB)	=15	=15	=15	=15	=15	=15
08/19	7430	Keeping the base safe	Radiology Requests risk	Divisional Director of FSS (JO'R)				!15	=15	=15
05/19	7527	Keeping the base safe	Maxillofacial follow up appointment	Divisional Director of SAS (WA)				!15	=15	=15
06/19	7615	Keeping the base safe	Emergency Care Standard	Chief Operating Officer / Director of Nursing						!15
FINANCE RISKS										
13/19	7278	Financial sustainability	Trust planned deficit	Director of Finance (GB)	=25	=25	=25	=25	=25	=25
WORKKFORCE RISKS										
10b/19	6345	Keeping the base safe	Nurse Staffing - ability to deliver safe and effective high quality care and experience service	Medical Director (DB) ,Director of Nursing (EA), Director of Workforce	=20	=20	=20	=20	=20	=20
10a/19	7078	Keeping the base safe	Medical Staffing - ability to deliver safe and effective high quality care and experience service	Medical Director (DB) ,Director of Nursing (EA), Director of Workforce	=20	=20	=20	=20	=20	=20

ESTATES / SAFETY RISKS											
09/19	5806	Keeping the base safe	Urgent estate work not completed	Director of Finance (GB)	=20	=20	=20	=20	=20	=20	=20
09/19	7414	Keeping the base safe	Buidling safety risk	Director of Finance (GB)	=15	=15	=15	=15	=15	=15	=15
09/19	7413	Keeping the base safe	Fire safety risk HRI	Director of Finance (GB)	=15	=15	=15	=15	=15	=15	=15

KEY: = Same score as last period, ↓ decreased score since last period, ! New risk since last report to Board ↑ increased score since last period

Board Assurance Framework risks referenced above

05/19	Risk that the resource, capacity and capability of full optimisation of the EPR system due to lack of optimisation of the system does not continue to further enhance quality and safety
06/19	Risk that patients do not receive high quality, safe care due to poor compliance with internally and externally set standards on quality and safety resulting in patient harm or poor patient experience.
08/19	Risk of failure to achieve local and national performance targets resulting in patient harm, poor patient experience or enforcement action.
09/19	Risk of failure to maintain current estate and equipment and to develop future estates model due to lack of available capital or resources resulting in patient harm, poor quality patient care or regulatory enforcement.
10a/19	Risk of not being able to deliver safe and effective high quality care and experience for patients due to insufficient medical staff caused by an inability to attract, recruit, retain, reward and develop colleagues.
10b/19	Risk of not being able to deliver safe and effective high quality care and experience for patients due to insufficient nursing staff caused by an inability to attract, recruit, retain, reward and develop colleagues.
11/19	Risk of not attracting or retaining colleagues who are confident and competent to provide compassionate care to patients and inclusive leadership to colleagues.
13/19	Risk that the Trust will not deliver the long term financial plan due to reduced income, inability to deliver the cost improvement plan and additional pressures, resulting in regulatory intervention
14/19	Risk that the Trust will not secure sufficient capital funding to maintain facilities over the longert term and meet safety and regulatory standards resulting in patient harm and regulatory intervention

Sept 2019 updated BAF references

TRUST RISK PROFILE AS AT 17/12//2019

KEY: = Same score as last period

↓ decreased score since last period

! New risk since last period

↑ increased score since last period

LIKELIHOOD (frequency)	CONSEQUENCE (impact/severity)				
	Insignificant	Minor	Moderate (3)	Major (4)	Extreme (5)
Highly Likely (5)			= 6715 Poor quality / incomplete documentation = 6493 Complaint management =7315 Appointment Risk =7430 Radiology Requests Risk !7615 Emergency Care Standard	= 6345 Nurse Staffing = 7078 Medical Staffing =7454 Radiology staffing	=7278 Financial sustainability
Likely (4)				=7223 Digital IT systems risk =7248 Essential Safety Training =6829 Pharmacy Aseptic Dispensing Service =3793 Ophthalmology capacity !2830 ED Mental Health Breach	= 2827 Over reliance on locum middle grade doctors in A&E = 5806 Urgent estate work not completed
Possible (3)					= 5747 Vascular /interventional radiology service =7413 Fire compartmentation HRI =7414 Building safety risk =7474 Medical Devices Risk =7527 Maxillofacial follow up appointment
Unlikely (2)					
Rare (1)					

CHFT RISK APPETITE December 2019

Strategic / Organisational	We are eager to be innovative and choose options offering potentially higher rewards to deliver high quality patient care (despite greater inherent risk)	SEEK	SIGNIFICANT
Reputation	We will maintain high standards of conduct, ethics and professionalism, with an appetite to take decisions with potential to expose the organisation to additional scrutiny / interest.	OPEN	HIGH
Financial and Assets	We will strive to deliver our services within our financial plans and adopt a flexible approach to financial risk. We are prepared to invest in resources that deliver improvements in quality, equality and patient safety, which will be subject to rigorous impact assessments. The balance of price, value and benefits will be considered. We will allocate resources to capitalise on opportunities.	CAUTIOUS	MODERATE
Regulation	We have a limited tolerance for risks relating to compliance and regulation. We will make every effort to meet regulator expectations and comply with regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them and we would want to be reasonably sure we would win any challenge.	CAUTIOUS	MODERATE
Legal	We will comply with the law.	MINIMAL	LOW
Innovation / Technology	The risk appetite for innovation / technology is high as we view these as key enablers of operational delivery. Innovation is pursued which challenges current working practices to support quality, patient safety and effectiveness, operational effectiveness and efficiency.	OPEN	HIGH
Commercial	We are willing to take risk in relation to new commercial opportunities where the potential benefits outweigh the risks. New opportunities are seen as a chance to support the core business and enhance reputation.	OPEN	HIGH
Harm and Safety	We will take minimal risk, or as little as reasonably possible, when it comes to staff/patient safety and harm and clinical outcomes for patients.	MINIMAL	LOW

Workforce	We will not accept risks associated with unprofessional conduct, underperformance, bullying, or an individual's competence to perform roles or task safely and, or any circumstances which may compromise the safety of any staff member or group.	MINIMAL	LOW
Quality Innovation and Improvement	<p>In order to achieve improvements in quality, patient safety and patient experience we will pursue innovations for our services. We are willing to consider risk options associated with development of new models of care, clinical pathways and improvements in clinical practice.</p> <p>We are eager to be innovative in considering risks associated with the implementation of non-NHS standard terms and conditions of employment, innovative resourcing and staff development models.</p>	SEEK	SIGNIFICANT
Partnership	We will seek opportunities to work in partnership where this will support service transformation and operational delivery.	SEEK	SIGNIFICANT

High Level Risk Register

20 December 2019



The Health Informatics Service
Informing Healthcare

Risk No	Div	Dir	Opened	Objective	Risk Description plus Impact	Existing Controls	Gaps In Controls	Initial	Current	Target	Action Plans	Progress Update	Review	Target	Tolerate	RC	Exec Dir	Lead
7278	Corporate	Finance and Procurement	Jun-2018	Financial sustainability	<p>Longer term financial sustainability: The Trust has a planned deficit of £37.99m (as per the NHS Improvement 19/20 control total). Acceptance of this control total gives the Trust access to £6.15m MRET funding, £7.33m Provider Sustainability Funding (PSF) and £14.81m Financial Recovery Funding (FRF), reducing the planned deficit to £9.71m. The receipt of PSF and FRF are dependant on achievement of the control total. The size of the underlying deficit raises significant concerns about the longer term financial sustainability of the Trust, particularly when combined with the growing level of debt and reliance on borrowing. The 2018/19 external audit opinion raised concerns regarding going concern and value for money. Whilst the Trust is developing a business case that will bring it back to balance within the next 8 years, this plan is subject to approval and the release of capital funds.</p>	<p>Working with partner organisations across WYAAT and STP to identify system savings and opportunities Project Management Office in place to support the identification of CIP Turnaround Executive meeting weekly to identify CIP shortfalls and drive remedial action Accurate activity, income and expenditure forecasting Development of Business Case for reconfiguration Development of 25 year financial plans in support of Business Case Development of 5 year LTFF in conjunction with ICS Finance and Performance Committee in place to monitor performance and steer necessary actions Aligned Incentive contract with two main commissioners. On-going dialogue with NHS Improvement</p>	<p>Pressures on capacity planning due to external factors. Competing ICS priorities for resources Progression of transformation plans are reliant on external approval and funding Impact of national workforce shortages eg. qualified nurses and A&E doctors The Trust does not currently have an agreed plan to return to in year balance or surplus. No additional revenue costs have been included for the development of the Reconfiguration Business Case.</p>	25 5 x 5	25 5 x 5	20 5 x 4	<p>Long term Financial plan continues to be developed in conjunction with regulators and department of health: Strategic Outline Case submitted in April; starting to develop Outline Business Case. Capital forecast for 19/20 includes £2.5m relating to reconfiguration and the development of the Business Case: £1.5m for HRI and £1m for Fees. 19/20 Forecast now incorporates £0.5m of Revenue costs for 19/20 Stretching CIP target of £11m (3%) for 19/20 reflects the fact that the Trust needs to find greater efficiencies than the baseline incorporated within Tariff as part of its journey towards financial sustainability. The target is in excess of the minimum expected of 1.6% (1.1% national efficiency factor plus 0.5% additional requirement for Trust's in deficit). Development of five year plan underway in line with Strategic Outline Case assumptions - due for submission 23rd Oct 19.</p>	<p>Long term Financial plan continues to be developed in conjunction with regulators and department of health with a Strategic Outline Case submitted in April and currently being reviewed by NHSI, NHSE and DH. Current plan indicates that the Trust would return to balance in year 7. 19/20 Financial plan has been submitted to NHS Improvement and the Trust has submitted a plan that accepted the Trust's allocated control total of £37.99m. This will allow the organisation to access non-recurrent MRET funding of £6.13m, Provider Sustainability Funding (PSF) of £7.33m and Financial Recovery Funding (FRF) of £14.81m reducing the overall planned deficit to £9.71m. Trust is currently on plan and forecasting to achieve this planned deficit. A five year long term plan for the Integrated Care System is due to be submitted in October 19. Draft five year plan has been submitted to the ICS in line with Strategic Outline Case assumptions, adjusted for current DH guidance. Deficit trajectory is not materially different from the SOC and access to non recurrent Financial Recovery Funding for 20/21 has been confirmed at a level that will bring the Trust back to a balanced position, which will reduce borrowing requirements.</p>	Jan -2019	Mar-2020		FPC	Gary Boothby	Philippa Russell

7454	Family & Specialist Services	Radiology	Apr-2019	Keeping the base safe	Service Delivery Risk There is a risk to Radiology service provision due to a reduction in consultant capacity resulting in gaps in some specialist areas, a reduction in overall general capacity and the potential for breaching national targets.	<ul style="list-style-type: none"> - Agency locum cover. - NHS Locum cover. - Additional support from external providers. - Head and neck: Additional support from external providers and short term support was provided up until end June 2019 from adjacent Trust. - Lung and chest: Additional support from external providers and temporary change to job plans. - IR: Agency locum cover. - Neuro: Additional support from external providers and temporary change to job plans. - General on-call: Increase in use of external provider cover and existing Consultants picking up additional stand-by shifts. 	<p>Vacancies in:</p> <ul style="list-style-type: none"> - Head and neck: No vetting of requests . No on-site cover. - Lung and chest: Gap during annual leave of one remaining Consultant. - IR: Gap during annual leave/other leave of one remaining Consultant. - Breast: Reduced capacity and no capacity during annual leave/other leave. - Neuro: Reduced capacity and no capacity during annual leave/other leave. <p>Impact on the general on-call rota.</p>	15 3 x 5	20 4 x 5	1 1 x 1	<ul style="list-style-type: none"> - Actively seeking recruitment in all areas including use of introduction agencies. - Actively seeking NHS and agency locum for all areas. - Actively seeking two radiology overseas fellows. - Successfully recruited one head and neck Radiologist (due to start July 2019). - Successfully recruited one IR Radiologist (due to start June 2019). - NHS locum position offered to one breast Radiologist. - Existing consultants accommodating different work to cover gaps - Outsourcing increased to free up capacity where possible - Locum support employed when available e.g. breast radiologists 	<p>October and November 2019 Update: We have recruited an overseas NHS locum (commenced November 2019) and we have an overseas global fellow (junior consultant) starting at the same time however 2 consultants have resigned and will be leaving the department at the end of November.</p> <p>December 2019 Update: Introduction of a named Consultant each morning/afternoon who is assisting with prioritisation of requests/challenging which could be done as outpatient requests or unnecessary requests.</p>	Jan-2020	Mar-2020		PSQB	Caroline Gizzi	Sarah Clenton
			Apr-2011	Developing our workforce	<p>Risk of poor patient outcomes, safety and efficiency due to the inability to recruit sufficient middle grade emergency medicine doctors to provide adequate rota coverage results in the reliance of locum doctors to fill gaps.</p> <p>Risks:</p> <ol style="list-style-type: none"> 1. Risk to patient safety using staff unfamiliar with department processes and systems, results in complaints and clinical incidents 2. Risk to the emergency care standard due to risk above and increased length of stay 3. Risk of shifts remaining unfilled by flexible workforce department 4. Risk to financial situation due to agency costs 	<p>Associated Specialist in post and Regular locums used for continuity appointed Middle Grade Doctors moved within sites to respond to pressures</p> <p>Part-time MG doctors appointed Consultants act down into middle grade roles to fill gaps temporarily</p> <p>4 weeks worth of rota's requested in advance from flexible workforce department</p> <p>Expansion of CESR programme</p> <p>Ongoing ACP development</p> <p>Weekly meeting attended by flexible workforce department, finance, CD for ED and GM</p> <p>EMBeds website for induction of locum staff.</p> <p>Allocated a further 10 Senior ED trainee placements by School of EM</p>	<p>Difficulty in recruiting Middle Grade and longer term locums</p> <p>Variable quality of locum doctors</p> <p>Relatively high sickness levels amongst locum staff.</p> <p>Flexible Workforce not able to fill all gaps</p> <p>ACP development will take 5 yrs from starting to achieve competence to support the middle grade level</p> <p>Inability to recruit to CESR posts.</p> <p>CESR training will extend time to reach Consultant level with no guarantee of retention</p> <p>Inability of School of EM to allocate trainees.</p>	20 4 x 5	20 5 x 4	12 4 x 3	<ol style="list-style-type: none"> 1. Recruitment including overseas and part time positions 2. Increase to senior ED trainee placement 	<p>Sept 2019 New rota's working well. To date there has been a reduced requirement for ad hoc locums.</p> <p>November/December update 2019 New rotas working well. To date there has been a reduced requirement for ad hoc locums</p>	Jan-2020	Aug-2020		W/EB	David Birkenhead	Dr Mark Davies

6345	Corporate	Workforce & Organisational Development	Jul-2015	<p>Keeping the base safe</p> <p>Nurse Staffing Risk (see also medical staffing risk 7078 and therapy staffing risk 7077) Risk of not being able to deliver safe, effective and high quality care with a positive experience for patients due to:</p> <ul style="list-style-type: none"> - lack of nursing staffing as unable to recruit to substantive posts, i.e. not achieving recommended nurse staffing levels (as per Hard Truths/CHPPD and national workforce models) - Inability to adequately staff flexible capacity ward areas <p>resulting in:</p> <ul style="list-style-type: none"> - increase in clinical risk to patient safety due to reduced level of service / less specialist input - negative impact on staff morale, motivation, health and well-being and ultimately patient experience - negative impact on sickness and absence - negative impact on staff mandatory training and appraisal - cost pressures due to increased costs of interim staffing 	<p>Nurse Staffing</p> <p>To ensure safety across 24 hour period:</p> <ul style="list-style-type: none"> - use of electronic duty roster to set nurse staffing within agreed workforce models, approved by Matron and general managers - risk assessment of nurse staffing levels for each shift reviewed at least three times each 24 hour period using the Safer Care tool with formal escalation to Director of Nursing to agree mitigating actions. - staff redeployment where possible - nursing retention strategy - flexible workforce used for shortfalls (bank/nursing, internal, agency) and weekly report as part of HR workstream - Active recruitment activity, including international recruitment - Introduction of new roles eg Nurse associate 	<p>Low numbers of applications to nursing posts across grades and specialities</p>	16 4 x 4	20 4 x 5	9 3 x 3	<ul style="list-style-type: none"> • Recruitment including international recruitment of Nurses • Nursing associate role development • Developing nursing retention strategy • Use of flexible workforce 	<p>October 2019 Update Recruitment fair held 12 October by clinical education team</p> <p>November 2019 Update: New graduates now in post and going into shift fill - on new preceptorship programme International recruits progressing well (35 in post - 5 going through the OSCE training programme) Next TNA programme due to start on the 6th of Jan 2020</p> <p>December 2019 Update: New graduates now in post and going into shift fill - on new preceptorship programme International recruits progressing well (35 in post - 5 going through the OSCE training programme) Next TNA programme due to start on the 6th of Jan 2020</p>	Feb-2020	Feb-2020	WF	Ellen Armistead, Suzanne Dunkley	Rachael Pierce
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7078	Corporate	Workforce & Organisational Development	Oct-2017	Keeping the base safe	<p>Medical Staffing Risk (see also 6345 nurse staffing, 2827 A&E middle grade, 7454 radiology, 5747 interventional radiology)</p> <p>Risk of not being able to deliver safe, effective and high quality care with a positive experience for patients due to difficult to recruit to Consultant posts in A&E, Gastroenterology, Radiology, Care of the Elderly, Ophthalmology, Urology and dual site working which impacts on medical staffing rotas</p> <p>resulting in:</p> <ul style="list-style-type: none"> - increase in clinical risk to patient safety due to reduced level of service / less specialist input - negative impact on staff morale, motivation, health and well-being and ultimately patient experience - negative impact on sickness and absence - negative impact on staff mandatory training and appraisal - cost pressures due to increased costs of interim staffing - delay in implementation of key strategic objectives 	<p>Medical Staffing</p> <p>Job planning established which ensures visibility of Consultant activity.</p> <p>E-rostering roll out commenced to ensure efficient use of Consultant time</p> <p>Establishment of staff bank to ensure vacant posts filled</p> <p>WYAAT networked approach to pressured specialties</p> <p>Medical Workforce Group chaired by the Medical Director.</p> <p>Active recruitment activity including international recruitment at Specialty Doctor level</p> <ul style="list-style-type: none"> - new electronic recruitment system implemented (TRAC) -HR resource to manage medical workforce issues. -Identification of staffing gaps within divisional risk registers, reviewed through divisional governance arrangements 	<p>Medical Staffing</p> <p>Risk of pensions issue impacting on discretionary activity</p> <p>National shortage in certain medical specialties</p> <p>Regional re-organisation could potentially de-stabilise the workforce</p> <p>E-rostering partially implemented for doctors (expected by Sept 2020)</p> <ul style="list-style-type: none"> - centralised medical staffing roster has commenced but not fully integrated into the flexible workforce team - measure to quantify how staffing gaps increase clinical risk for patients 	20 4 x 5	20 4 x 5	9 3 x 3	<ul style="list-style-type: none"> • Monitored by Medical Workforce Programme Steering Group • Active recruitment including international <p>2020 Further work to introduce the new rota rules for doctors in training which were agreed over summer 2019 by NHS Employers and the BMA.</p>	<p>December 2019</p> <p>A number of interviews have been arranged at Consultant level during December. There are strong applicants for substantive posts at Consultant level for Urology, Respiratory Medicine, Rheumatology, Care of the Elderly, Acute Medicine, Neurology, Ophthalmology and Renal Medicine. In addition, interviews are scheduled for fixed term appointments at Consultant level in Anaesthetics Haematology and Radiology. Current Vacancy data shows that there are 21 consultant level vacancies so if these applicants are appointed then we will be able to reduce this vacancy rate further. A recent paper regarding consultant recruitment has been presented to the Workforce Committee. This showed that consultant level vacancies have reduced from 31 gaps in October 2018 to 20 in October 2019.</p> <p>The changes to the pay arrangements for doctors in training with regards to their weekend allowances have all been applied and updates completed. Invites for the Local Clinical Excellence Awards have been sent out and all applications are to be submitted by the end of December for consideration by the Awards Panel. Briefing sessions for the panel are being delivered throughout December so that scoring can commence in January without delay. The Awards panel are due to meet Wednesday 12 February 2020.</p>	Jan -2020	Mar-2020	W/F	David Birkenhead	Pauline North
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5806	Calderdale and Huddersfield Solutions	E states	May-2015	Keeping the base safe	<p>There is a risk of the current HRI Estate failing to meet the required minimum condition due to the age and condition of the building resulting in a failure of the Trust to achieve full compliance in terms of a number of statutory duties. This could result in the potential closure of some areas which will have a direct impact on patient care, suspension of vital services, delays in treatment, possible closure of buildings, services and wards, harm caused by slips, trips and falls and potential harm from structural failure.</p> <p>The main risks identified within the Estates Risk Register being:</p> <ul style="list-style-type: none"> • 7220 Flooring • 6734 Pipework: k • 6735 Structural: • 6736 Air Handling Units: • 6737 Windows: • 6739 Roofs: • 6761 Ward Upgrade Programmes • 6762 Day Surgery: • 6763 Environmental • 6766 Road Surfaces: • 6767 Staff Residences: • 6769 Electrics: • 6770 Plantroom: • 6332 Asbestos: • 6771 Emergency Lighting: • 5963 Equality Act: • 6764 Fire Detection: • 6860 Electrical 3rd substation • 5511 Fire Compartmentation: 6897 BMS heating controls • 6997 Structural Cladding - • • 6848 Water Safety: 	<p>The estate structural and infrastructure continues to be monitored through the annual Authorising's Engineers (AE)/ Independent Advisors (IA) report and subsequent Action Plan. This report details any remedial work and maintenance that should be undertaken where reasonably practicable to do so to ensure the Engineering and structural regime remains safe and sustainable. Statutory compliance actions are prioritised, then risk assessment of other priorities.</p> <p>When any of the above become critical, we can go through the Trust Board for further funding to ensure they are made safe again.</p>	<p>Significant gap in maintenance funding to maintain regulatory requirements at the HIR site. Also the time it takes to deliver some of the repairs required.</p> <p>Each of the risks above has an entry on the risk register and details actions for managing the risk. Many of these risks could lead to injury of patients and staff, closure of essential services, and inability for the Trust to deliver vital services.</p>	16 4 x 4	20 5 x 4	12 3 x 4	<ul style="list-style-type: none"> • Monitoring of the estate structural and infrastructure through annual report • Ongoing programme of works 	<p>September Update - The estates strategy / sustainable development plan continues to progress with external help.</p> <p>December Update - The reconfiguration plan is now currently being developed including the estates strategy / sustainable development plan which will address some of these risks.</p> <p>Assurances regarding individual estate risks to be reviewed by CHS during January 2020 and risk to be reviewed and update provided to Risk and Compliance Group on 17 February 2020</p>	Jan-2020	Mar-2020	RC	Stuart Sugarman	Paul Gilling / Chris Davies
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7223	Corporate	THIS	Mar-2018	Keeping the base safe	<p>Risk of: Inability to access all clinical and corporate digital systems: The lack of access to clinical patient systems (EPR, Athena, Bluespider), Clinical Diagnostic and Ordering (ICE, PACS, Ordercomms) as well as corporate systems (Email etc).</p> <p>Due to: Failure of CHFTs digital infrastructure Failure of the interconnecting components (Network, Servers, Active Directory) of the digital infrastructure through whatever cause (Cyber, Configuration, Component failure).</p> <p>Resulting in: The inability to effectively treat patients and deliver compassionate care Not achieving regulatory targets Loss of income</p>	<p>Resiliency: Network – Dual power (plus UPS) and fibre connections to all switch stacks - Automatic network reconfiguration should a network path be lost (OSPF etc) - Computer Rooms and Cabs on the trust back up power supply Servers - Dual power supplies to each rack - Computer Rooms and Cabs on the trust back up power supply - Mirrored/Replicated Servers across sites - Back up of all Data stored across sites</p> <p>Cyber Protection: - End point encryption on end user devices - Anti-Virus software (Sophos/Trend) on all services and end user devices - Activity Monitoring - Firewall and Port Control on Network Infrastructure</p> <p>Monitoring/Reporting: - Traffic Monitoring across the network - Suspicious packet monitoring and reporting - Network capacity, broadcasting/multicasting and peak utilisation monitoring/alerts. - Server utilisation monitoring/alerts</p> <p>Assurance/Governance: - Adhering to NHSD CareCert Programme - ISO27001 Information Security - Cyber Essentials Plus gained - IASME Gold</p> <p>Support/Maintenance: - Maintenance and support contracts for all key infrastructure components. - Mandatory training in Data and Cyber Security</p>	<p>Documented BCPs (Business Continuity Plans) within all critical areas Further awareness sessions for all staff to understand the potential risk and what they can do personally Maintenance windows for digital systems including resilience testing Patching process audit</p>	16 4 x 4	16 4 x 4	8 4 x 2	<p>- All clinical areas to have documented and tested Business Continuity Plans (BCPs) - All corporate areas to have documented and tested Business Continuity Plans (BCPs) - Informatics to have documented Disaster Recovery (DR) plans in line with ISO - Routine testing of switch over plans for resilient systems - Project to roll out Trend (Anti-virus/End point encryption etc) completing April 2018 - IT Security Manager continually kept up to date with the most recent thinking around cyber security as well as training/certified to the relevant standard (almost complete).</p>	<p>Oct 19 update: Following the initial internal review against the DSP Toolkit a number of contributing risks have been identified that require addressing prior to the formal submission in March 2020. This results in some technical configuration changes being required and a plan is being pulled together in order to have these completed prior to submission. This plan of action has some overlap with this risk and therefore, in addition to the BCP point raised in the last update, the score remains the same.</p> <p>November/December 2019 update - As per Octobers update, the Data Security Protection Toolkit Plan is still being pulled together with resource being identified for a Jan 2020 start. There is a separate risk logged for potential non-compliance of the toolkit (7617) however the overlap with this risk is significant enough to maintain (and potentially increase) the score.</p>	Jan-2020	Mar-2020	RC	Mandy Griffin	Rob Birkett
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7248	Corporate	Workforce & Organisational Development	Apr-2018	Developing our workforce	<p>The risk: Not all colleagues will complete their designated core 'Essential Safety Training' (EST) subjects. In addition not all colleagues will complete their role specific training.</p> <p>Resulting in: Colleagues practicing without the recorded required knowledge or understanding of core EST subjects. This could lead to unsafe practice, potentially leading to incidents involving colleagues and/or patients.</p> <p>EST consists of 10 'core' subjects which all colleagues must be consistently 100% compliant in. There are a further 35 subjects which are 'role specific' – subjects which are dependent on the role the colleague has. The Trust has a compliance target of 90%. Our core subjects have been consistently above this target since April 2019, with an average of 95.22%. The focus therefore is on the compliance of the 35 role specific subjects. Compliance for these subjects range from 97.60% to 50.04%. We expect all role specific training to be on target by August 2020.</p>	<p>All electronic e-learning training programmes are automatically captured on ESR at the time of completion.</p> <p>WEB IPR monitoring of compliance data. Quality Committee assurance check</p> <p>Well Led oversight of compliance data identifying 'hot-spot' areas for action</p> <p>Divisional PRM meetings focus on performance and compliance.</p> <p>Human Resource Business Partners are working closely with divisional colleagues on a weekly basis to ensure compliance.</p>	None	16 4 x 4	16 4 x 4	4 4 x 1	<p>January 2019</p> <p>Targeted emails to departments with an average compliance below 85%</p> <p>Weekly drop in sessions at CRH and HRI for staff to access ESR support.</p> <p>Additional training dates have been added for safeguarding and MCA/DoLS level 3. There are sufficient places to train ALL staff who are currently non-compliant. Plans are in place to ensure that the right staff are booked on and that the courses are full.</p> <p>Role Specific EST - SMEs of subjects with compliance below 90% will be contacted w/c 28.01.19 and asked to submit a plan of action for Q4 2018/19 and Q1 2019/20 to improve compliance.</p> <p>Registers will be marked 'live' in ESR at the point of training which will show compliance in a much more timely manner.</p>	<p>November 2019 - The core 9 subjects remain at over 90% compliance, with 5 subjects consistently over 95%. Fire Warden training has been assigned to all Band 6 Nurses which has seen a reduction in compliance, work is under way to review the target audience and increase capacity.</p> <p>December 2019 - Of the 34 role specific subjects, 19 are at below 85% compliance. Each of these is being scrutinised this month with a plan in place to increase compliance by end of March 2020.</p>	Jan-2020	Mar-2020		W/F	Suzanne Dunkley	Charlotte North
6829	Family & Specialist Services	Pharmacy	Aug-2016	Keeping the base safe	<p>The risk of the Trust having insufficient capacity from the Pharmacy Aseptic Dispensing Service to provide the required number of aseptically prepared parenteral medicines.</p> <p>This is due to the CRH unit being temporarily closed for a refit and the HRI ADU having quality issues as highlighted in the May 2018 and January 19 EL (97) 52 external audit which reported 3 major deficiencies limiting its capacity to make parenteral products.</p> <p>Resulting in the unavailability of chemotherapy / parenteral treatments in a timely manner (i.e. delays in treatment for patients), increase in cost of buying in ready to use products and increase in staff time (and error risk) from nursing staff preparing parenteral products including syringe drivers on the wards.</p>	<p>A business case has been approved 2017/18 to provide update facilities on the CRH site. It is planned that the new unit will open ~ Feb 2020 and the HRI unit will close.</p> <p>An action plan has been produced (and agreed by the auditor) to remedy the major deficiencies at HRI unit which includes a capacity plan to limit products made on site. The action plan is monitored by the Pharmacy Board at monthly team meetings and FSS Divisional Board and PSQB with monitoring of non-compliance.</p> <p>Rigorous environmental and microbiological monitoring of the current facilities and the introduction of in- process controls to ensure no microbial contamination of final products.</p> <p>HRI ADU currently being re-audited every 6 months - re audit Jan 19 and July 19</p>	<p>Until the strategies outlined above to improve capacity have been implemented we will not know that this workload is safe to deliver. other options to consider will be working hours of the unit - currently operational Mon-Fri 8.30-5pm . Potentially when CRH closes, will open HRI unit earlier at 7.30am to prepare those doses required at CRH and ensure timely transport.</p> <p>Delay in project- new unit not now due to open until Aug 20</p>	15 3 x 5	16 4 x 4	3 3 x 1	<p>Agreed Action Plan October 18 to reduce capacity at HRI ADU i - key points relate to process measures in department (being addressed) and the need to progress consolidation of the units leading to closure of the HRI unit. Delays in project have delayed the temporary closing of the CRH unit to November 2019. Syringe drivers are now made on wards and procurement of ready to use TPN bags is now being phased in ..</p> <p>Phasing in of ready to use chemo batches also underway.</p>	<p>December 19 update.</p> <p>Delay due to lease agreements with lenders solicitors being reviewed. CRH unit now due to close Jan 20 and enabling work start mid- Jan but awaiting confirmation from Associate Director of Finance re outcome of lease sign off debate. This is likely to delay opening of new unit to Aug 20 and reliance on HRI aseptic unit until that point.</p>	Jan-2020	Jun-2020		DB	Ellen Armistead	Elisabeth Street

6493	Corporate	Corporate Quality	Nov-2015	Keeping the base safe	<p>Complaints Management - quality and performance risk There is a risk that the Trust does not respond in a timely way to complaints and breaches NHS Complaints Regulations 2009 Due to complaints responses not being investigated and drafted within agreed timescales, staff not recording all complaints investigations on Datix and not updating complainants in a timely way. Resulting in dissatisfaction for complainants due to poor communication, delays in responses, poor performance on complaints responsiveness identified within the integrated performance report, reputational damage, increasing number of complaints referred to the Ombudsman</p> <p>validation and slot utilisation in Ophthalmology (happened in summer 2018)</p>	<p>Agreed response timescales for all complaints and confirmation of these for each complaint. lead complaints investigator role to keep complainant informed of expected response date.</p> <p>All stages of complaints now managed and recorded via Datix complaints module. Weekly tracker identifying complaints due and days remaining. Weekly complaints panel in surgical division to manage timeliness and quality of responses with senior managers.</p> <p>Escalation of performance issues via PRMS. Weekly review of 5 day KPI turnaround in complaints team and escalation process if nearing a breach.</p> <p>Complaints response letter and report template introduced in line with PHSO clinical standard. Divisional Directors or Assistant Director of Nursing reviewing complaints in before sending to complaints team for review. .</p> <p>Complaints Policy details process for managing all complaints including cross divisional complaints. Quality assurance process in division and central team to ensure complaint is responded to appropriately. Escalation process of 10% complaints by division overdue highlighted to Director of Nursing.</p> <p>Complaints Investigation training reiterates key timescales and investigator responsibilities. complaints improvements within Governance and Risk action plan.</p>	<p>Medical division complaints position continues to be challenging - to be addressed through performance route also following lack of assurance to Quality Committee on 30 July 2018 re: sustained improvements.</p> <p>Quarterly meetings with senior complaints team and Assistant Directors of Nursing to be introduced.</p> <p>Investigators not routinely contacting complainants within 7 days.</p> <p>Quality of responses received variable</p> <p>Further WEB report on complaints and tracking of individual cases for September 2018</p>	<p>12 3 x 4</p> <p>15 3 x 5</p> <p>4 2 x 2</p>	<p>Continue to monitor overdue complaints via weekly tracker and revise risk score and actions required if improved position is not sustained.</p> <p>Position escalated to Chief Nurse and Chief Operating Officer and discussed with divisional teams through PRM route. External review of complaints being planned by Chief Executive.</p>	<p>October 2019 - Improvement noted across all Divisions with 47% of complaints closed in time in September. Work continues to focus on responding to overdue complaints and reducing the number of complaints raised by service users and their families.</p> <p>November 2019 - 40% of complaints closed in target timeframe. WTGR event held to refocus improvement actions. Chief Nurse taking paper to Quality Committee in December to outline recommendations and actions for improvement. Complaints Team leader has secured an internal promotion to another team and so work taking place to review structure and roles in the team before advertising role.</p> <p>December 2019 - 41% of complaints closed in target timeframe. Band 6 post awaiting Trust Exec sign off before advertising. Improvement actions continue.</p>	Jan-2020	Feb-2020			QC	Ellen Armistead	Anne-Marie Henshaw
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6715	Corporate Nursing	Corporate	Apr-2016	Keeping the base safe	<p>There is a risk to patient safety, outcome and experience</p> <p>Due to inconsistently completed documentation on EPR</p> <p>Resulting in a potential increased length of stay, lack of escalation when deterioration occurs, poor communication difficulties with efficient multidisciplinary working.</p>	<p>Structured documentation within EPR.</p> <p>Training and education around documentation within EPR.</p> <p>Monthly assurance audit on nursing documentation.</p> <p>Doctors and nurses EPR guides and SOPs.</p> <p>Datix reporting</p> <p>Appointment of operational lead to ensure digital boards focus on this agenda</p>	<p>Remaining paper documentation not built in a structured format in EPR- lead Jackie Murphy, via back office team, December 2018</p> <p>Establish a CHFT clinical documentation group.- lead Jackie Murphy timescale December 2017.</p> <p>Use of reporting tools from EPR with regards to documentation. To be addressed by clinical documentation group.</p> <p>Limited assurance from the audit tool - to be discussed at clinical documentation group.</p> <p>There are gaps in recruitment</p>	20 4 x 5	15 3 x 5	6 3 x 2	Establishment of clinical documentation group	<p>December 2019</p> <p>Date arranged for visit to Leeds - 17th December with engagement from ED, Acute Floor and Training. E Cras Audit Tool being audited on Ward 6 CRH. Engagement nationally with counterparts who use the same electronic system looking at alternatives to improving digital clinical record. Continue to support the Discharge Quality Group factoring in digital clinical record.</p> <p>Full review of risk to take place</p>	Jan-2020	Mar-2020		WEB	Carol Gregson/Graham Walsh	Ellen Arnistead
5747	Family & Specialist Services	Radiology	Mar-2013	Keeping the base safe	<p>Service Delivery Risk</p> <p>There is a risk of patient harm due to challenges recruiting to vacant posts at consultant interventional radiologist level resulting in an inability to deliver hot week interventionalist cover on alternate weeks in collaboration with Bradford Teaching Hospitals FT.</p>	<p>- 1wte substantive consultant in post</p> <p>- Ad-hoc locums supporting the service</p> <p>- Continue to try to recruit to vacant posts</p>	<p>- Failure to secure long term locum support.</p> <p>- Lack of clarity on regional commissioning arrangements relating to vascular services</p>	16 4 x 4	15 5 x 3	6 2 x 3	<p>1. Continue to try to recruit to the vacant post;</p> <p>2. Progressing a regional approach to attract candidates to work regionally;</p> <p>3. Progressing approach to contingency arrangements as a regional-wide response</p>	<p>October and November 2019 update: Mid Yorkshire Trust Consultant working at HRI 1 day per week, 2 locums booked in rotation until the end of the first week in January. NHS locum working with rotational support from the other 3 consultants.</p> <p>December 2019 Update: We now have a Vascular Radiologist from MYT/LTHT working at HRI one day per week. This will assist with stabilisation of the service and support for our new NHS Locum, in particular in relation to EVAR (Endo Vascular Aneurism Repair) provision. We continue to work with WYVAS. Actions underway from regional Chief Operating Officers meeting held in early October 2019 regarding Radiology. Looking to create regional contingency.</p>	Jan-2020	Mar-2020		DB	Sarah Clenton	Caroline Gizzi

7474	Trustwide	All Divisions	May-2019	Keeping the base safe	<p>There is a risk to the organisation of out of service medical devices being in circulation and use across CHFT due to the lack of assurance of the Trust Asset Register being up to date including equipment which has been gifted or bought without CHS involvement resulting in potential patient harm.</p> <p>CHS Risk 7438 –(Rating 20) - There is a risk of equipment failure from Medical Devices on the current trust asset list of 19,456 Medical Devices due to a very large number (n=5359) of High Risk devices (n=837), Medium and Low Risk devices which are out of service date and have not been seen for extended periods of time and are in use or available for use within CHFT for patient care, resulting in potential patient harm</p> <p>CHS Risk 7438 –(Rating 20) CHFT Risk 7474 (Rating 15)</p>	<p>CHS Medical Engineering are attempting to rectify the problem and identify all devices in the high, medium and low risk category to provide an up to date register. To check if devices have a date on when they were last inspected as this would assist CHFT colleagues to identify equipment out of date.</p> <p>CHFT staff are aware of the need to report medical devices requiring repair however a reminder is deemed appropriate to ensure colleagues follow this process which will support CHS achieve their objectives.</p>	<p>Failure to manage, maintain and service medical devices.</p>	<div>5</div> <div>5</div> <div>x</div> <div>1</div>	<div>15</div> <div>5</div> <div>x</div> <div>3</div>	<div>1</div> <div>1</div> <div>x</div> <div>1</div>		<p>December update 2019/12/02-Update-High Risk numbers fell High risk (524 to 408), Medium fell (2184 to 1722), Low fell (1860 to 1325), a total of (4568 to 3455). The audit carried out with community has greatly reduced the number of devices we are looking for this in conjunction with contracts management and training has had a positive impact on compliance.Related CHS risk has reduced risk score from 20 to 15.</p>	Jan-2020	Mar-2020		RC	Ellen Arnistead	Robert Ross
7527	Surgery & Anaesthetics	Head and Neck	Aug-2019	Keeping the base safe	<p>There is a risk that patients will not receive appropriate follow up care for their clinical pathway which can cause delays for diagnosis and treatment.</p>	<p>A failsafe process has been implemented for the post cancer patients , ? recurrent cancer / Surveillance through the cancer head and neck services. The validation team are prioritising the maxillofacial validation of 591 patients. Checks that all orders at placed following outpatients attendance Added onto careplans of review of follow ups dates required for all cancer diagnosed patients</p>	<p>EPR system (Lists) Lists of patients Failsafe Escalation process to implemented within appointment centre, secretaries. Appropriate training within the department</p>	<div>15</div> <div>5</div> <div>x</div> <div>3</div>	<div>15</div> <div>5</div> <div>x</div> <div>3</div>	<div>4</div> <div>2</div> <div>x</div> <div>2</div>	<p>Review outstanding validations- Completed Develop process with appointment centre (Validation team) Completed Develop escalation process with appointment centre , secretaries for cashing up of clinics, and process to add further requests if appointments are cancelled. Completed Communication plan within the head and neck services. Completed High level process to roll out within the division. - Ongoing , process map developed, awaiting sign off by division.</p>	<p>12 December update - All validation for Maxfax completed and monitored weekly . Development of surveillance patients portal digitally is being worked by information management. Progressing well for all patients identified no commencing date as yet. To be sent to DMT to reduce risk</p>	Jan-2020	Mar-2020		PSQB	Mei Addy	Laura Cooper

7315	Trustwide	All Divisions	Aug-2018	Keeping the base safe	<p>There is a risk of delay to patient care, diagnosis and treatment Due to insufficient outpatient appointment capacity to meet current demands Resulting in poor patient experience, damage to organizational reputation and increased concerns/complaints and possible claims.</p> <p>Please refer to following individual risks: 4050 6078 6079 7199 7202</p>	<p>Monitoring of appointment backlog at Performance Meetings Validation of Holding List (follow up backlog) and Appointment Slot Issues List (new patient backlog) Clinical Assessment of follow up backlog (where exceeded 10 weeks beyond appointment due date) Regular review of backlogs at specialty level with specialty managers SOPs and Data Collection Workbooks for management of backlogs Review of templates at consultant/specialty level Transformational programme to improve outpatient efficiency and release capacity Delivery of 18 weeks RTT..</p>	<p>Insufficient appointments to meet current demands at specialty level. Consultant vacancy factor Non compliance of Clinical Assessment process Loss of functionality (EPR) for GPs to refer to named clinician and patients to use self check in on arrival at appointment.</p>	15 3 x 5	15 3 x 5	6 2 x 3	<p>Monitoring of appointment backlog at Performance Meetings Validation of Holding List and Appointment Slot Issues List SOPs and Data Collection Workbooks for management of backlogs Review of templates at consultant/specialty level</p>	<p>October 2019 There is still a lack of capacity for new and f/up patients. Total ASI's currently stand at 2,161 and f/ups overdue stands at 9,859. Discussions have taken place at WEB and agreed a focused piece of work needs to be done. OP Transformation is helping clinical divisions optimise technology to reduce waiting times. WTGR session outcome to revamp customer contact meeting to include higher accountability of capacity issues with clinical divisions. Recent audit of new patient ASI's showed inaccuracy between ERS and the APP. From November the new patient ASI's will be managed directly on ERS instead of the app to give greater accuracy and reduce admin work. Paper referrals and long waiters will still need to be managed via the app as there is no current alternative.</p> <p>December 2019 update There is still a lack of capacity for new and f/up patients. Total ASI's currently stand at 2,368 and f/ups overdue stands at 8,478. Discussions around the action plan continue to take place at WEB. 2020/21 Planning discussions have detailed capacity and demand plans. OP Transformation is helping clinical divisions optimise technology to reduce waiting times. WTGR session outcome to revamp customer contact meeting to include higher accountability of capacity issues with clinical divisions. We have now switched off the ASI app for ERS refs and reporting is going through KP+ which gives greater accuracy and reduce admin work. Paper referrals and long waiters are still managed via the app as there is no alternative currently. Risk moved from Family and Specialist Services risk register and discussions to agree whether this risks should sit within Medical or Surgical Division risk register to take place.</p>	Feb-2020	Mar-2020		PSQB	Helen Barker	Asif Ameen, Mel Addy, Caroline Gizzi
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7413	Corporate	Finance and Procurement	Feb-2019	Keeping the base safe	<p>There is a risk of fire spread at HRI due to insufficient fire compartmentation in areas which could result in fire spread / damage to buildings / equipment and harm to staff, patients and visitors.</p> <p>Following a fire compartmentation undertaken in 2014 capital funding has been made available to improve compartmentation and fire safety across HRI Site.</p> <p>Fire committee has been established in November 2019 where fire safety is discussed and any risks escalated. Chief Operating Officer, is the nominated executive lead for fire safety</p> <p>Works undertaken by CHS includes:-</p> <ul style="list-style-type: none">• Replacement of fire doors in high risk areas• Replacement fire detection / alarm system compliant to BS system installed• Fire Risk Assessments complete• Decluttering of wards to support ensure safe evacuation• Improved planned preventative maintenance regime on fire doors• Regular planned maintenance on fire dampers <p>Fire Safety Training continues throughout CHFT via CHS Fire Safety Office</p> <ul style="list-style-type: none">• Face to face• Fire marshal• Fire evacuation• Fire extinguisher	<p>Number of areas awaiting fire compartmentation works</p> <p>Consequence of decanting ward area to carry out risk prioritised compartmentation works</p>	15 5 x 3	15 5 x 3	1 1 X 1	<p>Feb 2018 The Trust has bid to NHSI for early release of capital monies to support further fire compartmentation work. However, in order for CHS to manage this in a prioritised risk based approach it is essential the Trust are able to decant areas to enable CHS to complete building works to a satisfactory standard.</p> <p>Feb 2019: Walk around on wards between CHS, CHS Fire Officer and Matrons with the aim of de-cluttering wards to ensure a safe and effective evacuation.</p> <p>May 2019: Delivery of fire training</p> <p>June 2019: Fire risk assessments, installation of sockets</p> <p>July 2019: NHSI capital bid for 19/20</p> <p>Dec 2019 - CHFT Fire Committee established with involvement from CHS and PFI. Fire Strategy to be developed to provide a short, medium and long term plan aligning with Trusts reconfiguration plans. Fire Committee to review fire risks.</p>	<p>October 2019 Update</p> <p>60 minute fire compartmentation building works has commenced through CHS that will ensure that 60 minute compartmentation is in place across the HRI building by Spring 2020. The approach and management of fire risk has also been considered within the HRI Strategic Development Plan that will be presented to Trust Board in November. Furthermore, the Trust has commissioned a Fire Strategy review that will provide a position statement on the works completed to date along with identifying the key investments required over the future years. The strategy will also cover the Trust's overall responsibilities e.g. Fire Risks Assessments, Evacuation Strategy and Training. This will be reported to Board once complete in early 2020.</p> <p>November/December update 2019</p> <p>CHFT Fire Committee established with involvement from CHS and PFI. Fire Strategy to be developed to provide a short, medium and long term plan aligning with Trust's reconfiguration plans.</p>	Jan-2020	Mar-2020		NA	Helen Barker	C Davies	
7414	Corporate	Finance and Procurement	Feb-2019	Keeping the base safe	<p>Building safety risk - there is a risk of falling stone cladding at HRI which is due to the aged and failing fixings originally designed to retain the cladding to the external structure of the building. This could result in significant incident and harm to patients, visitors and staff.</p> <p>CHS RISK = 7318</p>	<p>Damaged cladding observed at HRI Ward Block 1 resulting in immediate action to ensure surrounding area safe. Capital funding provided to support works.</p> <p>CHS commissioned Structural Engineers to repair the areas observed along the west side elevation of the building and carry out a site wide survey of the existing cladding surrounding HRI. Areas originally observed requiring immediate repair made safe and full detailed site survey carried out.</p> <p>CHS carry out visual inspections of cladding on a regular basis.</p>	<p>CHS and Trust received the full structural site survey which identified areas of high, medium and low risk and a solution to rectify the risk.</p> <p>Further capital funding required to support the planned work.</p>	15 5 x 3	15 5 x 3	1 1 x 1	<p>Feb 2019 - Structural Engineers requested to provide costings based on high risk, medium risk and low risk to enable the Trust to phase in repairs in a planned and prioritised manner. Costs expected March 2019.</p> <p>Progress managed at monthly Governance Contract and Performance meetings between CHS and CHFT. Any risks =>15 are escalated to Risk and Compliance for discussion / approval.</p> <p>Discussion to take place at Capital Planning to support prioritised plan</p>	<p>October 2019</p> <p>The approach to cladding is being determined as part of the HRI Strategic Development Plan (SDP) to be presented to Board in November. This SDP will propose an estates strategy for the site and provide the Trust with an investment strategy to address the cladding risk in the short and longer term. A design solution will be developed following approval of the SDP.</p> <p>December 2019 update - CHS carrying out re-inspection 12 months on, any remedial works will be carried out from the re-inspection. CHS awaiting finalisation of the SDP but continue to explore over cladding option following an option appraisal.</p>	Jan-2020	Mar-2020		FC	Gary Boothby	C Davies / A Wilson

7430	Family & Specialist Services	Radiology	Mar-2019	Keeping the base safe	<p>There is a risk of being in breach of IRMER regulations due to the way roles are set up within EPR, as this allows non medical staff who are not permitted to request Radiology exams as part of their role.</p> <p>Under IRMER 17 regulations a non medical health care professional can refer for radiological examinations but only under a clearly defined agreed protocol and only after receiving the appropriate irmer training. therefore access to radiology requesting should be restricted to these groups only.</p>	<p>There is an approval process within radiology to allow access to non medical referring that require access to this for their role.</p> <p>A register of all non-medical referrers is accessible to all staff. It is fully up to date and updated daily. Radiology staff can check unknown referrers against this list.</p> <p>When requests from inappropriate staff are noticed they are taken up with the staff in question.</p> <p>All radiology requests are vetted for appropriateness and justified in accordance with IRMER 2017. Please note this also includes requests that do not involve ionising radiation e.g. ultrasound and MRI.</p> <p>A quarterly audit is done of request made, and any prolific requestors are contacted.</p>	<p>Despite this gatekeeping the volume of requests that come into radiology mean this manual checking is ineffective.</p> <p>These requests will come through into the Radiology systems and although the name of the referrer is present with the request unless each one is individually checked staff would be unsure if an unrecognised name is a new FY1 or non medical referrer, thus there is a good chance the exam will be done.</p> <p>The numbers of requests received mean the controls in place can never be 100% effective</p> <p>There is no way to stop the problem at source without the creation of extra EPR requesting groups which would add to an admin burden to the system or potentially affect other systems within EPR.</p>	15 3 x 5	15 3 x 5	9 3 x 3	<p>- To audit quarterly and contact referrers concerned</p> <p>- To continue to raise issue via digital board</p> <p>- To ensure Radiology record of approved requesters continues to be up to date</p> <p>- At last audit some 6707 (12% of total) requests were made by inappropriate referrers.</p>	<p>November 2019</p> <p>-We have met with Wirral and the EPR team and Wirral have a solution to this problem that could work at this trust.</p> <p>-We need to meet with EPR to discuss a pilot of this and how it could work. This meeting will take place in the next few weeks.</p> <p>December 2019</p> <p>- Setting up a meeting to look at a pilot in one area. Possibly A&E. Some key staff are on AL which has delayed a date.</p>	Jan-2020	Mar-2020		PSQB	Gill Harries	Mark Williams
7615	Medicine	All Directorates Medical	Dec-2019	Keeping the base safe	<p>There is a risk of not meeting the four hour emergency care standard</p> <p>Due to increasing demand on Emergency Care (approximately 5% above plan) meaning significant workload above workforce model, inappropriate use of ED. ED team factors including medical and nurse staffing (Risk ID 2827 and 6044), not triaging, patient flow, delays in assessment and discharge due to lack of social care staffing (hospital based social work team), lack of timely domiciliary care in community</p> <p>Resulting in poor patient experience, potential risks to delivery of fundamental care standards and potential harm to the patients, increased scrutiny and reputational risk to the organisation</p>	<p>Operational procedures to improve patient experience and flow are in place and reviewed at 3 hourly bed meetings</p> <p>Ambulance hand over time</p> <p>Time to triage</p> <p>Seen in 60 minutes by a medic</p> <p>Digital - manages time and RAG rates</p> <p>Clinical site commanders</p> <p>KPI - refer for inpatient bed before 3 hours</p> <p>Coordinators managing ED</p> <p>Matrons in place at both EDs</p> <p>Urgent care action cards direct staff</p> <p>Housekeepers providing fundamental care</p> <p>External support for dept in times of pressure - eg gynae, paed</p> <p>Surge and Escalation plan - OPEL</p> <p>Training of on call managers and teams</p> <p>Skill mix- training for newly qualified nurses</p> <p>Streaming from the front door and admission avoidance services - frailty, streaming,</p>	<p>Partners not being able to deliver</p> <p>YAS - transport - escalation and response times and transfer to bed base</p> <p>Interruption of the Local Care Direct Service, GP closures for training</p> <p>Vacancy</p> <p>Non compliance with action cards and process without escalation</p> <p>Engagement and understanding of the risk at ward level and across teams</p>	15 3 x 5	15 3 x 5	1 1 x 1	<p>Patient Flow action plan in place</p> <p>Governance - reported monthly at WEB</p> <p>Patient Flow action plan owner – Deputy COO, Accountability- Directors</p>	<p>December 2019</p> <p>Discussed at Risk and Compliance Group and WEB and agreed as new risk.</p> <p>Need to also record new risk relating to transfer of care and work with local authority partners – lead Rachel Rae</p>	Jan-2020	Mar-2020		WEB	Helen Barker/ Ellen Armistead	Bev Walker

COMPANY SECRETARY REPORT

11. Proposal for 2020 Governor Elections

Selection of 2020/21 Quality Priorities

To Approve

Presented by Andrea McCourt

Date of Meeting:	23 January 2020	APPENDIX H
Meeting:	COUNCIL OF GOVERNORS	
Title of report:	PROPOSAL FOR 2020 GOVERNOR ELECTIONS	
Author:	Vanessa Henderson, Membership and Engagement Manager	
Previous Forums:	N/A	
Actions Requested:		
<ul style="list-style-type: none">To note (see recommendation)		
Purpose of the Report		
<p>Vacancies arise on the Council of Governors each year, and the Trust holds elections over the spring/summer period to fill those vacancies with the outcome of the elections confirmed at the Annual General Meeting in July.</p> <p>The purpose of this paper is to confirm the number of governor vacancies for 2020 and share the proposals for the elections process for 2020.</p>		
Key Points to Note		
<p>Introduction</p> <p>The role of governor, introduced in 2003, is a key part of local accountability arrangements for NHS Foundation Trusts.</p> <p>The Trust constitution, section 12, confirms that public governors are elected by members of the public constituencies and staff governors by the members of the staff constituencies.</p> <p>Section 14 of the constitution confirms that elected governors hold office for three years and are eligible for re-election after the end of that period. No governor may hold office for more than two terms, whether that be six consecutive years or two terms of three years.</p> <p>There are 8 public constituencies with 2 governors per constituency, ie 16 publicly elected governors in total. For staff there are 5 constituencies (also known as staff groups).</p> <p>The constituencies and election rules can be found in Annexes 1 and 2 of the Trust constitutions.</p> <p>Vacancies in 2020</p> <p>A review of the Council of Governors register has identified that we need to hold elections in 12 public constituencies/staff groups during 2020, eight for publicly elected governors and four for staff governors. The tables below detail each vacancy and the reason for the election.</p>		

Elections will be taking place as follows:

Public constituency (8)	Reason for election	Current Governor (if end of term)
Calder and Ryburn Valleys	Vacancy	
South Huddersfield	End of term (3y)	John Richardson ¹
North Kirklees	Vacancy	
Skircoat and Lower Calder Valley	End of term (6y)	Brian Richardson ²
East Halifax and Bradford	End of term (3y)	Paul Butterworth ¹
North and Central Halifax	End of term (6y)	Lynn Moore ²
North and Central Halifax	End of term (3y)	Alison Schofield ¹
Lindley and the Valleys	Vacancy	

¹ Governors eligible to re-stand for an additional three years

² Governors eligible to sit on the Reserve Register for two years, to cover a vacancy for one year

Staff constituency	Reason for election	Current Governor (if end of term)
Doctors/dentists	End of term (3yr)	Peter Bamber ¹
Management/admin/clerical	End of term (3yr)	Linzi Smith ¹
Ancillary staff	Vacancy	
Nurses/midwives	End of term (3yr)	Sian Grbin ¹

Activities to Support Elections

In line with our membership strategy and given the high number of vacancies we will need to have a strong focus on generating interest in the governor role from within the public and staff constituencies; historically interest in such roles has been low and unless sufficient interest is generated there is a risk that we will not appoint to all vacancies.

Therefore in 2020 we will be organising a number of activities to increase awareness and stimulate interest. Whereas traditionally we have invited interested parties to come in to the Trust, this year we will take a different approach, and will be visiting the constituencies/groups to promote the governor role.

We would like to involve existing governors in these activities wherever possible. As well as generating interest in vacancies, this will also support us in achieving one of the goals from our new Membership Strategy, that “*We will actively promote membership and raise the profile of our governors and the Council of Governors in a variety of settings and forums*”.

Should we be unable to fill all the vacancies, a contingency exists within the Trust’s constitution, as follows:

15.3. Where the vacancy arises amongst the elected Council Members, the Council of Governors 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 Governors 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.

Ancillary Staff Group vacancy

CHS staff, who previously belonged to the Ancillary staff group, are not eligible to stand for election as a staff governor as they are no longer staff members. We have governor representation for CHS in the form of an appointed governor.

The number of eligible staff remaining in the Ancillary group remains high, at over 1000 and the bulk of staff in this group comprises Health Care Assistants. It has historically been difficult to attract interest from this group, so there will need to be a particular focus on this group in the activities referred to above.

Election services provider

Electoral Reform Services (ERS) have been our election services provider since we became a FT in 2006. Previously we have invited tenders for the provision of the service for a period of three years, and ERS have been the successful bidder on each occasion.

We are now out of contract with ERS and there are a number of other providers in the sector, so going forward we will be asking for quotes for a one-year contract in order for us to achieve best value for money.

We are currently considering quotes from ERS and UK-Engage and will make a decision by the end of January 2020 on who will provide our election services for this year. From there we will agree a timetable for the elections, which will be presented to the April 2020 CoG meeting for approval.

Recommendation

The Council of Governors is asked to:

- 1) Note the 12 vacancies for election during 2020: 8 public and 4 staff
- 2) Approve the support and involvement of governors in activities to generate interest in the governor role during the run-up to the elections
- 3) Note that there may be a change to the provider of our election services in 2020
- 4) Note that the elections timetable will be presented to the April Council of Governors meeting for approval

Date of Meeting:	23 January 2020	APPENDIX I
Meeting:	COUNCIL OF GOVERNORS	
Title of report:	SELECTION OF 2020/21 QUALITY PRIORITIES	
Author:	Andrea McCourt, Company Secretary	
Previous Forums:	N/A	
Actions Requested:		
<ul style="list-style-type: none">To note (see recommendation)		
Purpose of the Report		
To confirm the 6 quality priorities for 2020/21 that Governors agreed for further consideration and the process for selection of the final 3 quality priorities.		
Key Points to Note		
Introduction Each year the governors choose one quality priority in each domain of safe, effective and patient experience, with updates on progress with the priorities shared with governors during the year. At a workshop on 17 December 2019 the Assistant Director of Quality and Safety shared 9 options for quality priorities for 2020/21 with governors who shortlisted these to the following 6 quality priorities.		
SAFE: <ul style="list-style-type: none">1. Reduce the number of falls2. Improve sharing learning from investigations relating to patient care		
EFFECTIVE <ul style="list-style-type: none">3. Reduce the number of patients who have multiple ward moves4. Improve staff handovers to ensure they routinely refer to the psychological and emotional needs of patients as well as their relatives and carers		
EXPERIENCE: <ul style="list-style-type: none">5. Space for patients/family and staff to care for patient’s living with dementia. A space such as a reminiscence room with music, art etc to help distract from being in a different environment6. Improved resources for distressed relatives / breaking bad news regarding end of life care – eg relatives rooms, camp beds for relatives etc sharing learning from investigations		

The next step is to choose one quality priority for each of the domains and the process for this is confirmed below.

Selection of Quality Priorities for 2020/21

Governors and members will be asked to consider and review the 6 proposed quality priorities and vote for one in each domain during February 2020.

The information will be included within Foundation Trust News for members with a voting page set up for electronic voting with details of each of the quality priorities proposed.

The voting period will run for 2 weeks from 3 – 19 February 2020/21.

The outcome of the voting will be shared with governors and the 3 chosen quality priorities for 2020/21 will be included in the 2019/20 Quality Accounts with information on what improvement place is planned during 2020/21. Quarterly updates will then be shared with governors on the chosen 3 priorities during 2020/

Recommendation

The Council of Governors is asked to note the proposed quality priorities for 2020/21 and the process for selecting the final 3 priorities from the 6 shortlisted at the Governors workshop in December 2019.

NON-EXECUTIVE DIRECTORS

12. Interactive Session with allocated Non-Executive Directors

Presented by Karen Heaton and Peter Wilkinson

13. UPDATE FROM BOARD SUB COMMITTEES - For Information

a. Quality Committee

(4.11.19&2.12.19&6.1.20) - C Mills

b. Charitable Funds Committee (6.11.19) -
S Taylor

c. Organ Donation Committee (15.1.20) -
A Bell

d. Audit & Risk Committee (30.10.19) - J
Richardson

e. Finance & Performance Committee
(29.11.19 & 31.12.19) - P Lewer

f. Workforce Committee (5.11.19 &
10.12.19) - K Heaton

INFORMATION TO RECEIVE

14. Council of Governors Calendar 2020 - For Information

Presented by Andrea McCourt

APPENDIX J 2020 MEETING SCHEDULE FOR GOVERNORS

Dates for 2020

Council of Governors Meeting

Attend: All

FSS Divisional Reference Group Meeting

Attend: PBa, SB, AB, LM, SR, VW

Community Divisional Reference Group Meeting

Attend: SB, AB, LM, BR, ST, CO

Medical Divisional Reference Group Meeting

Attend: JGI, SG, DH, AS, LS

Surgery Divisional Reference Group Meeting

Attend: JGo, RH, CM, BR, JR, CO

Estates & Facilities Services Group Meeting

Attend: PBU, AB, JGI, JR, AS, ST

Governors / Non-Executive Directors Informal Workshop

Attend: All

Council of Governors Meeting

Attend: All

Joint Board of Directors / Council of Governors Workshop

Attend: All

Governor Training Session: An Introduction to NHS Finance

Attend: Any

Thursday 23 January 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary
Monday 10 February 2020	11.00 am – 1.00 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Monday 10 February 2020	2.00 – 4.00 pm	To be confirmed – meeting to be moved to HRI
Tuesday 11 February 2020	9:30 – 11:30 am	Meeting Room 1, Learning Centre, HRI
Tuesday 11 February 2020	1.30 – 3.30 pm	Group Therapy Room, 3 rd floor, Acre Mills OPD
Wednesday 26 February 2020	1.30 – 3.30 pm	Meeting Room 4, 3 rd floor, Acre Mills OPD
Thursday 13 February 2020	3:00 – 5:00 pm	Boardroom, Huddersfield Royal Infirmary
Thursday 23 April 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
Tuesday 12 May 2020	1:00 – 4:00 pm	Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary
Wednesday 13 May 2020	9.30 am – 11.30 am	Discussion Room 2, Learning Centre, Huddersfield Royal Infirmary

APPENDIX J 2020 MEETING SCHEDULE FOR GOVERNORS

FSS Divisional Reference Group Meeting

Attend: PBa, SB, AB, LM, SR, VW

Medical Divisional Reference Group Meeting

Attend: JGI, SG, DH, AS, LS

Surgery Divisional Reference Group Meeting

Attend: JGo, RH, CM, BR, JR, CO

Community Divisional Reference Group Meeting

Attend: SB, AB, LM, BR, ST, CO

Estates & Facilities Services Group Meeting

Attend: PBu, AB, JGI, JR, AS, ST

Council of Governors Meeting

Attend: All

Annual General Meeting and Showcase

Attend: All

Governor/NEDs Induction Day 1

Attend: Newly-elected governors and NEDs

Governor/NED Induction Day 2

Attend: Newly-elected governors and NEDs

Governor Training Session: Working Together to Get Results

Attend: Any

Governors / Non-Executive Directors Informal Workshop

Attend: All

Monday 8 June 2020	11.00 am – 1.00 pm	Board Room, Huddersfield Royal Infirmary
Monday 8 June 2020	1.00 – 3.00 pm	Board Room, Huddersfield Royal Infirmary
Tuesday 9 June 2020	9.30 – 11.30 am	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Wednesday 10 June 2020	9.30 – 11.30 am	Meeting Room 4, 3 rd floor, Acre Mills OPD
Wednesday 10 June 2020	1.30 – 3.30 pm	Medium Training Room, Learning Centre, Calderdale Royal Hospital
Thursday 9 July 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
Wednesday 15 July 2020	5.00 – 6.00 pm (Showcase) AGM 6.00 – 8.00pm	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
Wednesday 29 July 2020	9.00 am to 4.30 pm	Meeting Room 4, 3 rd floor, Acre Mills OPD
Wednesday 5 August 2020	9.00 am to 4.30 pm	Parentcraft Room, Calderdale Royal Hospital
Thursday 20 August 2020	9.30 am to 11.30 am	To be confirmed at Calderdale Royal Hospital
Thursday 17 September 2020	3:00 – 5:00 pm	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital

APPENDIX J 2020 MEETING SCHEDULE FOR GOVERNORS

Council of Governors Meeting

Attend: All

Medical Divisional Reference Group Meeting

Attend: JGI, SG, DH, AS, LS

FSS Divisional Reference Group Meeting

Attend: New allocation of governors

Community Divisional Reference Group Meeting

Attend: New allocation of governors

Surgery Divisional Reference Group Meeting

Attend: JGo, RH, CM, BR, JR, CO

Estates & Facilities Services Group Meeting

Attend: New allocation of governors

Joint Board of Directors / Council of Governors Workshop

Attend: All

Governors / Non-Executive Directors Informal Workshop

Attend: All

Thursday 22 October 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Boardroom, Huddersfield Royal Infirmary
Wednesday 4 November 2020	1.30 – 3.30 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Monday 9 November 2020	11.00 am – 1.00 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Monday 9 November 2020	1.30 – 3.30 pm	Meeting Room 4, 3 rd floor, Acre Mills OPD
Tuesday 10 November 2020	1.30 – 3.30 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Thursday 12 November 2020	1.30 – 3.30 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Friday 20 November 2020	1:00 – 4:00 pm	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
Tuesday 15 December 2020	12:30 – 4:30 pm	Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary

15. Any Other Business

16. DATE AND TIME OF NEXT MEETINGS:

To Note

Date: Thursday 23 April 2020

Time: 3:30 – 5:30 pm (Private meeting
2:00 – 3:15 pm)

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