

MEMBERSHIP COUNCIL MEETING

A meeting of the Calderdale & Huddersfield NHS Foundation Trust
Membership Council will take place on Tuesday 8 April 2014
commencing at 4.00 pm in the Boardroom, Huddersfield Royal Infirmary,
HD3 3EA

A G E N D A

1	APOLOGIES FOR ABSENCE:- Keith Griffiths, Barbara Crosse, Mary Kiely Welcome to: Dr Linda Patterson, Non Executive Director Mr Jeremy Pease, Non Executive Director		
2	To <u>receive</u> a presentation from Dr Linda Patterson re: THE NATIONAL FUTURE HOSPITALS REPORT FROM THE ROYAL COLLEGE OF PHYSICIANS		
3	To <u>approve</u> the MINUTES OF THE LAST MEETING held on Monday 20 January 2014	AH	APP A
4	MATTERS ARISING a. Streamlining Board Governance Task & Finish Group b. MC/Governors Local Network Meeting	AH JRH AH	VERBAL VERBAL VERBAL
5	To <u>receive</u> an UPDATE ON STRATEGIC OUTLINE CASE	Catherine Riley	VERBAL
6	To <u>receive</u> an update on the ACRE MILL DEVELOPMENT	LH	VERBAL
7	To <u>receive</u> details of the TRUST FINANCIAL AND SERVICE PERFORMANCE	CB/LH	APP B
8	To <u>receive</u> the CHAIRMAN'S REPORT a. Chairs Information Exchange Meeting – 31.3.14 b. Update from Quality	RM/AH	VERBAL

	Assurance Board (Committee) c. Election Timetable d. Nominations Sub Committee – Non Executive Director Appointments	JRH/AH RM/AH JRH	VERBAL VERBAL VERBAL
9	CONSTITUTION: a. To <u>approve</u> AMENDMENTS TO THE CONSTITUTION – MEMBERSHIP BOUNDARIES b. To <u>receive</u> the MEMBERSHIP COUNCIL REGISTER – RESIGNATIONS/ APPOINTMENTS c. To <u>receive</u> the updated REGISTER OF INTERESTS/DECLARATION OF INTEREST	RM AH AH	APP C APP D APP E
10	To receive the QUALITY ACCOUNTS – PRIORITIES AND INDICATORS	Mel Johnson	APP F
11	To <u>agree</u> the APPRAISAL PROCESS FOR CHAIRMAN AND NON EXECUTIVE DIRECTORS	JRH	APP G
12	To <u>receive and action</u> as appropriate the following FAST-TRACK ITEMS: a. Updated Membership Council Calendar 2014	RM	APP H
13	Any Others Business		
14	Date and time of next meetings: Wednesday 9 July 2014 – commencing at 4.00 pm – Boardroom, Huddersfield Royal Infirmary		

**MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON
MONDAY 20 JANUARY 2013 IN THE BOARDROOM, HRI**

PRESENT:

Andrew Haigh	-	Chair
Joan Taylor	-	Public elected – Constituency 1
Martin Urmston	-	Public elected – Constituency 1
Linda Wild	-	Public elected – Constituency 2
Wayne Clarke	-	Public elected – Constituency 2
Peter Middleton	-	Public elected – Constituency 3
Dianne Hughes	-	Public elected – Constituency 3
Christine Breare	-	Public elected – Constituency 4
Marlene Chambers	-	Public elected – Constituency 4
Bernard Pierce	-	Public elected – Reserve Constituency 5
Grenville Horsfall	-	Public elected – Constituency 5
Johanna Turner	-	Public elected – Constituency 6
Janette Roberts	-	Public elected – Reserve Constituency 6
Liz Schofield	-	Public elected – Constituency 7
Kate Wileman	-	Public elected – Constituency 7
Andrew Sykes	-	Public elected – Constituency 8
Mary Kiely	-	Staff elected – Constituency 9
Eileen Hamer	-	Staff-elected – Constituency 11
Liz Farnell	-	Staff-elected – Constituency 12
Chris Bentley	-	Staff-elected – Constituency 13
Bob Metcalfe	-	Nominated Stakeholder – Calderdale Metropolitan Council
Jan Giles	-	Nominated Stakeholder, NHS Kirklees CCG
Dawn Stephenson	-	Nominated Stakeholder – SWYPFT
John Playle	-	Nominated Stakeholder – Uni. of Hudds.

IN ATTENDANCE:

Helyn Aris	-	Compliance Manager - CQC
Chris Benham	-	Deputy Director – Finance & Procurement
Kathy Bray	-	Board Secretary
Juliette Cosgrove	-	Assistant Director – Medical Director's Office
Lesley Hill	-	Director of Planning, Performance, Estates & Facilities
Julie Hull	-	Director of Workforce & Organisational Development
Ruth Mason	-	Associate Director of Engagement & Inclusion
Owen Williams	-	Chief Executive
Jan Wilson	-	NED & Vice Chair

1/14

APOLOGIES:

Apologies for absence were received from:

Jennifer Beaumont	-	Public elected – Constituency 8
Barbara Crosse	-	Medical Director
Sue Cannon	-	Nominated Stakeholder, NHS Calderdale CCG
Keith Griffiths	-	Director of Finance
Avril Henson	-	Staff-elected – Constituency 10
Helen Thomson	-	Director of Nursing

The Chair welcomed all Membership Councillors, Jan Wilson, Non-Executive Director and Helyn Aris, Compliance Manager, Care Quality Commission (North East Region) to the meeting.

2/14 UPDATE FROM CARE QUALITY COMMISSION

Helyn Aris thanked the Membership Council for their invitation to attend the meeting to update on the developments within the Care Quality Commission and the changes in the way that the CQC regulates, inspects and monitors care. Helyn updated the Membership Council on the new approach being adopted by the CQC and the key 5 themes in the CQC strategy that they would be looking to ask questions on were:-

Is the care: Safe, Effective, Caring, Responsive to people's needs, Well-led?

The new registration process for all healthcare providers which would also apply to the private and domiciliary providers and ambulance services was discussed.

The on-going surveillance which would be undertaken using a multi-source media was noted. The role and purpose of the expert inspections team in collating data, the proposed rating scheme and timeline were noted. Three levels of inspection had been proposed:-

- Fundamentals of care
- Expected standards of care
- High-quality care

It was noted that by law services must meet the fundamentals of care.

Questions were raised regarding the financing and resourcing of the developments and it was noted that internally the team were applying for posts within their chosen fields.

Owen Williams reminded the Membership Council of the Trust's close working relationship with the CQC and wished to thank the CQC for their help and support over the past few months.

The Membership Council thanked Helyn for attending and she asked that any interested Membership Councillors might find out more and join provider reference groups through their on-line service at www.cqc.org.uk

3/14 MINUTES OF THE LAST MEETING – 6 NOVEMBER 2013

The minutes of the last meeting held on 6 November 2013 were approved as a correct record.

4/14 MATTERS ARISING

- a. **DIRECTOR OF NURSING APPOINTMENT** – The Chairman reported that Mrs Julie Dawes would take up the position of Director of Nursing with effect from 1 April 2014.
- b. **COMPANY SECRETARY APPOINTMENT** – It was noted that Mrs Victoria Pickles would commence as Company Secretary on 10 February 2014.
- c. **CARE OF THE ACUTELY ILL PATIENT – UPDATED RAG-RATED REPORT** – Juliette Cosgrove was introduced to those present. It was noted that Juliette had recently taken up the post of Assistant Director, Medical Director's Office.

Juliette gave some background to the measuring of mortality in the Trust, together with the work undertaken by the various work streams. The rag-rated report circulated with the agenda was received and noted.

Discussion took place regarding reducing perinatal deaths (including still births) and Johanna Turner expressed concern about the frequency of monitoring and what was being undertaken to address this. It was agreed that this item would be included within the CWF Divisional Reference Group (DRG) agenda for further discussion at their next meeting.

ACTION: RM – CWF AGENDA ITEM

Peter Middleton requested that the data supplied be clearly identified as there was confusion between the various reports when referring to Hospital Standardised Mortality Rates (HSMR) and rebased figures. Juliette acknowledged that this may be confusing and agreed to address this issue wherever possible to ensure clarity.

- d. **HOW DO 'WE GO AND SEE'** – Ruth Mason advised that this had been discussed at the last meeting and she listed examples of various forums where the Membership Council were able to 'go and see' such as:-
 - Site walkabouts arranged through Induction Programme
 - Specific walkabouts for DRGs
 - Real time monitoring undertaken by Membership Councillors
 - Patients Association Survey of soft services – laundry, catering, cleaning etc.
 - Medicine for Members events

The Chairman reported that arrangements were being made with York Teaching Hospital and Leeds & York Partnership Community Trust for the three organisations to release about 6 Membership Councillors each to meet for ½ day to exchange ideas and learn from each other. It was hoped that the

meeting would be set up for February/March and once further information was available this would be circulated.

ACTION: RM/AH

- e. **DRG'S AGENDA – LEARNING FROM EXPERIENCE** – Ruth Mason reported that the Learning from Experience Report was now a standing item on all DRG agendas going forward.

5/14 TRUST FINANCIAL AND SERVICE PERFORMANCE REPORT

Lesley Hill presented the service performance report as at the end of November 2013 which included the CQUIN performance targets. The key issues of concern were noted:-

Discharge Summaries to GPs within 24 hours - Pharmacists were monitoring new arrangements to ensure timely patient medication information transfer from one provider to another and it was hoped that this system would be rolled out further within the Trust.

HSMR (Hospital Standardised Mortality Rate) - As discussed earlier in the meeting it was noted that the Trust's HSMR figure currently stood at 102 from a previous figure of 106.

Emergency Re-admissions within 30 days of discharge – Although the position was reducing, the target had not been achieved. It was noted that the appointment of co-ordinators was reducing the number of readmissions by planning and ensuring support packages were in place on discharge.

Stroke % of Patients Spending at least 90% on Stroke Unit – It was noted that the target had been missed by 3.5%. Work was underway to ensure that patients are appropriately referred by GPs.

Fractured Neck of Femur – Reduced capacity for fractured neck of femur operations due to work on laminar flow equipment in theatres continued. Work was underway to address the estates problems and better utilisation of theatre capacity generally continued.

Patient Flow – At the quarter ending December 2013, 95.6% had been achieved. Redesign work was underway to reduce the handover time from Ambulance to A/E Department by the use of senior staff at the front of A/E Department.

Cancelled Operations – Work was underway to address this. This was mainly due to theatre over-runs. The Membership Council requested that every effort is made to ensure that patients cancelled are put at the beginning of the next day's list. Lesley Hill confirmed that as far as possible this is done.

DNA Appointments – The new SMS reminder system and voice system follow-up was working well. Partial booking had been introduced whereby the Trust contacts

patients 6 weeks prior to expected appointments and this too appeared to be improving the situation.

Sufficiency of Appointment Slots on Choose and Book – The position continues to improve. Work was still on going to ensure slots are available. Jan Giles reported that the position was significantly worse in CHFT than other Trusts and agreed to discuss this with Lesley outside the meeting.

ACTION: JG/LH

FINANCE

Chris Benham presented the finance report as at 30 November 2013, Month 8.

The main points highlighted from the report were:-

- The year to date Income and Expenditure position for Month 8 is a surplus of £2.26m, against a planned surplus of £2.65m.
- The cash position at the end of November 2013 is £16.21m (£0.67m below plan). This is due to slippage in the capital programme.
- Capital spend to date of £8.19m (£2.68m below plan).
- The current forecast year end position is to achieve a surplus of £1.93m, compared with a plan of £3.00m.
- The Monitor 'Continuity of Service Risk Rating' is 3 at the end of November 2013 (plan was 2), and the forecast is to end the year at level 3, as per plan (on a scale of 1= poor to 4= good)
- Year to date expenditure is above planned levels due to undelivered Cost Improvement Plans (CIP) and higher than planned levels of Agency spend.
- Cash is above plan as a result of slippage on Capital schemes.

Key Risks

- There is a shortfall in identified of CIP of £5.2m and only £2.5m of Reserves available to offset any resulting cost pressure. This has increased the risk that the Trust will not achieve its planned surplus of £3m, which would in turn impact on investment opportunities in 2014/15.
- Some CQUIN (Commissioning for Quality and Innovation) targets are currently rated red putting £0.9m on income at risk.

Liz Farnell expressed concern that the use of the skills and experience of Bank Staff wasn't recognised sufficiently when looking to provide cover on the wards. Chris Benham referenced a recent review of the processes involved in agency and bank staff cover. Julie Hull assured the Membership Council that we were aware that Bank Staff often had a greater understanding of the values and behaviours expected when working for the Trust.

6/14 CHAIRMAN'S REPORT

- CHAIR'S INFORMATION EXCHANGE MEETING – 9.1.14** – The minutes of the meeting held on 9 January 2014 were accepted as read.

- b. STREAMLINING BOARD GOVERNANCE TASK AND FINISH GROUP** – Julie Hull updated the Membership on the progress of the Task and Finish Group. It was noted that the Board of Directors had approved the 'First Principles of Governance and Assurance' and these would be brought back to a future Membership Council Meeting, together with the an update on the organogram and communications plan to communicate this within the organisation and beyond.

It was noted that this would give a clear Board to Ward line of sight and give consistency in operation and purpose.

ACTION: JRH – JUNE 2014 MEMBERSHIP COUNCIL AGENDA

- c. STRATEGIC REVIEW UPDATE** – The Chairman advised that this item had been covered in length within the private session of the Membership Council held earlier that day. The Chairman updated on the content of the Executive Summary of the Strategic Outline Case and it was noted that this was now with the Clinical Commissioners for their consideration. Owen Williams reported on the proposed timetable for this to be taken to the Health & Wellbeing Boards and Scrutiny Committees. It was noted that the Membership Council would be updated before this goes to the Local Authorities and public consultation.

7/14 CONSTITUTION

- a. Membership Council Register – Resignations/Appointments**

The updated register of members was received for information.

- b. Register of Interests/Declaration of Interests**

The updated Register of Interests/Declarations was received. Any amendments were requested to be notified to the Board Secretary as soon as possible.

8/14 MEMBERSHIP STRATEGY

Ruth Mason advised that the Strategy had been approved at the Board of Directors at its meeting on the 19 December 2013.

She thanked the Membership Councillors for their comments and feedback to update the strategy, based on the 4 pillars of behaviour.

It was noted that gaps in membership representation against the recently received Census 2011 would be dealt with through the recruitment strategy and a work plan to address this was being drawn up.

ACTION: RM

9/14 QUALITY ACCOUNTS – LONG LIST OF INDICATORS

Juliette presented a paper outlining the background, current priorities and process for the 2014/15 Quality Accounts, together with a proposed long list for consideration to be included within the Quality Account 2014-15.

It was noted that a Members event had been arranged to take place on the 20 February 2014 when Members will be asked to vote to select 3-4 priorities for inclusion.

A number of questions were raised expressing concern at how the list had come about and concern was expressed that the Members should be asked to select 4 priorities from the list when the Trust would be addressing all these issues, albeit in less detail. It was also questioned whether the outcome from the improvement work undertaken last year had been received. Lesley Hill advised that work was being undertaken on the Integrated Board Report and it was felt that outcome of improvement works would be included within this document in the future.

It was suggested that in future years the list should be produced earlier in order to give sufficient time for briefing of the Membership Council about its contents and facilitate more effective dialogue with members.

It was agreed that more information on the selection of the priorities and rationale was required for the Membership Councillors to better understand this prior to the meeting on the 20 February 2014. Therefore, outside the meeting a meeting was arranged to be held on Monday 27 January 2014 at 5.30 pm in the Boardroom, HRI for those able and interested in attending to discuss this issue further.

ACTION: MC BRIEFING MEETING – 27.1.14

10/14 FASTTRACK ITEMS

The following fast track items were received and noted:

- a. **Updated Membership Council Calendar 2014.**
- b. **MC/BOD Joint Annual General Meeting Minutes – 19.9.13** – approved.
- c. **MC News - January 2014** – to be circulated on a monthly basis in the future.

11/14 ANY OTHER BUSINESS

There was no other business to note.

12/14 DATE AND TIME OF NEXT MEETING

Tuesday 8 April 2014
Members Public Meeting - commencing at 4.00 pm in the Boardroom, Huddersfield Royal Infirmary.

The Chair thanked everyone for their contribution and closed the meeting at 6.40 pm.

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Mr Andrew Haigh, Chairman

.....
Date

Financial Position to Feb 2014

- The year to date Income & Expenditure position for Month 11 is a surplus of £1.69m, against a planned surplus of £1.82m.
- The cash position at the end of February 2014 is £19.46m (£1.95m above plan).
- Capital spend to date of £12.09m (£1.94m below plan).
- The current forecast year end position is to achieve a surplus of £2.71m, compared with a plan of £3.00m.
- The Monitor 'Continuity of Service Risk Rating' CoSRR is 2* at the end of February 2014 (plan was 2*). If adjusted for loan termination payment in Q1, this would be a 3.
- The CoSRR forecast is to end the year at level 3, as per the plan (on a scale of 1= poor to 4= good).

Financial Position to Feb 2014

- The financial position has improved over the last couple of months, with increased CIP delivery achieved through cost avoidance.
- Cash is above plan as a result of slippage on Capital schemes.
- CQUIN (Commissioning for Quality & Innovation) targets have largely been delivered with only £0.2m remaining amber-rated.
- Key Risks
 - Whilst the shortfall in identification of CIP has decreased to £3.86m, most of which can be offset by Reserves, a significant proportion of the savings achieved are non-recurrent and carry cost pressures into 14/15.
 - High levels of expenditure on Agency and other non-contracted pay remain a concern.

Quality and Performance Report February 2014 Highlights

The information provided to the Board within this paper comprises:

- The dashboard information across the 'Outcomes Framework domains'
- An exceptions report on the indicators which are off target
- The finance dashboard

There are a number of areas which should be brought to the attention of the Executive Board, as they currently present significant risk to the Trust.

Indicator	Update	Director Lead
Transfer of care Part B Discharge Medication as patients transfer from one provider to another (1)	More- discharges are automatically diverted to pharmacy for approval during normal working hours. During the period 1 March to 12 March inclusive we have hit the 50% target and this will be maintained until the end of the month	Ashwin Verma
Crude mortality, SHMI, HSMR	Our HSMR continues to fall steadily, but our rebased position has not yet moved. As SHMI is released quarterly, there is no update this month.	Barbara Crosse
ASTHMA - Improving management of patients presenting with Asthma in A&E	The Division have done a lot of work to raise the profile of this target and get people on board. They are now achieving over 80% compliance and have achieved the target. (Updated 31.3.14)	Julie O'Riordan
Fractured Neck of Femur	A detailed presentation on overall performance was made to the Board of Directors on 30/1/14. In month performance was improved. We are micro managing individual pathways. The trauma co-ordinator is looking at breach times before they happen. Ward manager is	Julie O'Riordan

Indicator	Update	Director Lead
	feeding info into trauma meeting to support the order of lists. Extra lists for other trauma organised in CRH where viable.	
Stroke, % of people who spent at least 90% of time on a stroke unit	As for last month breaches caused by ward closure due to norovirus. The unit is now fully open. The 5 patients classified as 'cared for appropriately' were admitted to the stroke unit initially but were transferred to other speciality areas (such as vascular) due to their most pressing clinical need at the time, which was clinically in the best interest of the patient. This key performance indicator continues to be monitored by the stroke team and actions taken as appropriate.	Ashwin Verma
Patient Flow – Including delayed transfer bed days, A/E indicators,	We continue to work to reduce the number of patients who experience delays, and the number of days they are waiting. The discharge coordinators have been in post on medical wards since September and are getting to grips now with the steps required to secure the assistance /equipment / resources to make it safe to discharge these patients in a timely manner by making sure that things happen when they should.	Mags Barnaby
18 week RTT	The specialties close to the 90% target for admitted RTT pathways were Trauma and Orthopaedics (90.1%), ENT (90.6%) and 'Other' (90.7%). In terms of incomplete pathways 'Other' achieved 92.1% against a target of 92%. There were no apparent issues with regard to non admitted completed pathways. The position was discussed at the March 2014 Planned Care Board and systems have been put in place to work towards improving the situation including additional outpatient clinics have been arranged in some specialties, outsourcing is taking place for Orthopaedics and General Surgery, staffing issues are being addressed including the use of locums in some areas, clinic and theatre sessions are being swapped to improve efficiency in some specialties.	Mags Barnaby
Provider cancellation of planned operation	37 patients were cancelled for sit rep reportable reasons, the reasons were as follows: 1 - Admin error 8 - Emergency/Trauma 8 - List overrun	Julie O'Riordan

Indicator	Update	Director Lead
	11 - Surgeon/Anaesthetist unavailable 9 – ward beds unavailable	
DNA rate for first and follow up appointments	Follow-up DNAs continue to reduce and are now lower than Peer Group Trusts. The SMS and Interactive Voice Messaging continue to be well utilised and processes are in place to update contact telephone numbers to help improve performance. Analysis has shown that 30% of patients are not receiving a reminder, this is either because the patient has opted out, or we do not hold an up to date contact number, efforts to improve the collection of accurate contact numbers are being made and will include the ability to up date contact numbers via the self-checkin kiosk. Partial Booking for >6 weeks appointments is being rolled out in conjunction with the Newton time line for template review. A survey of DNA patients has been completed and highlighted a number of reasons for DNA .	Mags Barnaby
Sufficiency of appointment slots on choose and book	Appointment Slots issues have increased by 3% in comparison to last month . This is due to insufficient appointment slots in Ophthalmology, Orthopeadics, childrens and adolescents services GI and liver and breast.	Anna Basford

The Board are asked to:

- Consider the information provided in the attached report
- Consider the risk areas described in this report and whether further support/action is required from Board

Integrated Board Report - February 2014

Domain 1: Preventing People Dying Prematurely						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - February 14)
Cancer: 31 day wait from diagnosis to first treatment	≥96%	100.00% ●	≥96%	99.70% ●	MB/AV	
Cancer: 31 day for second or subsequent treatment comprising surgery	≥98%	100.00% ●	≥98%	99.48% ●	MB/AV	
Cancer: 31 day for second or subsequent treatment comprising drugs	≥94%	100.00% ●	≤94%	100.00% ●	MB/AV	
Cancer: 62 day wait from urgent GP referral to first treatment	≥85%	95.24% ●	≥85%	90.90% ●	MB/AV	
Cancer: 62 day wait from screening service referral to first treatment	≥90%	91.67% ●	≥90%	98.93% ●	MB/AV	
Cancer: 62 day referral to treatment from hospital specialist	≥87.5%	100.00% ●	≥87.5%	97.62% ●	MB/AV	
Cancer: 62 day aggregated GP urgent Referral to treatment and screening Referral to treatment	≥86%	95.00% ●	≥86%	91.95% ●	MB/AV	
Access to Maternity services before 12 weeks and 6 days	≥90%	90.80% ●	≥90%	91.74% ●	MDB	
Transfer of care Part A Medicine reconciliation as patients transfer from one provider to another (1)	Q1&2 Baseline Q3>70% Q4>80%	80.80% ●	Q1&2 Baseline Q3>70% Q4>80%	79.40% ●	AV	
Transfer of care Part B Discharge Medication as patients transfer from one provider to another (1)	Q1-Q3 baseline Q4 >50%	48.90% ●	Q1-Q3 baseline Q4 >50%	22.00% ●	AV	

HRI - Crude Mortality Rate (hospital deaths per 1,000 discharges)	The most recent information available (Feb 2014) shows a rate of 16.89 (against 17.8 for the same calendar month last year).	●	
CRH - Crude Mortality Rate (hospital deaths per 1,000 discharges)	The most recent information available (Feb 2014) shows a rate of 10.18 (against 12.38 for the same calendar month last year).	●	
TRUST - Crude Mortality Rate (hospital deaths per 1,000 discharges)	Apr 13-Feb 14 YTD is 1.25% (1405 Deaths in 11 months). The rolling 12 months figure - Mar 13-Feb 14 is 1.29% (1569 deaths). This is a reduction on the previous rolling 12 month period (Feb 13-Jan 14) with a crude mortality rate of 1.3%.	●	
Standardised Hospital Mortality Indicator (SHMI) (Rolling 12 month relative indicator of mortality published by the Information Centre)	Our SHMI for the 12 months July 12 to June 13 has gone up from the previous period. It is 106, compared to 102 for the 12 months to March. Our HSMR was also 106 for that rolling 12 month period, but is now 102 for the 12 months to October, reflecting the better figures since June.	●	
Hospital Standardised Mortality Ratio (HSMR) (year to date relative indicator of mortality published each month from June data onward, published by Dr Foster)	YTD position is 95.88 (rebased to 106). A slightly improved position from 96.29 Apr-Nov13 (the rebased position remains at 106). The rolling 12 month Jan 13 - Dec13, the score is 98.85. This is an improved position from 101 (Dec 12-Nov 13).	●	

Referral to Tertiary Centre (Leeds)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Patient Seen within 7 days	20%	20%	18%	28%	16%	21.5%	23%	28%	20%	26%	19.5%	
Patients Referred to Tertiary with 38 Days	38%	67%	41%	53%	48%	35.3%	23%	53%	39%	38%	50.0%	
Patients Treated within 54 Days	63%	79%	69%	69.4%	68.8%	77.9%	58%	62%	49%	62%	61.3%	

(1) Part A - Quarterly payment conditional on - Q1-Q2 baseline reporting. Q3 Target 70%. Q4 Target 80%.

(1) Part B - Quarterly payment based on quarterly reporting and 50% by Q4

NOTE: Referral to Tertiary activity for information only

Financial penalties attached
Quarterly Submission

Activity Trend - Red line = Target/Blue line = monthly activity

Integrated Board Report - February 2014

Domain 2: Enhancing quality of life for people with long term conditions

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - February 14)
Dementia - use of dementia screening tool, risk assessment, referrals for emergency admissions aged 75 and over- NATIONAL	≥90%	94.1% ●	≥90%	95.7% ●	AV	
Dementia - identification of lead clinician and appropriate training for staff - NATIONAL	Quarterly action report	Quarterly reports required. Q1, Q2 & Q3 submitted	Q4	Quarterly reports required. Q1, Q2 & Q3 submitted	AV	
Dementia - ensuring carers feel supported - NATIONAL	≤90%	Quarterly reports required. Q1, Q2 & Q3 submitted	≤90%	Quarterly reports required. Q1, Q2 & Q3 submitted	AV	
Dementia - use of screening tool, risk assessments, referrals for emergency admissions aged 65 and over LOCAL MAU & SAU	Qly ≥90%	94.4% ●	≥90%	95.5% ●	AV	
COPD Discharged Care Bundle (reported quarterly)	≥95%	96.0% ●	≥95%	97.3% ●	AV	
ASTHMA - Improving management of patients presenting with Asthma in A&E	55% Q4	32.0% ●		65.0% ●	JB	
Diabetes - Part A Number of patients who are admitted who have a secondary care diagnosis of diabetes who are supported to self care	Baseline	60.0%	TBC	17.3%	AV	
Diabetes - Part B those attending A&E with diabetic hypoglycaemia who are referred to a specialist nurse and receive written educational support	Baseline	100.0%	TBC	38.8%	AV	

Financial penalties attached

Activity Trend - Red line = Target/Blue line = monthly activity

Integrated Board Report - February 2014

Domain 3: Helping people to recover from episodes of ill health or following injury						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - February 14)
Emergency readmissions within 30 days of discharge from all admission	≤7.30%	6.58%	≤7.39%	7.41%	MG	
Emergency readmissions within 30 days of discharge from all admission - CALDERDALE CCG	≤7.93%	7.10%	≤8.00%	7.90%	MG	
Emergency readmissions within 30 days of discharge from all admission - GREATER HUDDERSFIELD CCG	≤6.93%	6.60%	≤7.08%	7.40%	MG	
Fractured neck of femur operations carried out within 36 hours of admission (linked to best practice tariff)	≥85%	78.40%	≥85%	70.30%	JO'R	
Stroke: % of patients who spend at least 90% of time on a stroke unit	≥80%	76.47%	≥80%	79.30%	AV	
Stroke: % of patients who spend at least 90% of time on a stroke unit - CALDERDALE CCG	≥80%	69.57%	≥80%	79.12%	AV	
Stroke: % of patients who spend at least 90% of time on a stroke unit - GREATER HUDDERSFIELD CCG	≥80%	82.61%	≥80%	78.72%	AV	
Stroke: % TIA cases with a higher risk of stroke who are treated within 24 hours	≥60%	67.65%	≥60%	66.93%	AV	
Stroke % of stroke patients thrombolysed	≥5%	27.60%	≥5%	15.91%	AV	
A&E Clinical Quality – Unplanned Re-attendance Rate - HRI	≤5%	4.84%	≤5%	4.67%	MG/JO'R	
A&E Clinical Quality – Unplanned Re-attendance Rate - CRH	≤5%	4.74%	≤5%	4.60%	MG/JO'R	
A&E Clinical Quality – Left Without Being Seen Rate - HRI	≤5%	1.67%	≤5%	2.95%	MG/JO'R	
A&E Clinical Quality – Left Without Being Seen Rate - CRH	≤5%	1.97%	≤5%	2.34%	MG/JO'R	
Delayed transfer bed days as a percentage of occupied bed days	≤5%	4.43%	≤5.0%	6.40%	MG	
Delayed transfer bed days as a percentage of occupied bed days - CALDERDALE CCG	≤5%	5.04%	≤5%	6.00%	MG	
Delayed transfer bed days as a percentage of occupied bed days - GREATER HUDDERSFIELD CCG	≤5%	3.88%	≤5%	6.90%	MG	
Delayed transfer bed days as a percentage of occupied bed days - COHORT patients with specific reasons	≤3.5%	4.24%	≤3.5%	4.34%	MG	




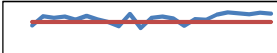
Activity Trend - Red line = Target/Blue line = monthly activity

Domain 4: Ensuring that people have a positive experience of care						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - February 14)
Patient Experience (RTPM) - Responses to a number of questions with Real Time Patient Monitoring. Focused specifically within MATERNITY and PAEDIATRICS. Q1 Action plan and specification of questions. Q2 implementation. Q3 Baseline report. Q4 improvement work (1)	Quarterly action plans	Q1 Action Plan - Achieved Q2 Implementation - Achieved Q3 Baseline Report - Achieved		●	HT	
Maximum time of 18 weeks from Referral treatment for admitted patients	≥90%	92.21% ●	≥90%	92.73% ●	MG	
Maximum time of 18 weeks from Referral treatment for admitted patients - CALDERDALE CCG	≥90%	89.80% ●	≥90%	91.83% ●	MG	
Maximum time of 18 weeks from Referral treatment for admitted patients - GREATER HUDDERSFIELD CCG	≥90%	93.85% ●	≥90%	93.47% ●	MG	
Maximum time of 18 weeks from Referral treatment for non admitted patients	≥95%	98.85% ●	≥95%	98.72% ●	MG	
Maximum time of 18 weeks from Referral treatment for non admitted patients - CALDERDALE CCG	≥95%	98.81% ●	≥95%	98.83% ●	MG	
Maximum time of 18 weeks from Referral treatment for non admitted patients - GREATER HUDDERSFIELD CCG	≥95%	98.76% ●	≥95%	98.58% ●	MG	
Maximum time of 18 weeks from Referral treatment for direct access audiology	≥95%	100.00% ●	≥95%	100.00% ●	PH	
Patients on an "incomplete pathway" who have waited less than 18 weeks	≥92%	94.22% ●	≥92%	94.8% ●	MG	
Maximum time of 6 weeks from referral for diagnostics	≥99%	99.68% ●	≥99%	99.18% ●	DB	
Total time in A&E: Less than 4 hours - HRI	≥95%	94.35% ●	≥95%	94.20% ●	MG/JO'R	
Total time in A&E: Less than 4 hours - CRH	≥95%	96.09% ●	≥95%	96.30% ●	MG/JO'R	
Handovers between AMBULANCE and A&E within 15 minutes- HRI	100.0%	79.42% ●	100.0%	77.86% ●	MG	
Handovers between AMBULANCE and A&E % 15 to 30 mins - HRI	0.0%	17.60% ●	0.0%	18.86% ●	MG	
Handovers between AMBULANCE and A&E % 30 to 60 mins - HRI	0.0%	2.86% ●	0.0%	3.15% ●	MG	
Handovers between AMBULANCE and A&E % 60+ mins - HRI	0.0%	0.12% ●	0.0%	0.13% ●	MG	
Handovers between AMBULANCE and A&E within 15 minutes- CRH	100.0%	90.96% ●	100.0%	90.93% ●	MG	
Handovers between AMBULANCE and A&E % 15 to 30 mins - CRH	0.0%	8.33% ●	0.0%	8.36% ●	MG	
Handovers between AMBULANCE and A&E % 30 to 60 mins - CRH	0.0%	0.68% ●	0.0%	0.67% ●	MG	
Handovers between AMBULANCE and A&E % 60+ mins - CRH	0.0%	0.03% ●	0.0%	0.04% ●	MG	

NOTE: (1) RTPM - Quarterly payment based on - Q1 action plan and specification of questions. Q2 implementation. Q3 baseline report. Q4 improvement work
(2) Friends and Family Test - Monthly payment on achievement of 90% for all 3 elements of the tool (expectation report can be submitted for single instance of performance 85%-90%)
Financial penalties attached

Activity Trend - Red line = Target/Blue line = monthly activity

Domain 4: Ensuring that people have a positive experience of care

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - February 14)
Zero tolerance trolley waits over 12 hours	0	0 ●	0	2 ●	MG	
A&E Clinical Quality – Time to Initial Assessment (95 th percentile)-HRI	≤00:15:00	00:15:00 ●	≤00:15:00	00:18:00 ●	MG/JO'R	
A&E Clinical Quality – Time to Initial Assessment (95 th percentile)-CRH	≤00:15:00	00:15:00 ●	≤00:15:00	00:14:00 ●	MG/JO'R	
A&E Clinical Quality – Time to Treatment Decision (median) - HRI	≤01:00:00	00:20:00 ●	≤01:00:00	00:57:00 ●	MG/JO'R	
A&E Clinical Quality – Time to Treatment Decision (median) - CRH	≤01:00:00	00:24:00 ●	≤01:00:00	00:26:00 ●	MG	
Cancer: 2 week wait from referral to date first seen for suspected cancer	≥93%	99.23% ●	≥93%	98.22% ●	MG/AV	
Cancer: 2 week from referral to date first seen for symptomatic breast	≥93%	97.22% ●	≥93%	95.76% ●	MG/AV	
Cancer: 2 week aggregated referrals seen and Breast symptomatic	≥93%	98.85% ●	≥93%	97.74% ●	MG/AV	
Mixed Sex Accommodation breaches	Zero	0 ●	Zero	4 ●	HT	
52 Weeks breaches (adjusted for patient choice or condition precludes treatment)	Zero	0 ●	Zero	0 ●	MG	
52 Weeks breaches (unadjusted)	10 per month	0 ●	10 per month	0 ●	MG	
Provider cancellation of planned operation for non clinical reasons	≤0.6%	0.81% ●	≤0.6%	0.65% ●	MG	
Number of urgent operations cancelled for a second time	0	0 ●	0	0 ●	MG	
Friends and Family Test - Part B Response rate to F&F test question - INPATIENT RESPONSE RATE	≥15%	28.90% ●	Successful rollout	26.3% ●	HT	
Friends and Family Test - Part B Response rate to F&F test question - INPATIENT Net Promoter Score Net Promoter Score (NPS)	No Set Target	72	0	828	HT	
Friends and Family Test - Part B Response rate to F&F test question - A&E Response Rate	≥15%	24.4% ●	Based on improvement	21.78% ●	HT	
Friends and Family Test - Part B Response rate to F&F test question - A&E Net Promoter Score Net Promoter Score (NPS)	No Set Target	46		439	HT	

NOTE: (1) RTPM - Quarterly payment based on - Q1 action plan and specification of questions. Q2 implementation. Q3 baseline report. Q4 improvement work

(2) Friends and Family Test - Monthly payment on achievement of 90% for all 3 elements of the tool (expectation report can be submitted for single instance of performance 85%-90% Financial penalties attached)

19 Activity Trend - Red line = Target/Blue line = monthly activity

Integrated Board Report - February 2014

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - February 14)
Meeting the MRSA bacteraemia (Post 48 Hours) objective	Zero	0 ●	Zero	2 ●	DB	
Meeting the Clostridium difficile (Post 48 Hours) objective	7 per quarter	1 ●	7 per quarter	15 ●	DB	
MSSA Bacteraemias - (Post 48 hours) objective	6 per quarter	1 ●	24 per year	13 ●	DB	
E-Coli rates	8 per quarter	1 ●	8 per quarter	19 ●	DB	
Screening all elective in-patients for MRSA	≥95%	97.50% ●	95.0%	96.80% ●	DB	
Venous Thrombo Embolism - % risk assessed	≥95%	95.30% ●	≥95%	95.30% ●	BC	
Number of Root Cause Analyses carried out on cases of hospital associated Thrombolysis	≥95%	100.00% ●	≥95%	100.00% ●	BC	
NHS Safety Thermometer - reduction in the prevalence of Pressure Ulcers using thermometer	≤5.5%	3.64% ●	≤5.5%	4.96% ●	HT	
Use of Safety Thermometer	Completion of Data Set	Y ●	Completion of Data Set	Y ●	HT	
All Falls (1)	TBC	174	TBC	1325	HT	
Harm Falls (2)	TBC	49	TBC	445	HT	
Medication Errors (3)	TBC	50	TBC	563	HT	
Duty of Candour: Number of patients notified in line with the duty of candour process	100.0%	100.0%	100.0%	94.4%	HT	

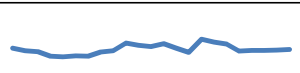
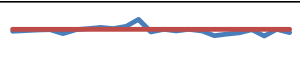
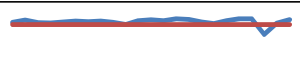
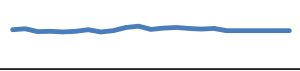
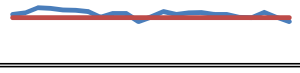
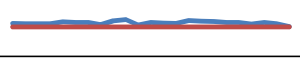
(1)-(3) The working groups are currently being established for falls and medications errors. Targets will be assigned by these groups

Activity - one month in arrears
Financial penalties attached

Activity Trend - Red line = Target/Blue line = monthly activity

Integrated Board Report -February 2014

Domain 6: Resources

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - February 14)
Operating Surplus/Deficit (£M - excluding exceptional items)	(1.00)	(0.80) ●	1.82	1.69 ●	KG	
Cash (£M)	1.33	2.37 ●	17.51	19.46 ●	KG	
Monitor Risk Rating	2	2 ●	2	2 ●	KG	
Utility & Depreciation cost per sq metre, clinical and non-clinical space		Work in progress		Work in progress	KG	
Bed Capacity	No Target	742	No Target	761	MG	
Bed Occupancy (1)	TBC	85.4%	TBC	85.8%	MG	
Theatre Usage (%)	≥90%	93.5% ●	≥90%	92.8% ●	JO'R	
Standardised ALOS (excludes DC & Acute DC) (2)	TBC	5.34	TBC	5.25	MG	
DNA Rate - First Appointment	≤7%	6.3% ●	≤7%	7.6% ●	MG	
DNA Rate - Follow up Appointment	≤7.5%	7.6% ●	≤7.5%	9.1% ●	MG	

(1)-(2) These indicators are being reassessed hence the To Be Confirmed target status
Activity Trend - Red line = Target/Blue line = monthly activity

Domain 7: Reform/Information

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - February 14)
Booking to services where named consultant led team was available (even if not selected) (1)	≥95%	100.00% ●	≥95%	98.55% ●	JW	
Proportion of GP referrals to first outpatient booked using C&B (2)	≥48.9%	72.00% ●	≥48.9%	71.48% ●	JW	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) (3)	<5%	11.30% ●	<5%	11.37% ●	JW	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) SURGERY	<5%	15.10% ●	<5%	11.51% ●	JW	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) MEDICAL	<5%	6.70% ●	<5%	11.09% ●	JW	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) CWF	<5%	5.00% ●	<5%	3.51% ●	JW	
Data Completeness in community services: Referral to Treatment information - CIDS	≥50%	74.40% ●	≥50%	86.31% ●	JR	
Data Completeness in community services: Referral Information - CIDS	≥50%	98.34% ●	≥50%	98.31% ●	JR	
Data Completeness in community services: Treatment activity information - CIDS	≥50%	99.98% ●	≥50%	98.75% ●	JR	
Data Completeness in community services: Patient Identifiers - CIDS	≥50%	73.07% ●	≥50%	73.06% ●	JR	
Data Completeness in community services: Patients dying at home/care homes - CIDS	≥50%	100.00% ●	≥50%	100.00% ●	JR	
Data Completeness in community services: Venous Ulcer treatments - CIDS	≥50%	85.37% ●	≥50%	91.02% ●	HT	
Data Quality on ethnic group - Inpatients/ Outpatients/Accident & Emergency	≥85%	98.25% ●	≥85%	98.40% ●	JR	
Clinical Coding - Signs & Symptoms	<10.2%	11.57% ●	<10.2%	11.4% ●	JR	
Clinical Coding - coded as unspecified	<14.2%	13.67% ●	<14.2%	14.0% ●	JR	
Clinical Coding - Average Diagnosis per coded Episode	>4.6	3.9 ●	>4.6	4.03 ●	JR	
Infant Health - data completeness, breastfeeding and smoking	100.0%	100.0% ●	100.0%	100.00% ●	JR	
Maternity hospital episode statistics	≤15%	0.30% ●	≤15%	0.33% ●	JR	
Information Governance Toolkit (4)	≥80%	80.00% ●	≥80%	80.00% ●	JR	
Time to approval for NIHR portfolio research studies (Median Days)	≤30	5 ●		179 ●	DB	
Participants recruited to NIHR portfolio research studies to time and target	≥85	191 ●	≥473	1048 ●	DB	
Number of staff attending the Fire Warden Training	100.0%	17	100.0%	89% of staff trained to the end of Dec 13	LH	
Number of trained staff Vs Fire Safety Awareness Session	100% by Dec 14	240	100% by Dec 14	1960 - 34% of staff trained by Dec 13	LH	
Number of update fire risk assessments		63		CRH 31% Complete. Hri 55% Complete	LH	

(1)-(2) Taken from Choose and Book Dashboard

Recruitment Targets based on Financial Year

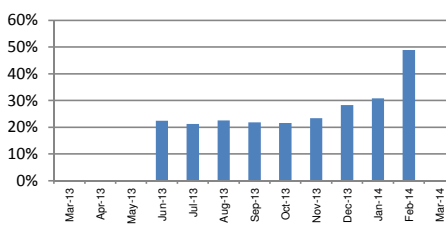
(4) Based on achievement of 40 components at level 2 and above.

Activity - one month in arrears

Activity Trend - Red line = Target/Blue line = monthly activity

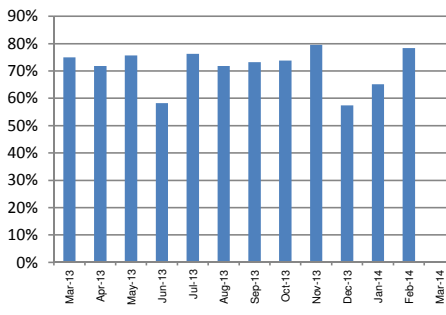
Preventing	Indicator	Target	Feb-14	YTD
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Transfer of care Part B Discharge Medication as patients transfer from one provider to another (1)	50.0%	48.90%	22.00%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
This is not an underperformance but a planned move of e-discharges approved by Pharmacists from an original baseline of 20% to a target of 50% by the month of March 2014	More- discharges are automatically diverted to Pharmacy for approval during normal working hours. During the period 1 March to 12 March inclusive we have hit the 50% target and this will be maintained until the end of the month	Completed By	Mike Culshaw
		Lead Director	Kathryn Lancaster

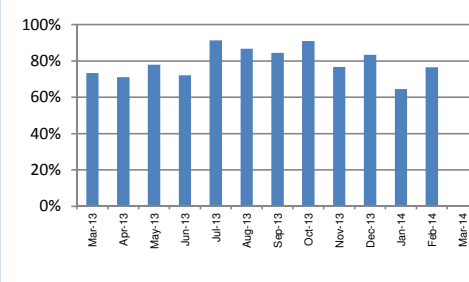
Helping	Indicator	Target	Feb-14	YTD
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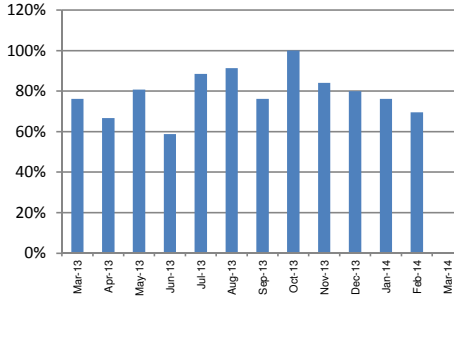
Fractured neck of femur operations carried out within 36 hours of admission	85.0%	78.40%	70.30%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
Flow related to capacity. February saw a couple of surges in demand, which we cannot respond to.	We are micro managing individual pathways. The trauma co-ordinator is looking at breach times before they happen. Ward manager is feeding info into trauma meeting to support the order of lists. Extra lists for other trauma organised in CRH where viable.	Completed By	Andrew Bottomley
		Lead Director	Julie O'Riordan

Helping	Indicator	Target	Feb-14	YTD
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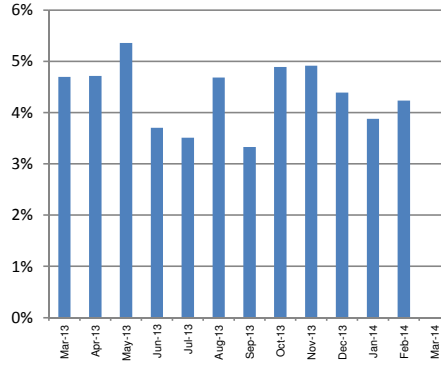
Stroke: % of patients who spend at least 90% of time on a stroke unit	80.0%	76.47%	79.30%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
<p>In month, 12 patients (of 51 stroke patients) breached the target for 90% stay on a stroke unit. Of these 12 patients, 3 Admissions were via HRI (not suspected stroke by ambulance crew) and 9 Admissions were via CRH.</p> <p>The following are the reasons for breach in month: 4 x ASU closed (due to norovirus) 3 x Late Diagnosis 5 x Cared for Appropriately</p>	<p>In month, if the ASU had been fully open the target would have been achieved. The unit is now fully open. The 5 patients classified as 'cared for appropriately' were admitted to the stroke unit initially but were transferred to other speciality areas (such as vascular) due to their most pressing clinical need at the time, which was clinically in the best interest of the patient. This key performance indicator continues to be monitored by the stroke team and actions taken as appropriate.</p>	Completed By	Ellie Sheehan
		Lead Director	Dr Verma

Helping		Indicator	Target	Feb-14	YTD
Stroke: % of patients who spend at least 90% of time on a stroke unit - CALDERDALE CCG			80.0%	69.57%	79.12%
What is driving the reported underperformance ?	What actions have we taken to improve performance ?				
<p>In month, 7 patients (of 23 stroke patients) breached the target for 90% stay on a stroke unit.</p> <p>The following are the reasons for breach in month: 2 x ASU closed (due to norovirus) 2 x Late Diagnosis 3 x Cared for Appropriately</p>	<p>In month, if the ASU had been fully open the performance for the CCG would have been 78.6%. The unit is now fully open. The 3 patients classified as 'cared for appropriately' were admitted to the stroke unit initially but were transferred to other speciality areas (such as vascular) due to their most pressing clinical need at the time, which was clinically in the best interest of the patient. This key performance indicator continues to be monitored by the stroke team and actions taken as appropriate.</p>	Completed By		Ellie Sheehan	
		Lead Director		Dr Verma	

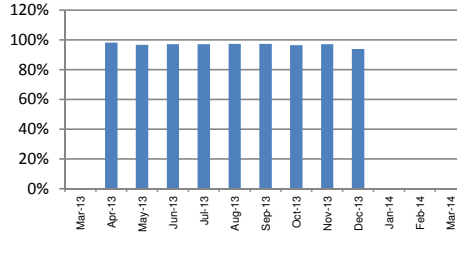
Helping	Indicator	Target	Feb-14	YTD
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Delayed transfer bed days as a percentage of occupied bed days - COHORT with Identified patients with specific reasons	3.5%	4.24%	4.34%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
<p>Our underperformance against this target is due in part to the fact that we have, via Visual Hospital and Plan for Every Green Cross Patient very comprehensive information about patients experiencing delays and so are in a position to capture all this information when other Trusts may not have such detail available. That is not to say that we don't need to be seeking to reduce the numbers.</p>	<p>We continue to work to reduce the number of patients who experience delays, and the number of days they are waiting. The discharge coordinators have been in post on medical wards since September and are getting to grips now with the steps required to secure the assistance / equipment / resources to make it safe to discharge these patients in a timely manner by making sure that things happen when they should.</p>	Completed By	Tania king
		Lead Director	Mags Barnaby

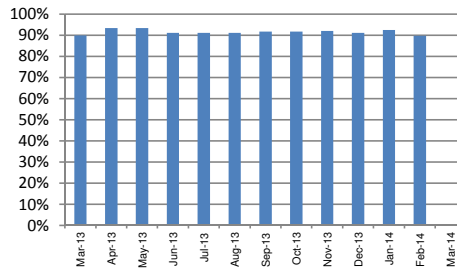
Helping	Indicator	Target	Feb-14	YTD
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Delayed transfer bed days as a percentage of occupied bed days - CALDERDALE CCG	5.0%	5.04%	6.00%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
The underperformance seen in year to date figure stems from the activity of the first 5 months of the year. From September 2013 onwards the chart shows that performance has been within the target 5%.	From September 2013 all medical wards have had a discharge coordinator whose job, amongst other things has been to make sure patients who are medically fit for discharge or transfer are delayed as little as possible.	Completed By	Tania king
		Lead Director	Mags Barnaby

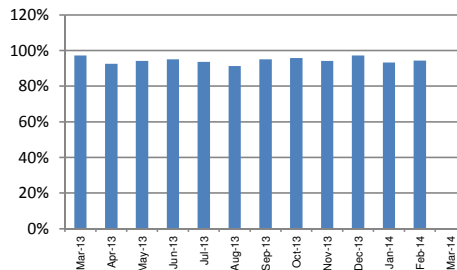
Ensuring	Indicator	Target	Feb-14	YTD
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Maximum time of 18 weeks from Referral treatment for admitted patients - CALDERDALE CCG	90.0%	89.8%	91.83%
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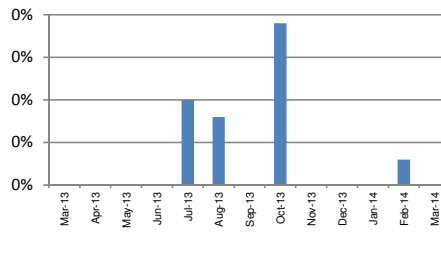
What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
Of the 863 patients treated in February 2014, 775 were treated within 18 weeks. Specialties not achieving 90% were: Trauma and Orthopaedics - 88.7%, Other - 86.7%, Plastic Surgery - 87.5%, Ophthalmology - 86.5%, ENT - 84.5%, ALL - 89.8%	The position was discussed at the March 2014 Planned Care Board and systems have been put in place to work towards improving the situation for March 2014 and Quarter 4 which include: Additional outpatient clinics have been arranged in some specialties. Outsourcing is taking place for Orthopaedics and General Surgery. Staffing issues are being addressed including the use of locums. Clinic and theatre sessions are being swapped to improve efficiency.	Completed By	Julie Barlow
Reasons for this include the increased number of referrals in some specialties, staffing issues, additional fastrack patients,		Lead Director	Mags Barnaby

Ensuring	Indicator	Target	Feb-14	YTD
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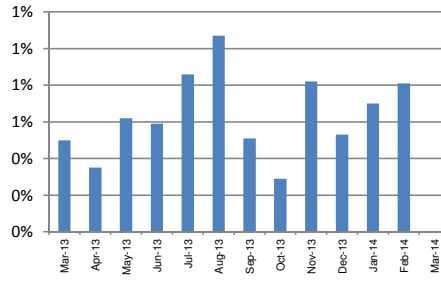
Total time in A&E: Less than 4 hours - HRI	95.0%	94.35%	94.20%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
Lack of patient flow out of the department	Whole system approach/support through UCB, introduction of avoidable hospital schemes, increase inpatient capacity, additional step down beds in community, introduction of community discharge co-ordinators, use of private ambulance to expediate discharges/transfers, EDIT, AMU consultants testing taking GP/A&E referral calls, extended opening hours of discharge lounge. Nurse in charge now attending Discharge levelling meetings to focus on discharge planning and timely on day discharges.	Completed By	Bev Walker
		Lead Director	Mags Barnaby

Ensuring	Indicator	Target	Feb-14	YTD
Handovers between AMBULANCE and A&E % 60+ mins - CRH	0.0%	0.03%	0.04%	
Handovers between AMBULANCE and A&E % 30 to 60 mins - CRH	0.0%	0.68%	0.67%	
Handovers between AMBULANCE and A&E % 15 to 30 mins - CRH	0.0%	8.33%	8.36%	
Handovers between AMBULANCE and A&E within 15 minutes - CRH	100.0%	90.96%	90.93%	
Handovers between AMBULANCE and A&E% 60+ mins- HRI	0.0%	0.12%	0.13%	
Handovers between AMBULANCE and A&E % 30 to 60 mins - HRI	0.0%	2.86%	3.15%	
Handovers between AMBULANCE and A&E % 15 to 30 mins - HRI	0.0%	17.60%	18.86%	
Handovers between AMBULANCE and A&E within 15 minutes - HRI	100.0%	79.42%	77.86%	

What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
Lack of timely patient flow out of the department. Ambulance personnel compliance with handover process.	<p>The new EDIT process and change in ED layout continues to deliver week on week improvements in performance. Challenges continue with flow of patients out of the departments but improvements seen in recent week. Increased senior support to patient flow continues, all opportunities to prevent avoidable hospital admissions is taken, increase support to expediate the needs of the patients on a green cross pathway given. Discharge levelling Meetings attended now by Nurse in charge.</p> <p>Ambulance staff compliance with process becoming an issue due to recent changes in terms and conditions. Details being shared with YAS Senior Managers and at Regional meetings.</p>	Completed By	Bev Walker
		Lead Director	Mags Barnaby

Ensuring	Indicator	Target	Feb-14	YTD
Provider cancellation of planned operation for non clinical reasons		0.6%	0.81%	0.63%

What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
37 patients were cancelled for sit rep reportable reasons, the reasons were as follows: 1 - Admin error 8 - Emergency/Trauma 8 - List overrun 11 - Surgeon/Anaesthetist unavailable 9 - Ward beds unavailable	Performance was 0.81% against a target of 0.6%, YTD 0.63%. Work has started on Plan for Every Procedure and data is being collected in Trauma/Orthopaedic sessions with a roll out plan for other specialties. List overruns form part of this information analysis to establish the reason (poor scheduling, complex case, inefficiencies in other areas). Anaesthesia have recruited additional staffing due to start from May - this will help bridge the gaps in the workforce/sessional plan. In the meantime, anaesthetists are doing extra sessions and Locums / agency being used. Staffing sickness within Theatres has resulted in loss of some Trauma 2 theatres - this is being managed through sickness/absence policy and is improving.	Completed By	Kathryn Aldous
		Lead Director	Mags Barnaby

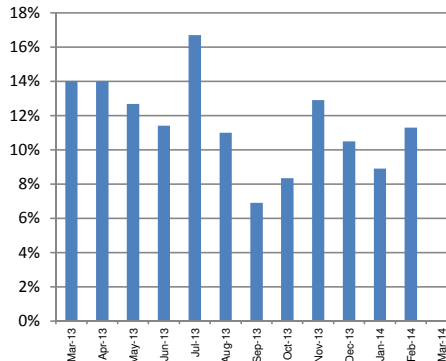
Resources	Indicator	Target	Feb-14	YTD
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DNA Rate - Follow up Appointment	7.5%	7.53%	9.13%
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What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
<p>Follow up appointments are booked months in advance which increases the risk of patients forgetting the appointment and failing to attend.</p>	<p>Follow-up DNAs continue to reduce and are now lower than Peer Group Trusts. The SMS and Interactive Voice Messaging continue to be well utilised and processes are in place to update contact telephone numbers to help improve performance. Analysis has shown that 30% of patients are not receiving a reminder, this is either because the patient has opted out, or we do not hold an up to date contact number, efforts to improve the collection of accurate contact numbers are being made and will include the ability to update contact numbers via the self-checkin kiosk. Partial Booking for >6 weeks appointments is being rolled out in conjunction with the Newton time line for template review. A survey of DNA patients has been completed and highlighted a number of reasons for DNA .</p>	Completed By	Katharine Fletcher
		Lead Director	Mags Barnaby

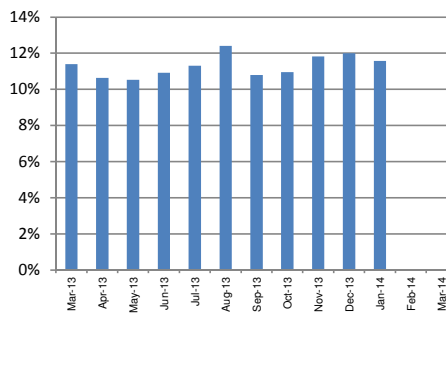
Reform_information	Indicator	Target	Feb-14	YTD
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Sufficiency of appointments slots on choose and book (measured by appointment <5%)	5.0%	11.30%	11.37%
Sufficiency of appointments slots on choose and book (measured by appointment <5%) MEDICAL	5.0%	6.70%	11.09%
Sufficiency of appointments slots on choose and book (measured by appointment <5%) SURGERY	5.0%	15.10%	11.51%

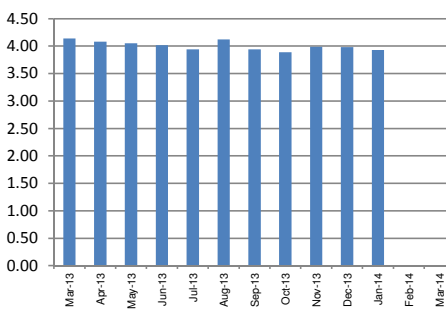
What is driving the reported underperformance ?	What actions have we taken to improve performance ?																														
Appointment Slots issues have increased by 3% in comparison to last month . This is due to insufficient appointments to meet demand particularly in the specialties below.	<p>Ophthalmology - GP/Optometrist Referral Demand up 6.1%, . Greater Huddersfield up 8.8% and Calderdale up 8.3% We have been unable to substantively recruit to first post andwe are not hopeful forsecond vacancy post either so will be going back out to advert. The problem is compounded by the Glaucoma patients that are seen on a monthly or less frequent basis for assessment of disease progression or of treatment effectiveness - we cannot stop seeing these cases so other clinicians have been reducing the number of new General clinics they do and increasing the number of Glaucoma cases. We have an NHS locum and an agency locum currently but these are not necessarily specialised in what we need. We have also had sickness in the department all these issues combined with an increase in referrals s is causing concern for the Directorate. Orthopaedics - Problem compounded with increased trauma activity however, review of job plans underway to increase OP capacity, Clinic templates under review to increase clinic slots and extra clinics taking place. New software introduced for annual leave planning and roll out of partial booking across all orthopaedic services planned. Children & Adolescent Services - These are small numbers across multiple specialties. Additional slots added as required. GI & Liver - This is a combination of small number of Gastro, Upper and Lower GI specialties. There is a further reduction in ASIs comparison to previous months. Breast - increase in demand in month and x-ray constraints making management difficult. Additional slots to be agreed and discussions taking place with Radiology</p>	 <table><caption>Monthly Performance Data (Estimated from Chart)</caption><thead><tr><th>Month</th><th>Value (%)</th></tr></thead><tbody><tr><td>Mar-13</td><td>14.0</td></tr><tr><td>Apr-13</td><td>14.0</td></tr><tr><td>May-13</td><td>12.5</td></tr><tr><td>Jun-13</td><td>11.5</td></tr><tr><td>Jul-13</td><td>17.0</td></tr><tr><td>Aug-13</td><td>11.0</td></tr><tr><td>Sep-13</td><td>7.0</td></tr><tr><td>Oct-13</td><td>8.5</td></tr><tr><td>Nov-13</td><td>13.0</td></tr><tr><td>Dec-13</td><td>10.5</td></tr><tr><td>Jan-14</td><td>9.0</td></tr><tr><td>Feb-14</td><td>11.5</td></tr><tr><td>Mar-14</td><td>11.5</td></tr></tbody></table>		Month	Value (%)	Mar-13	14.0	Apr-13	14.0	May-13	12.5	Jun-13	11.5	Jul-13	17.0	Aug-13	11.0	Sep-13	7.0	Oct-13	8.5	Nov-13	13.0	Dec-13	10.5	Jan-14	9.0	Feb-14	11.5	Mar-14	11.5
	Month	Value (%)																													
	Mar-13	14.0																													
Apr-13	14.0																														
May-13	12.5																														
Jun-13	11.5																														
Jul-13	17.0																														
Aug-13	11.0																														
Sep-13	7.0																														
Oct-13	8.5																														
Nov-13	13.0																														
Dec-13	10.5																														
Jan-14	9.0																														
Feb-14	11.5																														
Mar-14	11.5																														
Completed By	Katharine Fletcher																														
Lead Director	Anna Basford/Graham Brown																														

Specialty Name	Total	%
Ophthalmology	189	29%
Orthopaedics	110	17%
Children's & Adolescent Service	76	12%
GI and Liver (Medicine and Surgery)	49	7%
Surgery - Breast	38	6%

Total ASIs	DBS Bookings	ASIs Per
657	5808	11%

Reform_information		Indicator	Target	Jan-14	YTD
Latest available information					
Clinical Coding - Signs & Symptoms			10.2%	11.6%	11.4%
What is driving the reported underperformance ?	What actions have we taken to improve performance ?				
Where there is no definitive diagnosis documented within case notes/source document the main symptom, abnormal findings, or problem should be recorded in the first diagnosis field of the coded clinical record.	Work is currently underway within the Trust through Clinical Coding Presentations at Clinical Audit Divisional Meetings to highlight the importance of correct documentation within the case notes and where possible to provide a definitive diagnosis. A regular coding meeting between divisions and coders is in the process of being established with the aim to further improve the quality of clinical coding. Work is also being undertaken to establish if any differences between Divisions/Specialties. There is also a coder in attendance at the regular mortality meetings. Deceased patient coding is validated by the clinicians on a regular basis.	Completed By		Diana Wilson	
		Lead Director		John Rayner	

Reform_information	Indicator	Target	Jan-14	YTD
latest available information				
Clinical Coding - Average Diagnosis per coded Episode - Depth of Coding	4.60		3.93	4.03

What is driving the reported underperformance ?	What actions have we taken to improve performance ?		
Depth of clinical coding is dependent on the source of information that is captured within the case notes and therefore a coder can only code what is documented within.	Work is currently underway within the Trust through Clinical Coding Presentations at Clinical Audit Divisions to highlight and raise awareness that coders can only code what is documented within the episode of care that the patient is being currently treated for and as such we are no longer able to look back for co-morbidities etc. Sessions are being held also with Junior Doctors highlighting non-specific diagnoses are not beneficial to the Trust. A regular coding meeting between divisions and coders is in the process of being established with the aim to further improve the quality of clinical coding. Work is also being undertaken to establish if any differences between Divisions/Specialties. There is coder attendance at the regular mortality meetings. Deceased patient coding is validated regularly.	Completed By	Diana Wilson
		Lead Director	John Rayner

Trust Financial Overview as at 28th February 2014 - Month 11

YEAR TO DATE POSITION: M11

CLINICAL ACTIVITY

	M11 Plan	M11 Actual	Var	
Elective	9,181	8,439	(742)	●
Non Elective	47,788	45,374	(2,414)	●
Daycase	33,734	36,418	2,684	●
Outpatients	292,050	300,404	8,354	●
A & E	129,920	127,042	(2,878)	●

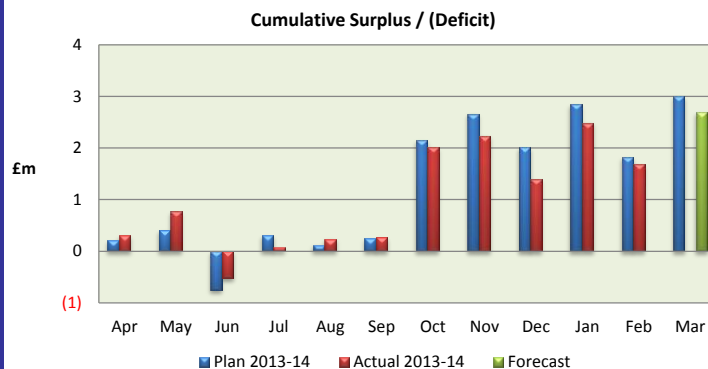
TRUST: INCOME AND EXPENDITURE

	M11 Plan	M11 Actual	Var	
	£m	£m	£m	
Elective	£23.22	£23.50	£0.28	●
Non Elective	£78.41	£77.70	(£0.71)	●
Daycase	£24.28	£24.49	£0.21	●
Outpatients	£35.29	£35.72	£0.43	●
A & E	£12.75	£12.80	£0.05	●
Other-NHS Clinical	£108.99	£112.09	£3.10	●
Other Income	£31.64	£33.59	£1.95	●
Total Income	£314.58	£319.88	£5.30	●
Pay	(£195.76)	(£199.52)	(£3.76)	●
Drug Costs	(£22.45)	(£23.46)	(£1.01)	●
Clinical Support	(£26.89)	(£28.03)	(£1.14)	●
Other Costs	(£34.69)	(£34.36)	£0.33	●
PFI Costs	(£10.25)	(£10.31)	(£0.06)	●
Total Expenditure	(£290.04)	(£295.68)	(£5.64)	●
EBITDA	£24.54	£24.20	(£0.34)	●
Restructuring Costs	£0.00	£0.00	£0.00	●
Non Operating Expenditure	(£22.72)	(£22.51)	£0.21	●
Surplus / (Deficit)	£1.82	£1.69	(£0.13)	●

DIVISIONS: INCOME AND EXPENDITURE

	M11 Plan	M11 Actual	Var	
	£m	£m	£m	
Surg & Anaes	£28.94	£27.55	(£1.39)	●
Medical	£24.76	£24.02	(£0.74)	●
CWF	£20.01	£21.26	£1.25	●
DATS	(£12.15)	(£11.55)	£0.60	●
Est & Fac	(£21.92)	(£22.60)	(£0.68)	●
Corporate	(£16.53)	(£17.16)	(£0.63)	●
Central Inc/Tech	(£18.68)	(£19.69)	(£1.01)	●
Reserves	(£2.61)	(£0.14)	£2.47	●
Surplus / (Deficit)	£1.82	£1.69	(£0.13)	●

TRUST SURPLUS / (DEFICIT)

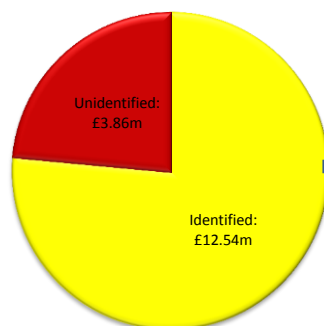


KEY METRICS

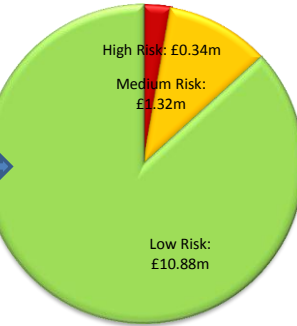
	Year To Date			Year End: Forecast			
	M11 Plan	M11 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	£1.82	£1.69	(£0.13)	£3.00	£2.71	(£0.29)	●
Capital	£14.03	£12.09	£1.94	£14.83	£16.54	(£1.70)	●
Cash	£17.51	£19.46	£1.95	£17.79	£21.79	£4.00	●
	Plan	Actual		Plan	Forecast		
Financial Risk Rating	3	3		3	3		
Continuity of Service Risk Rating	2	2		3	3		●

COST IMPROVEMENT PROGRAMME (CIP)

CIP Forecast Year End Position



Identified CIP - Risk



FORECAST 2013/14

CLINICAL ACTIVITY FORECAST

	Plan	Forecast	Var	
Elective	10,021	9,211	(810)	●
Non Elective	52,319	49,682	(2,638)	●
Daycase	36,827	39,731	2,904	●
Outpatients	318,716	327,880	9,164	●
A & E	142,369	139,216	(3,153)	●

TRUST: INCOME AND EXPENDITURE FORECAST

	Plan	Forecast	Var	
	£m	£m	£m	
Elective	£25.35	£25.65	£0.30	●
Non Elective	£85.80	£85.16	(£0.64)	●
Daycase	£26.50	£26.73	£0.23	●
Outpatients	£38.52	£38.99	£0.47	●
A & E	£13.97	£14.03	£0.06	●
Other-NHS Clinical	£119.28	£124.45	£5.17	●
Other Income	£34.47	£36.81	£2.34	●
Total Income	£343.89	£351.82	£7.93	●
Pay	(£213.71)	(£217.81)	(£4.10)	●
Drug Costs	(£24.52)	(£25.88)	(£1.36)	●
Clinical Support	(£29.11)	(£31.07)	(£1.96)	●
Other Costs	(£37.59)	(£38.71)	(£1.12)	●
PFI Costs	(£11.18)	(£11.26)	(£0.08)	●
Total Expenditure	(£316.11)	(£324.73)	(£8.62)	●
EBITDA	£27.78	£27.09	(£0.69)	●
Restructuring Costs	£0.00	£0.00	£0.00	●
Non Operating Expenditure	(£24.78)	(£24.38)	£0.40	●
Surplus / (Deficit)	£3.00	£2.71	(£0.29)	●

DIVISIONS: INCOME AND EXPENDITURE FORECAST

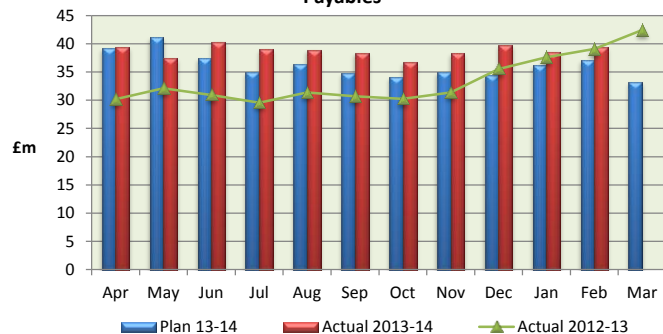
	Plan	Forecast	Var	
	£m	£m	£m	
Surg & Anaes	£32.00	£29.94	(£2.06)	●
Medical	£27.35	£26.18	(£1.17)	●
CWF	£22.02	£22.91	£0.89	●
DATS	(£13.20)	(£12.80)	£0.40	●
Est & Fac	(£23.81)	(£24.89)	(£1.08)	●
Corporate	(£17.83)	(£18.31)	(£0.48)	●
Central Inc/Tech	(£20.19)	(£20.17)	£0.02	●
Reserves	(£3.34)	(£0.15)	£3.19	●
Surplus / (Deficit)	£3.00	£2.71	(£0.29)	●

Trust Financial Overview as at 28th February 2014 - Month 11

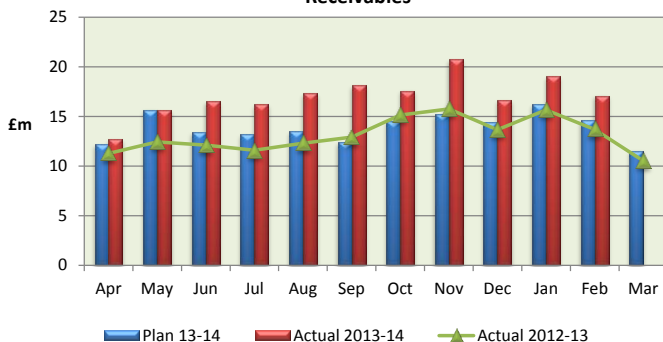
WORKING CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Payables	(£37.10)	(£39.34)	£2.24	●
Receivables	£14.60	£17.09	(£2.49)	●

Payables

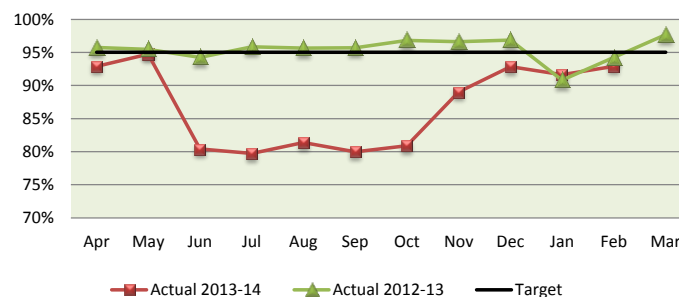


Receivables



BETTER PAYMENT PRACTICE CODE

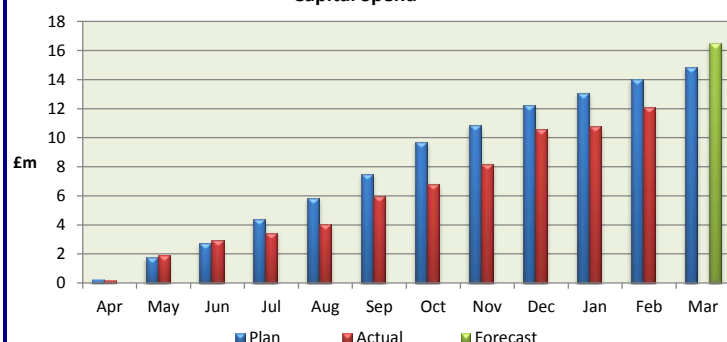
% Number of Invoices Paid within 30 days



CAPITAL

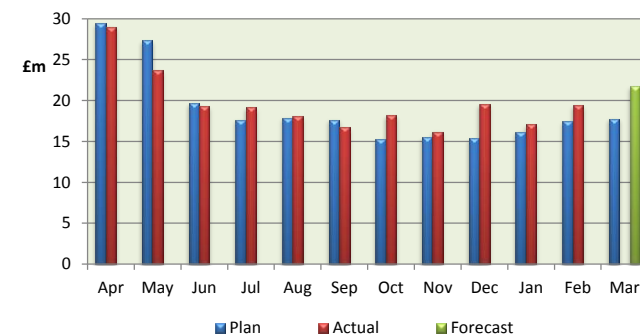
	M11 Plan £m	M11 Actual £m	Var £m	M11
Capital	£14.03	£12.09	£1.94	●

Capital Spend

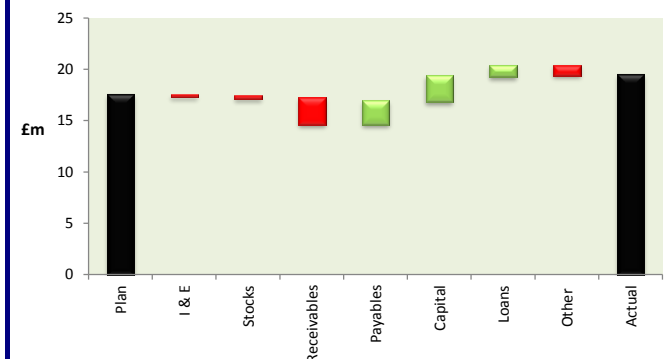


CASH

	M11 Plan £m	M11 Actual £m	Var £m	M11
Cash	£17.51	£19.46	£1.95	●



CASH BRIDGE



SUMMARY

The main points highlighted in this paper are:

- a year to date surplus of £1.69m against a planned surplus of £1.82m, giving a Monitor Continuity of Service Risk Rating (COSRR) of 2 (against a planned level of 2). COSRR is a 3 if adjustment is made for the one-off loan repayment.
- a forecast full year surplus of £2.71m, compared with a planned £3.00m, giving an COSRR of 3 (planned at a 3).
- capital expenditure of £12.09m against a plan of £14.03m and a forecast of £16.54m versus a plan of £14.83m;
- a cash balance of £19.46m, versus a planned £17.51m.
- Activity remained consistent with previous months with continued high levels of outpatient and daycase attendances. The financial position improved slightly in month, with increased CIP delivery achieved through cost avoidance, although concerns remain over the high level of expenditure on Agency staff and other non-contracted pay.

It should be noted that :

- In total there is a shortfall of £3.86m in identification of CIP schemes at this stage, and of the schemes identified a further £0.34m is considered to be at high risk of not being achieved. The forecast assumes that unidentified CIP will not be delivered and Trust Reserves of £3.19m are released to offset this cost pressure.
- The risk of not fully achieving CQUIN targets has significantly reduced in month with only £0.20m remaining amber-rated.
- Capital planning remains weak with continued slippage from plan. The Capital forecast now includes additional expenditure of £1.1m having secured cash funding from the Nursing Technology fund. Forecast Capital expenditure remains within Monitor tolerances.
- The forecast surplus remains below the planned level. Additional winter capacity must be closed by year end to secure the 14/15 financial plans.

RAG KEY:

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

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

RAG KEY - Cash:

●	At or above planned level or > £17.2m (20 working days cash)
●	< £17.2m (unless planned) but > £8.6m (10 working days cash)
●	< £8.6m (less than 10 working days cash)

Membership Council Meeting – Tuesday 8 April 2014**Proposed Amendment to the Trust's Constituency Boundaries****Purpose**

The purpose of this paper is to outline the current make-up of the Trust's constituencies, in particular constituencies 6 & 7, highlight an anomaly and propose a solution that will require amendments to the Trust's Constitution.

Background

The membership of Calderdale & Huddersfield Foundation Trust is spread across eight public "constituencies", corresponding to the geographical areas serviced by the Trust. Each constituency encompasses several electoral ward areas for local government elections.

The Trust's constitution states that, "the Trust shall at all times strive to ensure that taken as a whole its actual membership is representative of those eligible for membership."

The issue

In order to be able to determine whether our membership is indeed representative of the population we serve on a constituency basis, we need to know what the eligible membership, ie the population, within each constituency is. Census population data is based on Local Authority electoral wards, so in order to accurately compare our membership numbers against constituency populations, our constituency boundaries need to be aligned with electoral wards.

Under the Trust's current constituency arrangements, Illingworth sits within constituency 6 and Mixenden sits within constituency 7. However, this is out of kilter with the Local Authority electoral wards, as Illingworth and Mixenden are combined as one ward. Population data is therefore only available for Mixenden and Illingworth on a combined basis, making it impossible for us to establish the eligible membership numbers for the 2 constituencies concerned separately.

Next steps

In order to address the issue, two amendments to the Trust's constitution are proposed, as outlined below.

As there will be a Membership Council election in constituency 6 in 2014 it will be important to make the amendments prior to May 2014, in order for the election process to be managed appropriately (in terms of numbers of ballot papers issued etc).

Recommendations

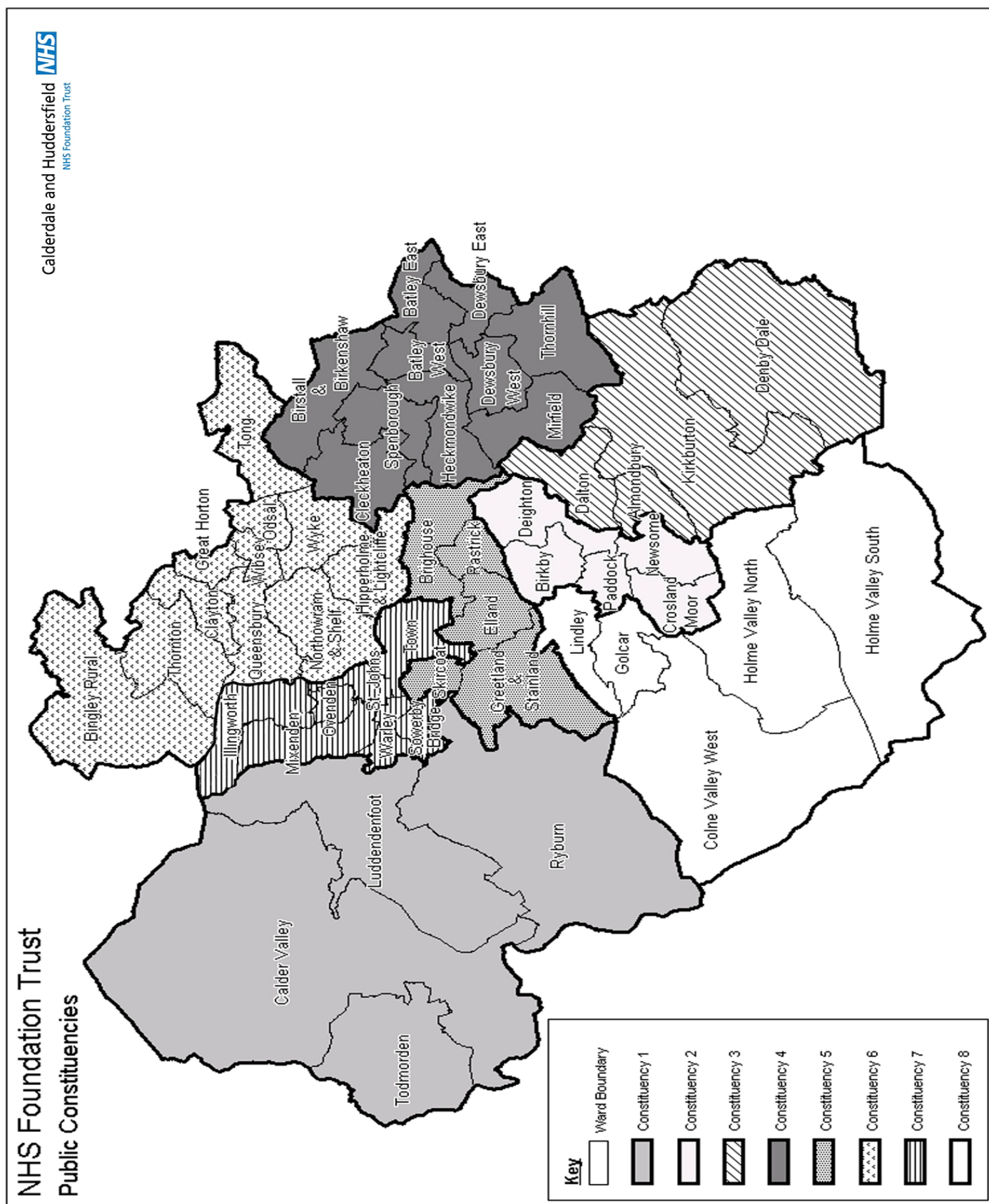
The Membership Council is asked to approve the following amendments to the Trust's constitution:

- (1) That, for the purposes of the Trust's constituency boundaries, Illingworth is transferred from constituency 6 to constituency 7, and the Public Constituencies Map and Constituency Wards Population data within the constitution are amended accordingly;
- (2) Further, that within constituency 7, Illingworth and Mixenden are known collectively as "Illingworth & Mixenden", in line with Local Authority electoral ward names.

The change will result in a reduction of 7,990 (5%) – from 158,316 to 150,326 – to the eligible membership (population) in constituency 6 and a corresponding increase of 14% to the population in constituency 7 – from 55,417 to 63,407.

Ruth Mason
Associate Director of Engagement & Inclusion

Appendix 1 – Public Constituencies



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

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

Note on Constituencies

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

Calderdale and Huddersfield



NHS Foundation Trust

**MEMBERSHIP COUNCIL REGISTER
AS AT 30 MARCH 2014**

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	Mrs Joan Doreen Taylor	19.9.13	3 years	2016
1	Mr Martin Urmston	20.9.12	3 years	2015
2	Mrs Linda Wild	1.10.08 22.9.11	3 years 3 years	2014
2	Rev Wayne Clarke	19.9.13	3 years	2016
3	Mr Peter John Middleton	22.9.11	3 years	2014
3	Ms Dianne Hughes	19.9.13	3 years	2016
4	Mrs Marlene Chambers	20.9.12	3 years	2015
4	Mrs Christine Breare	1.10.08 22.9.11	3 years 3 years	2014
5	Mr Grenville Horsfall	19.9.13	3 years	2016
5 (RESERVE REGISTER)	Mr Bernard Pierce	20.9.13	1 year	2014
6	Mrs Johanna Turner	4.1.13	3 years (to Sept 2015)	2015
6 (RESERVE REGISTER)	Mrs Janette Roberts	20.9.13	1 year	2014
7	Ms Kate Wileman	4.1.13	2 years (to Sept 2014)	2014
7	Mrs Liz Schofield	22.9.11	3 years	2014
8	Mr Andrew Sykes	20.9.12	3 years	2015
8	Mrs Jennifer Beaumont	19.9.13	3 years	2016
STAFF – ELECTED				
9 - Drs/Dentists	Dr Mary Kiely	22.9.11	3 years	2014
10 - AHPs/HCS/Pharm's	Miss Avril Henson	4.1.13	3 years (to Sept 2015)	2015

11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer	20.9.12	3 years	2015
12 - Ancillary	Miss Liz Farnell	6.10.09 20.9.12	3 years 3 years	2012 2015
13 - Nurses/Midwives	Mrs Chris Bentley	6.10.09 20.9.12	3 years 3 years	2012 2015
13 - Nurses/Midwives	VACANT POST			
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof John Playle	1.9.12	3 years	2015
Calderdale Metropolitan Council	Cllr R Metcalfe	18.1.11	3 years	2014
Kirklees Metropolitan Council	VACANT POST			
NHS Kirklees CCG	Mrs Jan Giles	6.7.11	3 years	2014
NHS Calderdale CCG	Mrs Sue Cannon	16.4.08 23.9.11	3 years 3 years	2011 2014
South West Yorkshire Partnership NHS FT	Mrs Dawn Stephenson	23.2.10 15.8.13	3 years 3 years	2013 2016

MC-REGISTER MC – 30.3.14

DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL AS AT 31 MARCH 2014

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

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
10.10.07	Janette A ROBERTS	From 20.9.13 Reserve Register Constituency 6	-	-	-	-	<ul style="list-style-type: none"> - Patient Rep of Yorkshire Cancer Network. - Patient Rep on Cancer Local Implementation Team. - Patient Rep for Clinical Audit. - Patient Rep for PEAT Inspection. - Co-Chair of Cancer Connections. - Patient Rep for Gynae. Forum. - Member – CHFT Organ Donation Cttee 	
29.10.07	Bernard PIERCE	From 20.9.13 Reserve Register Constituency 5	-	-	-	-	<ul style="list-style-type: none"> - Patient Rep for PEAT Information to Patient Steering Group - Patient Rep for local GP Practice's Groups 	
12.6.08 43	Sue CANNON	Nominated Stakeholder – Calderdale PCT	Executive Director of Quality & Engagement	-	-	-	-	

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
18.9.08	Linda WILD	Public-elected Constituency 2	-	-	-	-	Employed by BMI Hospitals	
6.10.08	Christine BREARE	Public-elected Constituency 4	-	-	-	-	-	
6.10.09	Christine BENTLEY	Staff-elected Constituency 13	-	-	-	-	-	
6.10.09	Liz FARNELL	Staff-elected Constituency 12	-	-	-	-	-	
1.3.10	Dawn STEPHENSON	Nominated Stakeholder – South West Yorkshire Partnership Foundation Trust	Director of Corporate Development	-	-	Voluntary Trustee - Dr Jackson Cancer Fund	Voluntary Trustee - Kirklees Active Leisure (KAL)	
11.1.11	Bob METCALFE	Nominated Stakeholder – Calderdale Council	-	-	-	-	-	-
22.6.11	Jan GILES	Nominated Stakeholder, NHS Kirklees	-	-	-	-	-	University of Huddersfield Sessional Lecturer. Member of Managers in Partnership. Member of AVMA
6.10.11	Mary KIELY	Staff-elected Constituency 9	-	-	-	Consultant in Palliative Medicine, Kirkwood Hospice	As before	- Medical Defence Union. - B.M.A. - Assoc. for Palliative Medicine of GB & Ireland
DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS	OTHER EMPLOYMENT (PAID OR NON-PAID) &

							SERVICES	MEMBER OF PROFESSIONAL ORGAN'S
10.10.11	Elizabeth SCHOFIELD	Public-elected Constituency 7	-	-	-	Support Officer for Halifax & Calder Valley M.S. Society		- MS Society - Patients Group, King Cross Surgery, Halifax
10.10.11	Peter John MIDDLETON	Public-elected Constituency 3	-	-	-	-	-	-
10.9.12	Prof John PLAYLE	Nominated Stakeholder – Huddersfield University	-	-	-	-	-	Nursing Midwifery Council
16.10.12	Marlene CHAMBERS	Public-elected Constituency 4	-	-	-	-	-	-
15.10.12	Andrew SYKES	Public-elected Constituency 8	-	-	-	-	-	- School Governor Hinchliffe Mill J&I - Employee (Internal Audit) Baker Tilly Limited - Member of the Holme Valley Hospital League of Friends
9.10.12	Eileen HAMER	Staff-elected Constituency 11	-	-	-	-	-	-
10.10.12	Martin URMSTON	Public-elected Constituency 1	-	-	-	-	-	- Department of Justice Tribunal Service - Chartered Society of Physio
13.2.13	Kate WILEMAN	Public-elected Constituency 7	-	-	-	-	-	Chair of Cancer Partnership Group at St James' Leeds
DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
45								
15.1.13	Johanna	Public-elected	-	-	-	-	-	Retired member

	TURNER	Constituency 6						of Royal College of Nurses (RCN)
13.2.13	Avril HENSON	Staff-elected Constituency 10	-	-	-	-	-	HPC CSP
5.8.13	Grenville HORSFALL	Public-elected Constituency 5	-	-	-	-	-	-
28.9.13	Wayne CLARKE	Public-elected Constituency 2	-	-	-	-	-	Employed as Minister of New North Road Baptist Church
1.10.13	Joan Doreen TAYLOR	Public-elected Constituency 1	Director of The White Ribbon Campaign	-	-	-	-	-
11.10.13	Jennifer BEAUMONT	Public-elected Constituency 8	-	Lindley Park Associates – provider of Occupational Therapy, Case management & Intermediary Services	-	-	Civic Trust Accessible Design Assessor	CQC – Specialist Advisor and Compliance Inspector. Registrant member HCPC Council. British Association of Occupational Therapists. College of Occupational Therapists. Health & Care Professions Council.
DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
29.10.13	Dianne HUGHES	Public-elected Constituency 3	-	-	-	-	Civil Funeral Celebrant	Sheffield Teaching Hospitals NHS Trust RCN and

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

Status:- COMPLETE

MEMBERSHIP COUNCIL MEETING**TUESDAY 8 APRIL 2014****Quality Account – Priorities and Indicators for 2013-14****1 Introduction**

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. Their purpose is to encourage Boards to demonstrate their commitment to continuous, evidence-based quality improvement across all services and assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services and concentrating efforts on those that need the most attention.

1.1 Content

A Quality Account must include:

- A statement from the Board summarising the quality of NHS services provided
- An organisation's 3 – 5 priorities for improving quality for the coming financial year
- A series of statements from the Board for which the format is set out in the regulations
- A review of the services provided by the organisation expressed across the 3 domains of safety, effectiveness and experience

1.2 Third Party Assurance

As part of the Quality Account Assurance process we are subject to an external audit on three performance indicators.

The two indicators chosen by CHFT membership council to be scrutinised this year are:

- Maximum waiting time of 62 days from urgent referral to first treatment for all cancers.
- Emergency Readmissions within 28 days of discharge from hospital

There is a change in the third indicator this year; from the guidance published on the 28th February 2014 the third patient safety indicator has now been removed, Trusts have been asked to select an indicator of choice from the quality account. Because of the short timescales involved it has been decided to look in depth at the Real Time Patient Monitoring data to tie in with an issue of concern raised by the membership council.

2 Quality Account 2013-14**2.1 Identifying 2014-15 Priorities**

A small working group has been established, to develop this year's Quality Account.

Our 5 priorities for this year, identified in the 2012-13 Quality Account, were:

1. Health Care Associated Infections
2. Pressure Ulcers
3. Appropriate and Safe Discharge
4. Dementia Care
5. Helping people to manage Long Term Conditions

In this year's Quality Account we will report on progress in these areas.

A 'long list' of potential priorities for 2014/15 was been developed from regulator reports, incidents and complaints, ongoing internal quality improvement priorities, national reports and areas of concern.

This long list was discussed with our membership council, circulated to key stakeholders for comment and also presented to our membership at an event on the 20th February. Here there was an opportunity to vote for the potential priorities felt to be most important. This opportunity to vote was also given via our internet site and advertised in the local press, and through Foundation News.

The results of the voting are in the table below:

The Quality Account will explain why any changes have been made to the priorities from the current year.

Domain	Potential Priorities	Number of Votes
Safety	Reducing serious harm from falls in hospital.	13
Safety	Reducing the numbers of patients being admitted with clostridium <i>difficile</i> . This is an infection of the gut which can be serious in vulnerable patients.	10
Safety	To reduce the number of urinary catheters in hospital and at home.	14
Safety	To improve the quality of the care we provide as measured by the HSMR.	17
Clinical Effectiveness	To ensure IV Antibiotics are given correctly and on time.	18
Clinical Effectiveness	Improving the care of patients with diabetes so they do not develop complications and have to spend longer in hospital.	24
Patient Experience	Improving the 'prevention of delirium pathway'.	14
Patient Experience	To help patients with long-term pain develop the skills needed to manage their conditions through	22

MJ 31/3/14

	supported self-management courses.	
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Based on the voting the final priorities selected by the Trusts Board of Directors are highlighted in green:

2.2 Local Indicators

As a Foundation Trust we are required as well as reporting on a set of mandated indicators to select and report on 9 additional local indicators. These indicators were selected from the 3 domains of Patient Safety, Effective Care and Patient experience.

Currently these local indicators are:

Patients Safety	Clinical Effectiveness	Patient Experience
Hospital Standardised Mortality Rates (HSMR)	Cancer Waiting Times	Real Time patient Monitoring
Falls in Hospital	Stroke	End of life care
Healthcare Associated Infections	Length of Stay in Medicine	Patient Experience in accident & emergency

Local indicators may be changed as long as there is clear rationale for this, following advice for the external auditors and because of the short timescales involved it has been decided to continue with the above 9 indicators this year. Possible changes will be debated with the Trusts Membership and key stakeholders over the following 9 months re possible changes for next year.

2.3 Mandatory Indicators

There are 2 sets of additional mandatory indicators that will be reported on:

The first is the set of core indicators; we are required wherever possible to report our progress on these benchmarked against national data. Where we are below the national benchmark a narrative will be provided explaining why and actions being taken to improve.

These cover:

- 12. Summary Hospital-Level Mortality Indicator (SHMI).
- Percentage of patient deaths with palliative care coded at either diagnosis or specialty level
- PROMS; patient reported outcome measures
 - groin hernia surgery
 - varicose vein surgery

- hip replacement surgery
- knee replacement surgery
- Patients readmitted to a hospital within 28 days of being discharged
- Responsiveness to the personal needs of patients
- Staff & patients who would recommend the Trust to their family or friends
- Patients admitted to hospital who were risk assessed for venous thromboembolism
- Rate of C.difficile infection
- Patient safety incidents and the percentage that resulted in severe harm or death

The second set is new for this year; Foundation Trusts are required to report on all relevant indicators and performance thresholds contained within our risk assessment Framework. In brief these include:

- 18 week waits
- A&E 4 hour waits
- 14, 31 and 62 day cancer treatment waits
- Clostridium *Difficile* rates
- Care for patients with learning disabilities
- Data completeness; community services.

Where there is duplication the information will only be provided once and cross referenced.

3. Ongoing Monitoring

Through the year the quality account progress against priorities will be reported quarterly to the CHFT membership council. This will afford better engagement with the process and give earlier opportunity to comment on possible priorities and local indicators for next year.

A report will also be presented to the Quality Assurance Board on a quarterly basis highlighting progress and/or areas of concern.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

MEMBERSHIP COUNCIL MEETING - 8 APRIL 2014

CHAIR'S APPRAISAL PROPOSED TIMELINE – 2013/14

8 April 2014	Timeline presented to Membership Council for approval and process explained (JRH)
9 April 2014	Questionnaires sent for completion by 23 April 2014 to:- Membership Councillors NEDs Chief Executive
23 April 2014	Completed questionnaires collated by Board Secretary and passed to appropriate leads - (Janette Roberts, Deputy Chair & David Anderson, SINED).
w/c 26 May 2014	David Anderson, SINED to have discussions with NEDs re their feedback on Chair's performance.
6 May 2014 (As part of MC/BOD Development Session)	Meeting to be arranged for Janette Roberts and Membership Councillors to collectively discuss feedback received from MCs.
26 May to 13 June 2014	Individual meetings arranged with John Playle and:- Janette Roberts David Anderson Owen Williams
w/c 16 June 2014	All feedback collated by John Playle and paper prepared to present to MC Meeting on 9 July 2014
9 July 2014	Paper on Chair and NEDs* Appraisal presented to MC Meeting.

* Chair to undertake individual NEDs Appraisals during March/April 2014

KB/CHAIR APPRAISAL-2013-14

9 April 2014

To: Membership Councillors

Dear Colleague

Chair's Appraisal 2013/2014

The Membership Council has agreed arrangements for the appraisal of the Chair that include an element of multi-source feedback.

My purpose in writing to you is to seek your involvement in the Chair's appraisal process for 2013/14. The way in which you are able to do this is described later in this letter, however, I have also set out some of the background for those of you who have recently joined us or have not previously been involved.

The appraisal is a composite of feedback to the Chairman, achieved via individual interviews with the Chief Executive, the Senior Independent Non Executive Director, and the Deputy Chair of the Membership Council. The Deputy Chair of the Membership Council agrees feedback from the Membership Councillors. As previously, the feedback will be managed by Professor John Playle (Dean of the School of Human and Health Sciences, University of Huddersfield and Stakeholder member of the Membership Council). John has again kindly agreed to collate the information, feed this back to the Chair and this informs the personal development plan for the Chair. The Membership Council then receive this as a formal report.

Attached to this letter is an Evaluation Questionnaire Form 2 that will provide structured feedback for the Chair from the Membership Council. (For completeness I would inform you that Form 1 is the Feedback Evaluation Questionnaire that will be used by the Chief Executive and Non-Executive Directors of the Trust).

We have made some slight changes to the form over the years but I would also ask that in completing the form you provide feedback on how easy you found it to complete, and in particular any suggestions as to how the process might be improved for the future.

The arrangements for participation in the process are as follows:

- The attached completed questionnaire should be returned, in confidence, to me in the enclosed SAE c/o Trust Offices by no later than **Monday 23 April 2014**. Please do not return the form without your name and signature. It is important that you are accountable for your feedback.

Please note the Chair does not see the individual forms.

- I will analyse the feedback and pull out the main themes that I would then like to discuss with you in order that I can prepare clear feedback for the Chair. My proposal therefore is to spend some time during the MC/BOD Workshop that is scheduled for Tuesday 6 May 2014 to discuss the feedback and pull together the main messages that we want to give the Chair. The mechanism by which I will do this, following our meeting on 6 May 2014, is via a one-to-one meeting with John Playle.

I trust all this information is clear and please be assured that I will manage this process on behalf of the Membership Council in a way that ensures a high degree of integrity, fairness and transparency. The Chair is keen to receive our feedback and I hope you will agree that this is a robust process that will genuinely enable the positive development of the relationship between the Chair, the Board of Directors and the Membership Council. It will also satisfy our increasing governance obligations and assist the Chair with his personal development plan for 2014/2015. This, in turn, will inform the wider Board and individual Director development plans.

Our feedback is one part of this process but your views are very important. Please do participate. I look forward to receiving your completed questionnaire on or before Monday 23 April 2014.

Please do not hesitate to contact me if you want to discuss any matters arising from this letter.

Kind Regards

Yours sincerely

A handwritten signature in black ink, appearing to read 'J Roberts' with a stylized flourish at the end.

Janette Roberts
Deputy Chair

Enc.

FORM 1
**(TO BE COMPLETED BY CHIEF
EXECUTIVE AND SENIOR
INDEPENDENT NON EXECUTIVE
DIRECTOR)**

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

APPRAISAL YEAR: 2013/14

INTRODUCTION

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

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

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

Please rate the following questions in relation to the performance of

ANDREW HAIGH as Chair of the Board of Directors.

1	Never
2	Sometimes
3	Usually
4	Often
5	Always

No.	Question	Rating	Comments
	Governing Attributes		
1	Does he understand the way the Trust works?	1 2 3 4 5	

2	Does the way he leads the Board ensure that the patient is always put first?	1 2 3 4 5	
3	Does he understand the basic business and regulatory environment in which the Trust operates?	1 2 3 4 5	
4	Does he keep up to date on new legislation and regulations?	1 2 3 4 5	
5	Do you feel he understands the respective roles of the Board of Directors and the Membership Council?	1 2 3 4 5	
6	Does he involve himself in the day to day management of the Trust?	1 2 3 4 5	
7	Does he engage in shaping and developing strategy?	1 2 3 4 5	
8	Does he understand the information presented to him?	1 2 3 4 5	
9	Is he able to make the connections between the information presented and his responsibilities as a non-executive director?	1 2 3 4 5	
10	Do you feel that he has made a contribution to the Trust's key annual objectives?	1 2 3 4 5	
11	How confident are you in his ability to scrutinise the performance of management in meeting agreed plans and objectives and monitor the reporting of performance?	1 2 3 4 5	
12	How well is he able to ensure that the Board acts in the best interest of its members?	1 2 3 4 5	
Ethics and Values			
13	Does he think, speak and act independently with confidence and coverage?	1 2 3 4 5	

14	Does he respect confidentiality of the issues discussed at Board meetings?	1 2 3 4 5	
15	How effective has he been at probing and testing information and assumptions?	1 2 3 4 5	
16	How well has he represented the Trust in internal and external communications and activities?	1 2 3 4 5	
	Technical Expertise		
17	Does he bring his current knowledge and experience to bear in the consideration of strategy development?	1 2 3 4 5	
18	How effectively has he contributed to sub-committee work in the area of your specific responsibility/expertise?	1 2 3 4 5	
19	Does he understand the financial, clinical, legal and corporate governance framework in which the Trust operates?	1 2 3 4 5	
	Use of Self		
20	Does he understand his impact on other board members?	1 2 3 4 5	
21	Does he have the ability to present views in a convincing yet diplomatic way?	1 2 3 4 5	
22	Does he listen to and take on board the view of others?	1 2 3 4 5	
23	How comfortable is he with managing real or perceived conflict?	1 2 3 4 5	
24	How effective are his peer relationships with other board members?	1 2 3 4 5	

25	How effective is his relationship with the Membership Council?	1 2 3 4 5	
26	How effective has he been in developing external relationships with other key stakeholders?	1 2 3 4 5	

COMPLETED BY

NAME

SIGNATURE

DATE

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

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

APPRAISAL YEAR: 2013/14

INTRODUCTION

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

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

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

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

Please rate the following questions in relation to the performance of

ANDREW HAIGH as Chair of the Membership Council

1	Never	Poor
2	Sometimes	Satisfactory
3	Usually	Average
4	Often	Good
5	Always	Excellent

No	Question	Rating	Comments
	Governing Attributes		
1	Does he understand the way the Trust works?	1 2 3 4 5	
2	Does the way he leads the Membership Council ensure that the patient is always put first?	1 2 3 4 5	
3	Does he help the Membership Council understand the respective roles of the Board of Directors and the Membership Council?	1 2 3 4 5	
4	Does he help the Membership Council understand the role of the Membership Council?	1 2 3 4 5	
5	From your observation, does he engage in shaping and developing strategy at Board Meetings? (You will need to have attended a Board Meeting to answer this question)	1 2 3 4 5	
6	Does he understand the information presented to him?	1 2 3 4 5	
7	Do you feel that he has made a contribution to the Trust's key annual objectives?	1 2 3 4 5	
8	How well is he able to ensure that the Membership Council acts in the best interests of its Foundation Trust members?	1 2 3 4 5	
	Ethics and Values		
9	Does he think, speak and act independently with confidence and coverage?	1 2 3 4 5	
10	Does he respect confidentiality of the issues discussed at Membership Council Meetings?	1 2 3 4 5	

11	How well has he represented the Trust in internal and external communications and activities?	1 2 3 4 5	
	Technical Expertise		
12	Does he bring his current knowledge and experience to bear in the consideration of his role as Chairman?	1 2 3 4 5	
13	How effectively has he contributed to developing the Membership Council to enable it to work effectively?	1 2 3 4 5	
	Use of Self		
14	Does he understand his impact on the Membership Council?	1 2 3 4 5	
15	Does he listen to and take on board the view of others?	1 2 3 4 5	
16	How comfortable is he with managing real or perceived conflict?	1 2 3 4 5	
17	How effective is his relationship with the Membership Council?	1 2 3 4 5	
18	How effective has he been in developing external relationships with other key stakeholders?	1 2 3 4 5	
19	Do you have any other comments to make?		

COMPLETED BY:

NAME

SIGNATURE

DATE

JRH/KB – CHAIR APPRAISAL - REVISED: MARCH 2014

<p>The future vision for the Calderdale and Huddersfield Foundation Trust:-</p> <p><i>We will work with partner organisations to understand the individual needs of patients and together, deliver outstanding compassionate care which transforms the welfare of the communities we serve.</i></p>	
<p>Our response to achieve the Trust's desired vision</p>	
1.	Keeping the base safe - ensuring no drop in performance during turbulent times.
2.	Transforming care - changing the way that we and others work to improve care.
3.	Improvement and Innovation through Strategic Alliance – we will work with our partners to provide the right care at the right time and in right place.
<p>Four values and behaviours that we want to see throughout the Trust</p>	
4.	We put the patient first. We stand in the patient's shoes and design services which eliminate unproductive time for the patient.
5.	We 'go see.' We test and challenge assumptions and make decisions based on real time data.
6.	We work together to get results. We co-create change with staff and partners creating solutions which work across the full patient journey.
7.	We do the must-do's. We consistently comply with a few simple rules that are non-negotiable and which allow us to thrive.

Please use these 7 areas to link your results overleaf

Appraisal is about helping you understand your role and continuing contribution as an individual and team member to enable the Trust to meet its ambition.

It will support you to:-

- Understand the Trust's ambition and purpose
- Set and monitor standards
- Reflect on your behaviour and the impact that has on patient care and service delivery
- Explore development opportunities

Name:		
Your results (what you need to achieve)	Date	Link to 7 areas
Completion of Mandatory Training		
Risk <input type="checkbox"/> IG <input type="checkbox"/> Prevent <input type="checkbox"/> Fire <input type="checkbox"/> Role Specific Training <input type="checkbox"/>		
<i>Please check the role specific training matrix within the Mandatory Training Policy for training relevant to your role</i> <u>G-82-2011 - Mandatory training policy (v2).doc</u>		
Personal Development Results	Date	
Appraiser's Assessment Of Progress Against Results		
Appraisee's Assessment Of Progress Against Results		

Once you have completed your appraisal you must tell your Training Data Inputter the date of the appraisal

Signed by Appraiser..... Appraisee..... Date.....

MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2013 & ALLOCATION TO SUB COMMITTEES/GROUPS AS AT 1 APRIL 2014

APRIL 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Wed 2	Medicine for Members 'A day in the life of an Anaesthetist and his role in ICU'	5.30 – 7.00	Boardroom/Lecture Theatre, HRI	Volunteers
Mon 7	MC Development session 'Understanding 'Quality' in the NHS'	2 – 4 pm	Boardroom, CRH	ANY
Mon 7	Medicine for Members 'A day in the life of an Anaesthetist and his role in ICU'	5.30 – 7.00	Lecture Theatre, CRH	Volunteers
Tues 8	MC Informal Meeting	3.00 – 4.00	Boardroom, Sub-basement, HRI	ALL
Tues 8	Members Public Meeting	4.00 – 6.00	Boardroom, Sub-basement, HRI	All
Mon 28	Staff MC Meeting	1.00 – 3.00	Chairs office, Trust offices, HRI	AH, CBentley, EH, LF, MK

MAY 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Tues 6	MC/BOD Workshop	9.00 – 4.00	TBC	All
Tues 13	Embracing Diversity	9.30 – 12.30	Discussion Room 1, HRI	Any
Mon 19	DaTS agenda setting mtg	11.30-12.30	Emma Livesley's office, DaTS offices, HRI	PM
Mon 19	DaTS Familiarisation tour	TBC (pm)	Pathology & Radiology	Any
Wed 21	E & F agenda setting mtg	3.00 – 4.00	Discussion Room 1, LC, HRI	LS
Wed 28	CWF agenda setting mtg	4.00 – 5.00	Kristina Arnold's office, CWF offices, CRH	Chair of CWF DRG

JUNE 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Mon 2	DaTS DRG Meeting	10.00-12.00	DaTS Meeting room, DaTS offices, HRI	PM, AH, WC, JR, MC LS
Tue 3	MC Election Briefing for Prospective MCs	6.00 – 7.00	Boardroom, HRI	JR and any
Wed 4	E & F DRG Meeting	2.00 – 4.00	Hospital Boardroom, HRI	LS, CBreare, GH, EH, JT, LF
Thu 5	Med Divn agenda setting mtg	11.00-12.00	Old Ward 10 Meeting Room, CRH	LS
Thu 5	Medicine for Members 'A day in the life of a Junior Doctor'	5.30 – 7.00	Boardroom/Lecture Theatre, HRI	Volunteers
Mon 9	MC Election Briefing for Prospective MCs	6.00 - 7.00	Large Training Room, Learning Centre, CRH	JR and any
Mon 9	CWF DRG Meeting	9.00 – 11.00	Parentcraft Room, CWF offices, CRH	CBreare, WC, LF, BP, MK, KW, MC
Wed 11	S & A DRG Meeting	2.00 – 4.00	Discussion Room 3, LC, HRI	BP, MU, JT, LW, GH, AH
Wed 11	Medicine for Members 'A day in the life of a Junior Doctor'	5.30 – 7.00	Lecture Theatre, CRH	Volunteers
Thu 19	Medical Divn DRG meeting	3.00 – 5.00	Boardroom, CRH	LS, DBentley, JB, JT, PM, DH
Mon 23	MC Development session: 'An Intro to NHS Finance'	10.00-12.00	Meeting Room F2, Acre House, HRI	Any
Thur 26	Chairs Information Exchange	9.30 – 11.30	Discussion Room 3, LC, HRI	JR, MU, PM, LS, EH
Mon 30	MC Development day	9.00 – 1.00	Large Training Room, CRH	All

JULY 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Wed 9	MC Development session: 'Leadership & Management Framework at CHFT'	1 – 2.30	Discussion Room 1, LC HRI	Any
Wed 9	MC Informal Meeting	3.00 – 4.00	Boardroom, Sub-basement, HRI	All
Wed 9	Members Public Meeting	4.00 – 6.00	Boardroom, Sub-basement, HRI	All

AUGUST 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Thur 21	Staff MC Meeting	10.00-12.00	TBA, HRI	AH, CBentley, EH, LF, MK

SEPTEMBER 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Mon 8	MC Development session: 'Improving the Patient Experience'	1.00 – 4.00	Meeting room G1 (ground floor) Acre House, HRI	Any
Mon 8	MC/NED Informal Workshop	4.00 – 6.00	Large Training Room, CRH	All
Thur 11	MC Development day	9.00 – 1.00	Discussion room 1, LC, HRI	All
Thur 18	Joint BOD & MC AGM & Health Fair	TBC	TBC	All
Tues 23	Embracing Diversity	9.30 – 12.30	Large Training Room, CRH	Any
Mon 29	MC Induction Day 1	9.00 – 3.00	Discussion Room 1, Learning Centre, HRI	New MCs

OCTOBER 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Fri 03	MC Induction Day 2	9.00 – 3.00	Large Training Room, CRH	New MCs
Mon 20	Staff MC Meeting	1.00 – 3.00	Meeting Room 3, LC, HRI	AH, CBentley, EH, LF, MK
Wed 29	DaTS DRG agenda setting mtg	1.00 – 2.00	Emma Livesley's office, DaTS offices, HRI	PM

NOVEMBER 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Mon 3	CWF DRG agenda setting mtg	4.00 – 5.00	Kristina Arnold's office, CWF offices, CRH	Chair of CWF DRG
Wed 5	Embracing Diversity	9.30 – 12.30	Discussion Room 1, HRI	Any
Thur 6	MC Informal Meeting	3.00 – 4.00	Boardroom, Sub-basement, HRI	All
Thur 6	Members Public Meeting	4.00 – 6.00	Boardroom, Sub-basement, HRI	All
Tues 11	MC/BOD Workshop	9.00 – 4.00	TBC	ALL
Wed 12	DaTS DRG meeting	11.00 – 1.00	DaTS Meeting Room, DaTS offices, HRI	PM, AH, WC, JR, MC, LS
Mon 17	CWF DRG meeting	11.00 – 1.00	Parentcraft Room, CWF Offices, CRH	CBreare, WC, LF, BP, MK, KW, MC
Mon 17	MC Development session: 'Membership Councillors Working Together'	2.00 – 4.30	Syndicate Room 1, L & D Centre, CRH	Any
Wed 26	S & A DRG meeting	1.00 – 3.00	Discussion Room 1, LC, HRI	MU, BP, JT, LW, GH, AH

DECEMBER 2014

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
Thur 4	Medical Divn DRG meeting	2.30 – 4.30	Small Training Room, LC, CRH	LS, CBentley, JB, JT, PM, DH
Mon 8	E & F DRG meeting	2.00 – 4.00	Hospital Boardroom, HRI	LS, CBreare, GH, EH, JT, LF
Tues 9	MC Development day	9.00 – 1.00	Large Training Room, LC, CRH	ALL
Fri 12	MC Development session: 'Holding to Account'	9.30 – 12.30	Discussion Room 1, LC, HRI	Any

DIVISIONAL REFERENCE GROUPS (Plus Divisional Reps)	QUORUM	3 per annum	ALLOCATION FROM 1 NOVEMBER 2013 • Denotes chair of DRG
Children, Women & Families (CWF) Divisional Reference Group	<ul style="list-style-type: none"> - 1 Divisional representative - 2 Membership Councillors - 1 Membership Office representative 	13.2.14, 12-2 pm Boardroom CRH 9.6.14 9 – 11 am Parentcraft Room, CWF offices, CRH 17.11.14, 9-11 am Parentcraft Room, CWF offices, CRH	Chris Breare Wayne Clarke Liz Farnell Bernard Pierce Mary Kiely Kate Wileman* Marlene Chambers
Surgical & Anaesthetics (S&A) Divisional Reference Group	“	20.2.14, 2-4 pm Hospital Boardroom, HRI 11.6.14 2-4 pm Discussion Room 3, LC, HRI 26.11.14, 1 – 3 pm Discussion Room 1, LC, HRI	Bernard Pierce Martin Urmston* Johanna Turner Linda Wild Grenville Horsfall Avril Henson
Diagnostic & Therapeutic (DATs) Divisional Reference Group	“	4.3.14 1-3 pm 2.6.14 10am-12 noon 12.11.14, 11am – 1pm All: DaTS Meeting Room, North Drive, HRI	Avril Henson Peter Middleton* Wayne Clarke Janette Roberts Marlene Chambers Liz Schofield
Medicine Divisional (Med) Reference Group	“	28.2.14, 10.30-12.30 pm Boardroom, HRI 19.6.14, 3-5 pm Boardroom, CRH 4.12.14, 2.30-4.30pm Small Training Room, LC, CRH	Chris Bentley Jennifer Beaumont Johanna Turner* Peter Middleton Dianne Hughes Liz Schofield
Estates & Facilities (E&F) Divisional Reference Group	“	6.3.14, 2-4 pm Discussion Room 2, HRI 4.6.14 2-4 pm Boardroom, HRI 8.12.14, 2 – 4 pm Boardroom, HRI	Liz Schofield* Chris Breare Grenville Horsfall Eileen Hamer Joan Taylor Liz Farnell

STATUTORY SUB COMMITTEE TITLE	AGREED COMPOSITION AS PER TERMS OF REFERENCE	PROPOSED MEETINGS	ALLOCATION
Remuneration & Terms of Services – Chair & Non Executive Directors (NEDs)	6 Members – including 1 staff (Declaration of Non-interest in NED post required)	28.1.14 9.00 am Chair's Office, HRI	Eileen Hamer Chris Bentley Janette Roberts Jennifer Beaumont Andrew Sykes (apols 28.1.14) Wayne Clarke
Nominations Sub Committee Chair & NEDs	Trust Chairman (or Vice/Acting Chair in relation to Chair appointments) Trust Chief Executive 1 Appointed Member 3 Elected Members (at least 2 publicly elected)	Annually & As and when required	Chris Breare Johanna Turner John Playle Linda Wild
AGM Planning Sub Group	Not specified	4 per annum	Chris Breare Chris Bentley Janette Roberts Grenville Horsfall
Audit & Risk Committee	1 Membership Councillor to observe	5 per annum	Andrew Sykes (Peter Middleton – reserve)

RM/KB/MC SUB GROUPS
26.11.13(v3)