Calderdale and Huddersfield NHS

NHS Foundation Trust

Annual Report and Accounts 2015/16

compassionate care

Calderdale and Huddersfield NHS Foundation Trust

Annual Report and Accounts

2015/16

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Contents

Introduction 7-11

Our vision and values 9
Chairman's Statement 10

Performance Report 12-27

About Calderdale and Huddersfield NHS Foundation Trust 14

Overview of performance:
- Statement from the Chief Executive 15
- Our purpose and activities 16
- A brief history 17
- Key issues and risks 18
- Going concern 20

Performance analysis:
- How we measure performance 22
- Our performance 22
- Sustainability 26
- Social and community issues ... 26
- Important events since the end of the financial year 26
- Overseas operations 26

Accountability Report 28-96

Directors' Report:
- Composition of the Board of Directors 30
- Meetings of the Board of Directors 30
- Biographies of the Board of Directors 32
- Register of Directors' interests 34
- Committees of the Board of Directors 35
- Remuneration and Nominations Committee 35
- Audit and Risk Committee 36
- Directors' Statements 38
- Enhanced Quality Governance Reporting 38
- Our patients 40
- Stakeholder relations 43

Remuneration Report 44
Staff Report 50

Disclosures in the Foundation Trust Code of Governance 57
Our Membership Council 66
Our Membership 73
Regulatory Report 75
Voluntary disclosures 76
Statement of Chief Executive's Responsibilities 78
Annual Governance Statement 79
Independent Audiotors Report to the Council of Governors 91

Quality Report 97-174

Part 1: Chief Executive's Statement 99

Part 2: How the Trust performed against the four priorities set for 2015/16 100

Looking ahead to 2016/17 107

Statements of assurance from the Board 110

Review of quality performance – how we compare with others 114

Part 3: Performance on selected quality indicators 127

Feedback from commissioners, overview and scrutiny committees and Local Healthwatch 151

Statement of directors' responsibilities in respect of the quality report 156

Independent Auditor's Report to the Membership Council of Calderdale and Huddersfield NHS Foundation Trust on the Annual Quality Report 157

Appendix 160

Annual Accounts 175-213

Cover picture

Medical secretary Stephanie Carroll is our cover girl for 2015/16. Stephanie and her team in the Trust's neurophysiology team (also inside on page 175) were photographed showing our Trust's 100% commitment for the Hello My Name Is….. campaign. Steph, who has worked at the Trust since 2007, said: "This is all about making the patient feel more relaxed and at ease, like a person and not just a number. Introducing yourself properly each time is all about breaking down barriers and making your patient feel better."

Introduction


510

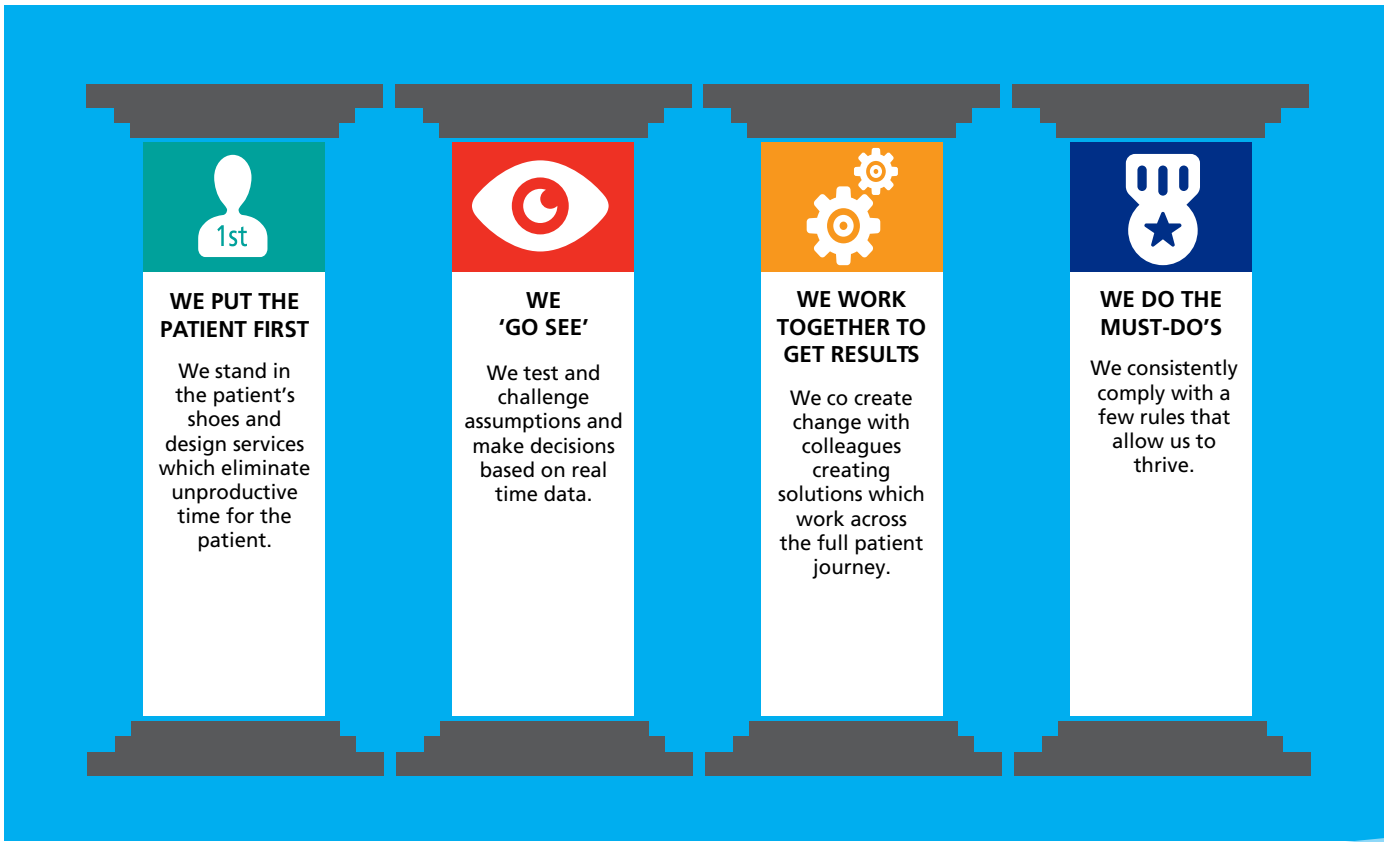
Our vision and values

Our vision is that:

Together we will deliver outstanding compassionate care to the communities we serve

This is supported by the Trust's values, the four pillars of behaviour that it expects all employees to follow, and which are embedded into the organisation so that every member of staff understands their responsibilities. These are:

- **We put the patient first**
- **We go see**
- **We work together to get results**
- **We do the must dos**



Chairman's statement

Think back. What were you doing on Boxing Day 2015? Probably watching television, and relaxing with family?

Linda Mitchell wasn't. Linda, an administrator at the Allan House Health Centre in Sowerby Bridge had her wellies on, a mop in hand and was leading the clear-up campaign after the dreadful flooding had engulfed the clinic annex. She'd been sent a photo of the devastation and that image on her mobile sent her into action. Linda rolled up her sleeves and her trousers, pulled on her wellies and got stuck in. She organised an army of volunteers to help her and two days later when our mainly elderly patients were due back for their care they got it.

It was an amazing effort – a real turnaround triggered by one very dedicated, professional healthcare worker. Linda was presented with one of our monthly colleague recognition awards nominated by her colleagues as a tribute to her commitment to providing compassionate care to our patients. She said: "When I saw the water I just thought, 'what are my patients going to do?' "

Not many NHS chairmen will start their annual reviews with wellies and mop in their opening few words. But to me Linda's action that day typifies the very best of my 6000 colleagues at Calderdale and Huddersfield NHS Foundation Trust.

And the very best has been tested throughout this very challenging year and will be into the next one.

For example, in March we had our first visit by the CQC for three years. The new-style inspections mean around 60 inspectors – all healthcare professionals – were with us through a week looking at all aspects of how the Trust delivers patient care. They tour all areas of our hospitals and community care settings chatting to our staff and our patients and their families. They also hold interviews and focus groups to get to find out even more about how care is delivered at CHFT. The CQC inspection is a big date for all Trusts – with extra pressures and challenges on staff – and some of the early verbal feedback was very positive, but equally highlighted some areas for improvement. So now it's 'wait and see' time and we expect their full report and rating later this year.

We have worked very hard to manage our finances through 2015/16 and delivered a significant saving of £18m. However we remain £20m in deficit and still under breach of licence with our regulator NHS Improvement (formerly Monitor) as a result.

In February our two Clinical Commissioning Groups (CCGs) announced the Right Care, Right Time, Right Place consultation - the biggest proposed changes for a decade at our two hospitals and in community.

At the moment our Trust provides services on two sites and if we are to retain services locally, delivering care to national standards, we have to look at how both hospital sites between them can provide all the services our populations need and expect.

To rise to the challenges, our two local CCGs have proposed the way forward with a very different looking NHS locally which includes:

- A specialised emergency care centre.
- A specialist paediatric emergency centre which we have never had before.
- Urgent care centres at both hospitals for the people who currently attend old style A&E with minor injuries
- A brand new hospital for planned operations.
- More care delivered in peoples' homes or close to their homes in health centres and GP surgeries.

Of course, change to a treasured institution such as the NHS always invokes strong emotion but from a quality of care and safety perspective change has to happen to make our services sustainable for the future. We at Calderdale and Huddersfield NHS Foundation Trust feel strongly that the proposals from the CCGs are the way to ensure that NHS care – whether in hospital or in the community – retains its strong record and reputation locally.

Our doctors, nurses and therapists have been working for two years with their colleagues in the CCGs to develop a model of care which is being consulted upon with the public until 21 June 2016. A decision is due later this year and will mean more challenges ahead for my colleagues at the Trust.

Later this year we will have another challenge with the implementation of the Electronic Patient Record system which puts all records onto computers and means the end of those paper files which get tattier and harder to read as the years go by. It's a brand new system and means all clinicians can get up to date patient records at the touch of a button so there's no need for our patients and their families to repeat all their details at each step of the way. It is a huge commitment – shared with colleagues at Bradford Teaching Hospitals Trust – and the training schedule for the majority of our colleagues is already underway. We look forward to the big switchover day later this year.

So, with a very challenging year behind us and another looming I wish to thank all colleagues in all areas of the Trust who come in to work every day and night of the year to provide compassionate care for our patients and their families. When it gets tough the "Linda Mitchell" spirit I described at the top of this statement comes to the fore right across the Trust, as we pull together to put our patients first.

I'd also like to thank our volunteers, our membership councillors and our members for their support throughout the year.

To you all, I say a very, very big thankyou and look forward to working together in the year ahead.

Andrew Haigh
Chairman

Linda was a winner of our monthly colleague recognition Star Award scheme where colleagues nominate each other for outstanding contribution to day to day work – where they go above and beyond.


NHS

Performance Report

About Calderdale and Huddersfield NHS Foundation Trust

CHFT IN NUMBERS 2015/16

462,751
LOCAL CALDERDALE CCG & GREATER HUDDERSFIELD CCG POPULATIONS

147,619
A&E PATIENTS

122,218
IN-PATIENTS

441,216
OUT-PATIENTS

50,096
DAY CASES

305,569
TOTAL COMMUNITY CONTACTS

ADULT 236,920

CHILD 68,649

316,083
CHFT THERAPIES

ADULT 296,011

CHILD 20,072

£369m
EXPENDITURE 2015/16

£200m
CLINICAL STAFF SPEND

103,000
ACCOUNTS PAYABLE TRANSACTIONS

20,000
ACCOUNTS RECEIVABLE TRANSACTIONS

83
PROFESSIONS

1938
NURSES & MIDWIVES

534
DOCTORS

420
THERAPISTS

640
COMMUNITY STAFF

5909
TOTAL STAFF

5622
TOTAL BIRTHS

2911
BOY BIRTHS

2711
GIRL BIRTHS

3000 HRI
4500 CRH
SWITCHBOARD CALLS

340,895
TOTAL MEALS

110,200
BREAKFAST

120,495
LUNCH

110,200
TEATIME

Overview of performance

Statement from the Chief Executive

I am proud to hail the efforts of our doctors, nurses, therapists, porters, cleaners, volunteers and other support colleagues who have gone many miles beyond that extra mile to provide compassionate care for our local people.

I'm also grateful to our many patients, relatives and carers who have stood by us during these unprecedented times which have seen us having to provide care against a backdrop of a financial deficit for the second year running.

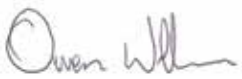
As many people will have come to appreciate, 2015/16 was a very challenging year for the NHS and for us as a Trust. In total the equivalent national deficit was £2.45 billion and had it not been for the use of 'one-off accounting measures' the national figure may have been much worse which puts our Trusts deficit of £20 million into context.

Despite this reality we met the broad expectations of our financial regulators NHS Improvement and we achieved all but one of our key performance targets. We worked hard at providing high quality services in the Community as well as delivering on waiting times for our cancer patients. We also made sure our referral to treatment times in other areas remained under the 18 week limit, and, outstanding for this year, our Emergency Department teams, in three out of the four quarters ensured 95% of our patients received their care in four hours.

We also opened our doors to the Care Quality Commission inspectors in March 2016 and their report is due later this year. Their initial verbal feedback confirmed some areas of good practice and made us aware that there are areas where we could be improving and our teams are already working on this.

We all know that the current and following years are going to be challenging and we have seen the difficult choices that we are faced with as a part of the Right Care, Right Time, Right Place consultation process. However, the professionalism and passion of our work force is there for all to see as is the commitment of our external partners.

This gives us all reasons to feel positive about providing compassionate care long into the future.



Owen Williams
Chief Executive

Our Trust – like many – is fully backing Huddersfield-born doctor Kate Granger who has launched the "Hello….. My Name is" campaign which is now adopted right across the NHS. Dr Granger has a terminal diagnosis and from her experiences as a patient came up with the campaign to improve communications between patients and all the clinical, admin and support teams who care for them. This is our tribute to an amazing Yorkshire Woman of the Year. Kate is pictured inset receiving a BMJ Special Award in May 2016.

Our purpose and activities

The principal purpose of the Trust is the provision of goods and services for the purpose of health care in England. The principal location of business of the Trust is:

Trust Headquarters, Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield, West Yorkshire HD3 3EA

In addition, the Trust has the following locations registered with the Care Quality Commission:

- Calderdale Royal Hospital, Salterhebble, Halifax, West Yorkshire, HX3 0PW
- St John's Health Centre, Lightowler Road, Halifax, West Yorkshire, HX1 5NB
- Todmorden Health Centre, Lower George Street, Todmorden, West Yorkshire, OL14 5RN
- Broad Street Plaza, 51 Northgate, Northgate, Halifax, West Yorkshire, HX1 1UB

The Trust is registered with the Care Quality Commission without conditions and provides the following regulated activities across the stated locations:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening services
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Nursing care
- Surgical procedures
- Termination of pregnancy
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

In 2015/16 Calderdale and Huddersfield NHS Foundation Trust cared for more than 122,000 men, women and children as inpatients (stayed at least one night) or day cases and more than 441,000 people attended our outpatient clinics. Our A&E departments at both hospitals saw and treated more than 147,500 people. There were some 236,000 adult services and 68,000 children's service contacts by our community teams.

Our 6,000 colleagues provide compassionate care from our two main hospitals, the Calderdale Royal Hospital, and the Huddersfield Royal Infirmary, as well as in our community sites, health centres and in patients' homes.

A brief history

Calderdale and Huddersfield NHS Foundation Trust is a statutory body, which became a public benefit corporation on 1 August 2006 following its approval as a NHS Foundation Trust by the independent regulator of NHS Foundation Trusts authorised under the Health and Social Care (Community Health and Standards) Act 2006 (the 2006 Act).

The Trust was formed in 2001 combining hospitals in Halifax and Huddersfield to deliver healthcare for the populations of Calderdale and Huddersfield.

Since then we have expanded beyond our hospital-based services and we now also provide a range of community services in Calderdale to meet the changing healthcare demands of our population.

As a Foundation Trust – a status gained in 2006 – we have had the freedoms to develop and invest in our services to make sure they are tailored to the best needs of our local patients. This status has enabled us to develop Acre Mills in Lindley, Huddersfield (with development partners Henry Boot) which opened as our new outpatients centre in February 2015.
In 2006 maternity and surgical services were reconfigured to provide obstetric maternity care and most children's inpatient services on the Calderdale site and trauma surgery on the Huddersfield site. Stroke care was also centralised on the Calderdale site.

In 2015 the Trust won the tender to provide sexual health services in Calderdale in a joint bid with the Calderdale GP Federation. We continue to work with partners in both Calderdale and Huddersfield to develop and deliver high quality, compassionate health care services for our patients.

In March 2016, the two local clinical commissioning groups in Calderdale and Greater Huddersfield announced a 14 week formal public consultation on the reconfiguration of hospital services. The proposals include centralising emergency care on the Calderdale Royal Hospital site and creating a new planned care centre on the Acre Mills site in Huddersfield. Both sites would have an urgent care centre and a birth centre. The consultation finishes on 21 June 2016 and will be subject to local authority Overview and Scrutiny Committee process prior to a decision being made by the clinical commissioning groups later in the year.

Key issues and risks

The Trust continued to strengthen its risk management processes during 2015/16, including more regular review of the Board Assurance Framework at the Board and Audit and Risk Committee and regular review of the corporate risk register. A description of the principal risks and uncertainties facing the Trust is set out in the Annual Governance Statement on p79.

The Trust is currently facing significant clinical, operational and financial challenges. Following the breach of the Trust's license in January 2015, one of the requirements placed on the Trust by NHS Improvement was to produce a robust plan to return it to improved risk rating levels and sustainability. This work included a detailed review of the clinical, operational and financial challenges facing the Trust.

Clinical challenges;

- The provision of dual site services is impacting on the quality of care provided to patients.
- Current configuration of services is not in line with National Clinical Advisory Team's recommendation or the Clinical Consensus Model agreed between the Trust's clinicians and GP commissioners.
- Emergency departments do not meet Royal College recommendations / standards.
- The Trust suffers from a larger than average Hospital Standardised Mortality Ratio (HSMR).

Operational challenges;

- The Trust is not able to recruit for or retain an adequate workforce of substantive staff to meet demand. In particular, there are difficulties in recruiting middle grade doctors in A&E and consultants in a number of key medical specialties.
- Provision of dual services is impacting operational performance in terms of patient pathways and workforce cover.

Financial challenges;

- The Trust is reporting an underlying deficit of £41m for FY17.
- Provision of dual services across two sites is expensive, resulting from duplication of costs and the additional difficulties this presents in relation to recruiting and retaining staff.
- Both estates are expensive to run in terms of upgrade requirements and PFI contracts.

Additional challenges

The two local CCGs have embarked on formal public consultation on proposals to reconfigure hospitals services to address some of these challenges. There is a significant risk to the Trust if reconfiguration is not supported and as part of ongoing progress monitoring arrangements with NHS Improvement, the Trust is considering what the alternatives to reconfiguration may need to include.

The Trust is also planning to implement an electronic patient record across the whole organisation, in partnership with Bradford Teaching Hospitals Trust towards the end of 2016/17. The presents real challenges in business continuity and the ability to train all 6000 staff on the new system prior to 'go-live'.

Financial sustainability

The Trust continues to operate in a challenging financial environment being shaped by the national financial picture with the on-going need to reduce the public deficit and bring NHS finances at a national level back into balance. This sits alongside the continued pressures of investing in clinical staffing ratios, providing services 7 days a week and responding to increasing demand. The Trust also continues to be under enforcement action from its regulator NHS Improvement following the breach of licence in 2015/16. The breach of licence resulted in actions for the Trust to complete:

- Delivery of the reforecast plan submitted in September 2014;
- Plan for 2015/16 and ensure the efficiency challenge is met and consistent with the national efficiency requirements detailed within the 'The Forward View into Action: Planning for 2015/16';
- Develop a strategic sustainability and financial turnaround plan for completion in September 2015.
- Completion of a Well-Led Governance Review

While the Trust has completed all of these actions, the ongoing deficit position and requirement for Secretary of State funding beyond 2016/17 means that the Trust remains under enforcement action.

The Trust has used its 2015/16 financial performance to model the plan for 2016/17 alongside the activity forecasts and capacity requirements for its services and is planning for the following income and expenditure position:

- Underlying deficit of £41m;
- Non recurrent support from centrally allocated Sustainability and Transformation Fund to be received at £11m, contingent upon achieving performance measures;
- CIP delivery at £14m. This is above the nationally required level, recognising the need to reduce the Trust's deficit;
- Planned deficit position of £16m.

The Trust is also planning to continue to invest in transformational capital technology and estate schemes in 2015/16. The total capital expenditure being planned is £28.2m.

As described above, the Trust is reliant upon external cash support in order to continue to operate. The total borrowing requirement in 2016/17 will be £38m to cover the day to day running of services as represented by the revenue position and the capital investment programme. Of this £5m is being funded by way of a pre-approved capital expenditure loan from the ITFF to support the continued investment in the EPR system. The remaining £33m is to be secured through further ITFF borrowing.

A particular risk exists non-recurrently in 2016/17 with regard to the implementation of the EPR system. This is due to a potential loss in clinical productivity and therefore income during the implementation phase and the need to release and backfill staff for training. This is based on experience of other providers implementing a similar system. The Trust continues to explore mitigations to this position.

With the exclusion of the non-recurrent items in 2016/17, the underlying deficit position is aligned with the baseline year used for the financial modelling of the Five Year Strategic Plan.

Further detail on the key issues and risks that could affect the Trust in delivering its objectives are included within the Annual Governance Statement on p79.

These challenges are captured on the Trust's corporate risk register as:

- Progression of service reconfiguration impact on quality and safety
- Over-reliance on middle grade doctors in A&E
- Failure to meet cost improvement programmes
- Outlier on mortality levels
- Staffing risk, nursing and medical
- Delivery of Electronic Patient Record Programme
- Patient flow

Going Concern

The accounting concept of Going Concern refers to the basis on which an organisations assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate indefinitely and not go out of business or liquidate its assets in the foreseeable future.

Under International Accounting standards, management are required to assess, as part of the accounts process, the NHS Foundation Trust's ability to continue as a going concern. The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of services to another entity, or has no realistic alternative but to do so.

The finance team has assessed various sources of information in order to assess whether it is appropriate to prepare the accounts on a going concern basis. These include both internal and external reporting, the Trust's long term financial plan, audit reports and dialogue with NHS Improvement.

The Trust has closed the year with a cash balance of £2m and positive net assets of £99m.

However, given the challenge within the financial plans for 2016/17 further areas require consideration to be able to demonstrate that the Trust is a going concern.

The following has been taken into account when going concern is considered:

- The unaudited year-end financial position of £21m (excluding exceptional items as described in note to the SOCI) was an improvement of £2m against the original plan and a £1m improvement against the revised plan. Whilst still a deficit position, this presents a level of confidence from NHS Improvement, in the Trust's ability to deliver plans.

- The Trust closed the year with £1.9m of cash but cannot sustain the planned deficit position within 2016/17 without the requirements of external cash support. As such, the Trust has been in communication with NHS Improvement to arrange for working capital facilities to enable the Trust to operate throughout 2016/17. With this loan in place, the Trust will be able to meet its liabilities.

- The Commissioners continue to commission services from the Trust and contracts with commissioners were completed and signed in April 2016. This leads to regular monthly transfers of fixed levels of cash based on contracted values for 2016/17. This incoming cash along with working capital facility, will allow the Trust to meet all its obligations and liabilities.

- From Internal Audit reports completed in 2015/16 there have been no other indications of significant financial risk or weaknesses in financial risk management
- Throughout 2015/16 the Trust has worked closely with local partners to develop a long term strategy and is consulting with the wider community on reconfiguration. This strategy has been supported by regulators.

- In 2015/16 the cost improvement plan (CIP) challenge of £14m was exceeded by £4m. A project management office (PMO) is in place and the PMO methodology ensures that the CIP plans for 2016/17 are robust and deliverable. This programme methodology is built around a gateway approach for project design, development and delivery that includes a rigorous quality and equality impact assessment review. Whilst the 2016/17 challenge of £14m is not yet fully identified, systems are in place alongside the PMO to identify opportunities.

In conclusion the Trust does not have any evidence to suggest that the going concern basis is not appropriate. There is a reasonable expectation that Calderdale and Huddersfield NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason we continue to adopt the going concern basis in preparing the accounts.


Locala
Welcome to
St John's
Health Centre
An NHS Primary Services building

Performance Analysis

How we measure performance

Like all Trusts, Calderdale and Huddersfield NHS Foundation Trust is under enormous pressure to meet the health care needs of a growing and diverse population, alongside great changes to the infrastructure of the NHS and a difficult financial climate.

The Trust's performance against a range of national targets and standards is assessed and reported externally. These measures include the 4-hour emergency care standard; cancer referral targets; infection control standards; 18-week waiting times and staffing levels.

The Board considers the Integrated Performance Report at each meeting which describes performance against these targets and any action being taken to address dips in performance. This is informed by detailed review at a divisional and executive level prior to the Board meeting.

There is also detailed scrutiny of the different elements of the Integrated Performance Report through the Board sub-committees - Finance and Performance Committee, Quality Committee and the Workforce Well-Led Committee. Each quarter the Board confirms the position of each of these metrics to NHS Improvement. Details of the Trust's performance during the year can be seen on this page.

The Board also considers a quarterly update on progress against the key strategic objectives identified in the Trust's One Year Plan (see p24).

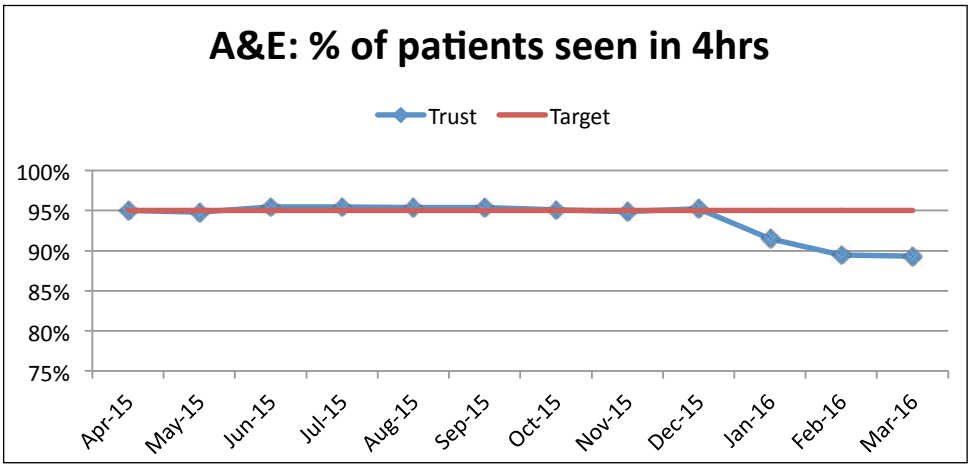
Our performance

The Trust delivered a strong performance across all of our targets for 2015/16 in the face of the significant challenges. We worked hard to continue to provide safe, compassionate care for all of our patients with a high level of patient satisfaction, while continuing to achieve the demanding efficiency savings and financial balance.

Indicator	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Total time in ED under 4hrs	95%	95.08%	95.39%	95.08%	90.07%
Referral to Treatment Time, 18 wks in aggregate, Incomplete pathways	92%	95.44%	96.07%	95.45%	95.70%
Cancer 2 week wait (all)	93%	97.10%	95.74%	97.48%	99.04%
Cancer 2 week wait Breast Symptomatic	93%	94.43%	97.01%	95.19%	96.68%
Cancer 31 days from diagnosis to first treatment	96%	99.74%	100.00%	99.76%	99.73%
Cancer 31 days for second or subsequent treatment – surgery	94%	98.25%	100.00%	98.59%	100.00%
Cancer 31 days for second or subsequent treatment – drug treatment	98%	100.00%	100.00%	100.00%	100.00%
Cancer 62 day wait for first treatment (urgent GP)	85%	89.98%	90.08%	93.51%	91.11%
Cancer 62 day wait for first treatment (NHS Cancer Screening Referral Service)	90%	96.43%	94.00%	94.37%	97.67%

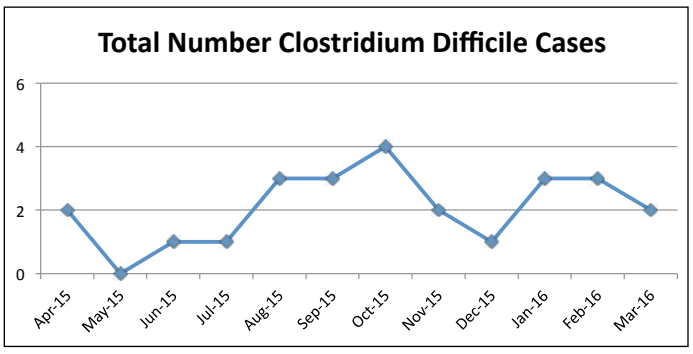
There were three key areas where we have put in place additional action to address performance issues:

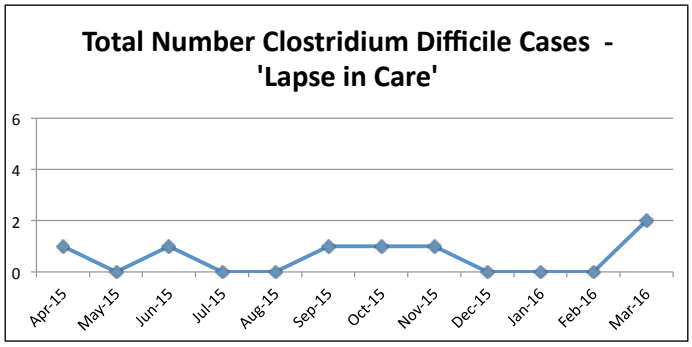
Emergency care



Like many other Trusts, we had some difficulties in delivering the 4 hour A&E target, particularly over the winter period. This resulted in underperformance against this target in quarter 4 of 15/16. Every day in the Trust there is around 300 patients who have been with us for more than 10 days. We have implemented a new Safer Patient Flow Programme which tackles a number of areas including: reducing admissions, reducing length of stay and ensuring we have safer staffing levels. Where delays are highlighted in discharging a patient, work can be immediately actioned to start or speed up the process of ensuring the patient is cared for by the right clinician, in the right bed and can be discharged safely. Work is also being done with external and internal partners to put new systems in place to enable improvements to be made and to reduce the number of patients waiting for packages of care

Hospital acquired infections – Clostridium Difficile (C Diff)





The Trust has relatively low rates of infection. Because of this our commissioners set us a very low target for C Diff cases of 21 or fewer. During 2015/16 we unfortunately had 25 reported cases of C Diff at the end of the year. Of these, seven were agreed as avoidable and 18 agreed as unavoidable. All cases were investigated for learning and action to help prevent future incidences. The commonest issues were delays in isolating patients, delays in obtaining specimens for testing and completion of documentation. For 2016/17 we have a target of 21 cases. The roll-out of nervecentre – our new observation system for patients – will support the work we are doing to ensure compliance with good infection control practice.

Cancer targets

We have successfully delivered the cancer targets. Early in the year we identified an issue relating to patients who required referral to a tertiary centre. We worked with Leeds Teaching Hospitals Trust to address this. We will continue to work with the screening services, patients, GPs, and other cancer care providers to ensure we continue to achieve good performance in cancer waiting times.

Performance against our strategic objectives

In May 2015, the Board of Directors agreed the One Year Plan and quality priorities for 2015/16. The plan described the four goals of the Trust:

- Transforming and improving patient care
- Keeping the base safe
- A workforce fit for the future
- Financial sustainability

These goals are underpinned by the four pillars of behaviour:

- We put the patient first
- We go see
- We work together to get results
- We do the must dos

The plan set out the key areas of delivery to support the achievement of each of the goals described in the table below. The risks of not delivering the goals were assessed and included in the Board Assurance Framework. The risks associated with each area of delivery were also assessed and included in the corporate risk register.

Our Vision	**Together we will deliver outstanding compassionate care to the communities we serve**			
Our behaviours	**We put the patient first / We go see / We do the must dos / We work together to get results**			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Financial sustainability
Our response	Design and implement the community division while continuing to work on CC2H	Implement the local quality priorities (see separate page)	Plan and implement workforce change to ensure that our people and resources actively support the reconfiguration of integrated hospital and community services..	Deliver a robust financial plan including CIP for 2015/16 and 2016/17
	Develop and roll out the first wave of 7 day working standards	Ensure readiness to achieve CQC rating of good	Design an innovative Trust-wide internal communications strategy and implementation plan.	Refresh the Commercial Strategy
	Roll out of the first year of programmes to support implementation of EPR	Strengthen our performance framework at corporate and divisional level	Secure safe staffing levels and have clear mitigation plans ready to be deployed if required.	Strengthen our financial control procedures
	Continue the implementation of the Care of the Acutely Ill Patient action plan	Ensure robust plans are in place to monitor and deliver A&E and C Diff	Launch a campaign to actively support improvements in health and well-being and reduce absence	Develop the 5 year turnaround plan with agreement across the local and regional health economy
	Work with commissioners and providers locally and across WY to develop plans for the future configuration of integrated services	Respond to Monitor in relation to breach of licence and undertake Well Led Governance Review	Design a strategic framework to articulate and govern a value driven people focussed approach using work together to get results	
	Develop and implement a Public and Patient Involvement Plan	Implement the health and safety action plan	Create a Trust-wide, multi-disciplinary approach to Learning delivered via a fully integrated education and training function	

The Board received a report on progress against each of these areas on a quarterly basis throughout 2015/16. At the year end, of the 22 deliverables

- Two areas were closed as the action had been superseded by other work
- Five areas had been delivered.
- 14 areas were on track but had not been completed by the year end.
- The area with work outstanding was the delivery of a strategic framework to articulate and govern a value driven people focussed approach using work together to get results. To address this, interim support had been secured to develop the workforce plan to support the 5 Year Strategic Plan and set the strategic direction for workforce. Leadership and management development programme will be incorporated into this work.

A new Community Division
During 2015/16 the Trust created a new Community Division and structure to reflect the direction of travel towards care closer to home and community based services. Led by a Clinical Lead, Assistant Director of Nursing, and Assistant Divisional Director, all with a community background, the Division has been key to the work on the Multi-Specialty Provider Vanguard in Calderdale. Teams from community have also worked closely with commissioners to develop services and care pathways to support patients in their own homes and prevent the need for an admission to hospital. These are already having an impact such as the Quest for Quality scheme which increases the level of support provided to Calderdale care homes and has led to a 40% reduction in A&E attendances from the patients of those homes.

Information technology and implementing the new Electronic Patient Record
The NHS has made a commitment that by 2020 all electronic health records would be fully interoperable and patient records would be paperless. In November 2015 Calderdale and Huddersfield Foundation Trust delivered the full deployment of an Electronic Document Management System (EDMS) planned as a precursor to the EPR that would contribute significantly to the success of EPR and a paperless hospital.

Early in 2015 CHFT approved a business case to implement, in partnership with Bradford Teaching Hospitals Foundation Trust (BTHFT), an EPR using the Cerner Millennium solution with an aim to create a patient centric comprehensive clinical record that will improve care quality, clinical safety and outcomes. The development of the EPR programme commenced in May 2015 with a development plan that aims to deliver go-live in the 2016/17 financial year.

During this development period, CHFT successfully deployed a number of tactical solutions, such as e-observations, theatres and maternity systems and community mobile enabling the trust to capitalise on a number of operational benefits and free up time to spend on caring for patients.

The Trust's modernisation programme has seen a significant shift in the Trusts' digital maturity which will underpin the benefits realisation of the EPR that will unlock the potential in the information we have about patients and help us to deliver better care whilst considerably reducing the effort taken to collect data. The EPR will encourage standardised ways of working which potentially reduces the length of stay for our patients that will extend beyond our hospitals allowing our community staff to access records from wherever they are to one 'single source of truth'. EPR will empower staff to work more effectively so patients benefit from improved quality and experience.

The Trust recognises the need to collaborate with other health and wellbeing providers in order to provide patients and the public with seamless access to services. In order to do this we will need to ensure our systems are connected across health organisations whilst ensuring that the appropriate governance is in place. The EPR procurement included a Health Integration Exchange which will allow the EPR to connect to any other systems. This will promote a more cohesive approach across all local health communities.

We will aim to be the safest, most efficient and patient centred organisation in the NHS.

Well-Led Governance Review
As one of the conditions of its breach of licence, the Trust was required to undertake an independently assessed Well-Led Governance Review. Following a self-assessment in April 2015, the Trust engaged independent consultants PWC to test the self-assessment and make recommendations on areas for improvement. The PWC assessment matched the Trust's self-assessment.

The review produced five green/amber scores meaning that there were some elements of good practice identified with some minor omissions. There was also a robust action plan in place with sufficient evidence of delivery which PWC was confident the Trust would deliver within a reasonable timeframe.

There were also five amber/red scores meaning that there were some elements of good practice and no major omissions, however the action plans to address the gaps were in an early stage of development with limited evidence of track record of delivery.

PWC identified the key themes:
- Capacity
- Pace of change
- Performance management
- Data quality
- Ability to forecast

Particular strengths were highlighted as:
- The Trust's recognition of the factors that led to the financial deterioration and acting quickly to mitigate these;
- Introduction of turnaround arrangements coupled with improved accountability and awareness of financial performance;
- A strong sense of authenticity and self-awareness, as reflected in the self-assessment scores;
- A genuinely patient-centred approach;
- A consistent vision and set of values that are well-recognised and becoming more embedded across the organisation;
- Board members have a balance between external focus and operational delivery;

- The Trust is an active partner in the local health economy, and regularly looks externally to learn from other organisations.

Areas for improvement were identified as:

- The need to carefully manage and monitor capacity, in light of the challenges facing the Trust such as CQC inspection and the introduction of the EPR;
- The need to address a small number of long running issues including fractured neck of femur, coding and care of the acutely ill patient;
- Development of more forward-looking board level information and a review of data quality.

A prioritised action plan was developed for delivery over a 12 month period to July 2016. The actions include:

- Development of a risk management culture and processes;
- Implementation of a performance management framework;
- Development of data quality kite mark;
- Sharing of lessons learned;
- Evaluation and development of clinical leadership within the Trust.

Care Quality Commission Inspection

In March 2016, the Trust received its first Chief Inspector of Hospitals Inspection from the Care Quality Commission. Around 50 inspectors spent four days in the Trust, with two follow-up un-announced visits shortly after. The inspectors commented on the professionalism of our colleagues in community and told us we had a very welcoming, and positive culture. We expect to receive our report in June.

Sustainability

In 2015/16 the Trust has continued to implement measures to reduce its environmental impact and integrate energy, sustainability and waste management to enable a holistic approach to be taken to the wider sustainability agenda. Projects to minimise the amount of waste going to landfill and incineration have been introduced including a bag to bedside project and greater options for recycling. These are expected to give positive year on year results for 2016/17.

Awareness of sustainable food has been raised through the introduction of a local greengrocers stall at Huddersfield Royal Infirmary which has increased due to demand from one to two days a week. Links to the wider public health agenda are made through the Trust's Sustainable Development Management Plan.

Energy usage continues to be a priority for the Trust with the ongoing roll out of LED lighting to replace less efficient fluorescent tubes. Video conferencing facilities have been improved and the usage of smarter, flexible working has cut down on staff travel requirements.

Social and Community Issues

The Trust has a significant profile in both of the local areas it serves and sees it's community role as important both as a health care provider and potential local employer.

The Trust works with a number of local schools and colleges offering work experience and placement opportunities. The Chief Executive and other senior management also participate in the Take Over Day scheme. The Trust continues to support our apprenticeship scheme. As at 31 March 2015 the Trust employs around 70 apprentices, which is more than double the number employed at the same time the previous year, and the Trust is working towards a year on year increase in staff under the age of 25. The Trust has also formed links with key community and voluntary sector organisations including Calderdale Deaf Society and HealthWatch.

We continued to welcome a cohort of sixth form volunteer students on to wards to work with our elderly patients and support our staff delivering dementia care. The students, many of who are hoping to pursue careers in medicine, support staff with a range of activities to stimulate our patients' memories. We also accept requests to come and do work experience within the Trust in a variety of roles and departments.

We have a number of policies in place which cover social, community and human rights matters. A process is in place to ensure that none of our policies have an adverse or discriminatory effect on patients or staff. We continue to provide positive support to people with a disability who wish to secure employment with the Trust through the Guaranteed Interview scheme and comply with two tick's requirements. There are policies in place which support staff who may become disabled during their employment.

Important events since the end of the financial year 2015/16

Changes in the Board

Julie Dawes, Executive Director of Nursing, left the Trust in April 2016. The new Executive Director of Nursing was appointed in April and will join the Trust in June 2016.

A substantive Executive Director of Workforce and Organisational Development will join the Trust in August 2016.

Overseas operations

The Trust has no overseas operational activity and has received no commercial income from overseas activity during the year.


NHS
NHS


NHS

Accountability Report

Directors' Report

Composition of the Board of Directors

The members of the Board during 2015/16 were as follows:

- Andrew Haigh – Chairman
- Owen Williams – Chief Executive
- Dr David Anderson – Non-Executive Director and Senior Independent Director
- Helen Barker – Chief Operating Officer
- Dr David Birkenhead – Executive Medical Director
- Julie Dawes – Executive Director of Nursing / Deputy Chief Executive
- Keith Griffiths – Executive Director of Finance
- Karen Heaton – Non-Executive Director
- Lesley Hill – Executive Director of Planning, Estates and Facilities
- Julie Hull – Executive Director of Workforce and Organisational Development on secondment for one year from October 2015
- Richard Hopkin – Non-Executive Director
- Phil Oldfield – Non-Executive Director and Chair of the Finance and Performance Committee
- Dr Linda Patterson – Non-Executive Director
- Jeremy Pease – Non-Executive Director and Chair of the Quality Committee
- Professor Peter Roberts – Non-Executive Director and Chair of the Audit and Risk Committee
- Jan Wilson – Non-Executive Director and Vice-Chairman, Chair of the Workforce Committee

The Board has also included two additional non-voting Directors:

- Anna Basford – Director of Transformation and Partnerships
- Mandy Griffin – Director of the Health Informatics Service

The following changes in the board membership occurred during the year:

- Julie Hull, Executive Director of Workforce and Organisational Development accepted a one year secondment and left the Board in October 2015.
- Dr Linda Patterson agreed a six-month sabbatical from January 2016.
- Jeremey Pease resigned from the Board with effect from 31 March 2016.
- Karen Heaton and Richard Hopkin were appointed as Non-Executives on the Board on 1 March 2016.

The gender balance of the Board as at 31 March 2016 was:

	Female	Male
Non-Executive Directors	3	6
Executive Directors	3	3
Non-voting Directors	2	0

The age profile of the Board as at 31 March 2016 was:

Age	Number of directors
18-39	0
40-49	2
50-59	9
60-69	5
70+	1

A robust appraisal process is in place for all board members and other senior executives. The Chairman appraises the Chief Executive, and the Chief Executive carries out performance reviews of the other executives. All these reports are available to the Membership Council.

The Chairman undertakes the performance review of Non-Executive Directors using the Trust's appraisal documentation and the outcomes of these appraisals are reported to the Membership Council. During 2015-16, the performance review of the Chairman was led by the Senior Independent Non-Executive Director in accordance with a process agreed by the Membership Council. All Membership Councillors are invited to contribute to the appraisal process for the Chairman. The outcome was then reported to the Council by the Senior Independent Non-Executive Director.

Meetings of the Board of Directors

The Board of Directors met 13 times during 2015/16 including the Annual General Meeting.

NAME OF DIRECTOR	BOARD OF DIRECTOR MEETINGS ATTENDED
A Haigh (Chair)	12/13
D Anderson	11/13
K Heaton	1/1 (Appointed 1.3.16)
R Hopkins	1/1 (Appointed 1.3.16)
P Oldfield	11/13
L Patterson	8/10 (Sabbatical leave January -Sept 2016)
J Pease	11/13
P Roberts	13/13
J Wilson	12/13
O Williams	11/13
D Birkenhead	12/13
J Dawes	12/13
K Griffiths	11/13
L Hill	11/13
J Hull	0/0 (On secondment)


Healthline
Healthline
Healthline
NHS

Biographies of the Board of Directors

Our board of directors is a unitary board, and has a wide range of skills with a number of directors having a medical or nursing background. The non-executive directors have wide-ranging expertise and experience with backgrounds in finance, audit, estates, property, business development, primary care, human resources, organisational development and research. The board believes that it is balanced and complete in its composition and appropriate to the requirements of the organisation. All of the non-executive directors are considered independent

Andrew Haigh
Chairman

Appointment: July 2011 to July 2017
Andrew was appointed as Chairman of the Trust in July 2011. He trained locally as a chartered accountant with Armitage & Norton and moved to KPMG in Leeds when the two firms merged in 1987. He specialised in IT risk management and audit, particularly within retail financial services and the public sector eventually leading the IT Advisory practice for the KPMG in the UK and the Financial Services practice in the North of England. He retired from KPMG in 2008 to care for his wife who had a long term degenerative illness. He became a Non-Executive Director of the Trust in December 2010. He is also a Non-Executive Director at Furness Building Society in Barrow. Andrew has lived in Huddersfield all his life.

Owen Williams
Chief Executive

Appointed: May 2012
Owen joined Calderdale and Huddersfield NHS Foundation Trust as Chief Executive in May 2012 from Calderdale Council. Working with doctors, nurses, therapists, support service colleagues and partners, Owen is keen to ensure that compassionate care is provided for the 458,000 people in the Trust's catchment area and beyond. Prior to joining Calderdale he was Chief Executive of Rossendale Council and before that he worked in the commercial sector across Financial Services, Telecommunications and Marketing. He has also worked with the Department of Health as part of its original Strategic Health Authority assurance process and was Joint Chair and Local Authority lead on the National Mental Health Strategy Board – No Health without Mental Health.

Julie Dawes
Executive Director of Nursing and Operations / Deputy Chief Executive

Appointed: April 2014 to April 2016
Julie joined the Trust as Director of Nursing in April 2014. Previously Chief Nurse at Portsmouth NHS Trust, Julie brings a wealth of expertise in patient safety, patient experience and quality. Julie is originally from Hebden Bridge and has worked in hospitals in Leeds, Southampton and Portsmouth. Julie has a clinical and managerial background in cancer and palliative care. She has particular areas of expertise in developing improvement programmes for patient experience and safety. She is an experienced leader who demonstrates an open and honest, but tenacious approach, and has a very high level of personal drive and commitment. Julie has recently completed the Kings Fund Stretch to the Board programme and has been identified as one of the 100 leaders chosen to attend the Top Leaders Programme being led by the National Leadership Council. Julie left the Trust on 30 April 2016 and moved to a post in the South of England.

Keith Griffiths
Executive Director of Finance

Appointed: July 2011
As Finance Director, Keith shares the accountabilities of any executive director regarding patient safety, organisational performance and governance. As the qualified accountant on the Board, Keith has personal responsibility for the strategic financial planning and reporting of the Trust, the running of the finance and procurement teams' contract negotiations with commissioners, capital financing arrangements and the provision of an internal audit and fraud service.

Lesley Hill
Executive Director of Planning, Estates and Facilities

Appointed: May 2006
Lesley has worked as a director of the Trust for nine years taking responsibility for a number of different areas. Currently Lesley leads and advises the Board on the development of the annual plan to satisfy the requirements of NHS Improvement, supporting clinical divisions in the development of business plan; and is responsible for the leadership and delivery of the Estates and Facilities services on all sites, including Emergency Planning.

David Birkenhead
Executive Medical Director

Initially appointed on an interim basis in June 2014. Permanent appointment from January 2015.
David has been working in the Trust as a Consultant Microbiologist since 2000. He has held a number of senior clinical leadership roles in the Trust and was appointed to the post of Medical Director in July 2015, he continues in his role as a Consultant Microbiologist on a part time basis. As Medical Director, David shapes and leads the clinical services delivered by the Trust in order to drive the best health outcomes. Current large scale projects include reviewing how the Trust delivers care across the community and the hospitals, the development of 7 day services, and the implementation of an electronic patient record. The Medical Director provides a professional lead for allied health professionals and medical staff and as the Trust's Responsible Officer makes recommendations to the General Medical Council around medical revalidation. David also takes the lead on education and training, research and development and infection control.

Helen Barker
Chief Operating Officer

Appointed: January 2016
Helen joined the Trust substantively as Chief Operating Officer on 1st January 2016; she held a similar post for the previous two years in Bradford having spent her career before that working in acute trusts in West Yorkshire. Helen is a nurse by background and remains committed to providing the best experience possible for both patients and staff. With experience of leading performance improvement and transformational change programmes she hopes to bring this expertise to services across the Trust and wider community.

Jan Wilson
Non-Executive Director

Appointment: December 2011 to November 2017
Jan lives in the Holme Valley and has a background in strategic planning, commissioning and inspection in health and social care services. She has a management qualification and worked for Kirklees and Calderdale local authorities before moving to the West Midlands and the Mersey region to implement the NHS and Community Care Act and the Children Act. She was a Non-Executive Director with Calderdale and Kirklees Health Authority, Deputy Chair at South West Yorkshire Mental Health Trust and Senior
Independent Director when it became South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). Current positions include Lay Chair for junior doctor recruitment and training with Yorkshire and the Humber Post Graduate Deanery, Non-Executive Director at Groundwork, Wakefield, Associate Hospital Manager at SWYPFT and Ambassador for Public Appointments with the Government Equalities Office. Jan is currently Deputy Chair of the Trust.

Dr David Anderson
Non-Executive Director

Appointment: September 2011 to September 2017
David is a GP at the Grange Group Practice, Fartown, where he has worked since 1983. He is past Chairman of both the former Huddersfield Central and NHS Kirklees Professional Executive Committees. He was involved in commissioning hospital services, until he stepped down in June 2011. David was brought up in West Yorkshire and has lived in Halifax and Huddersfield since 1980. He is married and has three children. He enjoys cycling, running and tennis. David is committed to developing and delivering services in Calderdale and Huddersfield and recognises the benefits of more integration across hospital, primary care and local authority services. David is the Senior Independent Director and is Chair of the Quality Committee.

Professor Peter Roberts
Non-Executive Director

Appointment: September 2011 to September 2017
Peter is Professor Emeritus of Sustainable Spatial Development at the University Of Leeds, Vice-Chair of the Northern Ireland Housing Executive and Group Chair of the First Ark Group which includes a housing association and social enterprises. He lives in Kirkheaton and is married to Jo, a former nurse who worked at Kirkwood Hospice. Nationally and internationally he is involved in a range of regional and urban planning, regeneration, housing and health, economic development and environmental management. Peter has acted as an advisor to the House of Commons Children's, Schools and Families Select Committee and to Local Government He has been involved in community regeneration projects in Tyneside, Merseyside, Greater Manchester, West Yorkshire and elsewhere. He was awarded the OBE in 2004 for services to regeneration and planning. Peter is the Chair of the Trust's Audit and Risk Committee.

Dr Linda Patterson
Non-Executive Director

Appointment: October 2013 to September 2016
Dr Linda Patterson OBE lives in Hebden Bridge and was a consultant physician in general and geriatric medicine. She worked in clinical practice at the East Lancashire Hospitals Trust. She has been a clinical director, Trust Medical Director, and was medical director of the first NHS regulator, the Commission for Health Improvement. She has also been a non-executive director for the National Patient Safety Agency. She has recently stood down as the clinical vice-president of the Royal College of Physicians. She is passionate about improving quality of care, particularly using patient experiences to drive up quality. Linda is a member of the Quality Committee.

Jeremy Pease
Non-Executive Director

Appointment: October 2013 to March 2016
Jeremy has worked for the NHS for over 30 years in Human Resource and Operational Management roles in acute, community and mental health organisations and the ambulance service. Since 2007 he has been self-employed and runs his own management consultancy. Jeremy is married, has two sons and lives in Shepley. Jeremy chaired the Quality Committee and was a member of the Audit and Risk Committee. Jeremy resigned from the Board with effect from 31 March 2016.

Philip Oldfield
Non-Executive Director

Appointment: September 2013 to September 2016
Phil is a Chartered Accountant and MBA and he has a wide range of senior management experience within Retail, Manufacturing, Healthcare and Consultancy. He has over 15 years' experience at Board level and has held a number of senior management roles in Logistics, IT and Operations. Previous Healthcare experience includes Finance and Commercial Director for Nuffield Hospitals, Finance Director for Health and Social Care in Guernsey and a number of consultancy projects across the NHS. Up to early 2016 Phil was also Finance Director for the Sue Ryder Charity. Phil grew up in the Huddersfield area. Phil is Chair of the Finance and Performance Committee and is a member of the Audit and Risk Committee and Charitable Funds Committee.

Karen Heaton
Non-Executive Director

Appointment: March 2016 to March 2019
Karen lives in Hade Edge, Holmfirth and is Director of Human Resources at the University of Manchester where she is responsible for developing and implementing people strategies to support the University's goal to be a world leading research led University by 2020. Karen has held a number of senior human resource positions across different sectors including the not for profit and private sectors. As a member of the Chartered Institute of Personnel and Development she has operated as a Director Human Resources for over 25 years and is very experienced in transformational change within complex organisations. Karen is a non executive board member of One Manchester and Chair of the Remuneration Committee. Until recently she has also served as an independent member of the Prison Service Review Body advising the Government on pay and terms and conditions for staff in the prison service.

Richard Hopkin
Non-Executive Director

Appointment: March 2016 to March 2019
Richard Hopkin lives in Sowerby Bridge and is a chartered accountant with 20 years' commercial experience as Finance Director / Company Secretary with two PLCs and a large private company, following 11 years in the accounting profession with a major international firm. He now runs his own business, providing financial consultancy advice, primarily to SMEs and voluntary sector organisations. He is also a Non Executive Director of a housing association, Derwent Living, and is Treasurer of the Community Foundation for Calderdale. Richard is a member of Audit and Rick Committee. He is married with two children.

Register of Directors' Interests

All members of the Board must disclose details of company directorships and other positions held, particularly if they involve companies or organisations likely to do business or seeking to do business with the Trust. The Trust holds a register detailing any interest declared by a member of the Board of Directors. A copy of the register is available on the Trust's website at www.cht.nhs.uk or can be requested by writing to:
The Board Secretary
Calderdale and Huddersfield NHS Foundation Trust
Acre Street
Lindley
Huddersfield
HD3 3EA

Committees of the Board of Directors

The Board of Directors has five committees. Two are required as set out in the Trust's Standing Orders:
- Audit and Risk Committee
- Nominations and Remuneration Committee

In addition, the Board has established three committees to carry out detailed scrutiny and provide assurance on key areas of the Trust's business:
- Finance and Performance Committee
- Quality Committee
- Workforce Well-Led Committee

Each committee is chaired by a non-executive director and is supported by executive directors and managers from across the Trust.

Nominations and Remuneration Committee – Chaired by Andrew Haigh

The Nominations and Remuneration Committee (Board of Directors), in setting the pay of the Executive Directors based its decisions on Department of Health guidance, Association of NHS Providers pay data and IDS NHS Boardroom Pay Reports.

The membership of the committee was as follows:
Andrew Haigh – Chairman of the Trust
Dr David Anderson – Non-Executive Director
Phil Oldfield – Non-Executive Director
Dr Linda Patterson – Non-Executive Director
Jeremy Pease – Non-Executive Director
Jan Wilson – Non-Executive Director
Owen Williams – Chief Executive (is excluded for discussions relating to Chief Executive remuneration)
Prof Peter Roberts – Non-Executive Director (for nominations items only).

During 2015/16 the Committee met on one occasion. Dr David Anderson and Dr Linda Patterson were unable to attend the meeting.

The Committee reviewed its terms of reference and, having regard to the Association of NHS Providers 'Good Governance' in accordance with the Committee's terms of reference it was agreed that:

- In this financial year 2015/16, in accordance with the national position on pay for NHS staff and having regard to the Trust's financial position, it was agreed that there is no pay uplift to any of the Directors individual remuneration or Local Senior Manager pay scales.
- To recruit to the post of Executive Director of Nursing and Executive Director of Workforce.
- To recruit to the post of Director of Health Informatics.
- All Executive and non-Board Directors be given an increase in the period of notice in their contract of employment from three to six months.

The Chair of the Board is also required to disclose any other significant commitments to the Membership Council. The Chair did not have any other significant commitments to disclose during 2015/16.

Audit and Risk Committee – Chaired by Professor Peter Roberts

The role of the Audit and Risk Committee is to review critically the governance and assurance processes on which the board places reliance, to ensure the long-term viability of the organisation. The Committee is charged with ensuring the adequacy and effective operation of the overall control systems of the organisation, with specific focus on the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives.

The Audit and Risk Committee has approved terms of reference which are reviewed annually and are available on request.

The membership of the Audit and Risk Committee during 2015/16 was:
Professor Peter Roberts – Non-Executive Director and Chair of the Committee
Phil Oldfield – Non-Executive Director
Jeremy Pease – Non-Executive Director

The Committee was supported by a number of officers from the Trust:
Keith Griffiths – Executive Director of Finance
Victoria Pickles – Company Secretary
Chris Benham – Deputy Director of Finance (until June 2015)
Gary Boothby – Deputy Director of Finance (from February 2016)

Two Membership Councillors are also invited to attend each meeting.

The Trust and the Committee are supported by the Internal Audit and Counter-fraud Service provided by West Yorkshire Audit Consortium and its external auditors KPMG. If necessary the Committee may also seek independent legal or other professional advice.

The Committee met six times during 2015/16. The meeting in May specifically looks at the Annual Report and Accounts. The attendance at the Committee for the financial year 2015/16 was:

Member	Attended
Professor Peter Roberts	5/5
Phil Oldfield, Non-Executive Director	4/5
Jeremy Pease, Non-Executive Director	3/5

The principal activities of the Committee over the year were:

Financial Reporting
The primary role of the Committee in relation to financial reporting is to review, with both management and the external auditor, the appropriateness of the annual financial statements concentrating on:

- the quality and acceptability of accounting policies and practices;
- the clarity of the disclosures, compliance with financial accounting standards and the relevant financial reporting requirements;
- material areas in which significant judgements have been applied or there has been discussion with the external auditor.

To aid the review, the Committee received reports from the Director of Finance and also reports from the external auditor on the outcomes of their interim and year-end audit process.
The key areas of judgement for the 2015/16 financial statements considered by the Committee were:

- Valuation of fixed assets
- Value for money risk given the Trust's continued breach of licence conditions

The Committee received a paper from the Director of Finance detailing the evidence to support the Trust's going concern status. The Committee reviewed this paper and confirmed their support for recommending to the Trust Board that the financial statements should be prepared on a going concern basis.

Governance and Risk Management
During the course of the year the Committee has continued to ensure the Trust's governance arrangements are reviewed in-line with the Code of Governance for Foundation Trusts published by NHS Improvement.

Any changes are reflected within the relevant Trust policies and procedures and reported to the Committee for approval. At the start of the year the Committee approved a number of minor amendments to the Trust's Standing Orders.

The Committee has continued to pay particular attention to the Trust's risk management arrangements and approved a revised Risk Management Policy, which will be further developed during the course of the next year. The Committee reviews, on a regular basis, the risks that are described within the Trust's Board Assurance Framework and Trust Risk Register. The Committee has oversight of, and relies on the work of the Risk and Compliance Group to monitor compliance registers and risk registers and performance against national risk and safety standards. An internal audit of the Board Assurance Framework and Risk Register resulted in significant assurance.

Of particular importance is the review of the disclosure statements that flow from the Trust's assurance processes with internal control weaknesses described within the Annual Governance Statement.

The Committee discussed and agreed upon the disclosed areas of internal control gaps as described within the 2015/16 Annual Governance Statement.

Regulatory Relationships
The Committee is briefed by the Executive Directors on the Trust's relationship with its key regulators and any significant changes that affect the Trust's operational environment. The Committee also receives assurance that the Trust is meeting its compliance requirements.

Internal Audit and Counter Fraud
The internal audit and counter fraud service is supplied by the West Yorkshire Audit Consortium (WYAC).

The Committee receives regular reports from the Internal Auditor and Local Counter Fraud Specialist.

The Committee agrees a defined work plan and monitors progress against this plan in addition to any specific, pro-active pieces of work that have been identified by management within the year. During 2015/16 an additional audit was requested by the Committee relating to the Trust's electronic patient record programme.

The plans as agreed for 2015/16 and the additional work programmes were completed and culminated in an annual opinion from the Head of Internal Audit (HOIA).

The HOIA opinion is received and discussed by the Committee as part of the year end assurance process.

External Audit
The external audit service is provided by KPMG LLP (KPMG). KPMG was appointed on 1 October 2012 following a market testing exercise in the summer of 2012.

The appointment process followed the guidance issued by Monitor and resulted in the approval of KPMG by the Membership Council at their meeting in September 2012.

A three year contract was awarded to KPMG with options to extend or terminate in accordance with the conditions of the contracts. In October 2015, it was approved by the Membership Council to extend the contract for a further two years to enable some continuity to be maintained as the Trust developed a plan for sustainability and delivered the significant transformational changes planned for 2016.

The Committee recognise that non-audit related services can be provided by KPMG. In order to maintain KPMG's independence, the Committee has been informed of the robust internal procedures that KPMG apply when considering the undertaking of any non-audit services. In addition to this control, any significant non-audit services would require the pre-approval of the Committee. In the year 2015/16 there were no significant non-audit related services provided by KPMG.

The Committee reviewed and approved the External Audit plan for 2015/16. The auditors explained the programme of work they planned to undertake to ensure that the identified audit risks did not lead to a material misstatement of the financial statements and it is through the monitoring of this audit plan that the Committee gain assurance of the quality and effectiveness of the service received from KPMG.

The key audit risks they identified for 2015/16 were:
- Valuation of land and buildings;
- Revenue recognition;
- Management over-ride of controls;

As part of the year-end audit process the auditor confirmed that there were no material misstatements within the financial statements. The auditors also reported the misstatements that they had found in the course of their work and confirmed that there was only one item remaining unadjusted within the financial statements. The auditor confirmed their intention to issue an unqualified audit opinion. The fee for the audit was £46,000 (plus VAT).

Expressions of Concern, including Whistleblowing
The Committee maintains, on behalf of the Trust, an oversight function with regards to expressions of concern, including whistleblowing. This function acts as a backstop to the processes that are in place within the Trust.

Directors' Statements

Details of political donations
The Board confirmed that no political donations have been made during the year.

Compliance with HM Treasury cost allocation and charging guidance
The Trust has fully complied with all guidance relating to cost allocation and charging guidance.

Better payment practice code
Our Trust is committed to dealing fairly and professionally with all of our supplier partners. One way that we do this is by working to the Better Payment Practice Code. In short, this means that we aim to pay at least 95% of invoices within the agreed terms, unless there is a dispute. For most of our partners, this would be within 30 days of the date of invoice. During the year, the Trust has not met the 95% target. However, action continues to take place to improve performance.

Income disclosure
Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that income from the provision of goods and services for the purposes of the health service in England mist be greater than its income for the provision of goods and services for any other purpose. The Trust can confirm it has met these requirements.

Disclosure to the Auditors
All directors have confirmed that, so far as they are aware, there is no relevant audit information of which the auditor is not aware. All directors have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

Preparation of the Annual Report and Accounts
All directors understand that it is their responsibility to prepare the annual report and accounts, and that they consider the annual reports and accounts, taken as a whole, to be fair, balanced, understandable, and to provide the information necessary for patients, regulators and other stakeholders to assess the performance of Calderdale and Huddersfield NHS Foundation Trust, including our business model and strategy.

Our accounts, which begin on p175 of this document, have been prepared under a direction issued by NHS Improvement (formerly Monitor) under the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

Enhanced Quality Governance Reporting

Quality governance is an important aspect of the management of healthcare and supports the Trust in delivering safe and quality services to patients.

We have in place quality governance arrangements from ward to board to ensure we can effectively monitor the delivery of care and learn lessons from any incidents or clinical issues across the Trust.

The Trust has developed an quarterly quality report that provides detailed performance information. This information is reviewed at directorate, divisional and corporate quality meetings.

During 2015/16 the Trust undertook a Well-Led Governance Review with an independent external organisation which looked at both corporate and quality governance arrangements. (More detail on the Well-Led Governance Review is on p25). In all areas the external assessment agreed with the Trust's own self-assessment.

The key questions relating to quality governance were:
- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Are there clear roles and accountabilities in relation to board governance (including quality governance)?
- Does the board effectively engage public, staff, governors and other key stakeholders on quality, operational and financial performance?

On these areas the Trust scored amber/green meaning that the reviews revealed elements of good practice with no major omissions, and where the review team had confidence in the Trust's actions to continue work and develop these areas.
- Is the Trust sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?

For this question the review resulted in a score of amber/red meaning that some elements of good practice were identified with no major omissions however the action plans to address the gaps were in an early stage of development with limited evidence of delivery.

Since then the Trust has refreshed its Risk Management Policy and strengthened the governance arrangements to support risk management. Support has been provided to divisions to develop and refine their risk registers and additional training undertaken for all staff across the Trust at the appropriate level.

More information on quality governance is included within the Annual Governance Statement on p79 and the Quality Report starting on p99.

The Trust confirms that there are no material inconsistencies between the annual governance statement, the annual and quarterly board statements.

Our Patients 2015/16

Patient Experience

Measuring patient experience is essential in order to assess the delivery of the Trust's vision: ***Together we will deliver outstanding compassionate care to the communities we serve*** along with the strategic goal of: ***Transforming and improving patient care***.

It is important when we measure patient experience, that patients are also given the opportunity to tell us how we can make it better. This may often be about the small things as well as any large system changes.

The primary method of measuring the patient experience in the trust is through the Friends and Family test (FFT) which is now well established across all inpatient areas and embedded as a performance measure and indicator for improvement at ward level. The reporting of the FFT results enables staff at ward level to track and benchmark their performance and they are also encouraged to review the comments provided by patients about what they think went well and what they would like to see improved.

FFT was no longer a Commissioning for Quality Indicator during 2015/16, but was incorporated into the trust contract with the requirement that the Trust continues to comply with the FFT data submissions.

In September 2014, the Patient Experience and Caring Group worked with staff, patients and staff who have patients to identify a small number of corporate projects which formed a 12-18 month improvement programme. More information about our progress against this programme is included in the Quality Report from p97. Some of the highlights include:

- The roll out of 'Hello my name is…..' across the Trust. The national maternity survey published December 15 placed CHFT in the 'better' category for the question 'did the staff treating and examining you introduce themselves?' The service was in the 'worse' category for this question in the survey two years ago.
- The introduction of ward information leaflets for all patients.
- Launch of a night time routine checklist to help reduce noise on wards at night.
- 'Talk to us' and 'How can I help' information to encourage patients to ask questions and give feedback while in our care.

Comments received through the various feedback systems in the Trust, along with some comments from staff submitted as part of the staff friends & family initiative, were used to describe what patients / staff see as a good experience and also what they would like us to improve.

A more formal process for measuring the impact of these projects has commenced through a revised real time patient monitoring survey, this has been tested and will roll out to all wards during 2016/17.

Friends and Family Test

Analysis of patient feedback helps us to better understand our patients' expectations, their experience and their satisfaction. For example their views of the environment in which their care and treatment was delivered, whether they were kept informed, whether they treated with respect and dignity and how their interactions with staff made them feel.

In 2015/16 the response rates and proportion of patients who said they would recommend our service was:

2015/16 % response rate

	Q1	Q2	Q3	Q4
Inpatient	22.8%	26.3%	32.8%	32.1%
A&E	8.4%	6.0%	10.2%	9.4%
Maternity	22.9%	33.1%	35.1%	31.8%
Community	3.4%	3.1%	10.8%	13.3%
Outpatients	14.0%	13.5%	13.0%	13.5%

2015/16 % would recommend

	Q1	Q2	Q3	Q4
Inpatient	97.2%	96.7%	96.6%	97.0%
A&E	90.8%	87.5%	84.8%	85.3%
Maternity	93.2%	97.5%	96.3%	97.5%
Community	90.3%	91.2%	85.9%	86.1%
Outpatients	88.1%	89.3%	90.7%	90.3%

National Surveys

There were two national surveys undertaken during 2015/16

- National Inpatient Survey 2015 – the results of this survey were due to be published in May 2016
- National Maternity Survey 2015

National Maternity Survey 2015

This national survey focused on people who recently used the maternity services in hospital. Patients were eligible to take part in the survey if they:

- Were aged 16 years or older,
- Gave birth in February 2015 (and January 2015 at smaller trusts)
- Who had a live birth in a hospital, birth centre, maternity unit or at home.

The Trust improved its levels of satisfaction since the 2013 survey on the questions relating to antenatal check-ups, 'during your pregnancy' and staff. Scores were worse in comparison to 2013 for labour and birth, care in hospital after the birth, feeding and care at home after the birth. However when compared to other Trust scores, overall for each area, the Trust sits 'About the same', with 'Labour and Birth' fallings closest into being the one of the best performing trusts.

Complaints

In line with the NHS regulations for complaints, we agree with all complainants how their complaint will be investigated and when they can expect to receive a written response.

During the year we have focussed on:

- Improving the timeliness of responses for complainants, so we respond in the timescale agreed
- Ensuring complaints responses cover all the issues raised thoroughly, with explanations given and actions to make improvements detailed
- Identify how we learn from complaints to improve services for patients

We closely monitor the complaints investigations being carried out and report our performance against these monthly to the Patient Experience and Caring Group and through a monthly performance report to the Board. This is supplemented by weekly monitoring reports to ensure that staff are aware of all complaints response deadlines. A quarterly quality report provides detailed analysis of the issues being raised through complaints and concerns and identifies learning from complaints.

During 2015/16 we received 657 complaints, of which 525 were upheld or partially upheld. The highest number of complaints were about A & E services, which is consistent with national figures showing this as an area with a high number of complaints. Outpatients was the second highest subject of complaints.

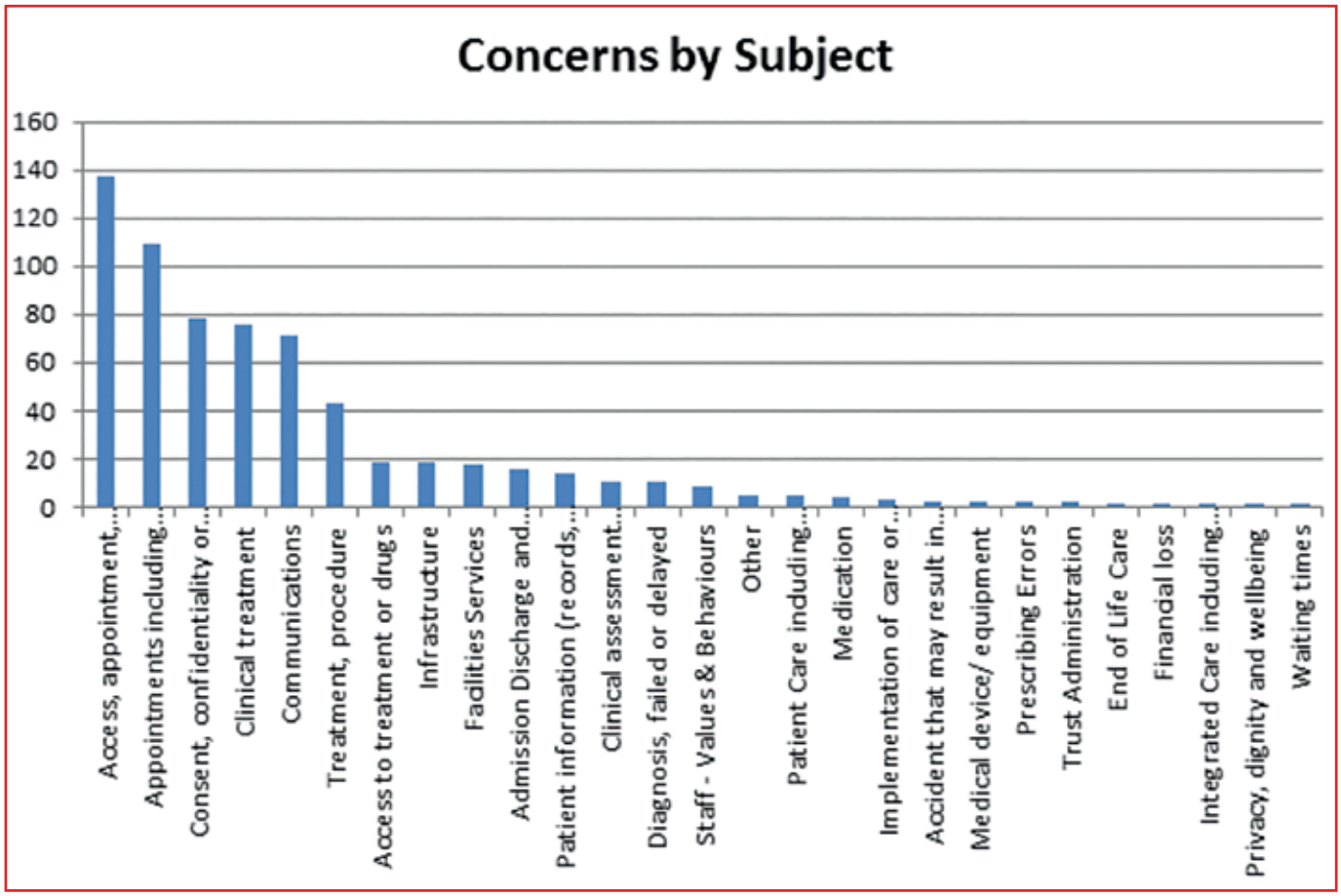
The main themes from complaints during the year were clinical treatment and communication, consistent with the previous year.

Complainants can request an independent review of their complaint by the Health Service Ombudsman, which is now investigating more complaints referred to them than in previous years. During 2015/16 20 complaints regarding the Trust were accepted by the Ombudsman for investigation. During 2015/16 12 complaints investigations were completed; three complaints were upheld or partially upheld and nine complaints were not upheld.

Patient Advice and Liaison Service (PALS)

The role of the PALS team is to be the first point of contact in the Trust for suggestions, answer queries and help resolve concerns promptly. They provide advice about the Trust's service and support people to get answers if they don't know who to ask.

During 2015/16 our PALS team dealt with 724 contacts. There has been a 16% decrease in the number of concerns received in 2015/16 compared to 2014/15. Key themes were appointments; consent and clinical treatment.



Compliments

In 2015/16 162 compliments were received centrally by the Trust. This is a small proportion of the feedback that is sent directly to teams, wards and departments across our organisation. It is always a real pleasure to see the very kind cards, letters, emails and social media posts from patients, their family and friends thanking the staff that have cared for them and giving us feedback on how our services have made a difference. We share as much of this feedback as we can through the Trust's monthly newsletter, screensavers and weekly news round up. Wherever it is possible to identify a team or individual we send the feedback directly to them.

I have recently been discharged from the Calderdale Hospital at Halifax after surgery for a total hip replacement. I would just like to say that the service I received was exemplary, from first seeing my consultant through to admission the procedure and finally my short stay on Ward 8A. All the staff I came into contact with where kind, understanding and courteous throughout. I have never seen such an upbeat team than the Staff on Ward 8A they are a credit to the National Health Service and made my short stay as pleasurable as it could possibly have been. A great big 10 out of 10 to you, my family and I will be eternally grateful to you all.

I had attended for a Bowel Scope Screening test. The waiting area was bright and clean and the receptionist was prompt and clear in her explanations. I was taken through to a consultation room where a thorough and detailed explanation was given. At no point did I feel rushed and all my questions were answered. The procedure was carried out by a lovely team of 4 staff who were professional from start to finish. They used language and humour appropriate to the situation and I could tell they had the ability to adapt this to an individual person's requirements. They were clinically professional and gave very clear explanations at all times. In summary: the department was spotlessly clean, I felt my dignity and privacy was respected at all times and the staff acted in a professional and clinically competent way throughout. I would highly rate this department and if on TripAdvisor would give it a 5* rating. Many thanks to all concerned.

Today I attended with my mum and dad. My mum had an appointment at the eye clinic for scan results and my dad had an appointment at the Macmillan unit as he has been diagnosed with bladder cancer. Whilst walking to the eye clinic my dad's catheter bag had leaked due to fault. We went the urology department to see if we could get a new bag. We were directed to the outpatients department where we were seen by a lovely healthcare assistant, I would like to say a massive thank you to her for her help, she went well out of her way and above and beyond what we was asking for. She managed to source a new bag and helped my dad to remove the old one and fit the new one as he is still a bit new to this procedure. She showed care and compassion towards our situation and was very understanding. I am very grateful you could tell she was working in a busy clinic but still took time out to see to us. She is a credit to your trust.

- More information about our learning from patient feedback is included in our Quality Report from p93.

Stakeholder relations

The Trust works with neighbouring health and social care organisations and agencies to provide safe, high quality healthcare to our local communities. Collaborative working can also contribute to improved care delivery and access to specialist care as well as helping to address recruitment and retention challenges. An effective relationship with all of our stakeholders enables us to maximise the benefits to patients and have open and honest dialogue during challenging times. We have continued to strengthen our relationships with all of our stakeholders throughout 2015/16, in particular commissioners, our local authorities and the local HealthWatch organisations. This has been particularly evident in the preparation for public consultation on the reconfiguration of hospital services.

We are a key partner on the local Urgent Care and System Resilience Boards. We have representation on our Membership Council from both of our local authorities, the University of Huddersfield, Locala (a local community provider) South West Yorkshire Partnership Foundation Trust (the mental health care provider) and a single representative on behalf of both clinical commissioning groups.

We have established stronger working relationships with the GP federations in both Calderdale and Kirklees and successfully developed services and pathways of care between primary and secondary care as a result. Our clinical leaders also worked with GP commissioners on an agreed clinical model for the future of hospital services. We have also been an active partner in the development of the Multi-Specialty Community Provider Vanguard in Calderdale alongside the Calderdale GP Federation, South West Yorkshire Partnership Foundation Trust and Locala.

We have continued to have an open and honest relationship with HealthWatch and the Overview and Scrutiny Committees. We have engaged with them early on issues facing the Trust or in the development of plans to make changes in services.

Remuneration Report

I am pleased to present the Remuneration Report for 2015/2016. At Calderdale and Huddersfield NHS Foundation Trust we recognise that our remuneration policy is important to ensure that we can attract and retain skilled and experienced leaders that are able to deliver our ambitious plans for delivering compassionate care. At the same time it is important to recognise the broader economic environment and the need to ensure we deliver value for money.

The report outlines the approach adopted by the Nominations and Remuneration Committee when setting the remuneration of the executive directors and the other executives who have authority or responsibility for directing or controlling the major activities of the organisation. The following posts have been designated as fitting the criteria by the committee and are collectively referred to as the executives within this report:-

- Chief Executive
- Chief Operating Officer
- Director of Finance
- Director of Nursing / Deputy Chief Executive
- Medical Director
- Director of Planning, Performance, Estates and Facilities
- Director of Workforce and Organisational Development

Details of the membership of the Nomination and Remuneration Committee and individual attendance can be found on p72 of this report.

Remuneration Policy

The Trust's remuneration policy applies equally to Non-Executive Directors, Executive Directors and senior below Board level posts and is based upon open, transparent and proportionate pay decisions. All pay decisions are based on market intelligence and are designed to be capable of responding flexibly to recruitment imperatives to secure high calibre people.

When setting levels of remuneration, the Trust's Nominations and Remuneration Committees take into account the remuneration policies and practices applicable to our other employees, along with any guidance received from the sector regulator and the Department of Health. The Committees also receive professional independent reports based on objective evidence of pay benchmarking across a range of industry comparators. The way in which the Committees operate is subject to audit scrutiny. The work of the Committees is subject to an independent level of scrutiny by the Audit and Risk Committee and this scrutiny can be exercised at any time. The scrutiny role is set out in the Terms of Reference of the Audit and Risk Committee and the Committee Chair does not sit on the Remuneration Committee.

The Trust has well established performance management arrangements and each year I undertake an appraisal for each of the executives and I am appraised by the Chairman. We do not have a system of performance-related pay and therefore in any discussion on remuneration an individual's performance is considered alongside the performance of the executive team and the organisation as a whole.

The Executive Directors are employed on permanent contracts with a sic month notice period. In any event where a contract is terminated without the executive receiving full notice, compensation would be limited to the payment of the salary for the contractual notice period. There would be no provision for any additional benefit over and above standard pension arrangements in the event of early retirement. Non-Executive Directors are requested to provide 6 months' notice should they wish to resign before the end of their tenure. They are not entitled to any compensation for early termination. The Trust has no additional service contract obligations.

Exit packages

There were no exit packages paid for executives during 2015/16.

Salary and pension contributions of all executive and non-executive directors

Information on the salary and pensions contributions of all executive and non-executive directors are provided in the tables on the following pages. The information in these tables has been subject to audit by our external auditors KPMG LLP. Additional information is available in the notes to the accounts.

Owen Williams
Chief Executive
26 May 2016

It is the view of the Board of Directors that the authority and responsibility for directing and controlling the major activities of the trust is retained by the board of directors and is not exercised below this level.

Name and Title	2015-16					
	Salary	Taxable Benefits	Annual Performance Related Bonuses	Long Term Performance Related Bonus	Pension Related Benefits	Total
	(bands of £5,000) £000	(bands of £00) £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
A Haigh ~ Chair	50 - 55	0	0	0	0	50 - 55
D Anderson ~ Senior Independent Non Executive Director	10 - 15	0	0	0	0	10 - 15
J Pease ~ Chair Quality Committee (Note A)	15 - 20	0	0	0	0	15 - 20
J Wilson ~ Vice Chair & Chair of Well-Led Workforce Committee	10 - 15	0	0	0	0	10 - 15
L Patterson (Note B)	5 - 10	0	0	0	0	5 - 10
P Oldfield ~ Chair Finance & Performance Committee	15 - 20	0	0	0	0	15 - 20
Prof P Roberts ~ Chair Audit & Risk Committee	15 - 20	0	0	0	0	15 - 20
R Hopkin (Note F)	0 - 5	0	0	0	0	0 - 5
K Heaton (Note F)	0 - 5	0	0	0	0	0 - 5
K Griffiths ~ Director of Finance	145 - 150	0	0	0	5.0 - 7.5	150 - 155
L Hill ~ Director of Planning, Performance and Estates & Facilities	130 - 135	0	0	0	17.5 - 20	145 - 150
J Hull ~ Director of Workforce and Organisational Development	125 - 130	0	0	0	10 - 12.5	135 - 140
D Birkenhead ~ Medical Director	225 - 230	0	0	0	25 -27.5	250 - 255
J Dawes ~ Director of Nursing	145 - 150	0	0	0	117.5 - 120	265 - 270
H Barker ~ Chief Operating Officer (Note E)	30 - 35	0	0	0	15 - 17.5	45 - 50
O Williams ~ Chief Executive	185 - 190	0	0	0	25 - 27.5	210 - 215
Additional disclosure						
Band of the highest paid Director	225 - 230					
Median Total (£'000)	25,229					
Remuneration ratio	9					

Name and Title	2014-15					
	Salary	Taxable Benefits	Annual Performance Related Bonuses	Long Term Performance Related Bonus	Pension Related Benefits	Total
	(bands of £5,000) £000	(bands of £00) £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
A Haigh ~ Chair	50 - 55	0	0	0	0	50 - 55
D Anderson ~ Senior Independent Non Executive Director	10 - 15	0	0	0	0	10 - 15
J Pease ~ Chair Quality Committee	10 - 15	0	0	0	0	10 - 15
J Wilson ~ Vice Chair & Chair of Health & Safety Committee	15 - 20	0	0	0	0	15 - 20
L Patterson	10 - 15	0	0	0	0	10 - 15
P Oldfield ~ Chair Finance & Performance Committee	10 - 15	0	0	0	0	10 - 15
Prof P Roberts ~ Chair Audit & Risk Committee	15 - 20	0	0	0	0	15 - 20
B Crosse ~ Medical Director (Note C)	65 - 70	0	0	0	0	65 - 70
K Griffiths ~ Director of Finance	145 - 150	0	0	0	0	145 - 150
L Hill ~ Director of Planning, Performance and Estates & Facilities	130 - 135	0	0	0	5.0 - 7.5	140 - 145
J Hull ~ Director of Workforce and Organisational Development	125 - 130	0	0	0	0	125 - 130
D Birkenhead ~ Medical Director (Note D)	180 - 185	0	0	0	40 - 42.5	225 - 230
	0	0	0	0	0	0
J Dawes ~ Director of Nursing	130 - 135	0	0	0	77.5 - 80.0	210 - 215
O Williams ~ Chief Executive	185 - 190	0	0	0	0 - 2.5	190 - 195
Additional disclosure						
Band of the highest paid Director	185-190					
Median Total (£'000)	26,731					
Remuneration ratio	7					

Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pension related benefits for Non-Executive directors.
A, J Pease resigned 31.03.16
B, L Patterson sabbatical from 01.01.16
C, B Crosse resigned 04.06.14
D, D Birkenhead appointed as interim on 16.06.14 and appointed to the substantive position on 20.01.15
E, H Barker appointed 01.01.16
F, R Hopkins and K Heaton appointed 01.03.16

Additional disclosure
Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

In 2015/16, 4 (2014/15, 4) employees received remuneration in excess of the highest paid director. Remuneration ranged from £230k to £354k (2014/15 £284k to £422k)

J Dawes was paid relocation expenses of £7,090 in 2015/2016 (£6,142 in 2014/15)

The Trust has four senior managers who are paid more than £142,500 per annum

B) Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real Increase in Lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2016 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2016 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2015	Real Increase/ (Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2016
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
K Griffiths ~ Director of Finance	0 - 2.5	2.5 - 5.0	50 - 55	165 - 170	964	28	1,003
L Hill ~ Director of Planning, Performance and Estates & Facilities	0 - 2.5	5.0 - 7.5	45 - 50	140 - 145	817	39	865
J Hull ~ Director of Workforce and Organisational Development	0 - 2.5	2.5 - 5.0	50 - 55	155 - 160	945	34	990
D Birkenhead ~ Medical Director	2.5 - 5.0	5.0 - 7.5	70 - 75	210 - 215	1,207	51	1,272
J Dawes ~ Director of Nursing	5.0 - 7.5	17.5 - 20.0	55 - 60	175 - 180	1,015	132	1,159
H Barker ~ Chief Operating Officer (Note D)	2.5 - 5.0	2.5 - 5.0	45 - 50	135 - 140	745	59	813
O Williams ~ Chief Executive	2.5 - 5.0	0	65 - 70	0	683	39	730

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase/ (Decrease) in CETV

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Staff Report

Our staff

We employ 5,814 staff across our two hospitals and in the community in Calderdale.

Age Band	Headcount	%	FTE
<20	35	0.60	31.85
20-25	512	8.81	488.76
26-30	633	10.89	581.77
31-35	667	11.47	583.85
36-40	623	10.72	522.03
41-45	762	13.11	661.28
46-50	896	15.41	796.51
51-55	866	14.90	762.15
56-60	598	10.29	492.51
61-65	179	3.08	136.14
66-70	33	0.57	20.47
71+	10	0.17	3.58
Grand Total	5,814	100.00	5080.90

Staff Group		FTE
Add Prof Scientific and Technic	186	165.97
Additional Clinical Services	1,345	1,104.42
Administrative and Clerical	1,140	1,013.76
Allied Health Professionals	397	335.28
Estates and Ancillary	180	163.31
Healthcare Scientists	124	114.01
Medical and Dental	528	506.49
Nursing and Midwifery Registered	1,910	1,673.67
Students	4	4.00
Grand Total	5,814	5,080.90

Gender: Female

Headcount: 4,753

%: 81.8

FTE: 4075.37

Gender: Male

Headcount: 1,061

%: 18.2

FTE: 1005.53

TOTAL HEADCOUNT: 5,814 **TOTAL FTE:** 5080.90

Data as at 31-MAR-2016

Investors in People

The Trust was assessed against the Investors in People (IIP) national standard in December 2015, as part of the three-year assessment programme. A wide range of staff were interviewed by an external IIP Specialist and the outcome of the assessment was that the Trust was recognised against the Standard with a Bronze Award. The Trust is currently developing an action plan, which will be dovetailed with the work on the staff survey.

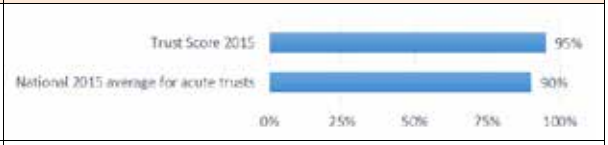
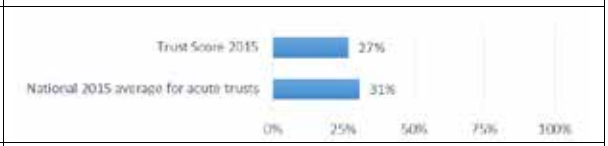
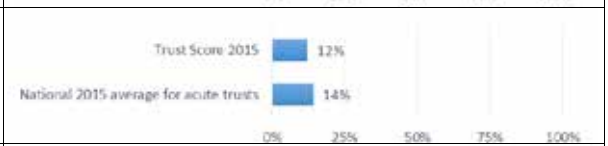
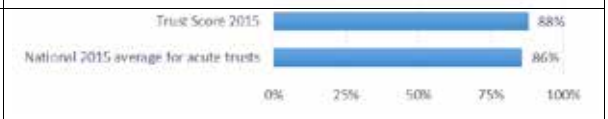
National Staff Survey

Following the publication of the national NHS staff survey results in February 2016, we are using this feedback to plan where we need to make improvements. Each year we produce a staff feedback and action plan based on "what you said, what we've done and what we're doing". Between October and December 2015 a random sample of 850 members of staff were asked to fill in the survey and 333 responded (40%).

The results of the staff survey in 2015 showed that we have low incidences of staff experiencing physical violence from patients, relatives or the public; and low incidences of staff witnessing and reporting potentially harmful errors, near misses or incidents. There is a better than average score for staff satisfaction; the level of responsibility and involvement staff have and their confidence and security in reporting unsafe clinical practice; we are also better than the national average for staff having appraisals. Staff recommending the Trust as a place to work or receive treatment scored as below average. The Chief Executive has commissioned a piece of work to engage a wider group of staff to look in depth at the survey results and develop an action plan to focus on areas for improvement. Regular updates on the action plan to be taken to the Well-Led Organisation Group, who will monitor progress and implementation against the action plans.

In 2015/16 we intend to focus on initiatives to maintain our improved appraisal rates, provide staff with tools and techniques to improve their health and wellbeing, improve our uptake of equality and diversity training and health and safety training.

The tables below show the response rates and the top and bottom ranking scores in the annual NHS Staff Survey 2015 in comparison to 2014.

KEY FINDING	TOP 5 RANKING SCORES
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month (the higher the score the better)	
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month (the lower the score the better)	
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (the lower the score the better)	
KF31. Staff confidence and security in reporting unsafe clinical practice (the higher the score the better)	
KF11. Percentage of staff appraised in last 12 months (the higher the score the better)	

Our bottom five ranking scores were:

- Percentage of staff satisfied with the opportunities for flexible working patterns
- Percentage of staff suffering work related stress in last 12 months
- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell
- Organisation and management interest in and action on health and wellbeing
- Recognition and value of staff by managers and the organisation

Off-payroll arrangements

As part of the remuneration report, we are required to present the following for our highly paid and / or senior pay-roll engagements:

Table 1: For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months

Number of existing engagements as of 31 March 2016	1
Of which……..	
Number that have existed for less than one year at time of reporting	1

All our payroll engagements are subject to a risk-based assessment and where considered necessary, we seek assurance as to whether the individual is paying the right amount of tax.

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016, for more than £220 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016	1
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	1
Number for whom assurance has been requested	1
Of which…..	
Number for whom assurance has been received	1
Number for whom assurance has not been received	0
Number that have been terminated as a result of assurance not being received	0

The Trust is continuing to work with agencies to ensure contractual clauses are in place. The engagement for which assurance had not been received has since ended.

Table 3: For any off-payroll engagements of board members and / or senior officials with significant financial responsibility, between 1 April 2015 and 31 March 2016

Number of off-payroll engagements of board members, and / or, senior officials with significant financial responsibility, during the financial year.	1
Number of individuals that have been deemed 'board members and / or senior officials with significant financial responsibility' during the financial year. This figure should include both off-payroll and on-payroll engagements.	7

Colleague Engagement

We know that effective communication and staff engagement is essential in designing and delivering high quality services to meet current and future challenges that meet the diverse needs of the people who use our services. We believe that colleagues are more likely to be motivated and experience higher levels of job satisfaction when the following factors exist in the workplace:

- Fair treatment
- Opportunity for skills development
- Involvement in the decision-making process
- Good management and support from effective leaders

The Trust refreshed its colleague engagement strategy in June 2015. The strategy adopts a consistent approach to change management with colleague engagement at its core. The strategy focuses on four behaviours, based on agreed Trust values, which the Trust expects to be demonstrated by all employees.

Formal engagement takes place with staff side representatives takes place through the Staff Management Partnership Forum which meets on a monthly basis and the Medical and Dental Pay and Conditions Committee.

We have six elected staff members on our Membership Council, all of whom are active in engaging with employees of the Trust as Foundation Trust Members and ensuring that they are involved in developing the work of the Trust.

The Well-Led Organisation Group has been established to monitor and provide assurance on staff engagement and experience and the factors that contribute to this.

We also engage with our workforce directly through a range of channels and mechanisms that promote staff engagement and communication:

- Team Brief on a monthly basis, which ensures all staff receive regular updates from Executive Board meetings as well as Divisional and Departmental updates
- CHFT Weekly, an electronic newsletter for staff sharing top news stories for the week which received between 2,000 and 3,000 hits per week
- Our monthly staff newsletter "Trust News", which provides a lively mixture of service, performance and financial information as well as items about individual, team and Trust achievements
- Our staff intranet
- A monthly briefing session 'Big Brief' led by the Trust's Chief Executive and other members of the Executive Team.
- Team meetings, briefing sessions, workshops and meetings which involve the Trust's Chief Executive and other members of the Executive Team
- Colleagues have access to the Chief Executive through his weekly blog communication, which allows for an exchange of views on specific issues. There is also an opportunity for staff to meet face-to-face with the Chief Executive through scheduled sessions to find about what is happening in the Trust and its future direction. This also provides an opportunity for staff to question the Chief Executive about issues that are important to them
- 'Go See Fridays', where Executive Directors and senior staff visit clinical areas and departments to meet with staff and give them the opportunity to raise any workplace issues
- Staff suggestion scheme
- Workforce and OD Line Manager's Bulletin is published every month

A workforce fit for the future

The Trust continued to strengthen its approach to learning and development during 2015/2016 – rewriting the induction and mandatory training policies and providing a clear distinction between mandatory training, essential skills (role specific) training, and developmental learning. Specific focus was initially directed to supporting the implementation of the new approach to mandatory training, the Core Skills Training Framework. Eight mandatory training subjects were made available to colleagues across the Trust on 1st June 2015 with a further two modules added in November to complete the suite of mandatory training programmes. Mandatory training is predominantly e-learning based, and accessed via the Electronic Staff Record (ESR) system. The move to an e-learning approach is providing greater flexibility for individuals, giving the opportunity for colleagues to access learning at any time, at work or at home, rather than being constrained by workplace classroom sessions. Where required, Trust devices are now available on a short term loan to support those colleagues wishing to complete their mandatory training off site. Colleague feedback of this new approach has been very positive and compliance figures continue to show steady improvement since its inception, with 53.64% of colleagues in the process of completing the suite of mandatory training modules and 41.33% having completed all 10 modules at the year end. However, figures show that there are currently 5.03% of colleagues still to commence their mandatory training and work continues to encourage and support people through the process to resolve this position.

Building on the changes made to the mandatory training framework a wide scale review of essential skills training commenced in December 2015. Initial activity within the nursing profession led by the Deputy Director of Nursing was undertaken between January and June 2015 resulting in the construction and management of an essential skills training matrix for nurses. This document captured role specific training required for subsets of colleagues across the organisation. Further work to progress and expand the essential skills matrix to include all colleagues in the Trust began in December 2015. There is a plan in place to work with divisions, professional leads and subject matter experts to define target audiences for each of the 38 subjects identified on the essential skills matrix during 2016-17.

Limitations in the functionality of our current learning management system and its interface with ESR have identified a need to consider alternate learning management systems with greater functionality that would meet the Trusts future needs. Exploratory conversations and 'go see' activities have commenced to inform future decision making processes about whether the Trust wishes to progress to a formal tendering process with a view to investing in a new learning management system in the financial year 2016/17.

The two day Work Together Get Results Programme (WTGR) continues to run successfully and feedback remains very positive. A total of 348 individuals have now been trained in the WTGR approach. Demand for places is consistently high and on completion of the programme colleagues are encouraged to take up the opportunity to join a coaching circle and in the coming year we will be exploring ways to enhance the coaching circle experience and offer an alternative model for individuals to participate in these supportive cross divisional learning opportunities to help them meet the difficult challenges that arise and transform the way individuals and teams work. WTGR was positively referenced in the recent Investors In People Assessment Report as an engaging and effective approach to support all colleagues meet the Trust Vision to 'deliver outstanding compassionate care to the communities we serve'.

Following a review in 2015, all Leadership Development programmes are currently being redesigned and refreshed to ensure our leaders role model our organisational behaviours so they are fully equipped, engaged and supported to be more creative, courageous and motivated, having the knowledge and skills they will need to deal with the significant challenges the NHS faces in the future. A new leadership development framework has now been proposed that describes a connected and cohesive approach going forward. Whilst creating a more structured leadership development model, this framework will offer individual flexibility for each delegate and deliver a stronger group of leaders able to respond to the diverse and complex challenges to come. It will be designed in such a way that makes it accessible to all colleagues, from frontline supervisory level to senior strategic leader level, by offering content appropriate to each different group. It is anticipated that skill mix learning opportunities will be built into the new programme to enable shared learning and development and nurture the WTGR principle that when we work together we improve the quality of care and enhance patient experience. As a blended offering, it is expected that the content of each programme within the framework will encompass elements of e-learning, classroom sessions and reflective, experiential learning. There will also be links to external learning where appropriate, such as the NHS leadership Academy Core Professional Programmes and University learning offerings.

One-to-one and team coaching is accessible to anyone wishing to work with one of our trained coaches to help them achieve the things that are important to them and the Trust. The Workforce Development intranet web pages contain useful information about coaching, including biographies of all our active coaches to help colleagues understand the value and benefits of coaching and make access to a coach as easy as possible. Due to recent organisational changes, restructuring and coaches moving out of the Trust, our coaching resource and capacity has reduced in recent times and a review of our coaching offer and approach will be required over the coming months. Coaching supervision is in place to support the continued development of internal coaches, enhance their coaching skills and provide quality assurance. Our trained cohort of facilitators for the NHS Leadership Academy Healthcare Leadership 360 Appraisal Model (HLM) and Myers Briggs Practitioners (MBTI) continue to support individuals wishing to develop their leadership skills and behaviours further. We will be looking at how we can link coaching, HLM and MBTI

into the new leadership development framework and revised coaching circle process going forward.

The internal Consultant Mentoring Programme to help and support the development of new consultants into post continues to operate smoothly, with successful mentoring relationships established within the formal mentoring process. We currently have 14 trained mentors supporting new consultants across the Trust and there are no immediate plans to train more, but this position will be reviewed regularly and may change should the need arise in future. A mentoring intranet web page will be designed and developed in 2016/17.

Appraisal activity reporting during 2015/16 is showing continuous improvement achieving 78.6% compliance for non-medical and medical colleagues against a planned target of 100%. An electronic survey conducted across the Trust in November 2015 showed positive experiences of the appraisal process and highlighted opportunities for improving the quality of the appraisal conversation. The results of the survey will inform continued development of appraisal through 2016/17, including the design of a new e-learning package.

The apprenticeship route for Healthcare Assistant (HCA) and therapy assistant recruitment continues to prove successful. Five cohorts have now completed will all participants securing a Band 2 post or going on to undertake further training. This approach ensures a qualified individual who is given the required support and encouragement resulting in competent, compassionate team members. The approach also meets the requirements of the Care Certificate launched in April 2015 with all clinical Apprentices appointed from March 2015 onwards completing the Care Certificate as part of their programme.

The Trust has four intakes of approximately 15 apprentices per cohort each year, in addition to a small number of other apprenticeship opportunities in administration roles across the organisation.

Our aim is to recruit and retain high calibre nursing and midwifery colleagues and to ensure their professional development is supported from induction, through the preceptorship period and throughout their careers at the trust. Our Development Support Sister offers group and bespoke support to or newly qualified nurses and monthly action learning is available to them. The senior nurse team also buddy new starters to provide coaching. There are currently 48 internally recruited nurses working in the trust .We offer pastoral and language support to all of them. During induction their individual skills are mapped and individual programmes of education and training are facilitated to ensure they are enabled to deliver safe, effective compassionate care.

Medical Education

The past 12 months have been positive for medical education The Trust response rate for the 2015 GMC Trainee Survey was 100% (highest in region) and the overall satisfaction rate improved for third year in a row, one of only two Trusts in Yorkshire and Humber to see this happen. The survey seeks views of doctors in training on all aspects of the quality of their placement. We now have the fifth highest rating out of 14 Trusts in the region.

In terms of improvements for the experience our trainees and medical students we have focussed on responding to concerns and suggestions made – You said, We did'.

- Our medical students requested the opportunity to have more formal training. Working with one of our current FY1's, Dr Ben Hughes a 'Breakfast Club' has been introduced at both hospital sites. The imitative has subsequently won a Clinical Teaching Excellence Award from Leeds Medical School.
- We have introduced mentor schemes for our students on placement in obstetrics and gynaecology and ophthalmology which have been an outstanding success.
- Doctors in training requested more access and training to our simulation suite to undertake ad hoc training with medical students and trainees. We provided appropriate training and they now undertake training sessions (e.g. airway training).
- Our prospective Foundation Year One (FY1) trainees wanted more preparation for becoming an FY1. We developed 'Top Tips for FY1's (written by FY1's for future FY1's). This is now the Situational, On Call Survival Guide – a full session run by FY1's.

Other developments include:

- Our 'Dr Who' campaign to stop the use of the term 'SHO' has been adopted by NHS England.
- A Leeds Medical School Excellent Longstanding Service to Undergraduate Award was awarded to one of the consultants (for three successive years one of our consultants has been given this award)
- An international award was given to one of our courses - 'The Verification of Expected Death'
- We developed our Staff Grade, Associate Specialist and Specialty Doctor professional development programme to cover more generic topics – this has proved very popular.

Looking after our staff

The Occupational Health department's overall function is to ensure the health and wellbeing of all colleagues working for the Trust, with specific regard to the relationship between health and work. Their aim is to keep staff healthy and happy in work - and by doing so, to protect and ensure the best possible service to patients. The department has maintained full accreditation to Safe Effective Quality Occupational Health Standards (SEQOHS) since December 2013. The Standards measure that the Occupational Health Department meets minimum requirements, reflecting existing ethical and professional guidance and consensus and helps them achieve uniform good practice. The Occupational Health Department has a strong focus on the health and well-being of staff and, works with local partnerships and networks to focus on initiatives such as becoming a smoke free Trust, support for staff and managers on mental health pathways and reducing the impact of musculoskeletal conditions.

A five year wellbeing strategy has been co-created with feedback from colleagues, and identifying the key areas for local development. In addition, there is a CQUIN for wellbeing which will frame our activity around increased physical activity, improved mental health and access physiotherapy for our colleagues.

2016 will see a number of activities and events being held throughout the year; including a "Race to Rio" in May ahead of the Olympics and the annual Men's Health Football tournament in June. The Trust is working with partner colleagues from the Calderdale health improvement team which we hope will impact positively on the health and wellbeing of all of our staff. The wellbeing of our employees is important to ensure that we continue to provide high quality patient care, supported by good management practices and engage staff in key decisions which affect their health and wellbeing.

Mental Wellbeing
A policy has been published which describes the support available to managers and staff in managing mental wellbeing at work. This includes information on access to support services available such as

- in house confidential counselling
- Training for managers on undertaking stress risk assessments
- Training for staff on managing stress and promoting mental wellbeing
- Mental Health First Aid training
- Mindfulness training Programme

Musculoskeletal Pain
Work is progressing in conjunction with colleagues in physiotherapy to develop intranet information and training in managing back pain and reducing upper limb symptoms associated with computer use. A direct referral to physiotherapy service can be accessed by CHFT colleagues via the Occupational Health pages of the intranet.

Physical activity and wellbeing

- A quarterly Wellbeing Bulletin is available for all staff
- An intranet wellbeing programme to be made available to all staff, their families and friends, incorporating a mobile phone wellbeing application.
- A network of champions has been established and developing, to support local engagement and leadership on a particular health interest or in a geographical area, to promote the health and wellbeing messages

Attendance Management

The Trust's sickness absence rate for 2015/16 was 4.6%. The absence data reported below is provided by the Health and Social Care Information Centre (HSCIC) for the calendar year, January 2015 to December 2015.

Days Available (Full Time Equivalent (FTE)	Days recorded Sickness Absence (FTE)	Average Annual Sick Days (per FTE)
1,831,637	84,358	10.4

The Trust recognises that the health and wellbeing of its employees is a key determinant of safe and high quality services. High rates of absenteeism are costly, from an economic point of view as well as the impact on the morale of the workforce and the potential loss of continuity of patient care. The Trust has a policy which supports regular attendance at work that enables managers to manage attendance fairly, with a focus on rehabilitation and return to work wherever possible. The Trust has established an attendance management team to lead improvements in how absence is handled by line managers and to develop the effective support arrangements for colleagues who experience ill health at work

Volunteers

Volunteers play a pivotal role in the smooth running of our hospital. There are currently more than 400 volunteers working between Calderdale Royal Hospital and Huddersfield Royal Infirmary. Many of the Trust volunteers have been with us for a number of years and work in various departments helping with administration, making teas and coffees for patients and visitors, assisting on the wards along with meeting and greeting in the main entrances. All volunteers undertake pre-employment checks and are fully inducted into the Trust to ensure they are aware of confidentiality, health and safety and infection control.

Disclosures set out in the NHS Foundation Trust Code of Governance

Calderdale and Huddersfield NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The purpose of the code of governance is to assist NHS foundation trust boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance. The code is issued as best practice advice, but requires a number of disclosures to be made within the annual report.

The NHS foundation Trust Code of Governance contains guidance on good corporate governance to NHS foundation trusts to help them deliver effective corporate governance, contribute to better organisational performance and ultimately discharge their duties in the best interests of patients. Monitor, as the healthcare sector regulator and the code's author, is keen to ensure that NHS foundation trusts have the autonomy and flexibility to ensure their structures and processes work well for their individual organisations, whilst making sure they meet overall requirements. For this reason, the code is designed around a "comply or explain" approach.

Comply or explain

Monitor recognises that departure from the specific provisions of the code may be justified in particular circumstances, and reasons for non-compliance with the code should be explained. This "comply or explain" approach has been in successful operation for many years in the private sector and within the NHS foundation trust sector. Trusts are required to assess their compliance with the Code and explain any departures to Monitor. In providing an explanation for non-compliance, NHS foundation trusts are encouraged to demonstrate how its actual practices are consistent with the principle to which the particular provision relates.

Whilst the majority of disclosures are made on a "comply or explain" basis, there are other disclosures and statements (which we have termed "mandatory disclosures" in this report) that we are required to make, even where we are fully compliant with the provision.

As a licensee, the Trust is required to apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS. To do this, the Trust has regard to guidance from Monitor, the sector regulator for healthcare, including the NHS Foundation Trust Code of Governance. All directors and governors have signed a declaration indicating their compliance with the "fit and proper persons" test introduced through condition G4 of the provider licence.

There are a number of key policies and documents that capture the main and supporting principles of the Code:

- Standing Orders, Standing Financial Instructions, Scheme of Delegation and Constitution.
- Standards of Business Conduct and Register of Declarations of Interest
- Integrated Board report
- Board and Committee reports and the supporting minutes
- Annual business cycle of the Board of Directors and its Committees
- Risk Management Policy and Procedure
- Job description and role description of the Senior Independent Director
- Terms of reference of the committees and sub-committees of the Board of Directors and Membership Council
- The Board of Directors skills and capabilities matrix
- Non-Executive Director candidate information pack and induction programme
- Appraisal policy
- Well-Led Governance Review report
- Membership Council standing orders
- Membership Councillors' Charter
- Membership Strategy and Policy for Engaging Members
- Membership Councillors Recruitment and Induction Pack
- Policy for the expulsion of Membership Councillors
- Chairs' Information Exchange
- Internal and External Auditor reports

The trust reviewed its governance arrangements in light of the code and makes the following statements:

Directors

The Trust is headed by a Board; it exercises its functions effectively, efficiently and economically. The Board is a unitary board consisting of a Non-Executive Chair, six Non-Executive Directors and seven Executive Directors. Full details of members of the Board can be found on p32 including changes to the membership of the Board during 2015/16.

The Board provides active leadership within a framework of prudent and effective controls and ensures it is compliant with the terms of its licence. The Board meets a minimum of 12 times a year so that it can regularly discharge its duties.

The Non-Executive Directors hold Executive Directors accountable through scrutiny of performance outcomes, management of business process systems and quality controls, and satisfy themselves as to the integrity of financial, clinical and other information. Financial and clinical quality control systems of risk management are robust and defensible.

The Non-Executive Directors, through the Remuneration Committee, fulfil their responsibility for determining appropriate levels of remuneration of Executive Directors. The Committee is provided with benchmark data to support the decision being made about the level of remuneration for the Executive Directors. More details about the Remuneration Committee can be found on p78.

Annually the Board reviews the strategic aims and takes responsibility for the quality and safety of healthcare services, education, training and research. Day-to-day responsibility is devolved to the Executive Directors and their teams. The Board of Directors is committed to applying the principles and standards of clinical governance set out by NHS England, the Department of Health and the Care Quality Commission. As part of the planning exercise the Board of Directors reviews its membership and undertakes succession planning.

The Board of Directors has reviewed its values and standards to ensure they meet the obligations the Trust has to its patients, members, staff and other stakeholders.

The appointment of the Chair and Non-Executive Directors forms part of the information included in the standing orders written for the Membership Council.

The Chair
A clear statement outlining the division of responsibility between the Chair and the Chief Cxecutive has been approved by the Board of Directors.

Governors
The Trust has a Council of Governors (known as the Membership Council) that is responsible for representing the interests of the members of the Trust, partner, voluntary organisations within the local health economy and the general community served by the Trust. The Membership Council holds the Board of Directors to account for the performance of the Trust including ensuring the Board of Directors acts within the terms of the licence. Membership Councillors feedback information about the Trust to members and the local community through a regular newsletter and information placed on the Trust's website.

The Membership Council consists of elected and appointed councillors. More than half are public governors elected by community members of the Trust. Elections take place once every year, or on other occasions, if required due to vacancies or a change in our constitution. The next elections will be held during summer 2016.

The Membership Council has in place a process for the appointment of the chair which includes understanding the other commitments a prospective candidate has.

Information, development and evaluation
The information received by the Board of Directors and the Membership Council is timely, appropriate and in a form that is suitable for members of the Board and Council to discharge their duty.

The Trust runs a programme of development throughout the year for Membership Councillors and non-executive directors. All membership councillors and Non-Executive Directors are given the opportunity to attend a number of training sessions during the year.

The Membership Council has agreed the process for the evaluation of the Chair and Non-Executive Directors and the process for appointment or re-appointment of the Non-Executive Directors.

The Chair with the support of the other Non-Executive Directors reviews the performance of the chief executive as part of the annual appraisal.

The Chief Executive evaluates the performance of the Executive Directors on an annual basis and the outcome is reported to the Chair. The Chair provides the Chief Executive with his view of the Executive Director's performance in the board meeting.

Details of the approach to appraisals can be found on page p60 of this report.

Performance evaluation of the Board and its committees
During the year the Board commissioned independent consultants PWC to conduct a Well-Led Review as prescribed by NHS Improvement. The review concentrates on the quality of the governance in place in the organisation. The review required the directors to complete a self-assessment which was used as the basis for the review. PWC reviewed the Trust's self-assessment and then observed a board meeting, board committees and some divisional governance meetings. PWC also undertook a number of interviews with key members of staff and reviewed papers, minutes and other governance documents. PWC tested the governance from the ward to board. More details of the outcome of the review can be found on p25.

In addition, the members and attendees of each of the committees undertake a self-assessed evaluation of the committee's effectiveness against compliance with the terms of reference and the annual work plan. The results of the self-assessment form a development plan for the committee over the year.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Resolution of disputes between the Membership Council and the Board of Directors
The code of governance requires the Trust to hold a clear statement explaining how disagreements between the Membership Council and the Board of Directors would be resolved.

The Board of Directors promotes effective communications between itself and the Membership Council. The Board, through the Chief Executive and the Chair, provide regular updates to the Membership Council on the developments being undertaken in the Trust. The Board encourages the Membership Councillors to raise questions and concerns during the year and ask for further discussions at their public meetings where they feel further detail is required. The Chief Executive and any invited director or non-executive director will ensure that the Membership Councillors are provided with any information when the Trust has materially changed the financial standing of the Trust or the performance of its business has changes or where there is an expectation as to performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the Trust.

The Chair of the Trust also acts as Chair of the Membership Council. The Chair's position is unique and allows him to have an understanding of a particular issue expressed by the Membership Council. Where a dispute between the Membership Council and the Board occurs, in the first instance, the Chair of the Trust would endeavour to resolve the dispute.

If the Chair is not willing or able to resolve the dispute, the Senior Independent Director and the lead governor of the Membership Council would jointly attempt to resolve the dispute.

In the event of the Senior Independent Director and the lead governor were not being able to resolve the dispute, the Board Of Directors, pursuant to section 15(2) of Schedule 7 of the National Health Service Act 2006, will decide the disputed matter.

Membership Councillors also have the right to refer concerns to NHS Improvement the sector regulator in exceptional circumstances where the internal mechanisms have not satisfied the Membership Council's concern. The Membership Council also has the right to seek the advice of NHS Improvement's Independent Panel.

The Board makes decisions about the functioning of the Trust and where appropriate consult with the membership council prior to making a decision. Any major new development in the sphere of activity of the Trust which is not public knowledge is reported to the Membership Council in private session and to NHS Improvement.

The Membership Council is responsible for the decisions around the appointment of the Non-Executive Directors, the appointment of the external auditors in conjunction with the Audit and Risk Committee, the approval of the appointment of the Chief Executive and the appointment of the Chairman. The Membership Council Set The Remuneration Of The non-executive directors and Chairman. The Membership Council are encouraged to discuss decisions made by the Trust and highlight any concerns they have. The Membership Council also has in place a statement that identifies at what level the Board Of Directors will seek approval from the Membership Council when there is a proposed significant transaction.

Understanding the views of Membership Councillors and members
Directors develop an understanding of the views of the Membership Council and members about the organisation through attendance at members' events, attendance at Membership Council meetings of the council sub-groups, and attending the annual members' meeting. The Directors also hold a joint workshop with the membership councillors twice a year.

Board balance, completeness and appropriateness
As at year ending 31 March 2016, the Board of Directors for Calderdale and Huddersfield NHS Foundation Trust comprised of six Executive Directors, seven Independent Non-Executive Directors and an Independent Non-Executive Chairman.

Appraisal of board members
The Chairman has conducted a thorough review of each Non-Executive Director to assess their independence and contribution to the Board of Directors and confirmed that they are all effective independent Non-Executive Directors. A programme of appraisals has been run during 2015/16 and all Non-Executive Directors have undergone an annual appraisal as part of the review.

The appraisal of the Chief Executive is undertaken on an annual basis by the Chair in line with the Trust's revised appraisal process introduced in 2014.

The Board of Directors maintains a register of interests as required by the constitution and Schedule 7 section 20 (1) National Health Service Act 2006 (see p34).

The Board of Directors requires all Non-Executive Directors to be independent in their judgement. The structure of the Board and integrity of the individual Directors ensures that no one individual or group dominates the decision-making process.

Each member of the Board of Directors upholds the standards in public life and displays selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

All Board members have confirmed that they are fit and proper persons to hold the office of Director in the Trust and have no declarations to make that would be contrary to the requirements. All Board members have confirmed that they do not hold any additional interests that are not declared in the Trust's Declaration of interest.

The Board, in relation to the appointment of Executive Directors have an annual Nonimations and Remuneration Committee which can be convened at other times if required.

Biographies for the Board of Directors can be found on p32-34 of this report.

Internal audit function
The Trust has an internal audit function in place that provides support to the management of the organisation. Details of the internal audit function can be found on p37.

Attendance of Non-Executive Directors at the Membership Council
All Non-Executive Directors have an open invitation to attend the Membership Council meetings. In addition, Non-Executive Directors are required to attend on a rotational basis. The Trust has also arranged for the Board Of Directors and the Membership Councillors to participate in two workshops during the year focussing on the development of strategy and the performance of the Trust.

Membership Councillors and Non-Executive Directors work together on other occasions through various groups and committees and meet on a one-to-one basis during the year.

Corporate Directors' remuneration
The Nominations and Remuneration Committee meets on a regular basis and as a minimum once a year to review the remuneration of the corporate directors. Details of the work of the Nominations And Remuneration Committee can be found on p35. The Membership Council has a Nominations And Remuneration Committee which meets as required during the year. Part of the role of this committee is to review the remuneration of the Non-Executive Directors.

Accountability and audit
The Board Of Directors has an established Audit And Risk Committee that meets on a quarterly basis, as a minimum. A detailed report on the activities of the Audit and Risk Committee is on p36.

Relations and stakeholders
The Board of Directors has ensured that there is satisfactory dialogue with its stakeholders during the year. Examples of the Trust working with stakeholders can be found on p43.

Mandatory disclosures

Code provision	Requirement	Location in Annual Report
A.1.1	This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	Accountability Report p30
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	Accountability Report p30
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Accountability Report p67
FT ARM	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	Accountability Report p67
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	Accountability Report p32
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Accountability Report p32
FT ARM	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	Accountability Report p32
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Accountability Report p35 and p72
FT ARM	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	N/A
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	No other significant commitments to report

Code provision	Requirement	Location in Annual Report
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Accountability Report p70
FT ARM	If, during the financial year, the Governors have exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.	N/A
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	Accountability Report p58 and p60
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust.	Performance Report p25
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Accountability Report p38, p58 and p79
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	Accountability Report P79
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Accountability Report p36
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	N/A

Code provision	Requirement	Location in Annual Report
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: – the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; – an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and – if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Accountability Report p36
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	N/A
E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	Accountability Report p73
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Accountability Report p66
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Accountability Report P73 and p74
FT ARM	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership, including progress towards any recruitment targets for members.	P73
FT ARM	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust.	Accountability Report p61 and p71

FT ARM disclosures are required by the NHS Foundation Trust Annual Reporting Manual rather than the code of governance.

Other disclosures in the public interest

NHS foundation trusts are public benefit corporations and it is considered to be best practice for the annual report to include "public interest disclosures" on the foundation trust's activities and policies in the areas set out below:

Summary of disclosure required	
Actions taken to maintain or develop the provision of information to, and consultation with, employees;	p52
The foundation trust's policies in relation to disabled employees and equal opportunities;	p76
Information on policies and procedures with respect to countering fraud and corruption;	p76
Statement describing the better payment practice code, or any other policy adopted on payment of suppliers, performance achieved and any interest paid under the Late Payment of Commercial Debts (Interest) Act 1998	p38
Details of any consultations completed in the previous year, consultations in progress at the date of the report, or consultations planned for the coming year;	N/A
The number of and average additional pension liabilities for, individuals who retired early on ill-health grounds during the year.	Accounts
Detailed disclosures in relation to "other income" where "other income" in the notes to the accounts is significant.	Accounts
A statement that the NHS foundation trust has complied with the cost allocation and charging guidance issued by HM Treasury	Accounts
Details of serious incidents involving data loss or confidentiality breach	No incidents.

Voluntary disclosures

The "voluntary disclosures" (as defined by the foundation trust annual reporting manual) have also been covered in this annual report. These can be found as follows:

Summary of disclosure	
Sustainability reporting	Performance Report p26
Equality reporting	Accountability Report p76
The NHS Constitution	Accountability Report p77

Our Membership Council

The Trust's Council of Governors is called the Membership Council. They have an important role in the governance and accountability of the Trust. They help to hold us to account for the decisions that are made about patient services, and bring the 'eyes and ears' of the lay person into discussions about developing those services in the future.

The Membership Council comprises 16 publically elected, 6 staff elected and 6 nominated stakeholder councillors. Membership Councillors are broadly representative of the population that the Trust serves. They listen to the views and ideas of the Trust's membership and of the wider public. In turn, the Trust offers a range of events and opportunities for the Membership Councillors to share those views and engage with the board of directors in order to influence strategy and develop services for patients.

The Membership Council has selected a lead Councillor who is also the Deputy Chair. The lead Councillor is Wayne Clarke.

Elections
In order to refresh the Membership Council and bring a diverse range of views into the Trust, elections are held every year. These elections are held in the various geographical or staff constituencies of the Trust. During 2015 the following elections were made with each member being offered a three year term with effect from 17 September 2015:-

CONSTITUENCY	NAME	RE-ELECTED/ELECTED	ELECTION TURNOUT
Constituency 1	Rosemary Hedges	Elected	Turnout 19.3%
Constituency 1	Di Wharmby	Elected	Turnout 19.3%
Constituency 2	Kenneth Batten	Elected	Turnout 11.6%
Constituency 6	Annette Bell	Elected unopposed	Unopposed – N/A
Constituency 8	Brian Moore	Elected unopposed	Unopposed – N/A
Constituency 10	Avril Henson	Elected	Turnout 6%
Constituency 11	Eileen Hamer	Re-elected unopposed	Unopposed – N/A
Constituency 13	Julie Hoole	Elected unopposed	Unopposed – N/A

Committees and working groups
Once elected, Membership Councillors are invited to get to know the Trust and its staff through a range of committees and groups. These are:

Membership Council meetings
The full Membership Council meets formally four times a year, plus the AGM. The meetings are attended by board directors as well as Membership Councillors and standing agenda items include business planning, service developments, quality and the Trust's financial position. These meetings include Non-Executive Director observers. The Membership Council receives the Integrated Board Report at each of its meetings presented by the Director of Planning, Performance, Estates and Facilities; the Director of Finance, and the Director of Nursing. Similarly, the Membership Council receives minutes and papers of the monthly board of director meetings together with the monthly Integrated Performance Report.

Trust Board meetings
Trust Board meetings are held monthly. Two Membership Councillors are invited to attend as observers. An opportunity is given to Membership Councillors to share any comments or observations.

Trust board sub-committees
Membership Councillors sit on each of the sub-committees of the Trust Board. These are: Finance & Performance; Audit & Risk; Charitable Funds; Quality; and the Well-Led Workforce committees.

Divisional Reference Group meetings
Membership Councillors have the opportunity to meet with and ask questions of clinical and managerial colleagues from the Trust's divisions through the Divisional Reference Group (DRG) meetings. The DRGs are chaired by a Membership Councillor and attended by the respective Divisional Director, Assistant Divisional Director and Associate Director of Nursing, plus appropriate divisional representatives. Strategic and operational business is discussed, together with performance against patient and financial indicators.

Chair's Information Exchange
Each DRG chair attends a quarterly 'chairs information exchange' meeting. The Trust Chairman is informed of the discussions and decisions of the respective divisional reference groups and is able to update attendees on Trust issues and priorities. This information exchange helps to inform the agenda of both the Membership Council meetings and the Trust Board meetings.

Attendance at Membership Council meeting 2015/16

MEETING DATES		8.4.15	9.7.15	17.9.15 AGM & HEALTHFAIR	4.11.15	19.1.16	TOTAL ATTENDANCE
PUBLIC – ELECTED							
1	Mr Martin Urmston (Deputy Chair from 18.9.14 – 17.9.15)	✖	✖	✖	**Tenure ceased 18.9.15**	–	**0/3**
1	Mrs Rosemary Claire Hedges	–	–	✔ **Tenure commenced 17.9.15**	✔	✔	**3/3**
1	Mrs Di Wharmby	–	–	✖ **Tenure commenced 17.9.15**	✔	✔	**2/3**
2 (RESERVE REGISTER)	Mrs Linda Wild	✔	✖	✖	**Tenure ceased 18.9.15**	–	**1/3**
2	Rev Wayne Clarke (Deputy Chair from 18.9.15)	✔	✔	✔	✔	✔	**5/5**
2	Mr Kenneth Malcolm Batten	–	–	✔ **Tenure commenced 17.9.15**	✔	✔	**3/3**
3	Mr Peter John Middleton	✖	✖	✖	✔	✖	**1/5**
3	Ms Dianne Hughes	✔	✔	✔	✔	✔	**5/5**

MEETING DATES		8.4.15	9.7.15	17.9.15 AGM & HEALTHFAIR	4.11.15	19.1.16	TOTAL ATTENDANCE
4	Mrs Marlene Chambers	✖	✖	✖	**Tenure ceased 18.9.15**	–	**0/3**
4 (RESERVE REGISTER)	Mrs Liz Schofield	✔	✔	✔	**Tenure ceased 18.9.15**	–	**3/3**
5	Mr Grenville Horsfall	✖	✖	✔	✔	✔	**3/5**
5	Mr George Edward Richardson	✔	✔	✔	✔	✔	**5/5**
6	Mrs Johanna Turner	✖	✖	✖	– **Tenure ceased 18.9.15**	–	**0/3**
6	Mr Brian Richardson	✔	✔	✔	✖	✖	**3/5**
6	Mrs Annette Bell	-	-	✔ **Tenure commenced 17.9.15**	✖	✖	**1/3**
7	Ms Kate Wileman	✔	✔	✖	✔	✔	**4/5**
7	Mrs Lynn Moore	✔	✖	✔	✖	✔	**3/5**
8	Mr Andrew Sykes	✖	✖	✔	– **Tenure ceased 18.9.15**	–	**1/3**
8	Mrs Jennifer Beaumont	✖	✔	✔	✖	✖	**2/5**
8	Mr Brian Moore	–	–	✔ **Tenure commenced 17.9.15**	✔	✔	**3/3**
STAFF – ELECTED							
9 - Drs/ Dentists	Dr Mary Kiely	✖	✖	✖	✖	✖	**0/5**
10 - AHPs/ HCS/Pharm's	Miss Avril Henson	✔	✔	✖	– **Tenure ceased 1.10.15**	–	**2/3**
11 - Mgmt/ Admin/Clerical	Mrs Eileen Hamer	✔	✖	✔	✔	✔	**4/5**

MEETING DATES		8.4.15	9.7.15	17.9.15 AGM & HEALTHFAIR	4.11.15	19.1.16	TOTAL ATTENDANCE
12 - Ancilliary	Miss Liz Farnell	✖	✖	✔	- **Tenure ceased 18.9.15**	-	**2/3**
13 - Nurses/ Midwives (Reserve Register from 18.9.15)	Mrs Chris Bentley	✔	✖	✖	✔	✖	**2/5**
13 - Nurses/ Midwives	Ms Julie Hoole	-	-	✔ **Tenure commenced 17.9.15**	✖	✖	**1/3**
NOMINATED STAKEHOLDER							
University of Huddersfield	Prof John Playle	✖	✖	✖	✖	✔	**1/5**
Calderdale Metropolitan Council	Cllr Bob Metcalfe	✔	✔	✔	✔	✔	**5/5**
Kirklees Metropolitan Council	Cllr Hilary Richards	✖	- Tenure ceased 21.5.15	-	-	-	**0/1**
Kirklees Metropolitan Council	Cllr Naheed Mather	**Tenure commenced 22.5.15**	✔	✖	✖	✖	**1/4**
Clinical Commissioning Group	Mr David Longstaff	✖	✖	✖	✖	✖	**0/5**
Locala	Mrs Janice Boucher	✖	– **Tenure ceased 2.6.15**	–	–	–	**0/1**
South West Yorkshire Partnership NHS FT	Mrs Dawn Stephenson	✔	✔	✖	✔	✔	**4/5**

Councillor training and development

Membership Council Induction

All newly elected or appointed Membership Councillors are invited to attend a comprehensive induction process. This consists of presentations, discussion, information and Trust guest speakers. Attended by the chairman, this induction introduces Membership Councillors to the structure, services and strategy of the Trust; and it clarifies their role in terms of governance and accountability. It marks the beginning of the process of Councillors becoming familiar with and engaging in the development of Trust plans and services.

Membership Councillor Training Programme

In order to support the Membership Councillors in their role, the Trust offers a range of training sessions. These interactive and informative sessions are delivered by subject experts and cover such topics as 'Understanding Quality in the NHS', 'An Introduction to NHS Finance', 'Improving the Patient Experience' and 'Holding to Account'. These sessions offer the opportunity for Membership Councillors to learn about the systems and processes of the NHS and of the Trust. In turn, this supports our Membership Councillors to feel more confident in their duty to hold Non-Executive Directors to account for the performance of the Board.

Membership Council Development Days

In addition to the training sessions, the Trust has a programme of Membership Council development sessions. These are held four times a year and are attended by Membership Councillors, the Trust Chairman and respective board directors. The content of these sessions typically include guest speakers, information items and group exercises where Membership Councillors can explore healthcare topics in more depth. An 'open space' discussion is always included allowing Membership Councillors to debate current key challenges and opportunities. These debates and discussions help to shape future Trust plans.

Governance

In addition to participation in committees and groups, Membership Councillors contribute to the good governance of the Trust in a variety of ways. These include:

Chairman's One-to-One meetings

Each newly elected or appointed Membership Councillor is offered the opportunity to meet with the Trust Chairman on a one-to-one basis. These meetings help to set expectations, detail the support that is available, and clarify the role of the Membership Council. In addition, the Trust Chairman meets quarterly with the Deputy Chairman of the Membership Council.

Joint workshops with directors and non-executive directors

As part of the 'holding to account' element of the Membership Councillor role, joint workshops are held with the executive and non-executive board directors respectively. The workshops give all parties the opportunity to learn about their respective roles, and share with each other their knowledge about and involvement in, the Trust's services.

Quality Accounts

The Trust is required to demonstrate its progress against a range of quality indicators. There is some discretion around which of these indicators should be chosen, and members and the Membership Councillors are involved in this selection process. Membership Councillors discuss the indicators and are invited to give their views on these or to add their own suggestions. Members and Membership Councillors then vote on the suggested improvement indicators, and progress against them is published in the Trust's Quality Accounts.

Approval of Annual Plan

Information and proposals for the Trust's forward plans are brought to the Membership Council for consideration. Membership Councillors are asked to review and comment upon these proposals. Following this discussion, and with the agreement of the Membership Council, proposals are then laid before the board for final approval.

Involvement in the Care Quality Commission inspection visit

This year, the Care Quality Commission (CQC) paid an inspection visit to the Trust. As part of the visit Membership Councillors were asked to participate in a focus group discussion with inspectors.

Membership Councillors working with us

Membership Councillors are a vital link with our communities. They act as the 'eyes and ears' of our patients and get involved with a whole range of Trust services and activities. Here are just some examples:

- A Membership Councillor and the Trust's sustainability manager worked together to help establish a new approach and create the Trust's first sustainability strategy
- Familiarisation tours or 'walkabouts' are conducted by Membership Councillors to help their understanding of the Trust's services for patients. Membership Councillors talk to both patients and staff to form a view about culture and performance. Areas covered this year include St. John's Health Centre and Brackenbed View in Halifax; the patient records department at CRH; the A&E department at HRI; and building and facilities in the Trust's Estates and Facilities division
- Involvement in the Trust's Integrated Transport Review to assess the efficiencies of hospital and community resources used for patient journeys
- Membership Councillors attended a forum with a specialist company to feed in their views on designing the best possible signage and wayfinding techniques for patients walking through our hospitals
- In September 2015, 'Theatre Action Week' provided a focus for the Trust on how to improve the efficient use of hospital theatres. Membership Councillors were involved in the work of theatres staff and contributed to the service development plans
- Membership Councillors worked with Clinical Commissioning Group colleagues to help design the events which would form part of the Right Care, Right Time, Right Place public consultation during Spring 2016 on the configuration of hospital and community health services.

Expenses claimed by Councillors during 2015/16
Membership Councillors do not receive payment for their work with the Trust, however we do have a policy for re-imbursement of any necessary expenditure while on Trust business at a rate of 0.28p per mile. During 2015/16 the following expenses were claimed:

	2014/15	2015/16
Total number of Councillors	28	26
Total number of claiming expenses	5	8
Total amount of expenses claimed	£229.85	£643.30

Related party transactions
Under International Accounting Standard 24 'Related Party Transactions', the Trust is required to disclose, in the annual accounts, any material transactions between the NHS Foundations Trust and members of the Council of Governors or parties related to them.

There were no such transactions for the period 1 April 2015 to 31 March 2016.

Register of Membership Councillors' interests
All Membership Councillors have a responsibility to declare relevant interests as declare relevant interests as defined in our Constitution. These declarations are made to the Board Secretary and are reported to the Council and entered into a register. The public can access the register at www.cht.nhs.uk or by making a request in writing to:
The Board Secretary
Calderdale and Huddersfield NHS Foundation Trust
Acre Street
Lindley
Huddersfield
HD3 3EA

Membership of the committees and groups

The Membership Council has established a Nominations and Remuneration Committee to consider the pay and succession arrangements for the non-executive directors.

Nominations and Remuneration of Non-Executive Directors

The Nominations and Remunerations Committee (Membership Council) met on the 7 December 2015 and:

- Reviewed and agreed that their terms of reference should remain unchanged.
- In line with the pay decisions for the NHS workforce in 2015-16, the proposal for the Non- Executive Directors to maintain their current levels of basic remuneration and receive no uplift was agreed.
- Agreed the skills and competencies required to fill the two Non Executive Director vacancies
- Agreed the Candidate Pack and timetable for appointments.

The Nominations and Remuneration Committee (Membership Council) during 2015/16 comprised of:-

ATTENDANCE				
NAME AND ROLE	**MEETING 7 DECEMBER 2015**	**LONGLISTING 19.1.16**	**SHORTLISTING 9.2.16**	**INTERVIEWS 19.2.16**
Mr Andrew Haigh, Chairman	✔	✔		✔
Rev Wayne Clarke, Publicly Elected Member (Deputy Chair)	✖	✔	✔	✖
Mrs Eileen Hamer, Staff Elected Member	✔	✔	✔	✔
Mr Peter Middleton, Publicly Elected Member	✔	✖	✖	✖
Mr Brian Moore, Publicly Elected Member	✔	✔	✔	✔
Mr Brian Richardson Publicly Elected Member	✔	✖	✖	✖
Mrs Dawn Stephenson, Nominated Stakeholder	X	✔	✔	✔
Mrs Di Wharmby, Publicly Elected Member	✔	✔	✔	✔
Mr Owen Williams Chief Executive	✖	✖	✖	✔

Our Membership

Membership is free and aims to give local people and staff a greater influence over how our services are provided and developed. It also helps the Trust to work much more closely with local people and service users.

Our members have the chance to:

- Find out more about the hospitals, our community services, the way they are run and the challenges they face
- Help us work with local people to improve the care and experience of patients and their carers.
- Elect representatives to the Membership Council

Public membership is open to people aged 16 or over who is or has been a patient or carer at Calderdale and Huddersfield NHS Foundation Trust, or who lives within our defined membership area; or who works at the Trust

All eligible staff members automatically become Foundation Trust members unless they choose to opt out. Staff are eligible for membership provided that they fulfil one of the following criteria:

- They hold a permanent contract of employment with us
- They have been employed by the Trust on a temporary contract of 12 months or longer
- They are employed by the Trust or one of its partners (e.g. local government, other NHS Trusts) on a permanent basis or fixed-term contract of 12 months or more

Our membership as at 31 March 2016		
Group	Constituency	Number
Public	1	587
	2	1868
	3	1190
	4	492
	5	1183
	6	713
	7	1407
	8	2023
Staff	9 Doctors/dentists	444
	10 AHPs/NCS/ Pharmacists	729
	11 Management/ Admin/Clerical	1162
	12 Ancillary	1617
	13 Nurses/midwives	1875

Our membership is broadly representative of the communities that we serve.

Membership Strategy

Our membership strategy is designed to help us reach out to the local communities that we serve, and to offer opportunities to become involved with the work of the Trust. Over the previous year we have:

- Involved our Membership Councillors in a 'Task and Finish' group to review the strategy and ensure it is kept up to date and relevant.
- Targeted opportunities to increase our membership, such as recruiting new members at a Parkinson's Awareness Day
- Surveyed our existing membership to collect email addresses, equality and diversity information and to ask their views on how frequently they would prefer to be contacted by the Trust

What have people been involved with?

Members of the Trust are invited to get involved with our work throughout the year. Here are some examples:

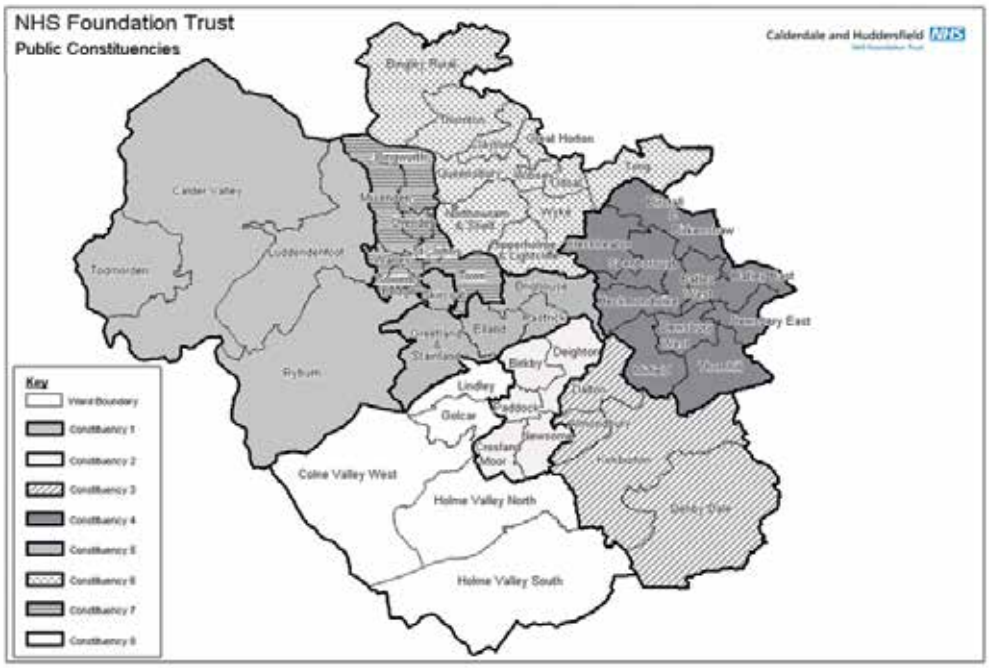
- The views of members and Membership Councillors are an important element in the recruitment process for senior Trust clinical staff. Membership Councillors and members are invited to be part of the patient and user panels for the appointment of new consultants, senior nurses and senior non-clinical staff
- Twice a year 'Foundation News' is published and distributed to all of the Trust's members. Through this, members get to learn about Trust services for patients, the work of their Membership Council and about forthcoming events
- The views of members are canvassed in order to help inform developments to patient services. For instance, views were sought on whether it was appropriate or not to display graphic photos of pressure ulcers in patient information leaflets
- Members have helped catering services staff to assess the level and clarity of information displayed on hospital food packaging
- Members have been invited to proofread patient information leaflets in order to help make sure that they are clear and easy to understand by patients
- Members have role played the part of a patient in order to give an authentic experience during the recruitment process for physiotherapists at HRI
- Members have taken part in telephone interviews as part of the research element of a colleague's study towards a Masters level qualification
- Members can pose questions directly to the chief executive or Trust chairman through a 'Members' Questions Inbox'. Similarly, members can contact the Membership Councillors via the Trust's public website on www.cht.nhs.uk

How to get in touch

If you would like to get in touch with a Membership Councillor, or would like to find out more about becoming a member, or about the services provided by the Trust please contact the membership office on 01484 347342 or email: membership@cht.nhs.uk or write to The Membership Office, Calderdale and Huddersfield NHS Foundation Trust, Freepost HF2076, The Royal Infirmary, Lindley, Huddersfield, HD3 3LE

Elected Council Members

Membership Council – Public Constituencies



Constituency	Wards	Population
1	Todmorden	37,487
	Calder Valley	
	Luddendenfoot	
	Ryburn	
2	Birkby	62,501
	Deighton	
	Paddock	
	Crossland Moor	
	Newsome	
3	Dalton	56,161
	Almondbury	
	Kirkburton	
	Denby Dale	
4	Cleckheaton	144,794
	Birstall and Birkenshaw	
	Spenborough	
	Heckmondwike	
	Batley West	
	Batley East	
	Mirfield	
	Dewsbury West	
	Dewsbury East	
	Thornhill	

Constituency	Wards	Population
5	Skircoat	47,727
	Greetland & Stainland	
	Elland	
	Rastrick	
	Brighouse	
6	Northowram & Shelf	150,326
	Hipperholme & Lightcliffe	
	Bingley Rural	
	Thornton	
	Clayton	
	Queensbury	
	Great Horton	
	Wibsey	
	Odsal	
	Wyke	
	Tong	
7	Illingworth & Mixenden	63,407
	Ovenden	
	Warley	
	Sowerby Bridge	
	St Johns	
	Town	
8	Lindley	73,412
	Golcar	
	Colne Valley West	
	Holme Valley North	
	Holme Valley South	

Regulatory report

Explanation of ratings
NHS Improvement uses a combination of financial information and performance against a selected group of national measures as the primary basis for assessing the risk of trusts breaching their licence. NHS Improvement's Risk Assessment Framework was introduced during 2013/14 and replaced the compliance-based framework. The risk assessment framework assigns two ratings, a financial rating in the form of a continuity of services and a governance rating to each NHS Foundation Trust on the basis of its annual plan and in-year performance against that plan. During the year this was changed so the financial rating became the financial risk rating rather than a continuity of services rating. The effect of the change was to introduce two additional metrics that were taken into account on a quarterly basis by the regulator. The two additional metrics were monitoring in-year financial performance and the accuracy of planning as well as introducing a new value for money governance trigger

NHS Improvement uses these ratings to inform the intensity of monitoring and to signal to the NHS Foundation Trust NHS Improvement's degree of concern with specific issues identified and the risk of non-compliance with the licence. Where issues arise, NHS Improvement may wish to test the basis of board statements made. NHS Improvement may take into account the findings, judgement and/or guidelines of any relevant third party in determining risk ratings and/or whether non-compliance with the licence has occurred. NHS Improvement expects NHS Foundation Trusts to respond to any such issues.

Financial risk rating
When assessing financial risk ratings, NHS Improvement will assign a rating using a scorecard that compares key financial metrics on a consistent basis across all NHS Foundation Trusts. The financial risk rating is intended to reflect the likelihood of a financial non-compliance of the licence.

Governance risk rating
NHS Improvement applies the risk assessment framework as a method of consistently assigning a governance risk rating to reflect the quality of governance at a trust.

The licence introduced 4 key conditions. Conditions 1-3 contain important administrative and other requirements, while condition 4 sets out the overall standards set for different aspects of NHS Foundation Trust governance.

Where there is evidence that the Trust may be failing to meet the requirements of the condition, NHS Improvement is likely to investigate whether a breach of the governance condition may have occurred and if so consider whether to take regulatory action.

In forming their view, NHS Improvement incorporates information from a number of areas including:
- Performance against selected national access and outcomes standards
- CQC judgements on the quality of care provided
- Relevant information from third parties
- A selection of information chosen to reflect quality governance at the organisation
- The degree of risk to continuity of services and other aspects of risk related to financial governance
- Any other relevant information

Our projected risk ratings and actual performance for 2015/16 is shown in the table below:

2015/16	Annual Plan	Q1	Q2	Q3	Q4
Financial risk rating	2	2	2	2	2
Governance rating	Red	Red	Red	Red	Red

Our performance for 2014/15 is provided below for comparison:

2015/16	Annual Plan	Q1	Q2	Q3	Q4
Financial risk rating	3	2	2	3*	2
Governance rating	Green	Green	Narrative	Narrative	Red

During 2015/16 the Trust remained under enforcement undertakings with NHS Improvement and continued to have monthly progress review meetings. The Trust complied with all requests from NHS Improvement including the development of a five Year Strategic Plan; undertaking a Well-Led Governance Review and delivery of the planned deficit alongside over-achievement of its cost improvement programme – this is explained in more detail on p17.

Further disclosures in relation to income and the Going Concern statement can be found in the Performance Report on p19.

Voluntary disclosures

Equality & Diversity

The Trust strives to provide the highest quality of service to all of its patients. Equality and diversity considerations are part of the Trust's work to improve the experience and health outcomes for everyone in its care.

The Trust also has a legal obligation under the Equality Act 2010 to provide services and employment in a manner that eliminates discrimination, advances equality and fosters good relationships between people who identify with a protected characteristic. These characteristics are: age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, and sexual orientation.

Consultation with communities of special interest led the Trust to commit to three overarching objectives for the period 2012 to 2016. These are:

1. Access: The Trust will demonstrate improvements in access to services for people with protected characteristics.
2. Information and communication: The Trust will demonstrate improvements in data collection, utilisation and analysis to inform service improvement for people with protected characteristics.
3. Staff attitude, behaviour and training: The Trust will deliver training programmes that reflect the need for employees to respect equality, diversity and human rights.

Underneath these three high level objectives, plans for action, with measurable dates and outcomes, were developed. The high-level objectives were retained for 2015-16 and as at December 2015, 94% of the total actions had been completed or partially completed. Work is continuing on the outstanding actions, many of which have become "business as usual" across the organisation.

Here are just a few examples of our achievements over 2015 – 16:

- Response cards to the Friends and Family Test (FFT) have been created specifically for children and young people. These help our younger patients give their feedback on the care they have received. The results are displayed on public facing boards in ward areas using a "You said-We did" approach.
- Patients with dementia on wards 19 and 20 at Huddersfield Royal Infirmary are benefiting from an award-winning programme of volunteer support around memory, orientation and cognitive activities.
- The Chaplaincy team now contributes on a routine basis to the ongoing programme of end of life care training sessions for Trust staff, to make sure that the spiritual or religious needs of patients of different faiths are addressed.
- A review of our Acre Mills Outpatient facility reception area was carried out by the Guide Dogs for the Blind Association, and various actions were identified and taken, including training for reception staff and volunteers on how to guide a blind patient; and the adaptation of the colours used on one of the electronic check-in screens to help visually Impaired patients
- We've introduced "Behind the Bed Boards" which are used to display key information relating to patients' individual nutrition, hydration and nursing needs. Magnetic cards are attached to the boards as patients are admitted to a ward. The cards are also used to highlight any additional needs, such as if the patient is deaf, blind, needs an interpreter or uses mobility aids.
- A poster to help non-English speaking visitors to find their way around the Trust has been created and distributed to all reception areas and a communications 'crib sheet' of prompts to help colleagues when caring for patients and visitors who have additional communications needs has been created and distributed.

During 2015, two new NHS initiatives became mandatory. The Equality Delivery System (EDS2) is a framework for Trusts to review and improve their performance for people with protected characteristics. In December 2015, the Trust took park in two focus group events with local stakeholders and community groups. This helped the Trust to review and assess progress on equality and diversity objectives.

The Workforce Race Equality Standard (WRES) requires Trusts to start to address the low levels of Black and Minority Ethnic (BME) employees within their workforce. During 2015 -16 a series of BME staff focus group discussions was held and feedback from these sessions is helping us to clarify priorities and actions to address race equality in our workforce.

The Trust has now refreshed its approach under a wider strategy "Putting Patients First – a strategy for involvement and equality". This strategy identifies actions to enhance the patient experience, and to address specific needs of those with a protected characteristic. These in turn will also address the mandatory requirements of the EDS2 and the WRES.

Ultimately the Trust is striving to help colleagues feel confident and competent when caring for or dealing with people with any of the nine protected characteristics, and to ensure that equality and diversity considerations are an everyday, intrinsic part of being a valued Trust colleague and of delivering excellent, compassionate care.

Slavery and Human Trafficking Act 2015

The board of directors approved a statement at its meeting in March 2016 confirming compliance with the requirements of the Slavery and Human Trafficking Act 2015. The required statement has been published on the trust's website and can be found at www.cht.nhs.uk/publications.

Counter-fraud policies and procedure

The Trust's counter fraud arrangements are in compliance with the NHS Standards for providers: fraud, bribery and corruption. These arrangements are underpinned by the appointment of accredited local counter fraud specialists and the introduction of

a Trust-wide countering fraud and corruption policy. An annual counter fraud plan identifying the actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud is produced and approved by the Trust's Audit and Risk Committee.

The NHS Constitution

All NHS bodies are required by law to comply with the NHS Constitution, the national document which details the principles and values of the NHS in England. The Constitution sets out rights to which patients, the public and staff are entitled and pledges that the NHS is committed to achieve. It also describes the responsibilities that patients, staff and the public owe to one another to ensure the NHS operates fairly and effectively. Our Trust is fully compliant with the requirements of the NHS Constitution.

Statement of the Chief Executive's responsibilities as the Accounting Officer of Calderdale and Huddersfield NHS Foundation Trust

The NHS Act 2006 states the Chief Executive is the accounting officer of the Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed Calderdale and Huddersfield NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Calderdale and Huddersfield NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year. In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- and ensure that the use of public funds complies with the relevant delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Owen Williams
Chief Executive
Date: 26th May 2016

Annual Governance Statement 2015/16

Scope of responsibility
As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

There are arrangements in place for sharing views and working with other organisations. Those operating at Chief Executive level are as follows:

- Health Overview and Scrutiny Committees (Calderdale, Kirklees)
- Health and Wellbeing Boards (Calderdale, Kirklees)
- HealthWatch (Calderdale, Kirklees)
- Yorkshire Cancer Network
- West Yorkshire Association of Acute Trusts
- Yorkshire and Humber Learning Education and Training Board
- Alliance relationships with local hospitals

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

– identify and prioritise the risks to the achievement of the policies, aims and objectives of Calderdale and Huddersfield NHS Foundation Trust;
– evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Calderdale & Huddersfield NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

Following the breach in of licence in 2014/15, one of the enforcement actions required by Monitor was an independently assessed Well-Led Governance Review. The Trust commissioned PWC to undertake the review and the final report was presented to the Board in September 2015.

A prioritised action plan was developed for delivery over a 12 month period to July 2016. The recommendations arising from the review are included in the Performance Report as part of the Annual Report.

Capacity to handle risk
The Board of Directors provides leadership on the overall governance agenda including risk management and is supported by a number of sub-committees that scrutinise and review assurances on internal control. These include:
- Audit and Risk Committee
- Quality Committee
- Finance and Performance Committee
- Well-Led Workforce Committee

Independent assurance on the effectiveness of the system of internal control and overall governance arrangements is provided by the Audit & Risk Committee. Additional assurance on the effectiveness of the systems for ensuring clinical quality is given to the Board of Directors by the Quality Committee. The Board of Directors routinely receives the minutes of these Committees alongside the Board Assurance Framework.

The Risk and Compliance Group oversees all risk management activity to ensure: (a) the correct strategy is adopted for managing risk; (b) controls are present and effective; and (c) action plans are robust for those risks that remain intolerant. The Risk and Compliance Group is chaired by the Executive Director of Nursing and comprises senior management representation from all divisions. Other senior managers and specialist advisors routinely attend each meeting. While the Risk and Compliance Group reports directly to the Audit and Risk Committee, it also provides a monthly report on the high level risks and mitigating actions to the Board and works with other committees of the Board in order to triangulate material issues in accordance with the Board's appetite for taking risk and ensure a coordinated approach to effective risk management.

The Chief Executive has overall responsibility for the management of risk. Other members of the Executive Director Team exercise lead responsibility for the specific types of risk as follows:

- Strategic risk – Chief Executive
- Clinical and quality risks – Executive Director of Nursing / Executive Medical Director
- Financial risk – Executive Director of Finance
- Workforce and staffing risk – Chief Executive
- Environmental risk – Director of Planning, Estates and Facilities
- Operational risk – Chief Operating Officer
- IT risk – Director of Health Informatics

All Directors are responsible for ensuring there are appropriate arrangements and systems are in place in order to:

- Identify and assessment of risks and hazards
- Comply with internal policies and procedures, and statutory and external requirements
- Integrate functional risk management systems and development of the assurance framework.

These responsibilities are managed operationally by managers supporting the executive directors.

The Trust has recently reviewed and updated the Risk Management Policy that clearly describes the process for managing risk and the roles and responsibilities of staff. The Policy sets out a clear, systematic approach to risk management that ensures it is an integral part of the clinical, managerial, quality and financial processes within the organisation. Risks are identified, managed and reviewed at a department, directorate and divisional level as appropriate.

During 2015/16 the Trust has also reviewed and refreshed its programmes of generic and specific risk management training. The Board has set out the minimum requirements for staff training required to control key risks through a clear mandatory training programme including infection control, safeguarding adults and children, information governance and manual handling. We also have a health & safety training programme from Board to ward. The mandatory training framework describes the requirements for each staff group and the frequency of training in each case.

In addition there is training in incident investigation, including documentation, root cause analysis, serious incidents and steps to prevent or minimise recurrence and reporting requirements.

Incidents, complaints, claims and patient feedback are routinely analysed to identify lessons learned and to help improve internal control and are reported to the Board through the quarterly Quality Report. The lessons learned are shared with staff across the Trust through a number of ways including the safety bulletin 'So what happened next?' We also rigorously apply national guidance including the recommendations from investigations and enquiries.

I have ensured that all risks of which I have become aware are reported to Board of Directors and to the Risk and Compliance Group. All new significant risks are escalated to me as Chief Executive and the Executive Team. They are reviewed and validated by the Risk and Compliance Group. The risk score determines the escalation of risks. There is a regular programme of review of risks on the Board Assurance Framework which enables the Board of Directors to scan the horizon for emergent threats and opportunities and consider the nature and timing of the response required in order to ensure risk is kept under appropriate control at all times.

The risk and control framework

The system of internal control is based on an on-going risk management process that is embedded in the organisation and combines the following elements:

- Risk Management Policy and reporting
- The Risk Register and Board Assurance Framework
- Incident reporting
- Trust's Strategic Plan
- Financial governance
- Quality governance
- Information governance

Risk Management Policy and reporting

Calderdale and Huddersfield NHS Foundation Trust take action to manage risk to a level which is tolerable. We acknowledge that risk can rarely be totally eradicated and will accept a level of managed residual risk. Risk management requires active participation and commitment from all staff. It is an intrinsic part of the way the business of the Trust is conducted and its effectiveness is monitored by the Trust's performance management and assurance systems.

The risk management process is set out in six key steps as follows:

i. Determine priorities

The Board of Directors determines corporate objectives annually and expresses these in specific, measurable, achievable ways with clear timescales for delivery. This then establishes the priorities for executive directors and services. Risk is defined as anything that is stopping or could prevent the Trust from providing safe and sustainable clinical services, and from being successful in achievement of these objectives.

ii. Risk Identification

Evaluating what is stopping, or anticipating what could prevent the Trust from achieving stated objectives/strategic priorities, annual plans, financial plans, delivering safe clinical services will identify risk. Risk identification concerns future events; it involves anticipation of failure and is based upon consideration of strengths, weaknesses, opportunities or threats. The Board of Directors, senior leaders and divisional teams will identify what is uncertain, consider how it may be caused and what impact it may have on the objective and service.

iii. Risk Assessment

Risk assessment involves the analysis of individual risks, including analysis of potential risk aggregation where relevant. The assessment evaluates the severity and likelihood of each risk and determines the priority based on the overall level of risk exposure.

iv. Risk Response

There are a number of different options for responding to a risk. These options are referred to as risk treatment strategies. For each risk, controls are ascertained (or where necessary developed), documented and understood. Controls are implemented to:

- seek risk (take opportunity);
- accept risk (where no further mitigating action is planned and the risk exposure is considered tolerable and acceptable);
- avoid risk (withdrawal from the activity that gives rise to the risk);
- transfer risk (either in part or in full to a third party which may be achieved through insurance, contracting, service agreements or co-production models of care delivery);
- or modify risk (put in place specific controls designed to change either the severity, likelihood or both).

Gaps in control are subject to action plans which are implemented to reduce residual risk.

v. Risk Reporting

All risks are recorded on the risk register. Significant risks (scoring 15 or above) are reported at each formal meeting of the Board of Directors. In addition, in the event of a significant risk arising, arrangements are in place to escalate a risk to the Chief Executive and Executive Team. The level at which risk must be escalated is clearly set out in the Risk Management Policy. The risk report to the Board of Directors also details what action is being taken, and by whom, to mitigate the risk and monitor delivery. The Audit and Risk Committee have reviewed assurance on the effective operation of controls to manage potential significant risk. The Board of Directors has in place an up-to-date Board Assurance Framework which set outs the potential risks to the Trust's strategic objectives.

vi. Risk Review

Risks are reviewed at a frequency proportional to the residual risk. Discretion regarding the frequency of review is permitted. As a minimum risks scoring over 15 should be reviewed at least monthly. Those responsible for managing risk regularly review the output from the risk register to ensure it remains valid, reflects changes and supports decision making. Risk profiles for all Divisions are subject to detailed scrutiny as part of a rolling programme by the Risk and Compliance Group. The purpose of the Trust's risk review is to track how the risk profile is changing over time; evaluate the progress of actions to treat material risk; ensure controls are aligned to the risk; resources are reprioritised where necessary; and risk is escalated appropriately.

The Corporate Risk Register and Board Assurance Framework

Operational risk registers are maintained in every ward and department, and for time limited projects. Divisional registers consolidate directorate risks scoring 8 or above and any additional business risks to the division. Divisional registers are cross-referenced to the divisional business plan and are discussed in detail at the Divisional Patient Safety and Quality Board. The highest rated risks are taken to Risk and Compliance Group for review and consideration of action plans and the implementation of any plans. These risks are considered for escalation to the Corporate Risk Register.

Each Executive Director is responsible for their section of the Board Assurance Framework. The statements given in the framework are provided by the director who is accountable for the area. Directors are asked to consider and confirm the detail included in the framework. The Board Assurance Framework is linked to the Corporate Risk Register through a consideration of the risks on the risk register and the assurance statement included in the Board Assurance Framework.

The Risk and Compliance Group receives both the Board Assurance Framework and Corporate Risk Register and considers the detail included.

The Audit and Risk Committee receives the Board Assurance Framework on a quarterly basis in order to satisfy itself that the processes for populating, updating and the format of the document remain relevant and effective for the organisation. The Board of Directors reviews the Corporate Risk Register at each meeting and the Board Assurance Framework on a quarterly basis.

The Board Committees consider the Board Assurance Framework and the Corporate Risk Register when planning their agenda, and reference the Corporate Risk Register and Board Assurance Framework in their agenda.

During 2015/16 the Board Assurance Framework was fully reviewed and the document changed to align to the one year plan. This has strengthened the assurance systems and improved the system that links the risks and assurances to the strategies and objectives of the organisation.

Incident Reporting

Incident reporting and investigation is recognised as a vital component of risk and safety management and is key to being a learning organisation. An electronic incident reporting system is operational throughout the organisation and is accessible to all colleagues. Incident reporting is promoted through induction and routine mandatory training programmes, regular communications, patient safety walk rounds or other visits and inspections that take place. There is an escalation process for incidents and the executive team are alerted when a new incident is reported.

- Adverse incident reporting - The Trust promotes a culture of openness and transparency. The key reporting systems the Trust uses are included in the Datix system. Use of the system provides an opportunity for the Trust to learn from incidents and improve the processes.
- Serious incident reporting - The Trust has during the year continued to review and refine the Serious Incident investigation process. This has included the introduction of 24 hour incident panels for the most serious incidents. In 2015/16 the contractual requirements changed. The Clinical Commissioning Groups require the completion of all investigations and for them to be provided to the Clinical Commissioning Groups with approved reports within 60 days of being raised. The Trust has changed its systems to accommodate this further requirement.
- Never events – The Trust experienced two never events during 2015/16 (none in 2014/15) both relating to the category of retained foreign object post-procedure. When there is a never event it is investigated in detail and the Trust aims to learn from the events. The results of these investigations are reported to the Quality Committee and the Board of Directors.

To further improve reporting we have re-designed and introduced a new incident reporting form, which is more intuitive for the reporter to complete. This document captures all salient information and will improve incident investigation. This has been supported by an extensive programme of training within the Trust.

- Claims – The Trust has robust processes in place for dealing with both Clinical Negligence and Employers Liability Claims. When necessary we seek legal representation. A summary of any settled claim is disseminated where appropriate to:
  - involved clinician(s)
  - Relevant Clinical Director / Divisional Director
  - Directors
  - Health and Safety Team

In respect of learning lessons from claims, Directorates are provided with details of new, on-going and settled claims. Directorates ensure that risk issues are identified and formally discussed in order for an action plan to be initiated and where necessary the relevant risk register be appropriately updated. These action plans will be monitored through the Directorate risk process.

In addition, arrangements are in place to raise any concerns at work confidentially and anonymously if necessary. The Trust has a named Whistleblowing Guardian and has recently revised the Raising Concerns policy to reflect national guidance.

Trust Strategic Plan

In May 2015, the Board of Directors agreed the first year of the Five Year Plan. The plan aims to achieve the Trust vision of *'Together we will deliver outstanding compassionate care to the communities we serve'* and is built around the four goals of the Trust:

- Transforming and improving patient care
- Keeping the base safe
- A workforce fit for the future
- Financial sustainability

The plan sets out the key areas of delivery to support the achievement of these goals. The risks to the achievement of the goals are described in the Board Assurance Framework as:

Transforming and improving patient care

– Trust is perceived to provide poor standards of care for acutely ill patients/frail elderly patients as a result of a high HSMR and / or SHMI.
– Failure to deliver large-scale transformational service change due to insufficient capacity and capability across the organisation to manage the many schemes (EPR, CIP, CQC preparation and service reconfiguration) while keeping the base safe
– Failure to progress service reconfiguration caused by an inability to agree a way forward across health and social care partners
– Inability to deliver appropriate services across seven days resulting in poor patient experience, greater length of stay and reduced quality of care.
– Failure to successfully implement the trust's electronic patient record that supports the delivery of high quality, efficient and cost effective patient care
– Failure to secure patient and public involvement into transformational change due to lack of clear process and capacity within the trust

Keeping the base safe

– Failure to maintain the quality of patient care and comply with internally and externally set standards on quality and safety
– Failure to implement robust governance systems and processes across the Trust
– The Trust does not deliver the necessary improvements required to achieve full compliance with Monitor
– Failure to achieve local and national performance targets
– Failure to maintain current estate and equipment and to develop future estates model to provide high quality patient care

A workforce fit for the future

– Risk of not being able to deliver safe and effective high quality care and experience for patients due to insufficient medical and nursing staff caused by an inability to attract, recruit, retain, reward and develop collegues.
– Failure to attract and develop appropriate clinical leadership across the Trust.
– Failure to appropriately engage all colleagues and embed the culture of the organisation across all sites.

Financial sustainability

– Failure to deliver the financial forecast position for 2015/16 due to non-delivery of CIP, reduced activity and increased expenditure on additional capacity
– Failure to develop a robust financial plan for 2016/17 including identification of CIP
– Failure to progress and agree a five year strategic turnaround plan across the local health economy
– The Trust is unable to grow due to inability to increase clinical income opportunities

As at 31 March 2015 Calderdale and Huddersfield NHS Foundation Trust had identified a number of risks, which are being managed and mitigated, scoring 15 or above on the corporate risk register which could impact on the achievement of corporate objectives, compliance with the Monitor licence or CQC in the following areas:

- Progression of service reconfiguration impact on quality and safety
- Over-reliance on middle grade doctors in A&E
- Failure to meet cost improvement programmes
- Outlier on mortality levels
- Staffing risk, nursing and medical
- Delivery of Electronic Patient Record Programme
- Patient flow

The risk register sets out the arrangements for risk treatment, risk appetite thresholds and further mitigating actions planned.

In addition, each month the Board reviews the Integrated Performance Report (IPR), following detailed scrutiny at the appropriate Board sub-committee and by the Executive team. The IPR sets out the operational, quality, workforce and financial performance targets and indicators. Each is assigned an executive lead who is accountable for the achievement of the target and ensuring appropriate monitoring, management and mitigation of any risks to achievement of the target is in place.

Quality and financial governance

The Trust continues to operate in a challenging financial environment being shaped by the national financial picture with the on-going need to reduce the public deficit and bring NHS finances at a national level back into balance. This sits alongside the continued pressures of investing in clinical staffing ratios, providing services 7 days a week and responding to increasing demand. The Trust also continues to be under enforcement action from its regulator NHS Improvement following the breach of licence in 2015/16. The breach of licence resulted in actions for the Trust to complete:

- Delivery of the reforecast plan submitted in September 2014;
- Plan for 2015/16 and ensure the efficiency challenge is met and consistent with the national efficiency requirements detailed within the 'The Forward View into Action: Planning for 2015/16';
- Develop a strategic sustainability and financial turnaround plan for completion in September 2015.
- Completion of a Well-Led Governance Review

While the Trust has completed all of these actions, the ongoing deficit position and requirement for secretary of State funding beyond 2016/17 means that the Trust remains under enforcement action.

The work to develop a five year strategic plan included a detailed review of the clinical, operational and financial challenges facing the Trust.

Clinical challenges;

- The provision of dual site services is impacting on the quality of care provided to patients.
- Current configuration of services is not in line with National Clinical Advisory Team's recommendation or the Clinical Consensus Model agreed between the Trust's clinicians and GP commissioners.
- Emergency departments do not meet Royal College recommendations / standards.
- The Trust suffers from a larger than average Hospital Standardised Mortality Ratio (HSMR).

Operational challenges;

- The Trust is not able to recruit for or retain an adequate workforce of substantive staff to meet demand. In particular, there are difficulties in recruiting middle grade doctors in A&E and consultants in a number of key medical specialties.
- Provision of dual services is impacting operational performance in terms of patient pathways and workforce cover.

Financial challenges;

- The Trust is reporting an underlying deficit of £41m for FY17.
- Provision of dual services across two sites is expensive, resulting from duplication of costs and the additional difficulties this presents in relation to recruiting and retaining staff.
- Both estates are expensive to run in terms of upgrade requirements and PFI contracts.

In addition, the Trust will be implementing an electronic patient record across the organisation in partnership with Bradford Teaching Hospitals NHS Foundation Trust.

These risks are included on the Board Assurance Framework and the corporate risk register where appropriate.

The Trust has a detailed cost improvement programme managed through a programme management office arrangement which reports to the Turnaround Executive. Financial risks are identified and escalated for detailed scrutiny by the Finance and Performance Committee. All of the programmes are required to complete a Quality Impact Assessment. Any risks identified through this process are reported and mitigation plans put in place. These are reported to the Quality Committee.

At 31 March 2016 the Trust reported an income and expenditure deficit of £20.98m and a financial sustainability risk rating of 2, in line with plan. The Trust also delivered a cost improvement programme of £18.01m against the planned level of £14.05m.

Information governance

Robust information governance is extremely important to us. The Trust uses the Connecting for Health Information governance toolkit framework to assist in the identification of risks and weakness in relation to its information assets, including the systems and media used in processing and storing of information. The existing framework is used for the process of identification, analysis, treatment and evaluation of potential and actual information governance risks, with risks being recorded on the relevant Divisional or Corporate Risk Register.

The Trust's Senior Information Risk Owner (SIRO) supported by information asset owners, is responsible for the information risk programme within the Trust, and works closely with the Caldicott Guardian. Information Governance risks are managed in accordance with compliance with the standards contained within the Information Governance Toolkit, and, where appropriate, recorded on the Corporate Risk Register. Detailed scrutiny of Information Governance risks is undertaken through the Information Governance Group. The Risk and Compliance Group and the Quality Committee will receive ad-hoc reports when a significant issue is identified.

The Caldicott Guardian is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information.

The Chief Executive has overall responsibility for all aspects of information management, including security and governance, and is accountable to the Board of Directors.

The Trust takes data security and management very seriously. The Trust has well established systems to ensure data security and management is maintained at all times. The Trust has implemented a number of measures to mitigate the risk of loss and disclosure of personal identifiable information including a programme of encryption which has ensured that all existing and new supported laptop devices should be encrypted. Additionally, removable media used to transfer confidential information must be encrypted, in line with the Trust's Data Encryption and Protection Policy. A number of policies and supporting staff guidance materials set the parameters and expectations around the safe and secure handling and transfer of confidential information.

Confidentiality and information security awareness training is provided to all staff in the Trust's Induction Programme and through mandatory annual Information Governance training which is monitored by the Board through the Integrated Board Report. Training is also targeted at specific areas or staff groups on a risk basis. Progress with Information Governance compliance is measured on a yearly basis through the Trust's self-assessment against the Connecting for Health Information Governance Toolkit.

The organisation has a well-tested disaster recovery plan for data which aims to ensure that data, and access to data is not compromised or vulnerable at a time of any unexpected system downtime. Detailed reviews are undertaken following any incidence of systems failure and learning shared across systems.

All staff are governed by the NHS code of confidentiality, and access to data held on IT systems is restricted to authorised users. Information governance training is incorporated into the statutory/mandatory training programme and supplemented as appropriate in all IT training sessions.

Information risks will be a significant area of focus in 2016/17 as the Trust works towards the implementation of the new electronic patient record later in the year.

There has been one Information Commissioner's Officer (ICO) reportable (at level 2) incident in the last 12 months.

In 2014/15 there was one incident relating to information security when sending personal identifiable data via email. This incident was reported in March 2015. As a result the Trust sent an all user email to all staff to ensure that they read the Trust's IG Policies as a matter of urgency, if they have not already done so. It was also recommended that this should then be built into the Departmental Workplace Induction checklist.

Reminder messages were sent to staff regarding:

- Password protection on all attachments containing person identifiable
- Ensuring all staff are aware and understand local procedures regarding sending confidential information via email
- Ensuring all staff are up-to-date with their mandatory IG Training

The Trust complies and has attained level 2 or greater, with all the requirements of version 13 of the Information Governance Toolkit.

Care Quality Commission

Compliance with the Trust's Care Quality Commission registration is co-ordinated by the Executive Director of Nursing, who oversees compliance by:

- reporting and keeping under review matters highlighted within the Care Quality Commission's Intelligent Monitoring Report and inspections;
- liaising with the Care Quality Commission Compliance Inspectors and divisional senior clinicians and managers in response to any specific concerns that are raised with the Care Quality Commission by patients and members of the public;
- engaging with the Care Quality Commission Compliance Inspectors on the inspection process and co-ordinating the Trust's response to inspections and any recommendations or actions that arise;
- analysing trends from incident reporting, complaints, and patient and staff surveys and sharing the learning from these across the Trust;
- reviewing assurances on the effective operation of controls;
- receiving details of assurances provided by Internal Audit and any clinical audit conclusions which provide only limited assurance on the operation of controls; and
- challenging assurances or gaps in assurance through chairing the Risk and Compliance Group

Calderdale and Huddersfield NHS Foundation Trust is required to register with the Care Quality Commission and has full registration without conditions. The Care Quality Commission has not taken enforcement action against the Trust during 2015/16.

The Care Quality Commission carried out its first Chief Inspector of Hospitals inspection of the Trust over four days

from 8-11 March 2016 with a further two un-announced visits taking place in the following weeks. The Care Quality Commission is due to publish its findings in the summer. An action plan to address the immediate findings has been developed and will be added to once the full report is received. This will be closely managed by a steering group, chaired by the Chief Executive and monitored by the Board.

Compliance with the NHS foundation trust condition 4

As one of the conditions of the its breach of licence, the Trust was required to undertake an independently assessed Well-Led Governance Review. Following a self-assessment in April 2015, the Trust engaged independent consultants PWC to test the self-assessment and make recommendations on areas for improvement.

The PWC assessment matched the Trust's self-assessment. The review produced five green/amber scores meaning that there were some elements of good practice identified and that there was a robust action plan in place with evidence of delivery.

There were also five amber/red scores meaning that there were some elements of good practice and no major omissions, however the action plans to address the gaps were in an early stage of development with limited evidence of track record of delivery. These were against:

- Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?
- Does the board support continuous learning and development across the organisation?
- Are there clearly defined, well- understood processes for escalating and resolving issues and managing performance?
- Is appropriate information on organisational and operational performance being analysed and challenged?
- Is the board assured of the robustness of information?

A prioritised action plan was developed for delivery over a 12 month period to July 2016. The actions include:

- Development of a risk management culture and processes;
- Implementation of a performance management framework;
- Development of data quality kite mark;
- Sharing of lessons learned;

These actions and the assurance processes described in this statement allow the Board to issue an accurate Corporate Governance Statement, required under NHS foundation trust condition 4(8)(b) of Monitor's provider licence.

The Trust has applied the principles, systems and standards of good corporate governance and has reviewed the guidance that has been issued by Monitor during the year and where appropriate has prepared a 'comply or explain' document to record where the Trust has not followed the guidance or where an action plan is required to ensure compliance.

Communication with stakeholders

The Trust's communications team works closely with the quality team and the membership office. Together they ensure there is public stakeholder engagement that addresses any perceived or actual risks that might impact on the public. This includes undertaking any necessary consultation exercises.

A number of forums exist that allow communication with stakeholders, the forums provide a mechanism for risk identified by stakeholders that affects the Trust to be discussed and where appropriate action plans can be developed to resolve any issues.

Examples of the forums and methods of communication with stakeholders are as follows:

Council of Governors (known as the Membership Council)

The Membership Council has a formal role as a stakeholder body for the wider community in the governance of the Trust. The Membership Council during 2015/16:

- Held four meetings during the year
- Held working groups to consider issues such as reconfiguration of the hospital services, annual planning and the Quality Report.
- Ensured there was communication with members through a regular newsletter and open events including the Annual General Meeting
- Received regular reports on the activities of the Trust
- Participated in divisional reference groups to look at the work of the divisions and risks facing the divisions in detail.

Staff

- Monthly Trust News and weekly e-bulletin 'CHFT Weekly'
- Monthly team briefing – Big Brief
- Staff surveys
- Ad-hoc emails from the Chief Executive
- Intranet banners and screen savers
- Consultation on the reconfiguration of hospital services
- Staff Family and Friends test

Public and service users

- Patient surveys and experience feedback
- Focus groups
- Family and Friends test
- HealthWatch
- Participation in the formal public consultation on the reconfiguration of hospital services

Other organisations

- Quarterly GP Newsletter and
- Forums and formal meetings with other health and social care organisations such as the System Resilience Group
- GP Federation meetings
- Board to board meetings with other local trusts
- Clinical and professional network groups
- Calderdale and Kirklees Health Overview and Scrutiny Committees
- West Yorkshire Association of Acute Trusts

Compliance with NHS pension scheme regulations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Compliance with equality, diversity and human rights legislation

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust takes due regard of equality and human rights issues during the development of any service or change to service and the Management of Policies, this includes a detailed requirement to undertake equality analysis as part of the formulation of any new or updated policy.

The Trust complies with the requirements included in the Modern Slavery and Human Trafficking Act 2015.

Climate change and adaptation reporting requirements under the Climate Change Act 2008

Calderdale and Huddersfield NHS Foundation Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer I am responsible for ensuring that the organisation has arrangements in place for securing value for money in the use of its resources. To do this I have:

- Put in place systems to set, review and implement strategic and operational objectives;
- Established a programme management office to oversee the development and implementation of robust cost improvement plans;
- Monitor and improve organisational performance; and
- Developed engagement processes with patients, staff, members and other stakeholders to ensure key messages about services are received and acted upon;

The Trust produces an annual operational plan and supporting detailed financial plan which is approved by the Board and submitted to NHS Improvement. This includes an assessment of the resources required to deliver the commissioned level of clinical activity, whilst ensuring that these resources are used economically, efficiently and effectively. This informs the detailed operational plans and budgets which are also approved by the Board. The plans are shared with the Membership Council and their views are taken into account by the Board prior to approval.

The Trust has also established quality improvement arrangements to ensure that resources are deployed effectively.

The Board agrees annually a set of strategic corporate objectives which are communicated to colleagues. This provides the basis for appraisals at all levels. The Board keeps operational performance and delivery against the objectives under constant review through scrutiny at each meeting of the Integrated Board Report covering patient safety, quality, access and experience metrics in addition to a finance performance report. In addition, detailed review of the quality aspects of the Integrated Board Report is undertaken each month by the Quality Committee. Additional financial scrutiny is also provided by the Finance and Performance Committee each month.

The resources of the Trust are managed through various measures, including the adoption of a robust budgetary control system, the consistent application of internal financial controls and effective procurement and tendering procedures.

The resource and financial governance arrangements are further supported by both internal and external audit to secure economic, efficient and effective use of the resources the Trust has at its disposal. Assurances on the operation of controls are commissioned and reviewed by the Audit and Risk Committee and, where appropriate, the Quality Committee or other subcommittee of the Board of Directors as part of their annual cycle of business. The implementation of recommendations made by Internal Audit is overseen by the Audit and Risk Committee.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

Our Board of Directors takes an active leadership role on quality. The quality of our services is an integral part of our discussions on business matters and business decisions and

the Board receives updates regularly. The Quality Committee terms of reference were reviewed and strengthened to focus on providing assurance on quality of services to the Board, supported by its revised governance structure. The Committee is a formal committee of the Trust Board and is chaired by a Non-Executive Director and includes two other Non-Executives, one of which has a clinical background. The Executive Director of Nursing, Executive Medical Director, clinical Divisional Directors and Assistant Divisional Directors of Nursing also attend the Committee.

The Quality Committee scrutinises the Integrated Board Report each month with a focus on the quality information within the report

There is clear clinical leadership for the development of the Annual Quality Report each year by the Executive Director of Nursing, in close collaboration with the Executive Medical Director. Both the Quality Committee and the Membership Council receive assurance on the progress against the priorities and outcomes highlighted within the Annual Quality Report. The Quality Committee is responsible for overseeing the production of the Annual Quality Report and for overseeing monitoring indicators and data quality. The Trust has engaged with its membership to develop the shortlist of quality priorities for 2016/17 and then tested these further with partner organisations, including Calderdale HealthWatch, Kirklees HealthWatch, NHS Calderdale Clinical Commissioning Group and NHS Greater Huddersfield Clinical Commissioning Group.

A limited scope assurance report is provided by external audit on the content of the quality account and selected key performance indicators. Last year the external audit made five recommendations based on their review the indicators:

- Improvements in validation of 18 week wait data to be implemented. Throughout 15/16, the quality and accuracy of the 18 week performance data has remained a priority. Weekly operational meetings are now in place to enable close scrutiny.
- Ensure that 28 day re-admission data complies with guidance. The data methodology has since been refined to ensure compliance.
- Location of patient's notes processes to be strengthened through the service level agreement and better search facilities. The ability to track and locate notes has been much improved since the audit.
- Staff should be reminded of the importance of recording information on PAS in a timely manner. PAS training is an ongoing process which addresses the issues around the importance of minimising transcription errors.
- Trust to take a screen print of the data dashboard showing length of stay figures. This recommendation was implemented.

For 2015/16 the following recommendations have been made:

- 18 week indicator – continued improvement in the validation processes
- Complaints – the initial contact with the complainant made within 7 days of receiving the complaint to be recorded.

The Quality Committee has structured its work to reflect the Care Quality Commission domains and to take forward and evaluate safety, patient experience, clinical effectiveness and outcomes, and well-led arrangements. The Quality Committee also seeks to learn from recommendations from national reports and inquiries. The Trust will continue to strive towards the provision of excellent service in response to these reports.

This work is supported by a range of policies, procedures and safe systems to promote staff engagement and ensure the implementation of key safety initiatives. This includes hand hygiene audits, exemplar ward reviews, safer surgery checklists, pressure ulcer audits and implementation of care bundles.

During 2016/17 a key area of focus will be the implementation of actions resulting from the Care Quality Commission inspection in March. Work is already in place to address immediate feedback in relation to gastroenterology rotas and maternity services.
During 2015/16, there has been further strengthening of the quality and safety metrics in the Integrated Board Report with information in relation to incidents and complaints trends; serious incidents; duty of candour compliance and patient experience data. In particular community service metrics have been developed.

The Committee has reviewed the data in relation to its quality and accuracy. A data quality indicator has been included in the Integrated Board Report and this has been identified for further development as part of the Well-Led Governance Review actions.

The Trust has procured an electronic patient record which will be implemented during 2016/17. Data quality management has therefore focused on continuing to address data quality issues identified through audit or through operational experience and addressing any new data quality standards mandated nationally or through commissioning requirements. This includes strengthening the controls relating to the quality and accuracy of waiting time data.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within the NHS Foundation Trust who

have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Board committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Board of Directors

The Board has set out the governance arrangements including the committee structure within the Standing Orders and its Constitution. The Chairs of the Board's Committees report to the Board at the first available Board meeting after each committee meeting. Urgent matters are escalated by the committee chair to the Board as appropriate. The Board has agreed, in conjunction with the Membership Council, the strategic objectives for the Trust. The Executive Directors have assessed the risks to their achievement, along with risk controls and assurance mechanisms. As part of this risk assessment process, gaps in controls and assurances have been highlighted. This information is incorporated in the Trust's Board Assurance Framework document reviewed regularly by the Board of Directors.

Audit and Risk Committee

The Audit and Risk Committee is responsible for establishing an effective system of internal control and risk management and provide an independent assurance to the Board. The Committee takes an overview of the organisation's governance activity supported by the internal auditors who provide opinions on compliance with standards and the systems of internal control. The Committee ensures that any recommendations from these audits are implemented. The Committee also reviews, on a regular basis, the risks that are described within the Trust's Board Assurance Framework. The Committee has oversight of, and relies on the work of the Risk and Compliance Group to monitor the risk management process and risk registers. The Committee also ensures that the Trust is meeting its corporate compliance requirements through regular review of the compliance register and has oversight of expressions of concern and whistleblowing arrangements.

Quality Committee

The Quality Committee monitors selected quality metrics, and ensures that the Foundation Trust has robust systems in place to learn from experience. It receives reports from specialist governance committees e.g. Safeguarding: Information Governance; Medicines Management; Risk and Compliance Group, and assures itself that Divisional Quality Boards are assuring themselves on the quality of their services. The Quality Committee is chaired by a Non-Executive Director and reports to the Board of Directors.

Finance and Performance Committee

The Finance and Performance Committee scrutinises the financial risks and targets and any significant risks to activity and performance. The Committee is responsible for ensuring that there are robust financial control procedures in place.

Internal Audit

The Internal Audit reports issued in the year have given significant assurance that there is a generally sound system of internal control. However, some weakness in the design and/or inconsistent application of controls put the achievement of certain objectives at risk.

There were 22 reports with significant or full assurance. Ten internal audits received limited assurance. These were:

- Availability of critical medicines – where further work was needed to ensure all staff are aware of the Medicines Finder Pathway, know how to obtain medicines in the manner outlined in the Medicines Code and complete prescription charts.
- Medicines in community midwifery – outlining a number of actions relating to the management of medicines
- Authorisation level approvals – Ensuring a robust systems authorised signatory list is in place so that those officers authorising pay and non-pay expenditure are approved to do so.
- Emergency preparedness – Ensuring the critical services list is in place.
- Information governance toolkit – more evidence was required to demonstrate level 2 compliance across all requirements.
- Non-patient visitors policy – further awareness raising of the policy and robust recording arrangements to be put in place
- Duty of candour – Insufficient data was often recorded about the contact with the patient or their family
- Payroll – the Trust did not have sufficiently reliable controls in place to manage the risk of error and fraud.
- Car parking – need to collect car parking permit payments from all staff.
- Ordering, Receipts and Payments – non-purchase order expenditure and bank details are manually input by finance without a secondary check.

Action plans were agreed with management in all these areas and progress is reported in detail to each subsequent Audit and Risk Committee meeting as part of Internal Audit's follow up process. These reviews have shown significant progress has been made in implementing the action plans in many of the individual audit report areas. There have been no 'No Assurance' reports this year.

External Audit

External audit provides independent assurance on the accounts, annual report, Annual Governance Statement and on the Annual Quality Report.

These arrangements and internal and external audits of specific areas of internal control provide the Board of Directors with the information it requires to gain assurance that the Trust is meeting its objectives to protect patients, staff the public and other stakeholders against risks of any kind: which allows the Board to support me in signing this Annual Governance Statement.

Significant matters in-year

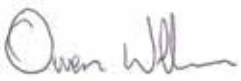
In addition to the Trust remaining in breach of its licence with NHS Improvement (formerly Monitor) described on p108 the Trust had a number of other significant matters during 2015/16:

- The Trust did not meet the national requirement for 95% of patients to be seen in A&E within 4 hours, achieving 93.88%. Achievement of the target was impacted upon by the increased length of stay and difficulty in discharging patients at both sites. The Trust has put in place a new Safer Patient Flow Programme which tackles a number of areas including: reducing admissions, reducing length of stay & ensuring we have safer staffing levels.
- The Trust has relatively low rates of infection following success in reducing the levels of infection over recent years. Because of this our commissioners set us a very low target for C Diff cases of 21 or fewer. We did not achieve this challenging target in 2015/16 although only five cases identified as being preventable. The Trust has in place a detailed infection prevention action plan including specific interventions to minimise risk for patients and improve the control of infection throughout the Trust.
- The Trust received a Regulation 28 *Prevention of Future Death* Report from HM Coroner. A detailed action plan was submitted to the Coroner and is being implemented.
- There continues to be difficulty in the recruitment and retention of medical staff into key specialties. A contingency plan has been developed for emergency care and proposals for changes to the gastroenterology service have been developed to address any immediate issues.
- Significant nursing recruitment took place during the year following the Board's decision in 2014/15 to agree £1.5M of investment. However the need to open to additional capacity over the winter period placed pressure on nurse staffing which had to be addressed through bank and agency use.
- The Trust's HSMR / SHMI remains above the national average. The Trust commissioned an independent review of mortality. This has informed some amendments to the Care of the Acutely Ill Patient programme and this is being closely monitored by the Quality Committee and a bi-monthly report to the Board of Directors.
- There were 78 reported serious incidents during the year. Each case has been investigated and reported to local commissioners. Detailed action plans are developed in response to specific cases.

Conclusion

The system of internal control has been in place in Calderdale and Huddersfield NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

In summary I am assured that the NHS foundation trust has an overall sound system of internal controls in place, which is designed to manage the key organisational objectives and minimise the NHS foundation trust's exposure to risk. There are however weaknesses in the system which are being addressed. The Board of Directors is committed to continuous improvement and enhancement of the system of internal control.



Owen Williams
Chief Executive
26 May 2016

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST ONLY

Opinions and conclusions arising from our audit

1 Our opinion on the financial statements is unmodified

We have audited the financial statements of Calderdale and Huddersfield NHS Foundation Trust for the year ended 31 March 2016. These financial statements comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity, Statement of Cash Flows and related notes. In our opinion:

- the financial statements give a true and fair view of the state of the Group's affairs as at 31 March 2016 and of the Group's income and expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

2 Our assessment of risks of material misstatement

We have identified one risk in the year related to the valuation of land and buildings. We have removed the risk around income recognition from the audit report as we do not consider NHS income to be at high risk of material misstatement or to be subject to a significant level of judgment. We have also removed the risk in relation to the Joint Venture as we do not consider it to be at high risk of material misstatement or to be subject to a significant level of judgment.

In arriving at our audit opinion above on the financial statements the risk of material misstatement that had the greatest effect on our audit was as follows:

Land and Buildings (2015/16 £183mm, 2014/15 £192.8m) ↔

Refer to the Audit Committee Report within the 'Directors Report' on the Trust's Annual Report and Accounts, Section 1.6 of Note 1 to the Accounts (accounting policies) and Property, plant and equipment financial disclosures at Note 12 to the Accounts.

The risk: Land and buildings are initially recognised at cost. Non-specialised property assets in operational use are subsequently recognised at current value in existing use (EUV). Specialised assets, where a market value is not readily ascertainable, are subsequently recognised at the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEAV). A review is carried out each year to test assets for potential impairment, with an interim desk-top valuation carried out every three years and a full valuation every five years.

There is significant judgment involved in determining the appropriate basis (EUV or DRC) for each asset according to its degree of specialisation, as well as over the assumptions made in arriving at the valuation of the asset. In particular the DRC basis of valuation requires an assumption as to whether the replacement asset would be situated on the existing site or, if more appropriate, on an alternative site. Further, DRC is decreased if VAT on replacement costs is deemed

to be recoverable. Both of these assumptions can have potentially significant effects on the valuation.

In 2015/16, the Trust appointed an external valuer to complete a desktop revaluation. This did not involve the physical inspection of the assets. There is thus a risk that the valuation may not reflect the current use or condition of the assets.

Our Response: In this area our audit procedures included:

- Assessing the competence, capability, objectivity and independence of the Trust's external valuer;
- Reviewing the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the NHS Foundation Trust Annual Reporting Manual, the Trust's accounting policies and appropriate treatment of VAT in relation to valuations;
- Confirming that the information provided to the valuer by the Trust, relating to the assets requiring to be valued, agreed to the Trust's fixed asset records;
- Assessing the reasonableness of assumptions used in the valuation model, especially cost indices and underlying replacement cost assumptions, based on our own expectations by reference to sector and local knowledge;
- Reviewing the treatment of the revaluation within the Trust's financial statements to ensure that any upwards revaluations or impairments had been properly classified and accounted for; and
- Considering the adequacy of the disclosures about the key judgments and degree of estimation in arriving at the valuation and related sensitivities.

3 Our application of materiality and an overview of the scope of our audit

The materiality for the Group's financial statements was set at £3.5 million (2014/15 £7 million), determined with reference to a benchmark of income from operations (of which it represents 1%, 2014/15 2%). We consider income from operations to be more stable than a surplus-related benchmark.

We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £175,000 (2014/15 £350,000), in addition to other identified misstatements that warrant reporting on qualitative grounds.

The Group has two reporting components and both of them are subject to audits for group reporting purposes performed by the Group audit team at one location in Acre Mill, Huddersfield. These audits cover 100% of group income, surplus for the year and total assets. The audits performed for group reporting purposes are all performed to materiality levels set individually for each component and ranged from £0.055m to £3.5m.

4 Our opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts is unmodified

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

5 We have nothing to report in respect of the matters on which we are required to report by exception

Under ISAs (UK&I) we are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the annual report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our audit and the directors' statement that they consider that the annual report and accounts taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Group's performance, business model and strategy; or
- the Audit Committee report does not appropriately address matters communicated by us to the audit committee.

Under the Audit Code for NHS Foundation Trusts we are required to report to you if in our opinion:

- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16, is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.

In addition we are required to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

6 Other matters on which we report by exception - adequacy of arrangements to secure value for money

Under the Code of Audit Practice we are required to report by exception if we conclude that we are not satisfied that the Trust has put in place proper arrangements to secure value for money in the use of resources for the relevant period.

In January 2015, Monitor issued enforcement undertakings under section 106 of the Health and Social Care Act 2012. Monitor stated that it had reasonable grounds to suspect that the trust has provided and is providing healthcare services for the purpose of the NHS in breach of the following conditions of its licence:

- CoS3(1) – Continuity of service licence conditions in relation to standards of Corporate Governance and Financial Management; and
- FT4(2), FT4(4), FT4(5)(a)(c)(d) and (f) – NHS Foundation Trust licence conditions in relation to Governance Arrangements.

These related to the unplanned Continuity of Service Risk Rating (COSRR) rating of 2 and an unplanned deficit for 2014/15, a plan to deliver a COSRR of 1 in 2015/16 and a deficit of £19m for 2015/16 and the lack of a credible or robust plan to return to a COSRR of 3 or surplus.

The findings of an independently commissioned review identified shortcomings in the development of the 2014/15 CIP programme and in the Trust's monitoring of the delivery of the programme, including a lack of effective central programme management office governance. The breaches demonstrate a failure in the application of systems and standards of financial management and corporate governance.

The Trust has provided evidence that progress has been made against the enforcement undertakings, and that therefore arrangements are in place to secure value for money through responding to the enforcement undertakings. However the undertakings and modification of the license remain in place at the date of this report. Additionally, the Trust's strategic and turnaround plan still forecasts the Trust to be in deficit and be reliant on Secretary of State external financial assistance beyond 2016/17.

Except for the matters referred to above we are satisfied that that the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

Certificate of audit completion

We certify that we have completed the audit of the accounts of Calderdale and Huddersfield NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Respective responsibilities of the accounting officer and auditor

As described more fully in the Statement of Accounting Officer's Responsibilities the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the UK Ethical Standards for Auditors.

Scope of an audit of financial statements performed in accordance with ISAs (UK and Ireland)

A description of the scope of an audit of financial statements is provided on our website at www.kpmg.com/uk/auditscopeother2014. This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

Respective responsibilities of the Trust and auditor in respect of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General (C&AG), as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The C&AG determined this criterion as necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Clare Partridge
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
1 Sovereign Square
Sovereign Street
Leeds
LS1 4DA

26 May 2016

Calderdale and Huddersfield NHS

NHS Foundation Trust

Quality Report

2015/16

compassionate care

CONTENT	PAGE
Chief Executive's Statement	Page 99
How the Trust performed against the four priorities set for 2015/16	Page 100
Looking ahead to 2016/17	Page 107
Statements of assurance from the Board	Page 110
Review of quality performance	Page 114
Performance on selected quality indicators	Page 127
Feedback from commissioners, overview and scrutiny committees and local Healthwatch	Page 151
Statement of directors' responsibilities in respect of the quality report	Page 156
Independent auditor's report to the Membership Council of Calderdale and Huddersfield NHS Foundation Trust on the Annual Quality Report	Page 157
Appendix A - National clinical audits and national confidential enquiries	Page 160

Part 1: Chief Executive's Statement

Welcome to the 2015/16 Calderdale and Huddersfield NHS Foundation Trust Quality Account.

This report gives us the opportunity to let you know about the quality of services we deliver to our patients. It includes information on how we have performed against key priorities that were identified for further work last year and those areas that, together with our members and the Membership Council, we have identified as priorities for the coming year.

As a further review of the quality and safety of the care we provide, in March we welcomed the Care Quality Commission (CQC) to the Trust. Their team of nearly 60 inspectors came for four days and looked at all areas of the Trust including hospital care and community care. Their visit included talking with my CHFT colleagues – at their work and in specialist forums – and also to our patients and their families to get the full picture of how care is delivered at CHFT. We received some positive verbal feedback and at the time of writing we are awaiting their full written report, their recommendations and their overall rating.

Providing 'Compassionate Care' and putting our patients first continues to be a high priority for all of our staff and the Trust. We are determined to ensure that patients get the care they need, when they need it and from the right person. That is at the very heart of the consultation process (March to June 2016) launched by our clinical commissioning groups (CCG) partners to reconfigure healthcare in hospitals and community setting across Calderdale and Greater Huddersfield with a view to improving quality – and safety - still further into the future.

Consultation and the CQC visit are two exceptional events from the past year yet improving quality is very much an ongoing priority for us. This report by no means covers everything. It is intended to give you a snapshot of where we are doing well and the areas that we continue to focus on.

As an organisation within the NHS we always try to learn from other organisations in the NHS. If there is an issue at another Trust we always take this as an opportunity to reflect on what we are doing locally and look to see where we can make improvements. We also use the feedback we receive through a variety of routes from our patients, their families and carers on what we can do to develop our services further and how we need to change them to meet the needs of our communities in the future.

Quality of care is top of the agenda for our Board of Directors and in this challenging financial environment it is even more important to ensure that any changes we make are assessed for their impact on quality before they are able to go ahead.

There are some excellent examples of high quality care and services across all of our community and hospital services. There are also areas where we know we need to do better. We will continue to share good practice and make improvements so that all our patients receive high quality compassionate care whenever, and wherever, they access our services. I hope you will find the following pages informative and helpful in giving you an insight into the vast amount of improvement work we continue to do in the Trust.

To the best of my knowledge the information in this report is accurate.

Owen Williams
Chief Executive
May 2016

Part 2: How the Trust performed against the four priorities set for 2015/16

Each year the Trust works on a number of quality priorities. Last year the Trust identified four projects to be highlighted as key priorities for 2015/16.

This section of the Quality Account shows how the Trust has performed against each of these priorities and the plans going forward.

Improvement Domain	Improvement Priority	Were we successful in 2015/16?
Safety	Improving sepsis care	Partially
Effectiveness	To ensure intravenous antibiotics (IV) are given correctly and on time	Partially
Effectiveness	Improving the discharge process	Yes
Experience	Better Food	Yes

Priority One: Improving sepsis care

Why we chose this
Sepsis is an infection which starts in one part of the body but spreads via the blood to others and can prove fatal for some patients.

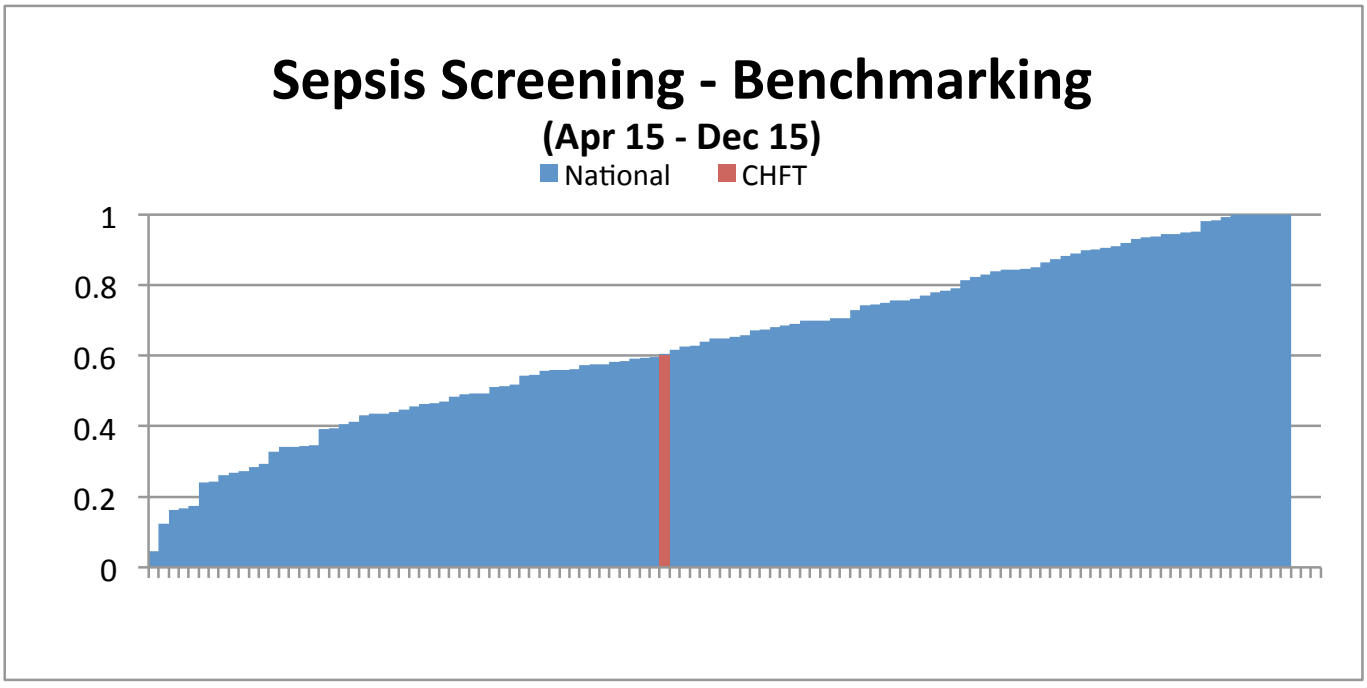
Sepsis is recognised as a significant cause of mortality and morbidity in the NHS. Problems in achieving consistent recognition and rapid treatment of sepsis are thought to contribute to the number of preventable deaths.

As such the Trust has been actively working to reduce mortality and harm from sepsis for a number of years and significant improvements had been made. Last year it was decided that sepsis would be one of the Trusts quality priorities in recognition that more could be done around reliable screening for sepsis and making sure intravenous (IV) antibiotics are given within the one hour recommended timescale, linking in with the new 2015/16 national commissioning for quality improvement indicator (CQUIN).

The Trust worked towards achieving significant improvement in both of the focussed areas below by March 2016:

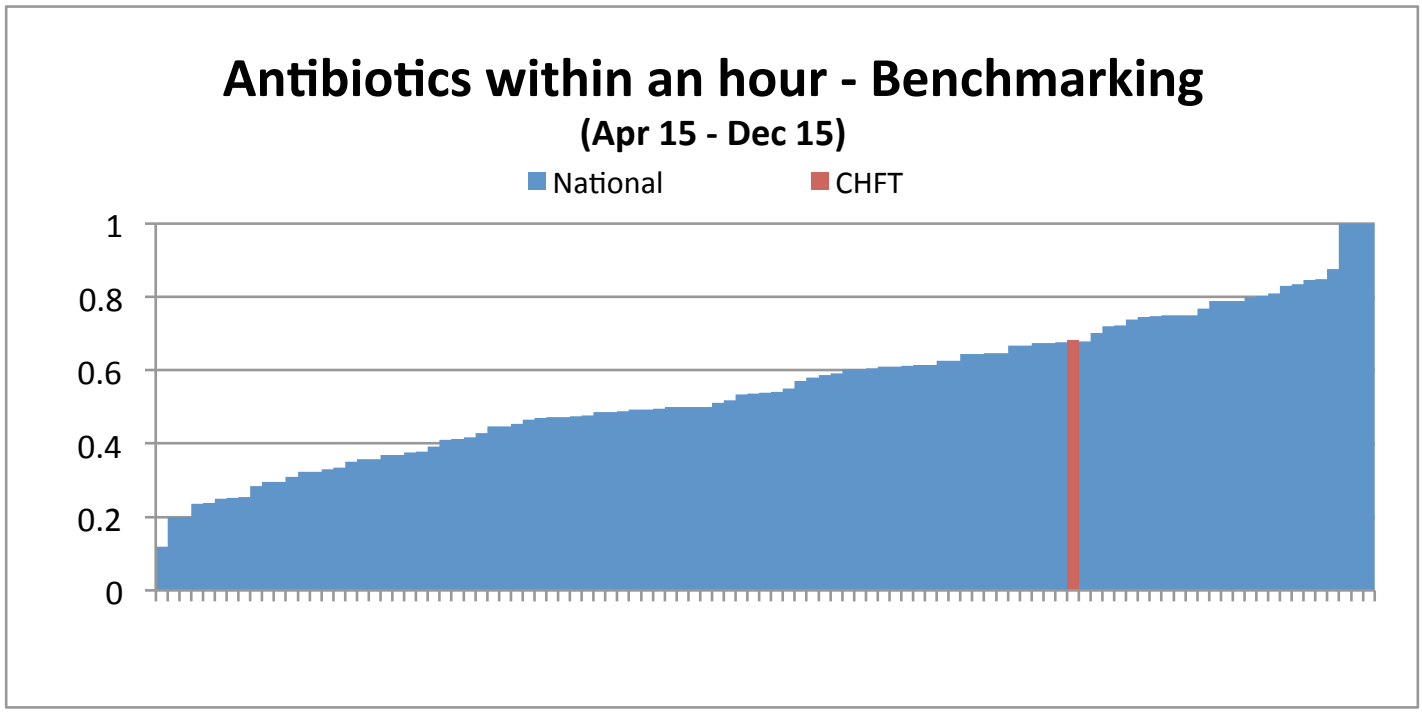
- Introduced reliable screening for sepsis for patients presenting in A&E and other direct emergency admission areas
- Ensure when identified with severe sepsis, red flag sepsis or septic shock patients get the initial IV antibiotic dose within one hour.

Progress to date:
Screening
To date 60% of patients have been routinely screened. The Trust recognises that there is still work to be done in this area and this will be supported through the 2016/17 national CQUIN. Performance is strongest in the A&E units, so work will take place to roll out more reliable screening processing in other direct admission areas. This level of performance benchmarks the trust at just below the national average (66%) for the first three quarters of data.



IV Antibiotics

Over the course of 2015/16 over 68% of patients with severe sepsis have received their antibiotics within the hour, with the majority of the remaining patients getting their antibiotics within 2 hours of admission. Like the screening performance, the Trust recognises that there is more that can be done in this area and this will also be supported through the 2016/17 national CQUIN. This level of performance benchmarks the Trust towards the top 25% of organisations, well above the national average of 53%.



This year has focused on raising further awareness in the Trust through programmes of education and ward based observation. This was assisted by a new clinical facilitator position, which was put in place to support colleagues and lead on the collaborative work. This included building awareness of the need to screen appropriately for sepsis and how best to identify severe sepsis.

Planned Improvements for 16/17

The 16/17 CQUIN will aim to see all trusts aiming towards 90% for both measures. As such there will be targeted improvement work in those areas which directly admit emergency patients, and compliance in these areas will be viewed separately from those admitted to an A&E unit.

The Trust will work with partner organisations, and other trusts, to share learning and built up understanding about how best to support each other in recognition of this as a regional and national challenge.

A working group is in place to examine the new NICE guidance which is expected in early in 2016/17. This will be incorporated into the ongoing education programme.

This hasn't been carried through as one of the three quality account priorities for 16/17, as the national CQUIN and reporting will ensure it continues to have high profile in the organisation. The removal of this enables to Trust to select additional measures for reporting back through the Quality Account (See part 2).

Priority Two: To ensure intravenous antibiotics (IV) are given correctly and on time

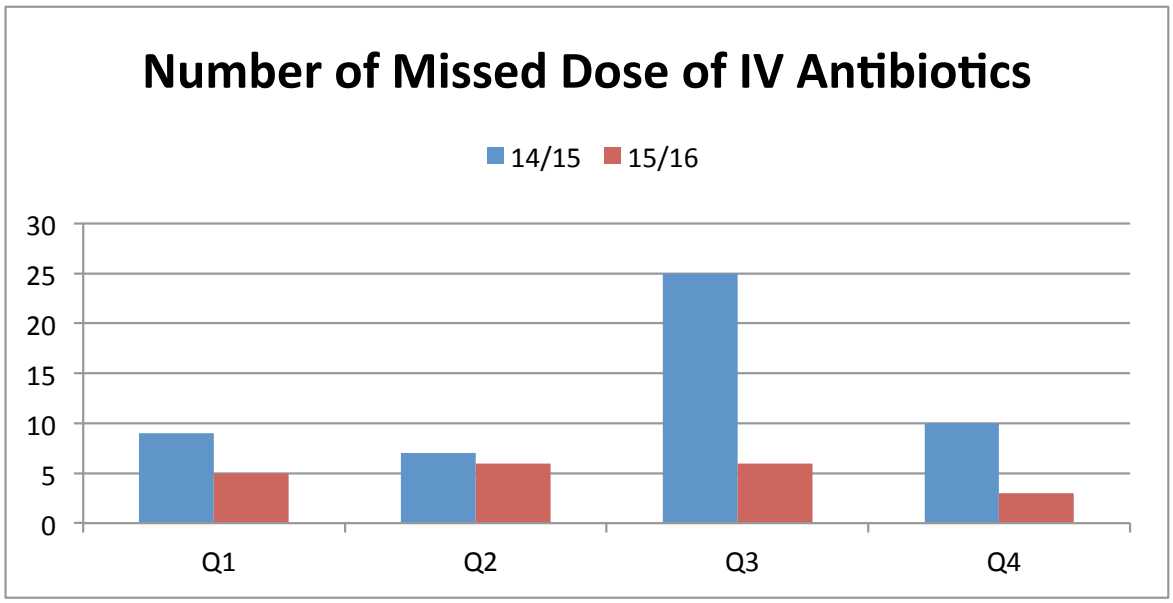
Why we chose this
When infections are diagnosed it is essential antibiotics are given correctly and on time to aid recovery and ensure that the patient's condition does not deteriorate.

This measure was carried over from the previous year in recognition of the need to continuously focus on performance in this area. Data was previously gathered through focused audit carried out by the specialist pharmacy team, alongside the quarterly point prevalence audit focussing on missed doses.

In light of the sepsis CQUIN also concentrating on antibiotic usage, links were made to this work in 2015/16.

The Trust aimed:
- To reduce by 50% unintentional missed doses of IV antibiotics.
- To ensure that antibiotics are prescribed according to Trust guidelines.

Progress to date:
Data from the trust wide quarterly missed doses audit contains specific questions around IV antibiotics. Data has been gathered for the first three quarters of 2015/16 so far, and each quarter has seen a reduction against the same time period for the previous year. Improvements are expected to continue.



The specialist antibiotic pharmacy team undertake a six monthly antibiotic audit measuring if antibiotics are given according to Trust guidelines.

Results of the latest audit conducted in February 2016 took place at Calderdale Royal Hospital (CRH) in January – showing 94% compliance with antibiotic guidelines.

The areas of non-compliance are being addressed through the work on the national CQUINs, which includes the aims of reducing antibiotic consumption by encouraging greater focus on antimicrobial stewardship and ensuring any antibiotic prescribed are reviewed within 72 hours. The Trust will continue to work toward improving in this area.

Looking towards 2016/17, the electronic patient record (EPR) will allow staff to see and act immediately when a dose has been missed or delayed. CHFT will also be able to run missed/delayed dose reports at any point so missed/delayed doses, good practice and practice in need of improvement can be identified and acted upon quickly.

This hasn't been carried through as one of the three quality account priorities for 16/17, as the national CQUIN will ensure it continues to have a high profile in the organisation. The removal of this enables to Trust to select additional measures for reporting back through the Quality Account (See part 2).

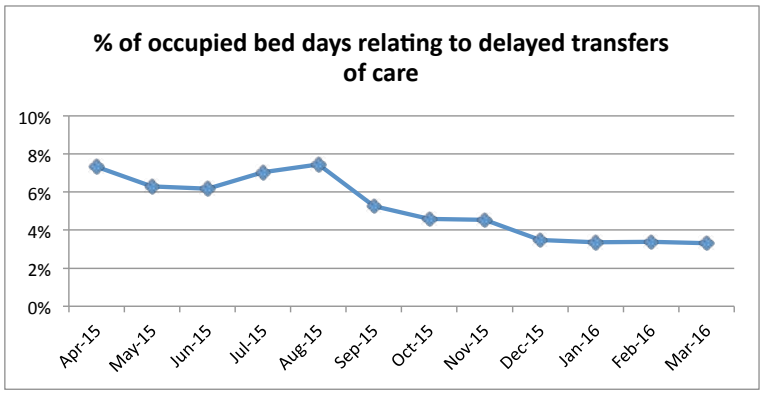
Priority 3 - Improving the discharge process

Why we chose this
Getting patients discharged appropriately means they are likely to have a better recovery, less likely to be readmitted and feel confident in managing their care. In 2015/16 one of the quality priorities focused on ensuring patients felt informed around their discharge planning and that staff would be more proactive in discharge planning.

Progress to date:
It was acknowledged that there was not always proactive discharge planning, leading to some patients potentially staying in hospital longer than necessary, increasing their risks and potentially delaying full recovery. To address this, a roving multi-disciplinary team (MDT) was tested with one of its aims being to coach staff in pathway planning. This has been operational throughout February and March and is currently going through a full design process.

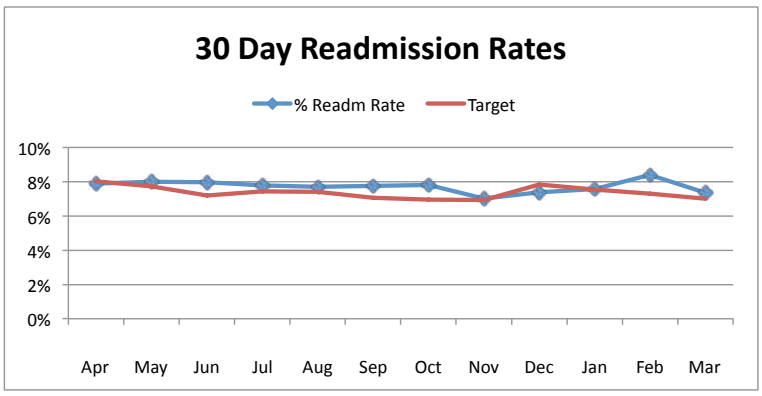
The Trust employed a specialist Matron for Discharge with the aim of providing extra support for people leaving hospital with very complex needs and also helping with the redesign of the process.

There has been a reduction in the number of patients who are delayed in leaving hospital when active treatment has ended.



The reduction in occupied bed days related to reportable delays in transfers of care can be attributed to improved communication and working between the Trust's Discharge Matron and social care colleagues. A new data base has improved visibility of patients awaiting their next destination and regular meetings have brought a more effective degree of operational management.

To ensure patients are not being discharged too early the Trust tracks readmission rates; the target is set by the previous year's performance levels.



In the future, the Trust is implementing a transitional programme in patient flow. This will include significant and improved joint working across health and social care. Taking a more 'case managed' approach to complex discharge planning. This will make systems more responsive and patient focused, with less delays in providing the necessary support and help for patients leaving hospital.

This has not been carried forward as a Quality Account priority for next year. Discharge planning continues to be an important part of improving patient flow and will be monitored accordingly.

Priority 4 - Better Food

Why we chose this
The Trust has a responsibility to provide the highest level of care possible and this includes the quality of the food that is provided for patients.

Nutrition designed to meet patients' individual needs is central to a good recovery. The Trust aims to provide patient food choice which is both hot and appetising and nutritionally balanced.

Good nutrition has been a priority for the Trust for the past few years, through the past year working nationally with the 'food for life' initiative along with two other Trusts. This project has received funding for another two years from NHS Calderdale CCG. As an organisation 'food for life' are known for their certificate scheme, the Catering Mark, which supports organisations to meet sustainability and nutrition standards in catering. Through the Big Lottery Fund the work originally focused on developing a new health promoting hospital model that focuses on food.

Following the local CQUIN in 2014/15, supported by local Healthwatch, NHS Calderdale CCG and both council's public health teams introduced a new CQUIN focusing on improvements to the quality of the food being provided linked into our improvement work in this area in 2015/16.

The targets for this work were built to align with the CQUIN scheme achieving:
- Improvements in the percentage of patient satisfaction with the quality of food provided.
- A reduction in food waste
- Changes to the choices in vending machine healthier

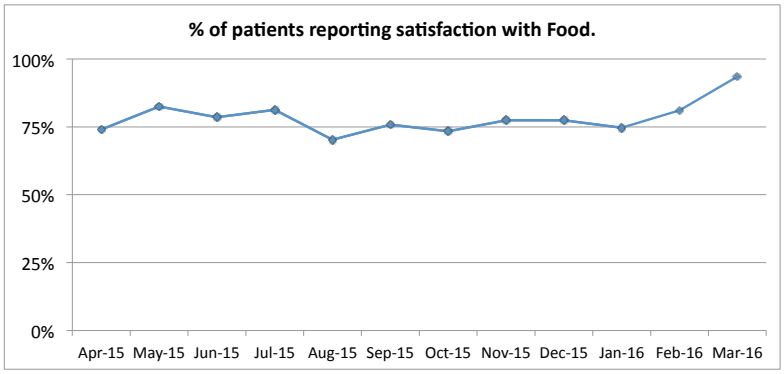
Progress to date:

Patient Satisfaction:
Patient satisfaction has been measured by the distribution of a questionnaire to inpatients. Volunteers on the HRI site and members of ISS on the CRH site have sampled 400 or more patients each quarter.

- As a result of this work, the catering team at CRH have raised the profile of supervisors and team leaders on the ward so they are available to speak to patients and staff around any concern related to food building links between clinical and catering staff and pre-empting potential problems. Feedback from the wards around this has been positive.
- 'Back to the floor' events now happening: walk arounds with matrons and catering staff ongoing to drive improved patient experience
- Concerns had also been raised around the lack of choice for patients who require a soft mashable type diet. Meetings took place in Q2 with staff from one of the CRH rehab wards and now a wider choice of category D and E meals are being tested with patients, staff and the dietetic team to see how this is benefiting patients. Alongside this, Halal meals are also under review to improve both quality and choice.
- Throughout 2015/16 ISS have been working with Burlodge, the heated trolley provider on the CRH site, and Anglican Crown who provide the majority of the meals. The review looked at different ways the food could be plated and reheated in order to prevent some meals becoming overheated and drying out. It is noticeable that complaints from both patients and staff have reduced since this piece of work began.
- A new lighter option menu is in place on one of the complex care wards which is more beneficial for their client group
- The timing for vegetables being cooked has reduced on the HRI site as complaints were raised about over-cooked vegetables
- A snack platter is in place on two complex care wards across CHFT so all patients have an opportunity for a snack between breakfast and lunch time and between evening meal and breakfast the next day
- Paediatric cutlery has been introduced on the Paediatric Ward at CRH
- Patient meal of the day food tasting is undertaken in the main entrance across CHFT three times a year with support from Appetito and Anglian Crown. Feedback is used to review/change menus as required

Positive Comments
So far very good- Happy
Quite good food, I was surprised I enjoyed it
Absolutely
Really satisfied, didn't think that it would taste as good as I imagined- Gammon very nice
Soups and Ham sandwiches very good
Enjoyed salad/Omelettes/
Overall happy with the service, no complaints
Always enjoyed meals, nice choices
Impressed with catering staff who frequently ask if you are happy with the food.
I was in hospital 5 years ago and the food is much improved.
My whole experience of this has been good so far, meals have been the icing on the cake.
The meals and staff have been excellent can you book me in over Xmas please.
Meals are an important part of a long day, something to look forward to, I haven't been disappointed.

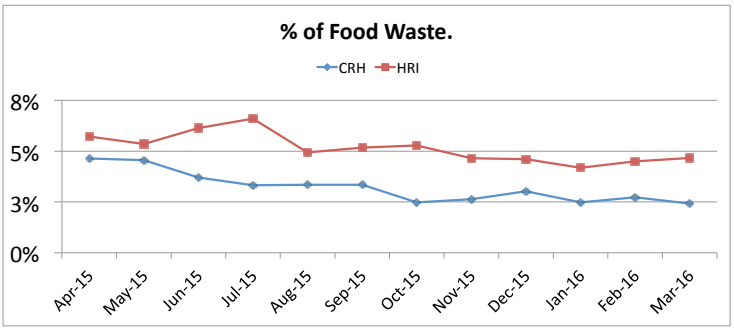
The overall score for patient satisfaction has been between 73% and 81% of those surveyed who have scored good or very good. This means that the Trust has achieved the CQUIN for this year



Food Waste

We have continued to work on reducing the amount of patient food which is wasted; actions have focused on improving communication at ward level which helps to feed back to patients the food choices available to them. This work is also helping to increase accurate ordering at ward level.

At the end of Q3 an initiative was in place at HRI to offer surplus meals to relatives who may be visiting patients for long periods of time due to the nature of the patient condition, thus ensuring that less food was wasted and returned to the kitchen.



Vending:

A proposal for improvements in vending paper was developed in partnership with Food for Life (FFL) and the Trust in view of NHS 5 year forward view & user comments in Nov/Dec 2015. The proposal has been updated in line with feedback from board members to ensure there is still a choice for all users. In line with the National CQUIN for 2016/17 healthy food for NHS staff, visitors and patients based on the Public Health report "Sugar Reduction", further work is required in the tendering specification. The tender document is planned to be completed by April 2016

The team has seen many improvements over the past year and have achieved their goals. As such this no longer features as a Quality Account priority. Work will however continue on this very important agenda.

Looking ahead to 2016/17

Looking ahead to 2016/17

A 'long list' of potential priorities for 2016/17 was developed from the following sources:

- Regulator reports,
- Incidents and complaints,
- On-going internal quality improvement priorities,
- National reports and areas of concern,
- Evaluating the Trust's performance against its priorities for 2015/16,
- Membership Council workshop.

This long list was discussed with the Trust's Membership Council; an opportunity to vote was also given via the Trust's internet site advertised in Foundation Trust News which is circulated to the Trust membership. This work has helped identify the following quality improvement priorities for 2016/17.

All previous priorities will continue to be monitored as part of the Trust's on-going improvement programmes.

The three priorities for 2016/17 are:

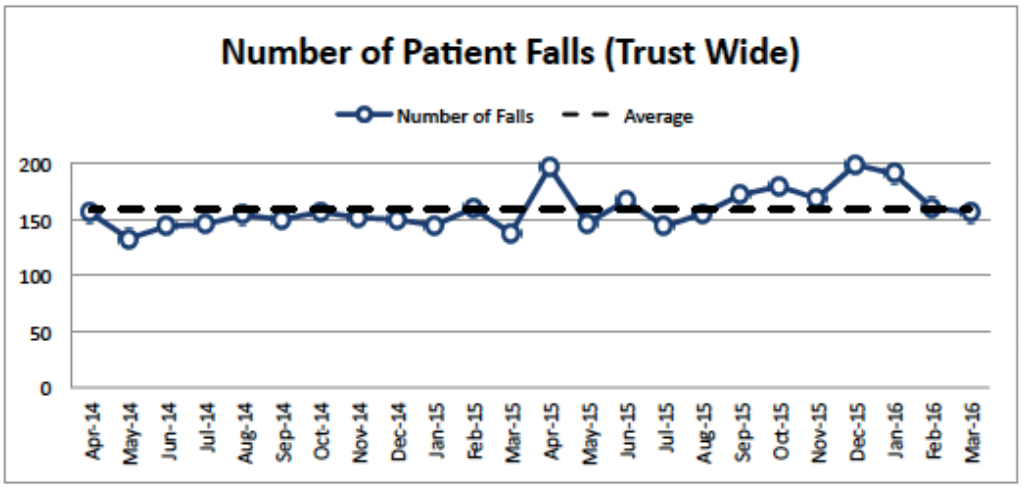
Domain	Priority
Safety	Falls
Effectiveness	Mortality
Experience	Community Experience

Priority One – Falls

Why we chose this

Falls are the most commonly reported type of patient safety incident in healthcare. Around 250,000 patients fall in acute and community hospitals each year (NHS England, National Reporting and Learning System, 2013, 2014). Although most falls do not result in injury, patients can have psychological and mobility problems as a result of falling.

The Trust has been monitoring the number of falls each year through a number of audits but has not seen any reduction in the reported numbers each month.



In recognition of this, the Trust has engaged with the local Improvement Academy and is looking to establish Safety Huddles. The Improvement Academy is supporting frontline teams to integrate multi professional safety huddles into their routine clinical care as part of a systematic approach to reducing harm. Team huddles, led by senior consultants, involve all levels of staff and provide important space for discussion of patient safety issues.

Improvement work
Patient safety huddles are clinically led and locally owned. Key content for discussions are tested and adapted by the team to fit their local context. Examples include identifying which patients most are most at risk from falls and pressure ulcers. The huddles:

- Are clinically led by the most senior clinician
- Involve the multi-professional team of all levels
- Happen every day in a timely efficient manner
- Focus on safety issues "what might stop us keeping our patients safe?"

Teams who have successfully embedded huddles into their ward routine have reduced harm in their areas e.g. reduced numbers of falls.

The Trust has been trialling the safety huddle approach to creating a safe ward area and from April 2016 will be devising a spread plan to ensure this good practice can be rolled out into a number of areas over the coming year.

Target
By the end of 16/17, at least 7 inpatient ward areas will have established regular safety huddles and seen reductions in their rate of falls.

Reporting
The Trust will continue to monitor the number of falls through its monthly Integrated Performance Report. The progress of the safety huddle plan will be reported in our regular Quarterly Quality Reports and progress against the aim of reducing falls monitored. The spread of the safety huddles is to be linked to a local CQUIN.

Priority Two – Improving Response to Deterioration (Mortality Reduction)

Why we chose this
Understanding hospital mortality is a key area for any acute trust. The Trust has been undertaking retrospective case note reviews on inpatient deaths since 2013. Some of the learning has highlighted the need to be more responsive to those patients who may experience a deterioration in their condition during the evening and early morning hours.

Improvement work
This is a new area of work for the Trust building on the successful implementation of an electronic observation system (Nerve Centre) through 2015/16. This has resulted in improvements regarding the early recognition of patients who are showing signs of deterioration, their need for closer monitoring can then be escalated appropriately. The Trust now wishes to roll out this good practice by implementing an additional module known as 'the Hospital at Night' model. It is anticipated that through improved standards in care there will be a reduction in hospital mortality rates.

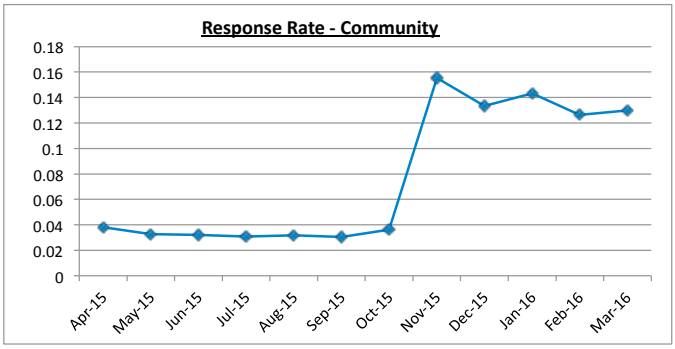
Target
The Trust aims to see improvement in the time taken to responses to patients who may deteriorate during the evening and early morning hours. Once the system is in place, baselines will be gathered and ongoing performance monitored. Initially the aims of the project are to have a fully implemented Hospital at Night module during evening hours. This will involve the recruitment of additional staff to support the project.

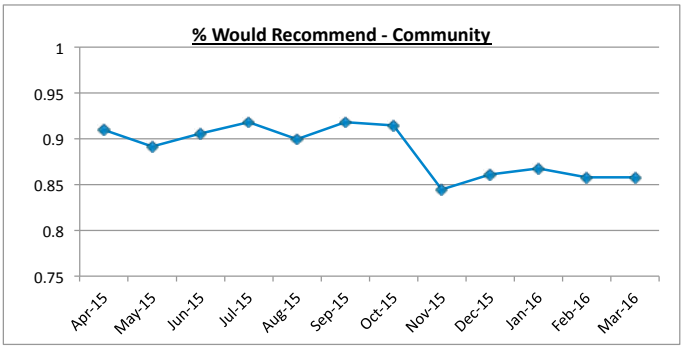
Reporting
A number of key metrics from the Nerve Centre software will be monitored on an ongoing basis, such as time between observations and response to escalation. At a higher level the Trust's mortality rate will continue to be monitored through the monthly Integrated Performance Report. The progress of the implementation plan will be reported in the Quarterly Quality Reports

Priority Three – Improving Community Services

Why we chose this

Community services by their very nature are complex and diverse, with many patients accessing a number of different services multiple times. The Trust has engaged with the Community Friends and Family Test (FFT) since April 2014. Over recent months improvements have been seen in the response rate however only only 10% of patients engage in this process. Alongside





this limitation, the feedback mechanisms do not allow for gaining insight into the views of those patients who may be less satisfied with our services than we would like.

Improvement work

In order to gain insight into these diverse services, additional feedback mechanisms are required to show where improvement can be made and how we can best support this client group.

Over the course of 2015/16, work will begin to develop new methods to gain insights into the experiences of patients who use our community services.

Target

The Trust will aim to get feedback regarding a number of different community setting and each quarter will target a new area. This area will be chosen through the use of local intelligence from any complaints, FFT comments and/or any concerns raised by staff to ensure we are looking at the areas that we can most learn from.

Reporting

Each quarter the feedback will be counted and the learning and subsequent action plans will be reported in the Trust's Quarterly Quality Report. Measures for ongoing monitoring will be selected as appropriate.

Statements of assurance from the Board

Review of services
During 2015/16 Calderdale and Huddersfield NHS Foundation Trust provided and/or sub-contracted 41 relevant health services.

Calderdale and Huddersfield NHS Foundation Trust have reviewed all the data available to it on the quality of care in 38 of these relevant health services.

The income generated by the relevant health services reviewed in 2015/16 represents 98.9% of the total income generated from the provision of relevant health services by the Calderdale and Huddersfield NHS Foundation Trust for 2015/16.

Participation in Clinical Audits
During 2015/16, 45 of the national clinical audits and 7 national confidential enquiries covered relevant NHS services that Calderdale and Huddersfield NHS Foundation Trust provide.

During that period Calderdale and Huddersfield NHS Foundation Trust participated in 100% of national clinical audits and 100% national confidential enquiries which it was eligible to participate in. These are detailed in **Appendix A**.

Participation in clinical research
The Calderdale and Huddersfield NHS Foundation Trust is committed to research as a driver for improving the quality of care and patient experience.

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2015/16 that were recruited into trials during that period to participate in research approved by a research ethics committee was 1,142.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Trust clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

The Trust was involved in conducting 168 clinical research studies of which 67 were actively recruiting, 102 were closed to recruitment (but participants were still involved) and 9 studies were 'in set up' (either waiting for initiation or local approval).

During 2015/16 actively recruiting research studies were being conducted across four of the five divisions in fourteen specialties:

Families and Specialist Services	(6 studies, 4 specialties);
Corporate	(1 study);
Medical Services	(54 studies, 13 specialties);
Surgical and Anaesthetic Services	(6 ophthalmology studies).

There were 50 clinical staff participating in research approved by a research ethics committee at the Trust during 2015/16, of which 35 were local principal investigators, one was a chief investigator on a qualitative study and one was chief investigator on an collaborative laboratory study. There were 2 clinicians commencing, and a further 6 continuing their studies at doctoral level.

Also, in the last three years, ten publications have resulted from Trust involvement in National Institute for Health Research, which shows Trust commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Goals agreed with commissioners
A proportion of Calderdale and Huddersfield NHS Foundation Trust's income in 2015/16 was conditional upon achieving quality improvement and innovation goals agreed between Calderdale and Huddersfield NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with, for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. The figure for CQUINs allocated for 2015/16 was £6.7 million and for **2016/17** is **£6.8 million**.

The CQUIN areas identified for 2015/16 covered a broad range of areas and reflected priorities specified at a national level supported by local priorities identified in partnership between commissioners and the Trust.

Four national CQUIN areas were identified for 2015/16:
- Acute Kidney Injury (AKI)
- Sepsis – screening and antibiotic administration
- Urgent care
- Dementia screening and referral; clinical leadership and carer support

These national areas were complemented by further locally agreed CQUIN indicators in the following areas:
- Respiratory care bundles – asthma and community acquired pneumonia
- Diabetes – promotion of self-care
- Improving medicines safety (transfer of care and discharge accuracy checks)
- End of life care
- Hospital food – patient satisfaction, reduction of waste and vending

The Trust did not achieve the full target for the Sepsis CQUIN 2015/16 or the AKI CQUIN. However partial achievement was noted.

In planning for 2016/17 the Trust has continued to work closely with local commissioners to develop a programme of CQUIN quality indicators which are consistent with the key challenges faced locally. The development of these areas of focus has had strong clinical involvement in identifying areas for possible inclusion.
A number of 2015/16 CQUIN indicators have been retained and will enter a further year of targeted improvement work during 2016/167:

Three national CQUIN areas were identified for acute trusts in 2016/17:
- NHS Staff health and wellbeing
- Timely identification and treatment of sepsis
- Antimicrobial Resistance and Antimicrobial Stewardship

These national areas will be complemented by further locally agreed CQUIN indicators in the following areas:
- Improving Safety – Implementation of the Safety Huddles.
- Experience of Community Services
- Self-Management of Medications

Further details of the nationally agreed goals for 2015-16 and for the following 12 month period are available electronically at: http://www.england.nhs.uk/nhs-standard-contract/

Care Quality Commission registration
The Trust is required to register with the Care Quality Commission (CQC) and has full registration without conditions. The CQC has not taken enforcement action the Trust during 2015/16.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

CQC Intelligent Monitoring Report
In 2015/16 one report was published for the Trust.

Each report contains a priority band for inspection of the Trust, 1 being the highest priority for inspection (i.e. where the data indicates greatest concern for care quality) and 6 being the lowest priority.

The indicators cover:

Incidents	Treatment with dignity and respect
Infections	Trusting relationships
Mortality	Maternity survey
Maternity and women's health	Access to treatment measures
Readmissions	Discharge and integration
Patient Reported Outcome Measures (PROMs)	Patient-led assessments of the care environment
Audit	Reporting culture
Compassionate care	Partners
Meeting physical needs	Staff survey
Overall experience	Staffing levels
	Qualitative intelligence

In the May 2015 report the Trust was assessed as being in band 5 for the third consecutive time, with four areas of risk: two in the effective domain and two in the well-led domain.

The risks are described in two ways either a "risk" or an "elevated risk".

The effective domain risks relate to:
- A risk in SSNAP (sentinel stroke national audit programme) domain 2: overall team centred rating for key stroke unit indicator, this specifically relates to a lack of clinical psychology support, senior nurse or therapist cover and patients staying in bed until assessed by a physiotherapist. This indicator has been a risk since July 2014 when it was introduced. The data has been updated since the October report and includes the period from 1st July 2014 to 30th September 2014.
- An elevated risk in the proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database, this has featured in all five reports but the data used for this report is from 2013 and has not been updated in this report.

The well-led risks relate to:
- A risk in the Trust's Monitor governance risk rating, this relates to a "material risk" being in place in March 2015. The Governance rating is a combination of all factors and it is the financial element that is causing the governance rating and enforcement action. At Q1 we declared compliance with all other elements of the governance rating.
- An elevated risk in Monitor-Continuity of service risk rating, this relates to enforcement action being in place in March 2015.

Both the risks in the effective domain have action plans monitored through the Divisional management structure and are reported through to the Quality Committee at regular points. In both areas performance against the quality indicators is improving with more improvement expected. However the specific risks from the stroke services may not be removed..

On review of our recent Q1 return and the Monitor Risk Assessment framework it shows that the Monitor Governance rating remains as subject to "enforcement action" but the continuity of service risk rating has deteriorated to level 1, "significant risk".

Data quality
The Trust is in the process of implementing the 'Cerner' Millennium EPR system, with a go-live date of October 2016. This provides an opportunity to review and update the Trusts data quality protocols and standard operating procedures.

It has been agreed by the Trust's Information Governance and Records Management Group that the data quality team should concentrate its efforts on assuring future state processes for the EPR and ensuring the quality and integrity of patient data being migrated from the legacy systems into the EPR. This includes

- Cleaning of data to be migrated e.g. maximum tracing and validation of NHS numbers and resolution duplicate patient registrations
- Ensuring that no patient and no future scheduled patient activity is lost during the data migration process
- Agreeing validation standards for patient data which will be entered directly into the new EPR
- Quality ensuring processes for the electronic harmonisation of patient data between the EPR and other clinical systems holding patient data
- Work with the EPR business change and training teams to incorporate data quality awareness

As the current PAS system now has a limited lifespan, no further development will be undertaken unless one of the following criteria can be demonstrated

- A patient safety issue needs to be resolved
- There is a national mandate to be implemented before the EPR go-live
- There is a significant impact on the Trusts financial standing or reputation

NHS Number and general medical practice code validity
The Trust submitted records during 2015/16 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

– Which included the patient's valid NHS Number was:
Admitted Patient Care = 99.9%
Outpatient care = 99.9%
Accident & Emergency Care = 99.0%

– Which included the patient's valid General Practitioner's Registration Code was:

Admitted Patient Care = 100%
Outpatient Care = 100%
Accident & Emergency Care = 100.0%

These figures are based on April 2015 to January 2016, which are the most recent figures in the Data Quality Dashboard.

Information Governance
The Trust Information Governance Assessment Report overall score in March 2015 is 78% and graded as 'satisfactory' with all scores at a level two or three.

A substantial programme of work has been undertaken for the March 31st 2016 submission to promote the continued use of technology within the Trust this includes the electronic patient record. There have been leaflets, awareness raising events and visits to wards and departments across the Trust to interact with staff and ensure that all information governance standards are being adhered to.

We expect to achieve 78% compliance in March 2016.

Clinical Coding Error Rate
The Trust was subject to the Payment by Results clinical coding audit in May 2015 by CHKS (Capita plc) and 200 FCE's were audited covering 2 HRG's - HB (Orthopaedic Non-trauma Procedures) and BZ (Eyes and Periorbital Procedures and Disorders). There were no price changes for the BZ HRG and only 2 price changes in the HB area producing a 1% error rate.

Review of quality performance – how we compare with others

Review of quality performance – how we compare with others
In this section you will find more information about the quality of services that the Trust provides by looking at performance over the last year and how the Trust compares with other trusts.

The NHS Outcomes Framework 2014/15 sets out high level national outcomes which the NHS should be aiming to improve. The Framework provides indicators which have been chosen to measure these outcomes. An overview of the indictors is provided in the table. It is important to note that whilst these indicators must be included in the Quality Accounts the more recent national data available for the reporting period is not always for the most recent financial year. Where this is the case the time period used is noted underneath the indicator description. It is also not always possible to provide the national average and best and worst performers for some indicators due to the way the data is provided.

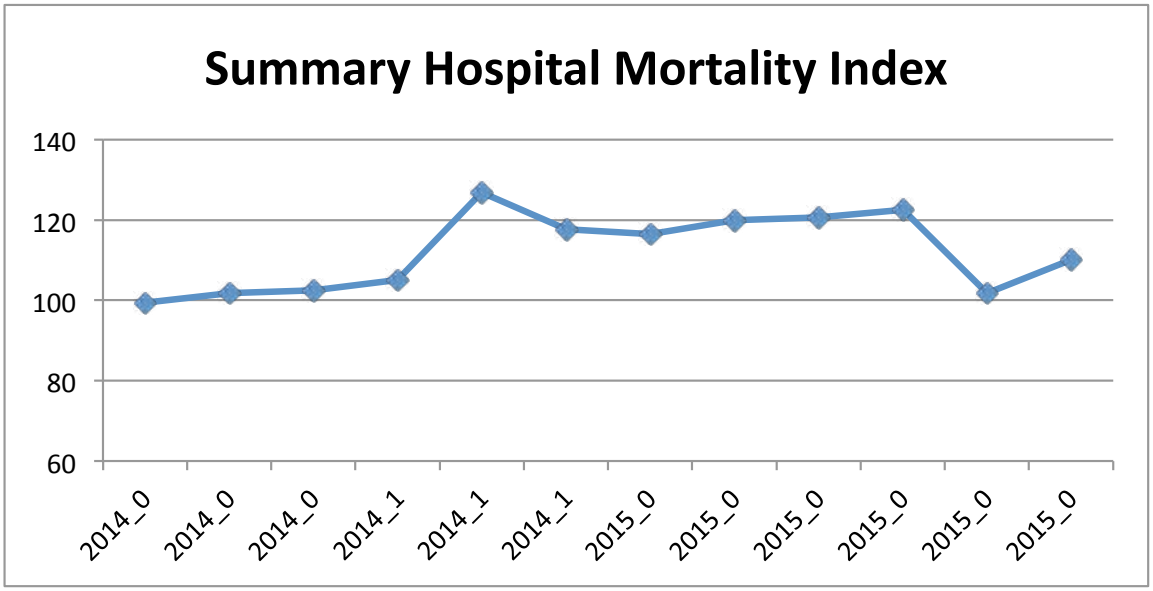
The information in the table is followed by explanatory narrative for all indicators, ordered by outcome domain.

Summary table of performance against mandatory indicators:

Outcome Domain	Indicator	2015/16 (or most recent data)	National Average	Best	Worse	2014-15	2013 - 14	2012 - 13
Preventing people from dying prematurely	Summary Hospital-Level Mortality Indicator (SHMI) value and banding	SHMI Value = 111 Band 1 = higher than expected (July 14 – June15)	100	66.5	120	109 Band 2 = as expected	111 Band 2 = as expected	102 Band 2 = bas expected
	The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period.	18.1% (July 14 – June15)	25.9%	NA	NA	19.3%	19.2%	No data
	18. PROMS; patient reported outcome measures (latest reported 14/15)							
Helping people recover from episodes of ill health or following injury	(i) groin hernia surgery,*	0.08 (2014/15)	0.08	N/A	N/A	0.07	0.07	0.10
	(ii) varicose vein surgery,*	0.12 (2014/15)	0.09	N/A	N/A	0.11	0.10	0.09
	(iii) hip replacement surgery, and *	0.45 (2014/15)	0.43	N/A	N/A	0.44	0.43	0.45
	(iv) knee replacement surgery.*	0.33 (2014/15)	0.31	N/A	N/A	0.34	0.37	0.32
	19. Patients readmitted to a hospital within 28 days of being discharged.							
	(i) 0 to 15; and	11.43%	N/A	N/A	N/A	10.64%	10.06%	10.18%
	(ii) 16 or over.	11.95%	N/A	N/A	N/A	10.80%	11.26%	11.42%
Ensuring that people have a positive experience of care	20. Responsiveness to the personal needs of patients.	71.0% (14/15)	N/A	N/A	N/A	69.4%	69.9%	No data
	21. Staff who would recommend the Trust to their family or friends.	3.67	3.74	4.10	3.30	3.67 (2014)	3.68 (2013)	3.57 (2012)
Treating and caring for people in a safe environment and protecting them from avoidable harm	23. Patients admitted to hospital who were risk assessed for venous thromboembolism.	95.4% (Apr 15 – Dec)	95.7%	100%	80.6%	95.3%	96.2%	91.4%
	24. Rate of C.difficile per 100 000 bed days (2014/15)	11.5	15.1	0	62	6.2 (2013/14)	12.0 (2012/13)	14.3 (2011/12)
	25. Patient safety incidents and the percentage that resulted in severe harm or death.							
	(i) Rate of Patient Safety incidents per 1000 Bed Days	37.88 (Oct 14 - March 15)	35.34	N/A	N/A	36.22 April 14 - Sept 14	5.24 Oct 13 – Mar 14	5.51 April 13 - Sept 13
	(ii) % of Above Patient Safety Incidents = Severe/ Death	0.0%	0.1%	N/A	N/A	0.1%	0.0%	0.0%

Domain: Preventing people from dying prematurely
The Summary Hospital Mortality Index (SHMI) is a measure of mortality used by the Department of Health, which compares our actual number of deaths with the predicted number of deaths. Each hospital is placed into a band based upon their SHMI, the Trust has been recently banded in the 'higher than expected' category.

There is a 6 month time lag in the availability of data for this indicator. The past 12 months performance is reflected below. SHMI cannot be used to directly compare mortality outcomes between trusts and it is inappropriate to rank trusts according to their SHMI.



Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

The Trust has done a lot of work on understanding what this ratio is telling us about our hospital. As explained by the Health and Social Care Information Centre (HSCIC), SHMI is not a measure of quality of care and that a higher/lower than expected number of deaths should not immediately be interpreted as indicating poor/good performance and instead should be viewed as a 'smoke alarm' which requires further investigation.

Calderdale and Huddersfield NHS Foundation Trust have taken the following actions to improve this score, and so the quality of its services, by:

The Trust has invested considerably in additional work streams to ensure that the quality of care delivered is of a standard we can be proud of. Through the implementation of a Mortality Case Note Review programme, the trust is on track to have reviewed a large proportion of in hospital deaths on a case by case basis resulting with learning fed into appropriate work streams in the Care of the Acutely Ill Patient (CAIP) programme.

This method doesn't adjust for those patients who are receiving specialist End of Life care, and as such the Department of Health also publishes an additional indicator which shows the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period. The Trust is currently reporting 18% of deaths receiving palliative care, as opposed to 25% nationally. Please see the section on End of Life care (p53) for the Trust's work in this area.

Engagement with the specialist palliative care teams ensures that activity levels are is monitored closely, it is reported monthly in the coding dashboard which is discussed at divisional and Trust level, and any issues with performance are identified and discussed. The coding team have carried out work to ensure the national rules are being correctly applied to the Trust's data.

Domain: Helping people recover from episodes of ill health or following injury
Patient reported outcome measure (PROMS)

A patient reported outcome measure is a series of questions that patients are asked in order to gauge their views on their own health. In the examples of groin hernia surgery, varicose vein surgery, hip replacement surgery and knee replacement surgery, patients are asked to score their health before and after surgery. We are then able to understand whether patient sees a 'health gain' following surgery.

The data provided gives the average difference between the first score (pre-surgery) and the second scare (post-surgery) that patients give themselves.

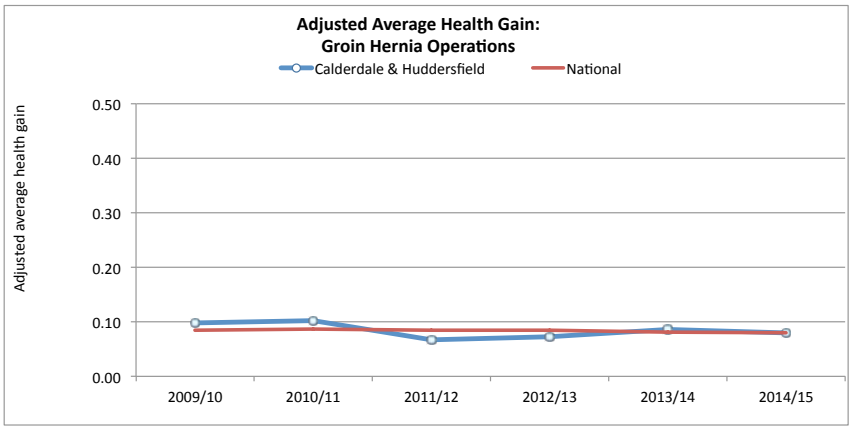
Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

Participation rate across all 4 procedures, for CHFT was 74.1%, which was above the national average of 69.4%.

Improvements have been seen in the health gain scores for three of the indicators. Knee replacement showed a small decrease but remains above national average performance.

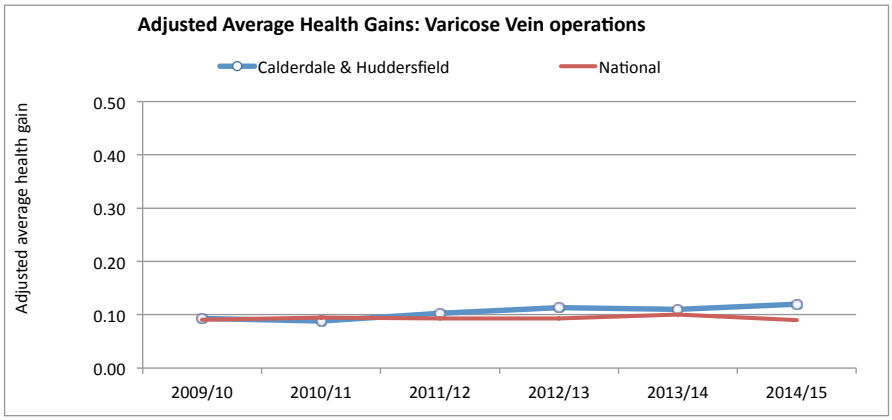
*(i) groin hernia surgery,**

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Calderdale & Huddersfield	0.10	0.10	0.07	0.07	0.09	0.08
National	0.09	0.09	0.09	0.09	0.08	0.08



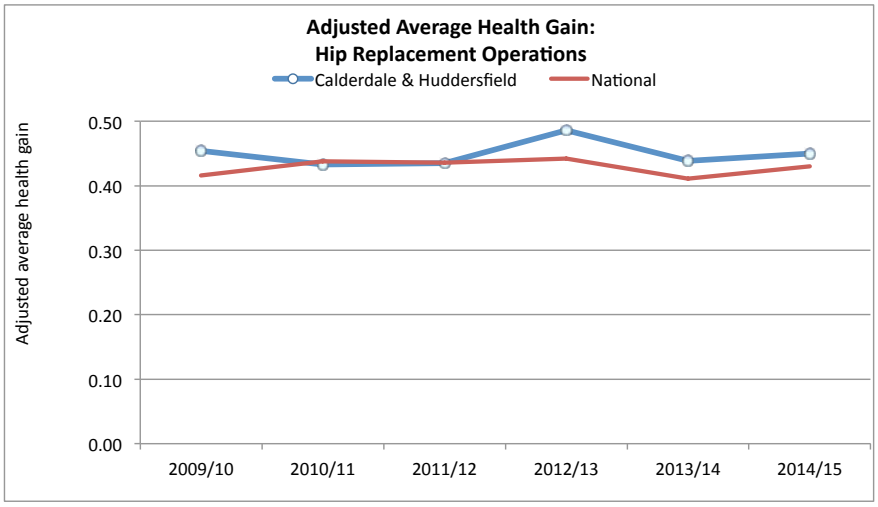
*varicose vein surgery,**

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Calderdale & Huddersfield	0.09	0.09	0.10	0.11	0.11	0.12
National	0.09	0.10	0.09	0.09	0.10	0.09



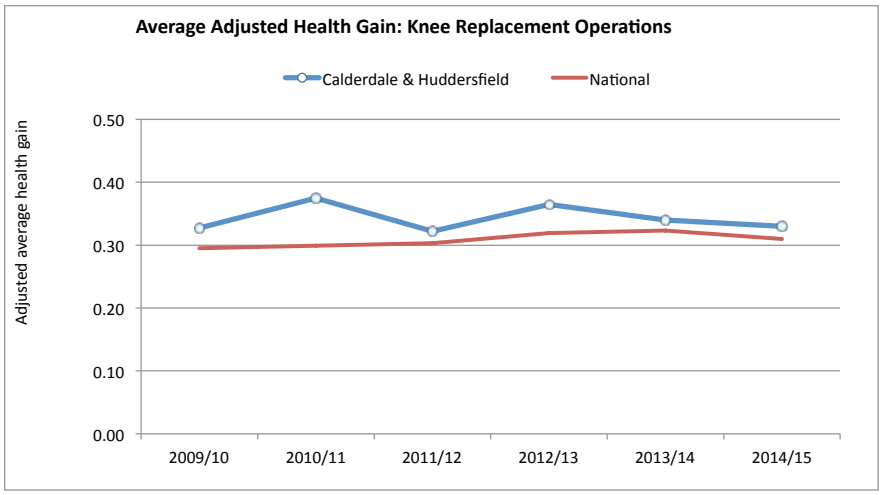
*hip replacement surgery, and **

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Calderdale & Huddersfield	0.45	0.43	0.44	0.49	0.44	0.45
National	0.42	0.44	0.44	0.44	0.41	0.43



*knee replacement surgery.**

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Calderdale & Huddersfield	0.33	0.38	0.32	0.37	0.34	0.33
National	0.30	0.30	0.30	0.32	0.32	0.31



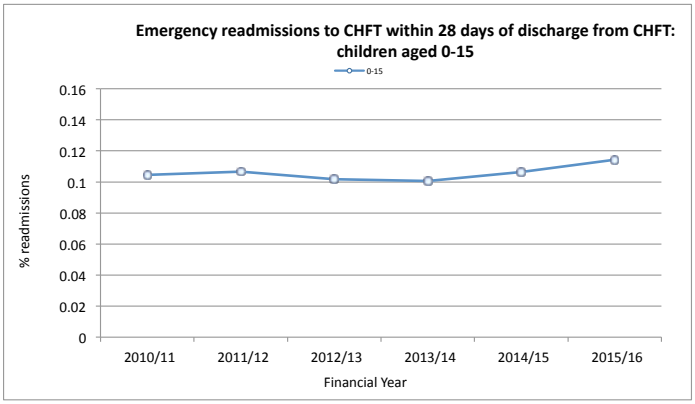
Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

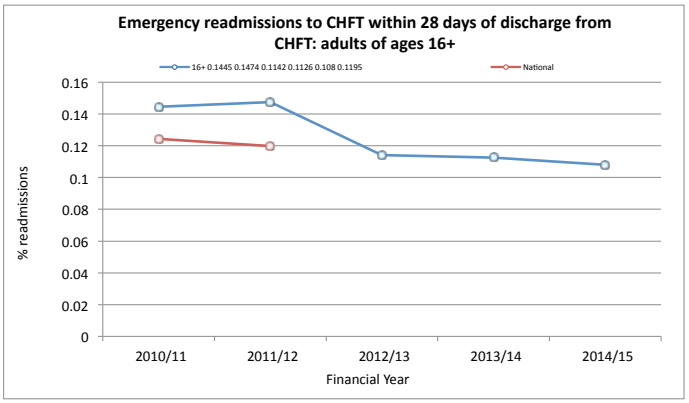
Continuing to ensure this data is accessible at consultant level so it can be used for clinical revalidation and to help drive improvements in practice.

READMISSIONS WITHIN 28 DAYS

The charts show the percentage of patients aged:
1. 0 to 15; and

	2010/11	2011/12	2012/13	2013/14	2011/15	2015/16
0-15	10.45%	10.66%	10.18%	10.06%	10.64%	11.43%
16+	14.45%	14.74%	11.42%	11.26%	10.80%	11.95%





Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

- At present there is no national 28 day readmission rate available. The data is not due to be released by the Health and Social Care Information Centre until late 2016
- The data included in these charts differs from the Trust board performance report as the parameters used are slightly different. This variance makes the internal report more meaningful to the Trust.

The Calderdale and Huddersfield NHS Foundation Trust intend to take the following actions to improve this score and so the quality of its services by:

- Through better planned discharges which will lead to less readmissions.
- Implementation of Safe and Effective Patient Flow Programmes

Domain: Ensuring that people have a positive experience of care

20: Responsiveness to the personal needs of patients.

The national indicator is a composite of the following questions and calculated as the average of five survey questions from the National Inpatient Survey.

Each question describes a different element of the overarching theme, "responsiveness to patients' personal needs" (based on the 2015 survey).

- Q32: Were you involved as much as you wanted to be in decisions about your care and treatment?
- Q35: Did you find someone on the hospital staff to talk to about your worries and fears?
- Q37: Were you given enough privacy when discussing your condition or treatment?
- Q57: Did a member of staff tell you about medication side effects to watch for when you went home?
- Q63: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

20. Responsiveness to the personal needs of patients.	2012	2013	2014
	70%	69%	71%

Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

The National Inpatient Survey was sent out to 850 patients who had been discharged from inpatient wards at Huddersfield Royal Infirmary (HRI) or Calderdale Royal Hospital (CRH) in July 2014. People were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Overall, we had 420 patients who returned completed questionnaires giving a response rate of 49%. This is similar to the last two years, 2013 at 51% and 2012 at 50%.

Calderdale and Huddersfield NHS Foundation Trust intend to take the following actions to improve this score and so the quality of its services by continuing the initiatives described in part 3.

Staff Experience

21. Staff who would recommend the Trust to their family or friends

Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

A total of 850 colleagues were randomly selected in our sample by Picker Institute Europe, our survey administrator. Our Picker response rate was 40.5% (45% in 2014). The Trust has incorporated local questions in the survey in the same way as it did in 2014 focusing on patient experience, raising concerns, Trust values and its financial position.

Our actual scores remained unchanged from 2014. Our top five ranking scores are:
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month
- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- Staff confidence and security in reporting unsafe clinical practice
- Percentage of staff appraised in last 12 months

Our bottom five ranking scores are:
- Percentage of staff satisfied with the opportunities for flexible working patterns
- Percentage of staff suffering work related stress in last 12 months
- Percentage of staff suffering work related stress in last 12 months
- Organisation and management interest in and action on health and wellbeing
- Recognition and value of staff by managers and the organisation

The staff survey score for indicator KF1 with contributing questions:

Question/ Indicator	CHFT 2014	CHFT 2015	National 2015
Q21a Care of patients/service user is my organisations top priority	70	75	75
Q12b My organisation acts on concerns raised by patients /service users	70	68	73
Q12c I would recommend my organisation as a place to work	57	54	61
Q12d If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	65	67	70
KF24 (Overall Indicator) Staff recommendation of the Trust as a place to work or receive treatment	3.67	3.67	3.76

Staff recommendation of the Trust as a place to work or receive treatment is 3.67 out of 5; this is the same score as the previous survey.

Looking at the survey as a whole the following table shows where the Trust performed in the best 20% or worst 20% than the national average.

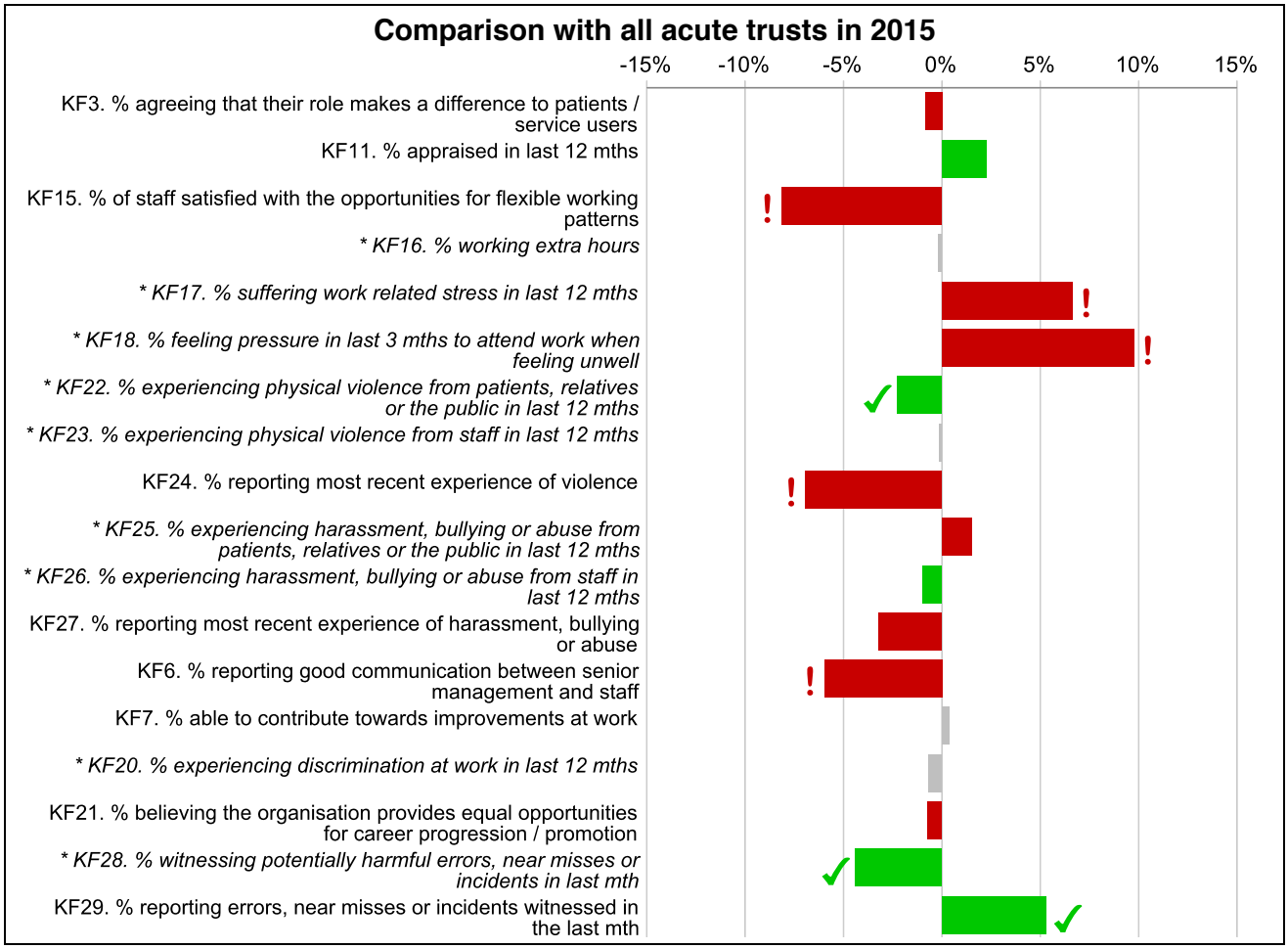
KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



Calderdale and Huddersfield NHS Foundation Trust intend to take the following actions to improve this score and so the quality of its services by implementing the colleague engagement strategy which has at its core four behaviours that the Trust expects to see across the organisation. The Trust continues to work to embed these key values through its Working Together, Get Results programme.

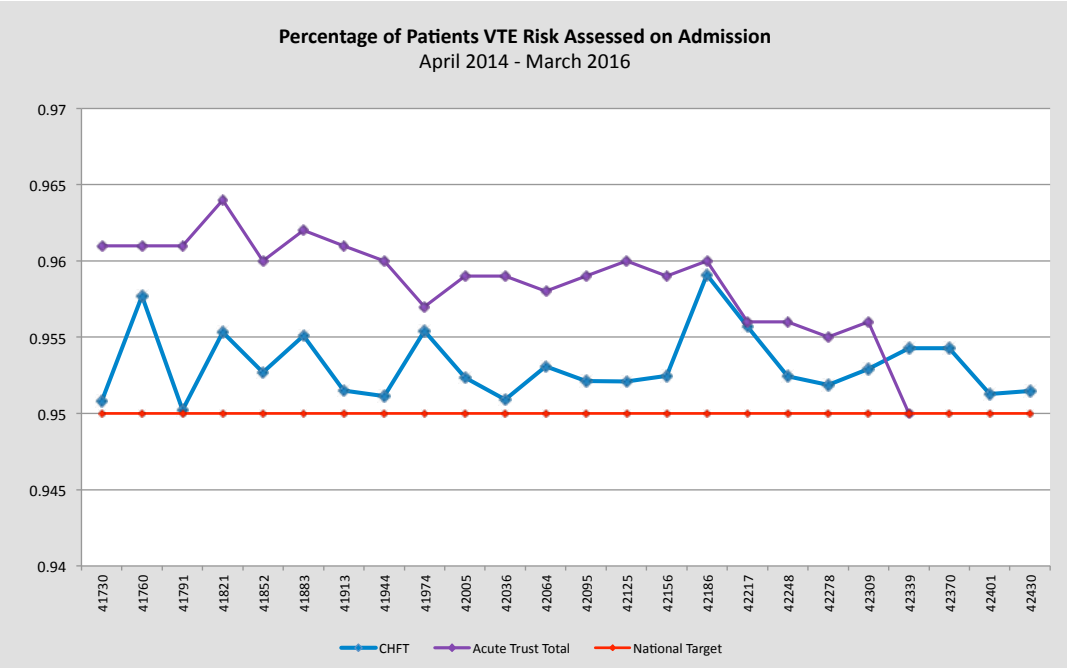
The behaviours are:-

- We put the patient first – we stand in the patient's shoes and design services which eliminate unproductive time for the patient.
- We 'go see' - we test and challenge assumptions and make decisions based on real time data.
- We work together to get results - we co-create change with colleagues creating solutions which work across the full patient journey
- We do the must-do - we consistently comply with a few rules that allow us to thrive.

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

23. Patients admitted to hospital that were risk assessed for venous thromboembolism.

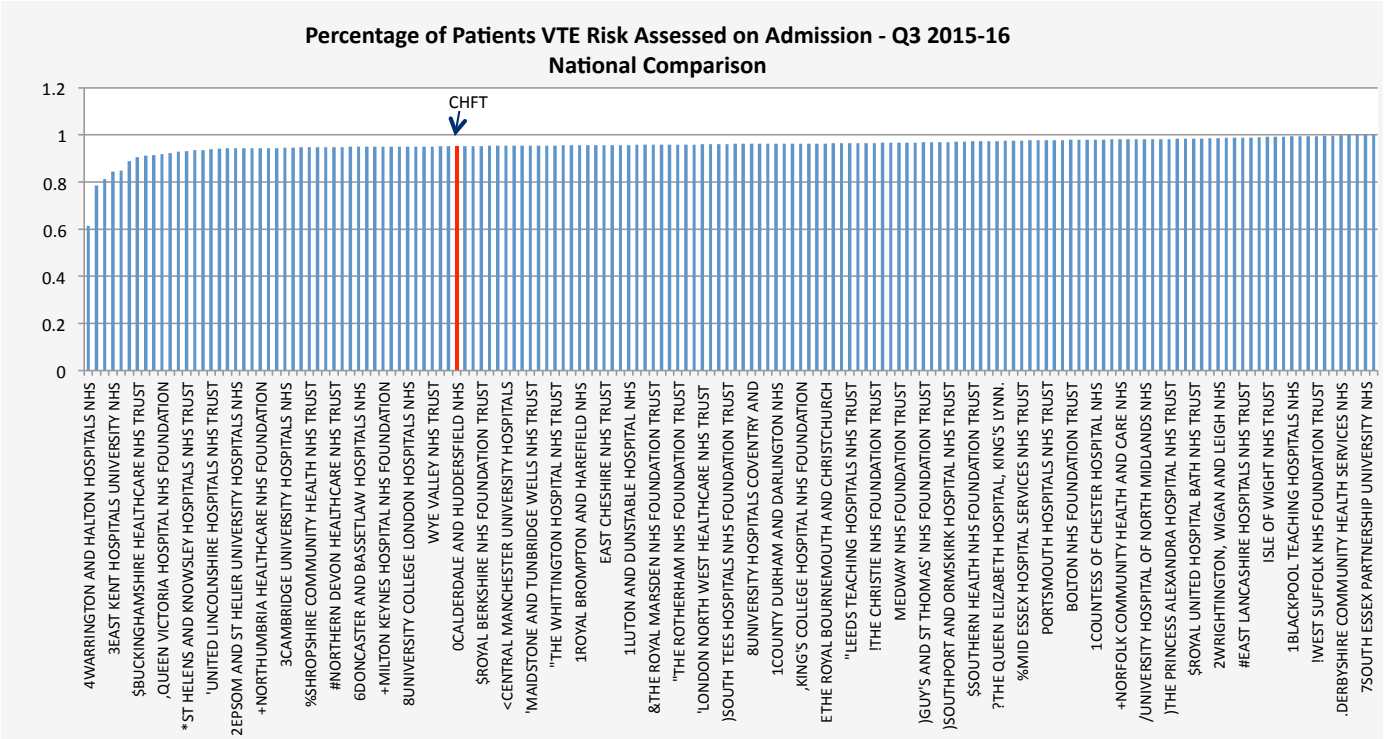
Risk assessing inpatients for venous thromboembolism (VTE) is important in reducing hospital acquired VTE. The chart show the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the report period from April 2014 to February 2016. The target from December 2012 for VTE risk assessment for all patients admitted was set at 95% and this has been consistently met.



Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

Compliance data is currently retrieved manually after the patient has been discharged from hospital.

The benchmarking graph shows the Trust to be in the bottom third of Trusts, however issues with data capture make it difficult to evidence performance above the 95% target.



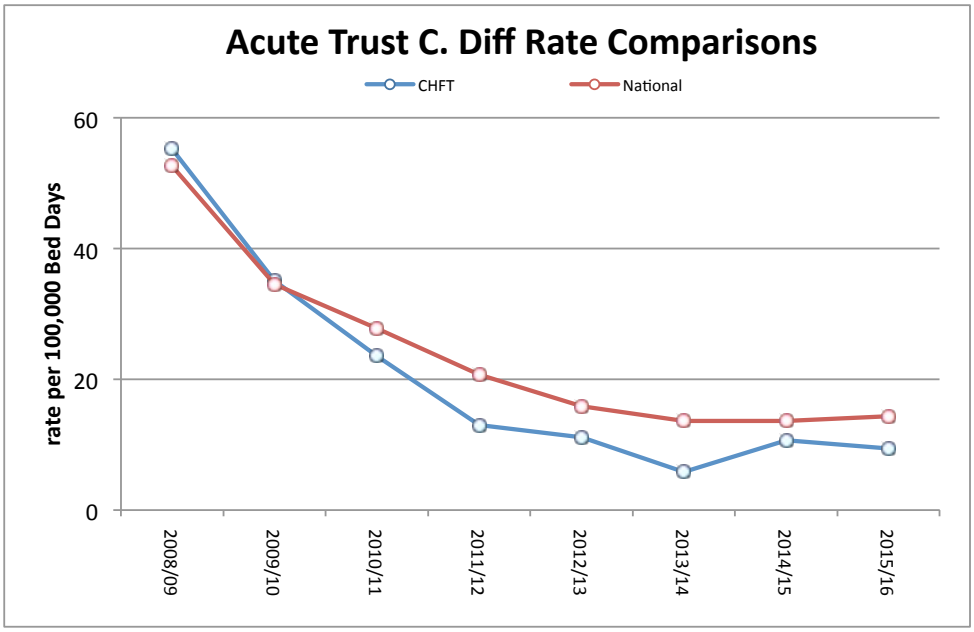
Calderdale and Huddersfield NHS Foundation Trust have taken the following actions to improve this and so the quality of its services by:

- To improve reliability of data and patient care, work is underway to have the VTE assessment incorporated in the new Electronic Patient Record (EPR) for doctors to complete. This will allow data on compliance with the process to be reviewed live so any issues can be addressed immediately. In addition to this the system will include a prompt the doctors to review the VTE assessment after 24 hours.
- There is a reliable process in place to ensure that when hospital associated VTE's are identified they are investigated for any failings of care and actions taken wherever necessary.

24. Rate of C.difficile per 100 000 bed days (2015/16)

Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

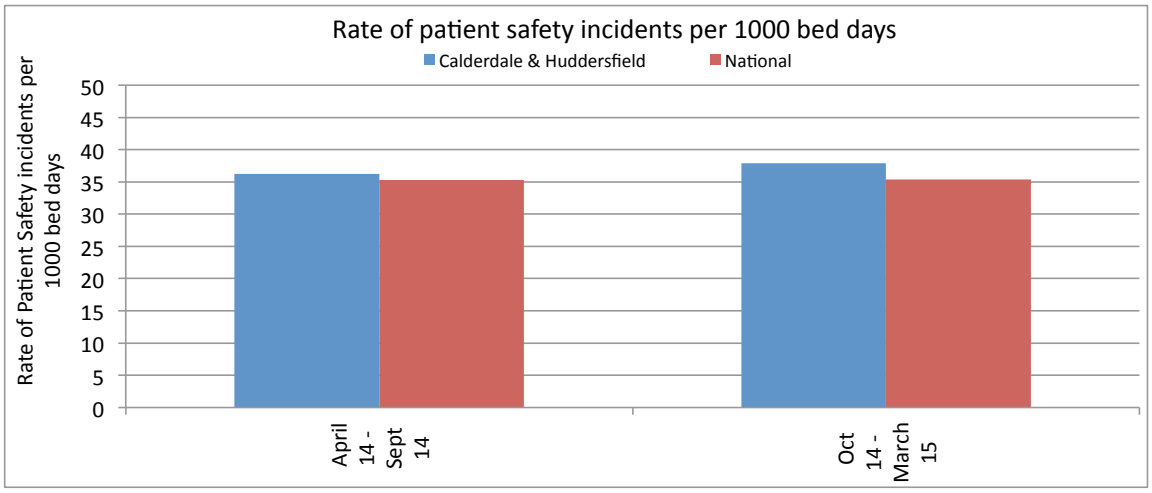
The chart shows the rate per 100,000 bed days of cases of Clostridium-difficile infection reported within the Trust amongst patients aged two or over during the reporting periods from April 2008 to November 2015.



Calderdale and Huddersfield NHS Foundation Trust intend to take the following actions to improve this rate and so the quality of its services, by:

- Root Cause Analyses of every single case of hospital acquired C.difficile to ensure that lessons are learned to prevent future infections
- Continuing to manage patients with C-difficile on an evidenced based specific pathway
- Continue to review all patients with C-difficile by a specialist infection prevention and control nurse using a daily checklist and escalating any issues immediately
- Routine use of Hydrogen Peroxide Vapour (HPV) decontamination of all rooms where patients with C-difficile have been treated after they are discharged
- Regular infection control and antibiotic ward rounds with a microbiologist
- Continued collaborative working with Matrons
- Strict adherence to personal protective equipment policies and protocols, additional signage and use of hand hygiene with soap and water

(i) Rate of Patient Safety incidents per 1000 Bed Days



The chart above shows the Trust's previous reporting on the National Reporting and Learning System. Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

It illustrates the improvement with the Trust now reporting above the national average.

Calderdale and Huddersfield NHS Foundation Trust have taken the following actions to improve this percentage and so the quality of its services by:

- **Policy** – An Incident Reporting, Management and Investigation Policy was approved at the end of December 2015, replacing the Learning from Experience Policy which covered incident reporting. The SI policy was updated to incorporate the changes from the revised 2015/16 Serious Incident Framework which came into effect in April 2015 and also provided clarity on duty of candour arrangements and revised template reports for orange and red incidents.

- **Serious Incident Panels** – The process for assessing potential serious and severe harm incidents has been revised during the year to make it more robust and efficient. The panels are chaired by the Medical Director and Director of Nursing and held weekly. The Divisional leads doctors and senior nurses with knowledge of the incident subject area also attend the panels to provide expert evidence. For efficiency and time management, the meeting rooms are pre-booked in advance with arrangements for video link for staff at the different site to ensure time is not wasted travelling between sites for the panels.

- **Investigation Report sign off** – The Director review panel above is used to quality assure serious incident reports and action plans and has led to an improvement in the quality of the reports

- **Serious Incident Review Group** – In December 2015 a Serious Incident Review Group, chaired by the Chief Executive met for the first time. The group's membership includes senior clinical division colleagues and its aim to provide assurance that the Trust is learning from Serious Incidents. The terms of reference for the group were approved by the Quality Committee.

- **Moderate Harm Incident Panels** – A new process for assessing Moderate Harm incidents was introduced during quarter 4, and potential moderate harm incidents are now reviewed weekly at divisional meetings. The investigation team and staff providing the Duty of Candour is identified at the divisional meeting where the final investigation report is also reviewed and signed off.

- **Pressure Ulcer** – the reporting and investigation process for pressure ulcers has been revised in year in line with the Serious Incident Framework 2015/16 and NRLS regarding the assessment of degree of harm for grade 3 and 4 pressure ulcers. The revised approach is providing a more thorough process which has re-focused the management of Pressure ulcers. The pressure ulcers that had been reported as serious incidents during this financial year were re-assessed in light of the guidance. Pressure ulcer incidents which had been wrongly graded and reported to StEIS were de-logged. Going forward a cluster approach to pressure ulcer investigations will be taken.

- **Data quality** – issues pertaining to the grading of patient safety incidents (degree of harm) were highlighted by the national reporting and learning system, NRLS. The Trust provides information to the NRLS regularly to enable national comparisons of incident activity. A review and re-upload of incorrectly graded incidents submitted in the previous two years has been requested and is due for completion in April 2016. The data includes pressure ulcer incidents which have now been reviewed and downgraded. This review has significantly reduced the number of incident reported as Serious Harm (red)

- **DatixWeb** – An Interim Datix manager has been appointed to support changes on DatixWeb and provide training to staff. Some of the Data Quality Issues reported above are due to the way Datix was originally set up and used in the Trust. A Datix Manager and a Datix Task and Finish Group are working on resolving the issues

- **Learning from Incidents** – the Trust has introduced a newsletter for staff, "So What Happened Next" to provide feedback to staff on incidents

Type and Severity of Incidents

Incidents by severity:

- The number total number of incidents reported has increased by 35% from the previous year. However, despite the increase in green, yellow and orange categories, there is a 58% decrease in severe and serious harm incidents (red incidents) which is due to changes in the reporting of pressure ulcers. There has been annual reviews and changes regarding the reporting of pressure ulcers from 2013/14 to 2014/15 and 2015/16. The current position is on severity of harm as opposed to the grade of the pressure ulcer.

- In 2013/14 - 54 incidents were severity rated as "red – serious" and reported to the Clinical Commissioning Group as per the requirements of the National Serious Incident Framework.

- The Serious Incident Framework 2015/16 again reviewed the way pressure ulcer incidents were graded. The changes to the grading and recording of pressure ulcer incidents resulted in a decline in the number of red incident which have caused significant harm.

- This was attributable to the type of incidents the Trust previously categorised as severe harm patient safety incidents. All category 3 and 4 pressure ulcers were categorised as severe harm reportable to StEIS and all fractured neck of femur whilst in the care of the Trust were also reported as severe harm incidents. The current position is that there is no "blanket " approach as the severity of harm is case specific and is assessed according to impact it has on the patient.

Table 8: Patient Incidents by Severity

CHFT Incidents	2014/15	2015/16	Movement
GREEN	4973	6467	↑ 23.1%
YELLOW	1651	1955	↑ 15.5%
ORANGE	101	130	↑ 22.3%
RED	136	44	↓ -209%
TOTALS	6861	8596	↑ 20.1%

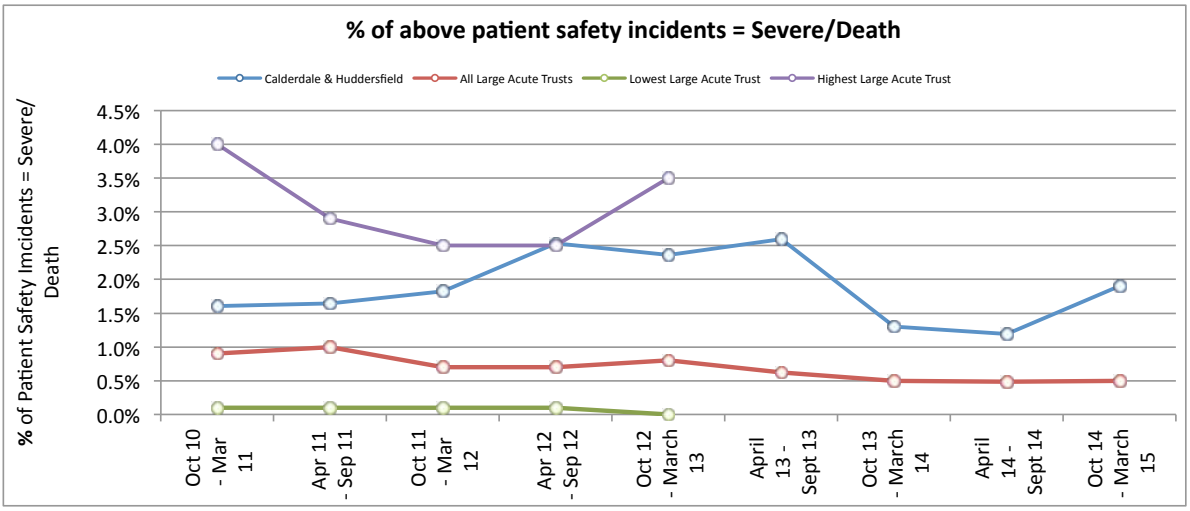
- There has been a serious incident that was reportable to the Information Commissioner's office, in line with the national HSCIC checklist for reporting information governance serious incidents.
-
- *Duty of Candour* - The Duty of Candour introduced in November 2014 has not always been in that the Trust has not complied with timeframes set for communicating with the patients/families that have come to harm. The current position good progress at demonstrating compliance with the duty. Further work is needed in 2016/17 in the recording of duty of candour on the incident reporting system to evidence when it has taken place.
-
- A systematic thematic review of the serious incidents reported in the past two years (excluding pressure ulcer incidents) was conducted on all serious incidents which had been concluded by December 2015. A score was attributed for the presence of each contributory factor appearing in an SI report. The findings of the thematic review as below;

Never Events

Two Never Events incidents were reported in obstetrics and maternity. There was a short timeframe between the two last reported Never Events which are currently being investigated as a multi-incident investigation. Immediate actions were put in place to prevent recurrence whilst the investigation is on-going.

(ii) % of Above Patient Safety Incidents = Severe/Death

The following chart shows the % of incidents graded as severe harm or death.



The above table shows that the Trust reports a higher rate of severe/death patient safety incidents than other large acute trusts. This is attributable to the type of incidents the Trust views as severe patient safety incidents compared with other large acute trusts, for example, all category 3 and 4 pressure ulcers are viewed by the Trust as severe harm.

At the end of March 2015 a revised Serious Incident Framework was issued that advised against categorising all category 3 and 4 pressure ulcer incidents as serious incidents as the grading of a pressure ulcer alone does not determine severity. The guidance advised that any pressure ulcer that meets the threshold of a serious incident, i.e. unexpected or avoidable injury resulting in serious harm or death, should be reported as a serious incident.

The Trust adopted this approach from January 2016 onwards and this is not reflected in the above NRLS data which pre-dates this.

Part 3: Performance on selected quality indicators

This section provides an overview of care offered by the Trust based on its performance in 2015/16 against a number of regularly monitored quality indicators. These are selected by the Trust Board in consultation with stakeholders and reviewed regularly.

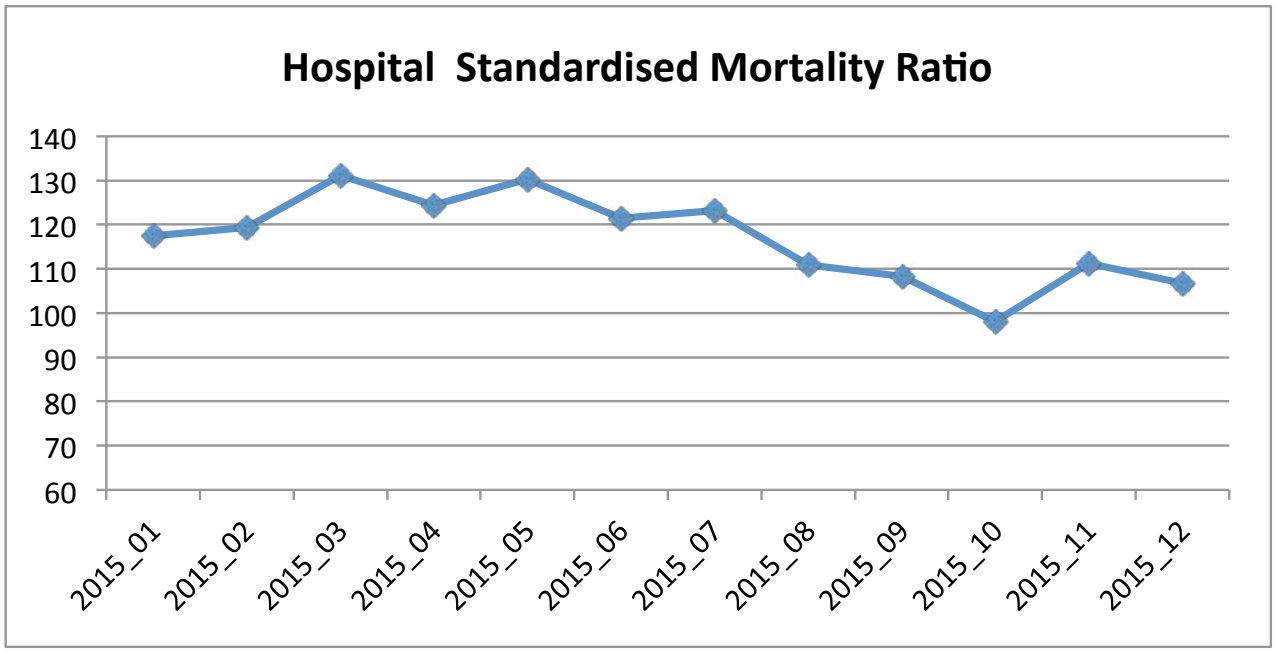
The indicators are as follows:

Domains	Indicator
Patient Safety	Mortality Rates (HSMR and SHMI)
	Falls in Hospital
	Healthcare Associated Infections
Clinical Effectiveness	Cancer Waiting Times
	Stroke
	Length of Stay in Medicine
Patient Experience	End of Life care
	Patient Experience Inc Friends and Family Test
	Complaints
Staff Experience	National Survey
	Friends and Family Test

Hospital Standardised Mortality Rate (HSMR)
Through understanding our hospital mortality the Trust is able to both gain assurance and learning regarding current care processes and further identify any areas requiring improvements.

There are two main standardised measures. These ratios examine the number of patients who die, either during or, following hospitalisation at the Trust by looking at the expected number of cases in an average English hospital, given the characteristics of the patients treated there.

1. The SHMI calculated by the HSCIC. This looks at patients who had died either in hospital or within 30 days of discharge.
2. The HSMR is a long standing national measure which only looks at those patients who die during their hospital stay.



See Part 2 for a look into our SHMI performance and work on the Mortality Case Note Review programme.

Falls in Hospital

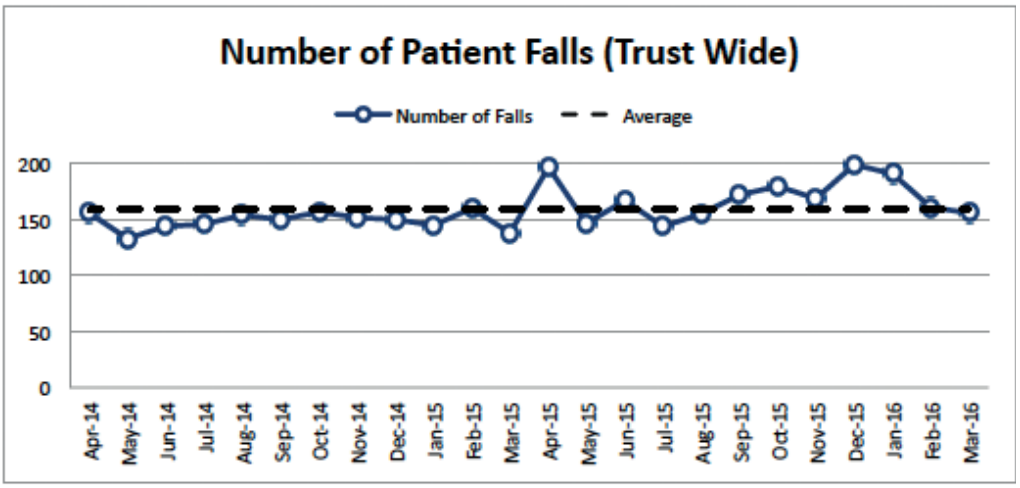
Falls in hospitals are the most common patient safety incidents reported in hospital trusts in England. Falls do not only impact on the quality of life through pain, loss of confidence, loss of independence and increased mortality. Falls are estimated to cost the NHS more than £ 2.3 billion per year.

The Trust participated in the National Audit Falls and Fragility Audit of inpatient falls in summer 2015. The NPSA reported that the national average rate of falls per 1000 occupied bed dates was 5.6 for acute hospitals, with a range of 0.82 -19.20. CHFT reports at 8.42 (Per 1000 OBDs).

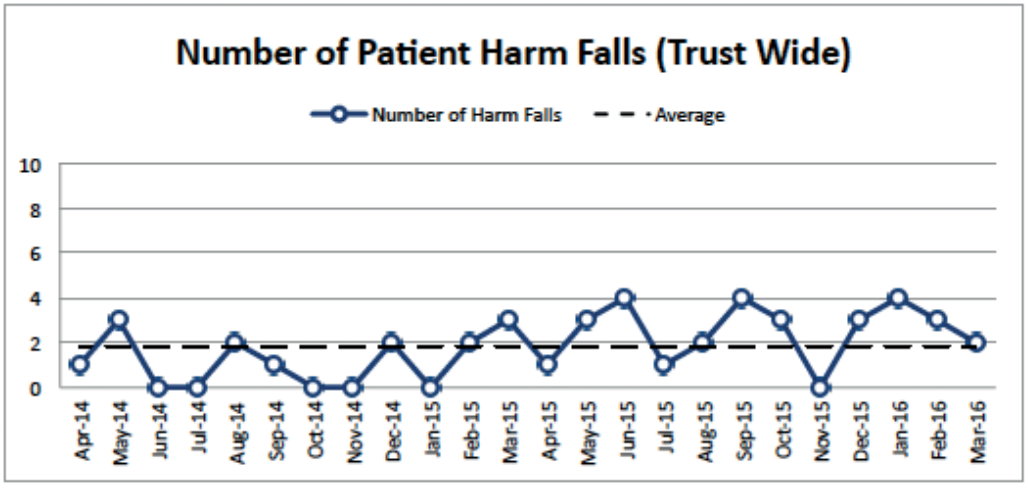
The National reported range for falls resulting in harm was noted as 0.01 –2.00 (Per 1000 OBDs) CHFT is reported at 0.09 (per 1000 OBDs).

Throughout 2015-16 the work of the falls collaborative has been focussed around:

1. Implementation of documentation supporting falls prevention and management that is compliant with guidelines.
2. Provide risk assessment on admission for falls and implement preventative actions.
3. Ensure following an in-patient fall patients get the best care to prevent harm and repeat falls.
4. Ensure falls data is robust by understanding where gaps in reporting are currently.
5. Undertake thematic review of inpatient falls causing harm rated as amber/red to capture learning.
6. Improve engagement with staff around falls prevention work to ensure impact of fall on the patient is understood by use of patient stories and training.



The chart shows the number of falls patients have had whilst in hospital, on average this was 171 per month. In addition to the total number of falls reported the Trust also measures falls that result in harm.



Improvements for 16/17
Recognising that there is still work to be done in this area, one of the quality priorities for the trust (see part 1) is the implementation of safety huddles which will aim to reduce the number of falls experienced in hospital.

There will also be the appointment of a specialist fall's lead to drive the Fall Safe Project with key objectives to reduce the number of in-patient falls by:

- Improving the quality of assessments and intervention for patients at risk of falls
- Improve multidisciplinary working with regard to the assessment and management of patients at risk of falls
- Educate and empower ward staff to make small but effective innovation and change through the implementation of a falls quality improvement collaborative
- Introduce and monitor compliance with a Falls Investigation Prompt sheet to compliment the CHFT RCA investigation tool developed by Effective Investigation Group (to improve quality of RCA).
- Support and monitor actions that were agreed at The CHFT first harm summit on the 10th November 2015 , such as falls mapping, improving safety huddles, a review of footwear that is available for patients at CHFT and embedding bedside handover.
- Maintain links with the Improvement Academy, with an aim to achieve 95% compliance in actions identified from the safety briefings.
- Review the Falls Prevention bundle following first National In-patient Falls Audit recommendations.
- Undertake a falls mapping exercise in areas of high incidence (see appendix 3); to further understand what additional measures can be put in place to aid prevention.
- Review the falls prevention strategy, with recommendations to shape the improvement work plan for 16/17.
- Consider high risk patients presenting with a dementia and how environmental factors can support a reduction in falls
- Consider trail of falls bracelets for high risk patients
- Development of a falls policy / protocol to include post fall guidance
- Engage in a multidisciplinary approach to manage falls, including medication reviews, medical reviews.

Healthcare associated infections (HCAIs)
In additional to the mandatory indicators around C.Diff performance, the Trust regularly monitors activity around a number of other infections.

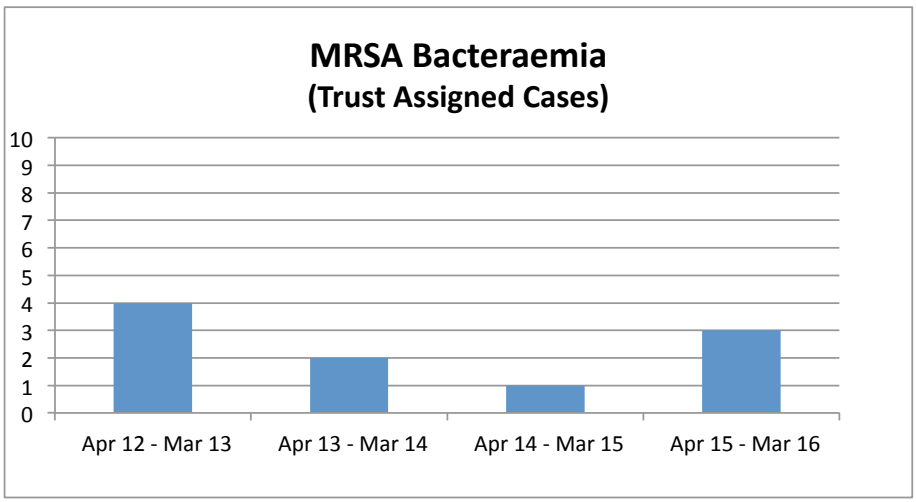
MRSA (Meticillin resistant Staphylococcus aureus) Bacteraemia:

The clinical teams have worked hard over the last 4 years to improve

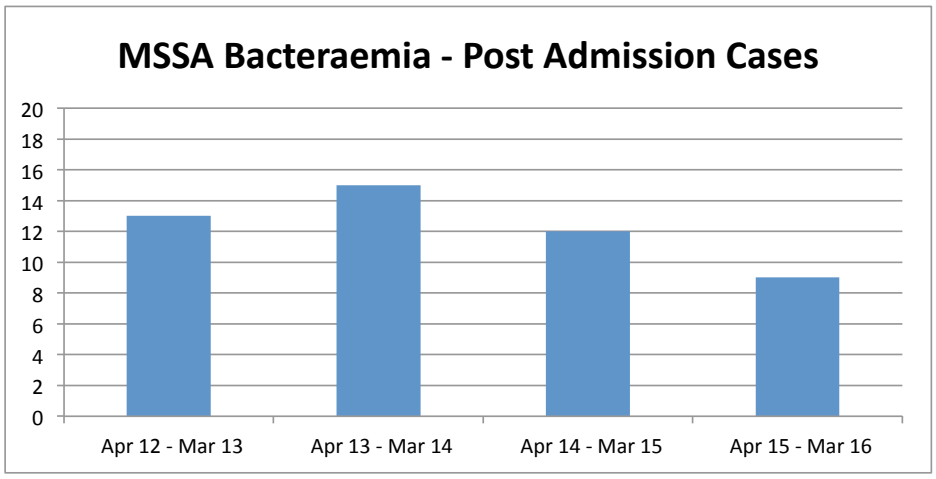
- hand hygiene,
- care of invasive devices with earliest removal,
- improved communication
- MRSA screening of patients.

Continued work has seen improvements in cleanliness across all ward areas with frontline ownership from ward managers and charge nurses to keep their areas tidy and organised. The main action identified from the last case was improvement work with ANTT (aseptic non-touch technique). The Infection Prevention and Control Team have provided training sessions for key trainers and junior doctors.

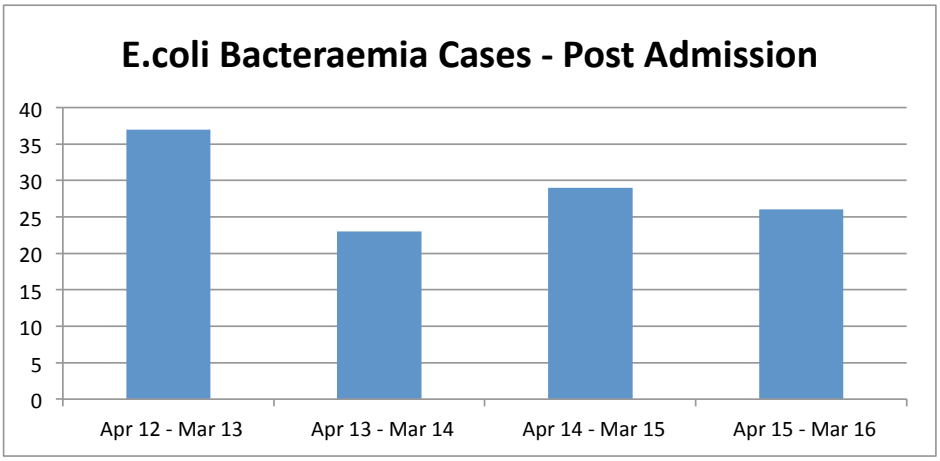
There have been three cases this year, Root Causes Analysis has been done on all three, and whilst no lapses in care had been noted, the Trust has suggested refreshing the ANTT training package.



MSSA (Meticillin-sensitive Staphylococcus aureus) bacteraemias:
There has been a drop in the number of MSSA cases. Further improvements include MSSA screening or patients with central venous access devices and for patient undergoing selected high risk elective surgery.

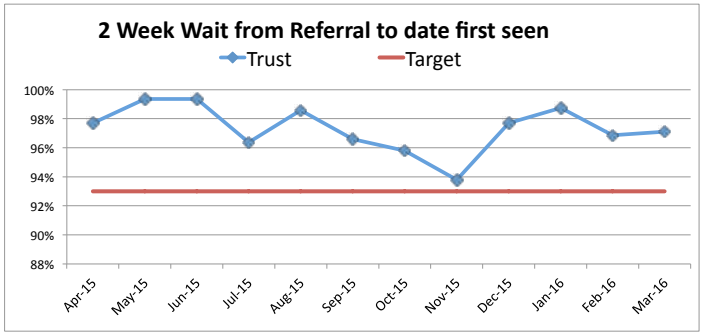


E.coli bacteraemias:
Whereas there is no national reduction target set for E. coli bacteraemia the trust recognises the need to set the internal target and this was set at not exceeding the out-turn of cases in the previous year. The Trust is on track to meet this target.

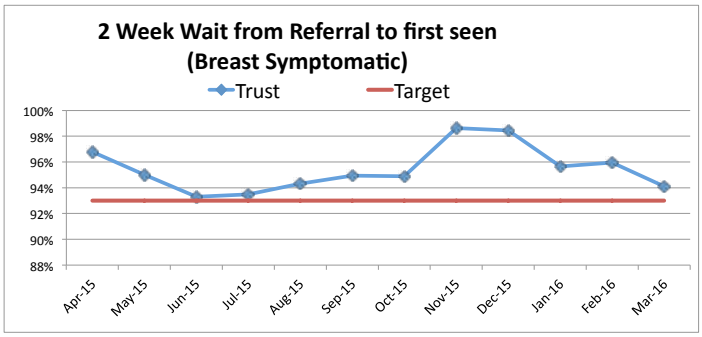


Cancer Waiting Times

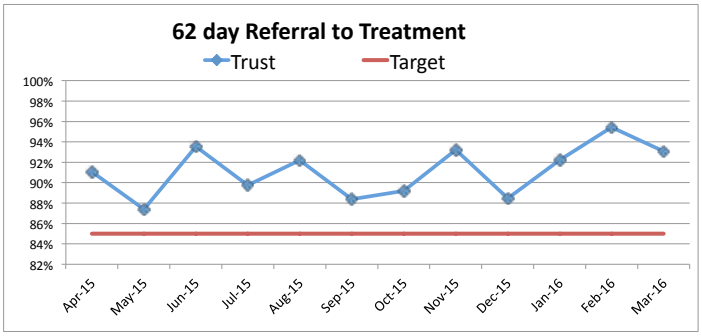
Delivery of the National Cancer Targets is a key part of cancer care and the Trust's performance around these key targets is a significant indicator of the quality of cancer services delivery. The Trust continues to consistently achieve the cancer waiting times standards.



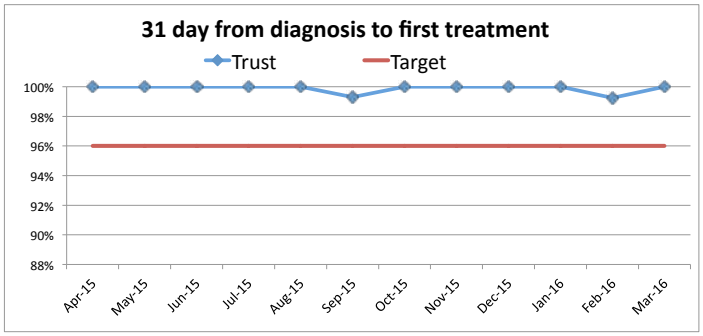
The performance required for this target is 93% and this has been exceeded for the whole of the year.



The performance required for this target is 93% and this has been exceeded for the whole of the year.



The performance required for this target is 85%. Performance has been above the required 85% for all of the year.



The performance required for this target is 96%. Performance has largely been maintained at 100%

Alongside the national standards the Trust is looking to report on regional targets to ensure patients are transferred to specialist hospitals in a timely fashion. This will aim to:

- See Fast Track patients within 7 days

  At present, 71% of patients are being seen within 7 days of referral which is excellent compared to the 30% we were achieving in April 2014.

- Provide diagnostics tests within 7 days

  Unfortunately the 7 days to Diagnostics target which was an aspiration of WEB has not been successful and needs continued action to ensure this is achieved so that the measures become sustainable.

- Carry out any Inter Provider Transfers (IPT) by day 38

  The Trust has issues meeting the target of referring 85% of patients to tertiary centres by day 38 of their pathway. For August, the Trust only managed to send 59.3% of patients by this target which is much lower than we would wish to have achieved at this point in the year. Discussions are on-going within the divisions and with the cancer teams. Also discussions are being held with our tertiary centres to agree some fundamental issues around transfer dates as at present there is no agreed criteria..

Improvement Plans 2016/17

A further review of all tumour sites has taken place to address how the teams can operate differently to meet the 38 day referral to Tertiary centre. An action plan has been put in place by each division as to how they are going to rectify the poor performance and this will have to be closely monitored throughout the year. This has improved performance in certain areas, however due to demand and capacity areas such as diagnostics are struggling to improve their performance.

In line with the 96 recommendations from the *"Achieving World Class Cancer outcomes - A Cancer Strategy 2015-2020"* The cancer teams alongside commissioners and patients will be work to achieve these.

From the Improvement plan set out by NHS England, NHS Trust Development Authority and Monitor, the Trust has completed their self-assessment and put together an action plan to achieve all the eight key priorities for the Cancer Waiting Time Standards within this financial year. This will be achieved by 1st April 2016.

Cancer Site Specific and Specialist Palliative Care teams update:

The Trust employs a number of specialist roles to support the delivery of cancer care, and end of life care in both cancer and non-cancer patients.

Specialist nurse roles have evolved due to the changing needs of patients, a much younger population, changes in treatment choices- more intensive and complex treatments and NHS service demand with an increase in newly diagnosed cancers every year as well as people 'surviving' their cancer and treatment , but living with the side effects of that treatment. Living with the consequences of successful cancer treatment is the great challenge of modern life.

To meet the changing landscape of cancer treatment and patient's needs, specialist nurses (working closely with the designated named cancer site specific consultant) have and are developing nurse led clinics: assessing appropriate new cancer fast track patients, undertaking biopsies and ordering investigations, breaking the news of a new cancer to patients as well relevant cancer follow up (appropriate to the training level and competencies of the Specialist Nurse.). A crucial part of Specialist Nurses role is also in the assessment and interventions/care of patients during the patient's treatment, recovery and living with the consequences of the treatment.

The advanced roles that specialist nurses are undertaking in the patient's pathway means that there is a changing landscape in professional roles and service provision for patients. As well as piloting nurse consultant posts in cancer teams and how they help improve the patients experience and pathway to treatment, new roles are being considered. One such is the 'Cancer Care Co-ordinators'.

These are non-registered roles, but provide low level support to patients and co-ordinate all the other referrals services. They include traditional non specialist parts of Cancer Nurse Specialist (CNS) roles. Cancer Care Co-ordinator posts are a valuable resource in the patient's management for low level specialist intervention once training and experience has been gained. They

are a first port of call for patient's questions and queries, emails and phone calls. Baseline assessments and continuity for patients having access to the service can be through these posts.

In support of these roles, a number of Macmillan funded projects are ongoing in CHFT currently:
Macmillan Head and Neck Specialist Nurses and Allied Health Professionals (Part of a Regional Head and Neck redesign project to inform national services for Macmillan)

- Continued Macmillan funding - to be trained in cancer follow up. (Extend a project that has been successful at Mid-Yorkshire Hospital) Sept 2015 -March 2018

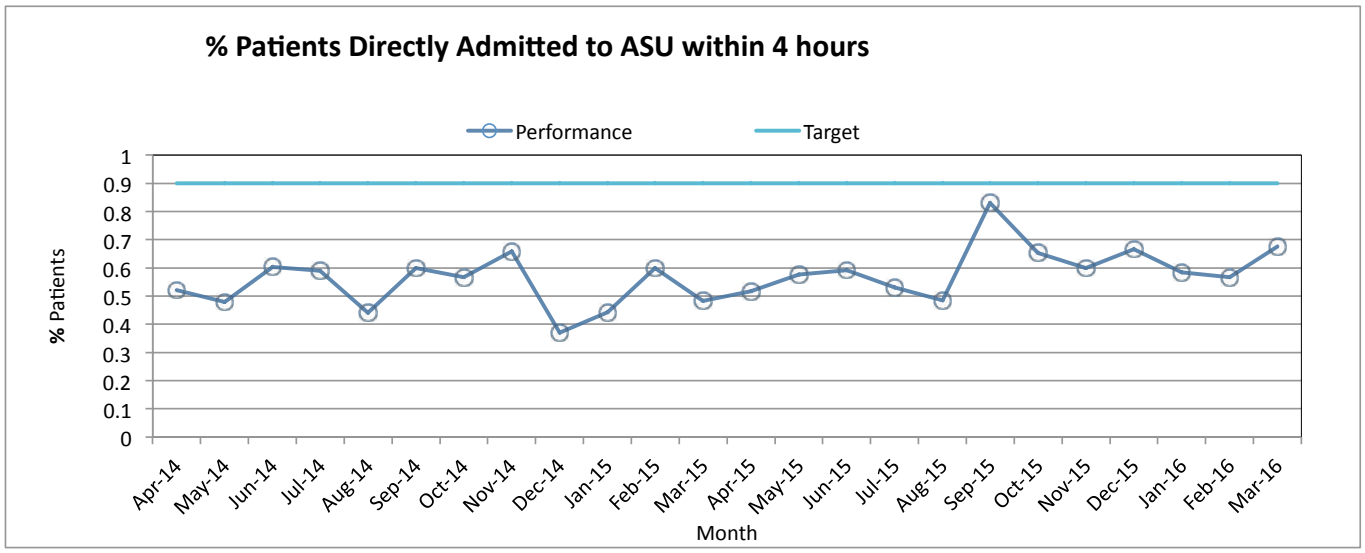
- The team have just completed successful specialist nurse and allied health professional management post treatment assessment and follow up , with funding for posts from Macmillan (up to march 2016). This replaces traditional consultant only follow up, with amazing outcomes for increased rehabilitation and recovery with intense intervention in first 6 weeks from head and neck team

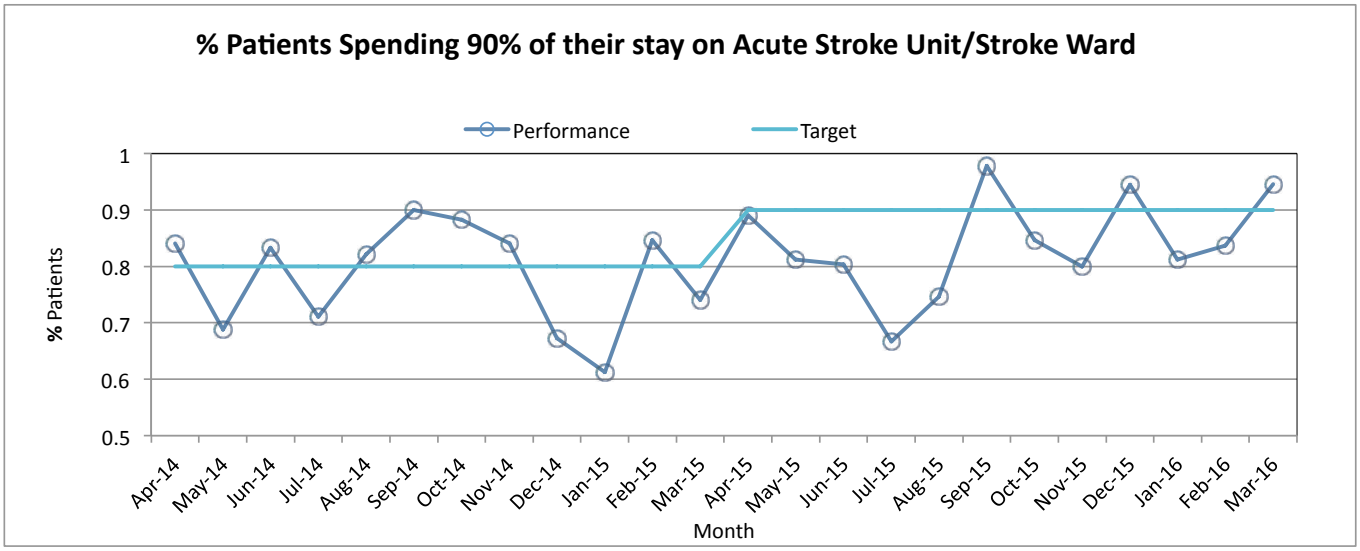
Stroke
Strokes affects between 174 and 216 people per 100,000 population in the UK each year (Mant et al 2004), and accounts for 11% of all deaths in England and Wales. It is accepted that 85% of strokes are due to cerebral infarction, 10% due to primary haemorrhage and 5% due to subarachnoid haemorrhage. The risk of recurrent stroke is 26% within 5 years of a first stroke and 39% by 10 years (Mohan et al 2011). By focusing in improvement in stroke care, patient outcomes can be vastly improved,

The Trust has the following aims to strengthen and improve stroke services:
– Admission to a stroke bed within 4 hours.
– Spend 90% of their Hospital Stay on the Stroke Unit

Improvements in 2015/16:
The stroke team routinely review breaches in the 4hr and 90% stay measures.

Previously a number of breeches were due to availability of beds on the ASU. We have introduced a number of measures to improve this: including a weekly ASU report which indicates the number of empty beds, beds occupied by stroke patients and beds occupied by non-stroke patients. This method has meant the teams have been able to actively intervene and reduce the number of non-stroke patients on the ASU, ensuring that those patients are places in more appropriate areas for their needs and increase the availability of ASU beds for those stroke patients who require specialist care. We have also increased the bed base for the stroke team with an additional 6 stroke rehab beds.





The above chart shows the percentage of patients diagnosed with a stroke that spent more than 90% of their hospital stay on a specialist stroke ward. Performance has remained variable throughout the year. Winter pressures in December and January explain the dip in compliance that occurred during these months, however performance in this pressured months is better than in the previous year.

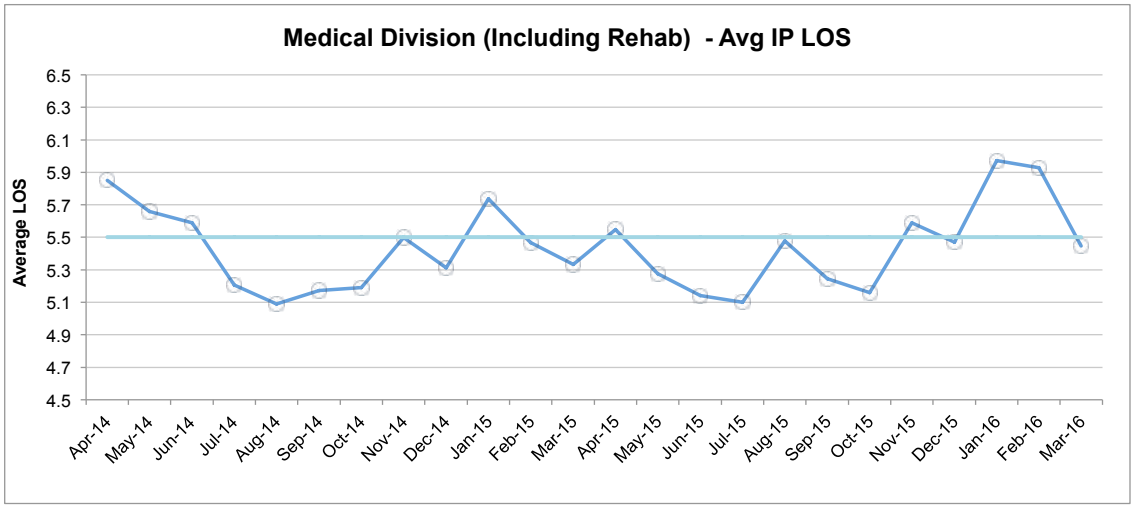
On 7 December 2015 the Acute Stroke Unit (ASU) was visited by Healthwatch Calderdale. This visit was organised following feedback from members of the public. The report highlights areas of good practice with relatives and patients being positive about the care and treatment on the ward, the environment provided privacy for individuals and a dedicated quiet area and visitor room, as well as areas for improvement such as lack of clarity as to which consultant was in charge of their relative. The ward has developed an action plan to address the issues raised. In addition the consultant input on the ward has changed; rather than each consultant doing a ward round on the ASU one day each week they have a consultant of the week. This is expected to improve continuity of care, communication and patient experience.

Plans for 2016/17

At present the most significant factor now affecting both measures is the early recognition of stroke as the diagnosis for those patients who may present with atypical symptoms e.g. dizziness or a collapse. The stroke team is working with regional partners such as the Yorkshire Ambulance Service (YAS), the Emergency Department staff and acute medical teams to ensure a higher degree of suspicion for those patients presenting with atypical features.

Length of stay in medicine

Ensuring that patients have the correct length of stay (LOS) in hospital reduces the risk of avoidable harm, improves patient experience and also helps ensure the Trust is able to reduce financial pressures and give good value care. The Trust now measures a number of Patient Flow indicators.



The chart above shows that the length of stay in medicine highlights the recent winter pressures.

The primary reasons for the usually pattern of variation are seasonal pressures and an increased number of admissions. Analysis tells us that when patients are placed in beds in other specialities (because no beds are available in on the most appropriate ward) this increases length of stay.

Increased seasonal activity also increased pressure over the whole health economy, this increased delayed discharges due to lack of services in the community and further increased length of stay.

In 2016/17 Safe and Effective Patient Flow Programmes will continue to focus on how best to maximise flow through the organisation and it is likely that this measure will be replaced with more additional and more integrated flow measures in future.

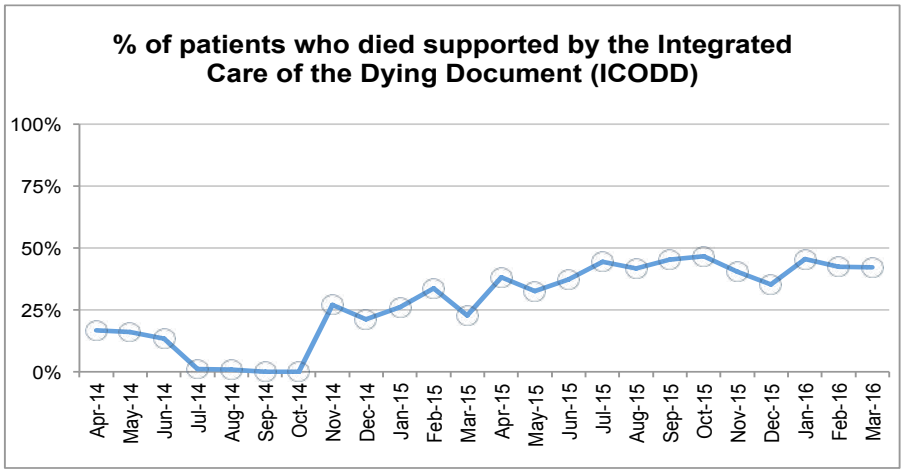
End of Life Care

End of life care provides particular challenges, not only because of the special needs of many at the end of life but also because of the need to coordinate and integrate a wide range of services across different sectors. However the rewards for getting it right are huge. Personalised, integrated care at the end of life can transform that experience for the individual, their family, and the staff caring for them (source: NHSIQ)

Improving end of life care remains a priority area for the Trust and it continues to work to ensure that when patients die in hospital, and their death is expected, that they receive appropriate end of life care.

Key achievements in 2015/16

Since the introduction of a dedicated end of life care plan (the ICODD), there has been a steady increase in the number of patients who die supported by this, and this now stands at over 40%.



The hospital Specialist Palliative Care Team (SPCT) has continued to deliver 'in-reach' activity to medical and nursing staff within gastroenterology and respiratory teams, with the result that since April 2015, over 500 patients discussed at 'board rounds' have had expert advice given on symptoms, goals of care, and the suitability of initiation of advance care planning, etc.

The hospital SPCT has also been active all year in delivering a range of educational events to staff working within CHFT. Some of these activities have been delivered in conjunction with colleagues from Kirkwood Hospice, in particular the delivery of full day educational sessions, and with in-house ward based training on a range of end of life care issues. Education is delivered to a variety of professional groups, and this year has seen the delivery of the second successful training day for 40 FY2 doctors working across the Yorkshire Deanery. Targeted education to nurses on the Verification of Expected Death (VOED) should greatly reduce the delay and distress caused to families who currently are required to wait for medical staff to verify death, in hospital and in community. This teaching programme was awarded 2nd place in the International Journal of Palliative Nursing awards.

Significant improvements have been made within the mortuary facilities on both sites, with refurbishments undertaken to improve the experience of bereaved relatives. New trolleys for the transfer of deceased patients from wards have been purchased, and there is also improved lifting machinery to accommodate the increasing number of obese and morbidly obese patients. This benefits both the health and safety of staff, and the dignity and respect afforded to the deceased.

Proposed improvements for 2016/17

Continued effort is required to ensure that the improvements seen in supporting dying patients with the ICODD are maintained and enhanced (there has been a slowing in the increased adoption and use of the care plan in recent months). We must ensure that all staff are aware of their responsibilities in caring for these patients, and that they have the appropriate skills and resources to do so. This will include the necessary communication skills and knowledge base, and easy access to vital equipment such as syringe drivers for the administration of essential subcutaneous medications. We have been assured that centralised access will be available from mid-March.

The ICODD itself will be reviewed and amended to ensure that it remains a robust document. These amendments will take the form of enhanced clinical guidance on the use of medications at the end of life, and incorporation of guidance relating to the Deprivation of Liberty Safeguards (DoLS) legislation. Continued and updated educational sessions delivered by the SPCT will accompany this piece of work.

Feedback from the bereaved relatives' questionnaire as part of the National Care of the Dying in Hospitals audit confirms that the vast majority of patients' relatives had confidence and trust in staff caring for their loved ones. Although significant proportions of patients were reported to have symptoms of pain, restlessness and noisy breathing at the end of life, it was also felt that doctors and nurses did all that they could to attempt to relieve these distressing symptoms. Generally, relatives felt that the overall level of emotional support given to them by ward staff was excellent or good. However there were some concerns expressed regarding the quality of communication which some relatives received, and in particular inconsistent clarity relating to some end of life care decisions. It is clear that communication skills and the quality of discussions can be improved. It may be advantageous to create an educational DVD resource which addresses some of these issues and which can be used as part of mandatory or essential skills training.

Patient Experience

Friends and Family Test

Measuring patient experience is essential in order to assess the delivery of the Trust's vision: Together we will deliver outstanding compassionate care to the communities we serve along with the strategic goal of: Transforming and improving patient care.

Analysis of patient feedback helps us to better understand our patients' expectations, their experience and their satisfaction. For example their views of the environment in which their care and treatment was delivered, whether they were kept informed, whether they treated with respect and dignity and how their interactions with staff made them feel.

It is important when we measure patient experience, that patients are also given the opportunity to tell us how we can make it better. This may often be about the small things as well as any large system changes.

The primary method of measuring the patient experience in the trust is through the Friends and Family test (FFT) which is now well established across all inpatient areas and embedded as a performance measure and indicator for improvement at ward level. The reporting of the FFT results enables staff at ward level to track and benchmark their performance and they are also encouraged to review the comments provided by patients about what they think went well and what they would like to see improved.

FFT was no longer a CQUIN during 2015/16, but was incorporated into the trust contract with the requirement that the Trust continues to comply with the FFT data submissions.

In September 2014, the Patient Experience and Caring Group worked with staff, patients and staff who have patients to identify a small number of corporate projects which would form the improvement programme for the next 12 – 18 months.

Comments received through the various feedback systems in the Trust, along with some comments from staff submitted as part of the staff friends & family initiative, were used to describe what patients / staff see as a good experience and also what they would like us to improve

The Friends and Family Test was originally a question that was been asked in all inpatient areas in NHS hospital trusts since April 2013. The question asks "How likely are you to recommend our ward to friends & family if they needed similar care or treatment?" Throughout 2015/16 this has been rolled out wider to the following areas:

- Inpatients
- Maternity
- Accident and Emergency
- Outpatients
- Community

Performance is monitored internally against the national performance baselines during summer 2015.

Green = top 50% (i.e. above the England ranked average)
Amber = above the bottom 20% and up to 50%
Red = bottom 20%

		Percentage response rate											
	Target (green)	Apr 15	May 15	June 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Inpatient	28.0%	25.8%	21.4%	21.9%	26.5%	28.1%	24.4%	31.1%	32.9%	34.3%	32.1%	33.5%	30.7%
Maternity	22.0%	18.2%	23.8%	26.3%	27.5%	29.6%	42.6%	30.9%	40.8%	33.6%	30.3%	30.7%	34.5%
A&E	14.0%	6.8%	10.0%	8.6%	5.7%	2.7%	9.6%	12.1%	9.2%	9.1%	10.2%	9.7%	8.4%
Community	3.4%	3.8%	3.3%	3.2%	3.1%	3.2%	3.0%	3.6%	15.6%	10.0%	14.3%	12.6%	13.0%
Outpatient	5.0%	14.4%	13.9%	13.6%	13.8%	13.5%	13.3%	13.2%	13.1%	12.9%	13.6	13.7%	13.2%

		Percentage would recommend											
	Target (green)	Apr 15	May 15	June 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Inpatient	96.0%	97.3%	96.4%	97.4%	96.6%	97.1%	96.5%	96.7%	96.7%	96.4%	97.1%	97.0%	96.9%
Maternity	96.9%	94.0%	91.1%	94.8%	97.8%	95.2%	98.8%	95.0%	97.0%	96.5%	97.8%	96.8%	97.8%
A&E	90.0%	90.7%	90.5%	91.1%	91.1%	84.8%	86.2%	86.8%	81.6%	85.4%	86.5%	84.4%	84.6%
Community	96.2%	90.9%	89.1%	90.6%	92.4%	89.7%	91.6%	91.3%	84.4%	86.1%	86.7%	85.8%	85.8%
Outpatient	95.0%	88.0%	87.9%	88.4%	89.5%	89.2%	89.2%	90.2%	90.5%	91.6%	90.5%	89.7%	90.7%

The Trust has a well-established patient experience programme; feedback from the FFT comments has been used to influence the improvement programme, with five key projects being carried over from the end of 2014/15.

A summary of each project is detailed below:

1) Hello my name is … is aimed at reminding staff of the importance of introducing themselves to patients, carers and visitors and to always include their role in any proposed care or treatment.

Progress during 2015/16

Following the successful launch of the campaign in May 14, which included a visit from Dr Kate Granger, there have been a number of activities aimed at embedding this approach. This included:

- Articles in Trust News and CHFT weekly of this simple intervention and the impact it can have on delivering compassionate care
- Stands at the front entrance of both hospitals to raise awareness and encourage staff to make a pledge to support the campaign
- Divisional patient experience leads conducting a roadshow around the wards
- Renaming the Trust News 'face facts' section to # hello my name is… to show support for the campaign
- New uniforms for the facilities team have # hello my name is… embroidered on their shirts
- The national maternity survey published December 15 placed CHFT in the 'better' category for the question 'did the staff treating and examining you introduce themselves?', the service was in the 'worse' category for this question in the survey 2 years ago

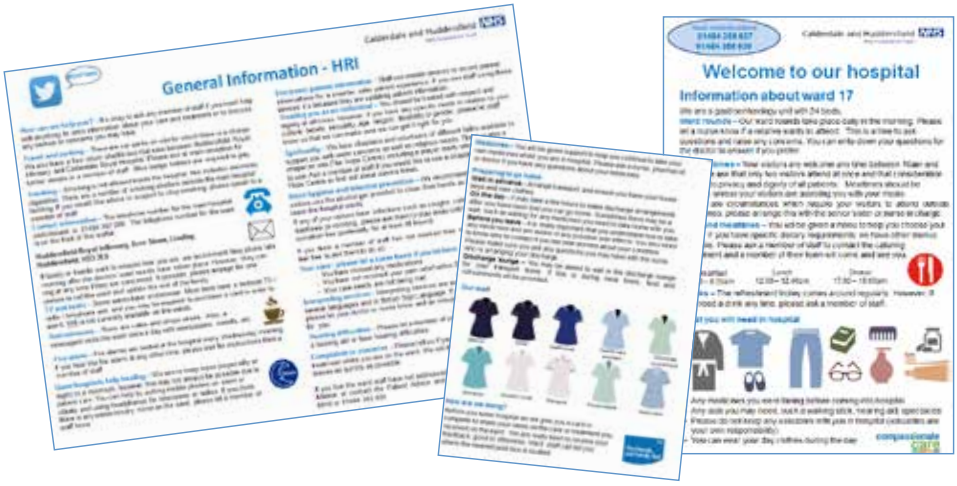
2) Ward orientation. The focus of this project was about reducing patient anxiety when being cared for on a ward. The project has three components:

- Orientation of patients to the ward supported by a welcome to the ward leaflet. Our patient feedback has told us that patients do not always feel welcomed onto the wards and that once they are there, they would like more information about the ward routines.
- Availability of individual 'about me' boards for all patients. These aim to provide an 'at a glance' source of information for staff about individual patient care needs and a personal 'what is important for me' statement
- Provision of a public facing information board for patients / visitors about the ward. The public facing boards provide consistent information for patients and visitors across all wards.

Progress during 2015/16

Ward leaflets:

- The first draft of the leaflet was designed with input from patients, a hospital volunteer and staff, they used examples from other hospitals to help inform what should be included in the generic information on all leaflets
- Each ward was given the opportunity to localise the leaflets in terms of their ward specific information, whilst undertaking this work it became apparent that there was variation in visiting times and a decision made that the majority of wards should introduce an open visiting policy from 10am – 8pm
- The first draft of the leaflet was tested on 2 wards and an evaluation carried out by hospital volunteers – some slight amendments were introduced including changing the leaflets from an A3 double sided laminated document to a folded A4 booklet. In general the leaflets evaluated well and feedback from patients included: I found it all useful, it is very interesting and well put together
- Leaflets are now available on all the wards, with adapted versions for maternity and paediatrics
- Each ward also has 2 copies printed on yellow paper for patients who have a visual impairment
- The generic content of the leaflets is being made available in the 3 languages most commonly used for translation services. This will be made available on the patient information repository.



Behind the bed boards:

- Ward based staff were involved in the design of the boards and in agreeing a list of generic magnets, that each ward could then select from
- Training was provided to ward representatives based on a job breakdown sheet – how to update the boards with up to date relevant information
- Boards are now located on all inpatient wards, with the exception of NICU, where a decision was made that the boards were not applicable for the area
- A walk around across all wards was carried out to confirm that all boards are in place, check for any additional tidy boards required and remind staff how to order additional magnets if required

Public facing boards

- Ward based staff were involved in the design of the boards, with adapted designs for Maternity, paediatrics and NICU. They have been designed in line with the Trust corporate branding using simple icons to help create a visual impact.
- The boards are now located at the front entrance to the wads and provide information on some key performance indicators along with an opportunity to share changes introduced in response to feedback via a 'you said, we did' approach.
- A standard operating procedure has been shared with the wards to ensure updating of the boards is co-ordinated

4. Reducing Noise at night. Noise at night is something patients continue to raise with us through our patient feedback. Research tells us that quiet hospitals help healing – we have therefore made this our message in a campaign to reduce avoidable noise.

Progress during 2015/16

- One of the first actions undertaken was to develop a night time routine checklist designed along with a 3 step challenge which was used when carrying out ward based assessments with staff – this was publicised through Trust News


NIGHT TIME ROUTINE

– Step 1. Take a minute to just listen – imagine you are trying to rest or sleep, what do you hear? Think how you can help to make changes to create a quieter ward or department.
– Step 2. Take five minutes to ask patients or families on your ward or department what disturbs their rest.
– Step 3. Make it happen – We regularly challenge colleagues about being naked below the elbow when entering our clinical areas – so please make it normal practice to help reduce unnecessary noise too –Together we can – "Shhh" and create a calm healing environment

– Lead for wards undergoing assessment were identified and given responsibility of:
  – Walking the ward and identifying the quick fixes and longer term actions
  – Promoting the campaign and the 3 step challenge with their team
  – Introducing the night time routine
– Ward based assessments continued to identify that the core concerns identified relate mainly to noisy bins, noisy staff and noisy equipment.
– There has been joint working with Estates on this project, which has supported the wards by addressing squeaky trolleys and placing sponges on door frames to prevent banging.
– Bin lids are an issue that patients have mentioned as contributing to noise on the wards; some of these wards have purchased soft closing bins and located these close to the nurses' station (most frequently used); however this has not been done consistently across all wards. An alternative initiative to address noisy bins is the bag to bed system which after a successful trial period is being rolled out. This reduces the need for bins on the wards, therefore supporting the reduction in noise
– A night matron is supporting the project group, creating awareness amongst the night staff and influencing practice. An issue picked up this quarter was the use high wattage light bulbs on 2 of the wards. This has been resolved and whist this wasn't a noise issue, it was impacting on ability to sleep.
– A learning event was held January 16, with an invite to all wards, to come together and share good practice and remaining concerns.
– The welcome to the ward signs at the entrance to all ward areas has a reminder for visitors of the quiet hospitals help healing ethos.

4. How can I help?

Patients have expressed a view that staff are not always empowered or enabled to respond to solve problems for them. Another view from patients is that they don't always want to bother staff with their issues as they can see how busy they are. This project recognised the following as being key to achieving a culture of 'How can I help you?' within a team:

– Sharing experiences of helping
– Troubleshooting on behalf of patients and colleagues
– Taking actions to solve problems, no matter how large or small

Progress during 2015/16:

– The project has been linked to some improvement work for complaints; this includes achieving a change in staffs approach to complaints, via a co-ordinated campaign. Key actions in this project are to promote a culture where staff feel empowered to sort out concerns on the spot and to encourage staff to recognise that dealing with situations / capturing a complaint on behalf of a patient is their responsibility, not that of the corporate team.
– The result we are aiming to achieve is an improved handling of concerns by staff and that these do

not therefore develop into a complaint. Having a 'How can I help?' attitude will be key to achieving the result.
– The message behind How can I help? has been promoted through the patient information leaflet (see section 2 ward orientation). A specific section was added to encourage patients to raise any issues as they occur:

It is also promoted on the recently updated 'Talk to us…' poster, encouraging patients with a concern to speak to the person in charge as the first step.

5. Regular information round. Surveys of patients' views have revealed that doctor / patient communication is not always as good as it could be and in some cases it is judged by patients to be extremely poor. The areas where we seem to consistently fail relate to communication between doctors and patients about a patient's clinical condition, the treatment plan, and expected outcomes.

Progress during 2015/16:
The aims of this project have benefited from the introduction of ward based safety huddles and an increase in bedside handovers. Further work is planned for 2016/17 with the Yorkshire and Humber Improvement Academy.

Patient Surveys

NATIONAL INPATIENT SURVEY 2015
SUMMARY

Overall, the trust has performed slightly better in the 2014 survey compared to previous surveys going from 7.8 to 8.1.

In the 2014 Inpatient Survey, the trust has scored the same for waiting list and planned admissions and has improved for most areas except for A&E departments and hospital and ward. This is shown in the table below with a comparison of previous years and also showing an increase or decrease from last year's survey.

- In the 2014 survey, overall the Trust has performed at a similar level to the 2013 survey and has continued to score highly in the patients experience on the Hospital and Ward section regarding feeling threatened by other patients or visitors and the availability of hand gels and also in care and treatment section regarding privacy when being examined or treated.
- This year, the Trust has improved significantly on planning for a patients discharge and giving families information needed for care when patients leave the hospital going from 7.1 to 7.8. The Trust has also scored better in this year's survey for patients being given full information when having an operation or procedure going from 8.9 to 9.1 and also for patients being treated with respect and dignity from 8.7 to 9.1.
- Even though the Trust has stayed at a similar level for the last 3 years; some areas have not performed as well as previous years. These include patients not being given enough privacy when being treated in A&E going from 9.0 to 8.6, noise at night by other patients from 7.0 to 6.4 and patients being delayed on discharge and not given enough information regarding what they should and shouldn't do when leaving the hospital going from 7.2 to 7.0 and Q55 from 7.2 to 6.7.

Trust Comparisons by Question

	2012	2013	2014	Change from 2013 to 2014
The A&E Department	8.5	8.7	8.6	↓
Waiting list and Planned Admission	8.9	9.0	9.0	-
Wait for bed	7.4	7.2	7.6	↑
The Hospital And Ward	8.3	8.3	8.2	↓
Doctors	8.4	8.5	8.6	↑
Nurses	8.4	8.4	8.5	↑
Your Care and Treatment	7.6	7.8	7.9	↑
Operations & procedures	8.1	8.3	8.6	↑
Leaving Hospital	7.2	7.3	7.3	-
Overall	5.0	5.2	5.8	↑
OVERALL AVERAGE	0.0	0.0	0.0	

	Patient responseFor each question in the survey, people's responses are converted into scores, where the best possible score is 10/10	Compared with other trusts Each trust received a rating of Better, About the same or Worse on how it performs for each question, compared with most other trusts.
The emergency/A&E department (answered by emergency patients only)	**8.6/10**	**About the same**
Information - for being given enough information on their condition and treatment in A&E	8.6/10	About the same
Privacy - for being given enough privacy when being examined or treated in A&E	8.7/10	About the same
Waiting lists and planned admissions (answered by those referred to hospital)	**9.0/10**	**About the same**
Waiting to be admitted - for feeling that they waited the right amount of time on the waiting list to be admitted	8.6/10	About the same
Changes to admission dates - for not having their admission date changed by the hospital	9.2/10	About the same
Transitions between services - that the specialist they saw in hospital had been given all the necessary information about their condition or illness from the person who referred them	9.2/10	About the same
Waiting to get to a bed on a ward	**7.6/10**	**About the same**
Waiting to get to a bed on a ward - for feeling they did not have to wait a long time to get to a bed on a ward, following their arrival at the hospital	7.6/10	About the same
The hospital and ward	**8.2/10**	**About the same**
Single sex accommodation - for not having to share a sleeping area, such as a room or bay, with patients of the opposite sex	8.7/10	About the same
Single sex bathrooms -for not having to share a bathroom or shower area with patients of the opposite sex	8.3/10	About the same
Noise from other patients - for not being bothered by noise at night from other patients	6.4/10	About the same
Noise from staff - for not being bothered by noise at night from hospital staff	8.2/10	About the same
Cleanliness of rooms or wards - for describing the hospital room or wards as clean	9.1/10	About the same
Cleanliness of toilets and bathrooms - for describing the toilets and bathrooms as clean	8.7/10	About the same
Safety - for not feeling threatened by other patients or visitors during their hospital stay	9.8/10	About the same
Availability of hand-wash gels - for hand-wash gels being available for patients and visitors to use	9.8/10	About the same
Quality of food - for describing the hospital food as good	5.1/10	About the same
Choice of food - for having been offered a choice of food	8.8/10	About the same
Help with eating - for being given enough help from staff to eat their meals, if they needed this	7.8/10	About the same
Doctors	**8.6/10**	**About the same**
Answers to questions - for doctors answering questions in a way they could understand	8.4/10	About the same
Confidence and trust - for having confidence and trust in the doctors treating them	9.0/10	About the same
Acknowledging patients - for doctors not talking in front of them, as if they weren't there	8.5/10	About the same
Nurses	**8.5/10**	**About the same**
Answers to questions - for nurses answering questions in a way they could understand	8.5/10	About the same
Confidence and trust - for having confidence and trust in the nurses treating them	9.0/10	About the same
Acknowledging patients - for nurses not talking in front of them, as if they weren't there	8.8/10	About the same
Enough nurses - for feeling that there were enough nurses on duty to care for them	7.5/10	About the same
Care and treatment	**7.9/10**	**About the same**
Avoiding confusion - For not being told one thing by a member of staff and something quite different by another	8.1/10	About the same
Involvement in decisions - for being involved as much as they wanted to be in decisions about their care and treatment	7.6/10	About the same
Confidence in decisions - for having confidence in decisions made about their condition or treatment	8.4/10	About the same
Information - for being given enough information on their condition and treatment	8.4/10	About the same
Talking about worries and fears - for finding someone on the hospital staff **to talk to about any worries and fears**, if needed	6.3/10	About the same
Emotional Support - for receiving enough emotional support, from hospital staff, if needed	7.7/10	About the same
Privacy for discussions - for being given enough privacy when discussing their condition or treatment	8.6/10	About the same
Privacy for examinations - for being given enough privacy when being examined or treated	9.5/10	About the same
Pain control - that hospital staff did all they could to help control their pain, if they were ever in pain	8.5/10	About the same
Getting help - for the call button being responded to quickly, when used	6.4/10	About the same

	Patient responseFor each question in the survey, people's responses are converted into scores, where the best possible score is 10/10	Compared with other trusts Each trust received a rating of Better, About the same or Worse on how it performs for each question, compared with most other trusts.
Operations and procedures (answered by patients who had an operation or procedure)	**8.6/10**	**About the same**
Explanation of risks and benefits - before the operation or procedure, being given an explanation that they could understand about the risks and benefits	9.1/10	About the same
Explanation of operation - before the operation or procedure, being given an explanation of what would happen	8.9/10	About the same
Answers to questions - he operation or procedure, having any questions answered in a way they could understand	9.0/10	About the same
Expectation after the operation - for being told how they could expect to feel after the operation or procedure	7.1/10	About the same
Information - for receiving an explanation they could understand from the anaesthetist or another member of staff about how they would be put to sleep or their pain controlled	9.4/10	About the same
After the operation - for being told how the operation or procedure had gone in a way they could understand	8.0/10	About the same
Leaving hospital	**7.3/10**	**About the same**
Involvement in decisions - for being involved in decisions about their discharge from hospital, if they wanted to be	6.9/10	About the same
Notice of discharge - for being given enough notice about when they were going to be discharged	7.5/10	About the same
Delays to discharge - for not being delayed on the day they were discharged from hospital	7.0/10	About the same
Length of Delay to discharge - for not being delayed for a long time	8.1/10	About the same
Advice after discharge- for being given written or printed information about what they should or should not do after leaving hospital	6.7/10	About the same
Purpose of medicines - for having the purpose of medicines explained to them in a way they could understand (those given medicines to take home)	8.2/10	About the same
Medication side effects - for being told about medication side effects to watch out for (those given medicines to take home)	4.6/10	About the same
Taking medication - for being told how to take medication in a way they could understand (those given medicines to take home)	8.3/10	About the same
Information about medicines - for being given clear written or printed information about medicines (those given medicines to take home)	7.8/10	About the same
Danger signals - for being told about any danger signals to watch for after going home	5.4/10	About the same
Home and family situation - for feeling staff considered their family and home situation when planning their discharge	7.7/10	About the same
Information for family or friends - for information being given to family or friends, about how to help care for them if needed	6.3/10	About the same
Contact - for being told who to contact if worried about their condition or treatment after leaving hospital	8.4/10	About the same
Equipment and adaptions in the home - for hospital staff discussing if any equipment, or home adaptions were needed when leaving hospital, if this was necessary	7.8/10	About the same
Health and social care services - for hospital staff discussing if any further health or social care services were needed when leaving hospital, if this was necessary	8.4/10	About the same
Overall views of care and services	**5.8/10**	**About the same**
Respect and dignity - for being treated with respect and dignity	9.1/10	About the same
Care from staff - for feeling that they were well looked after by hospital staff	8.9/10	About the same
Patients' views - during their hospital stay, being asked to give their views about the quality of care	2.4/10	About the same
Information about complaints - for seeing, or being given, any information explaining how to complain to the hospital about care received	2.8/10	About the same
Overall experience	**8.1/10**	**About the same**
Overall view of inpatient services - for feeling that overall they had a good experience	8.1/10	About the same

Other National Surveys:

NATIONAL MATERNITY SURVEY

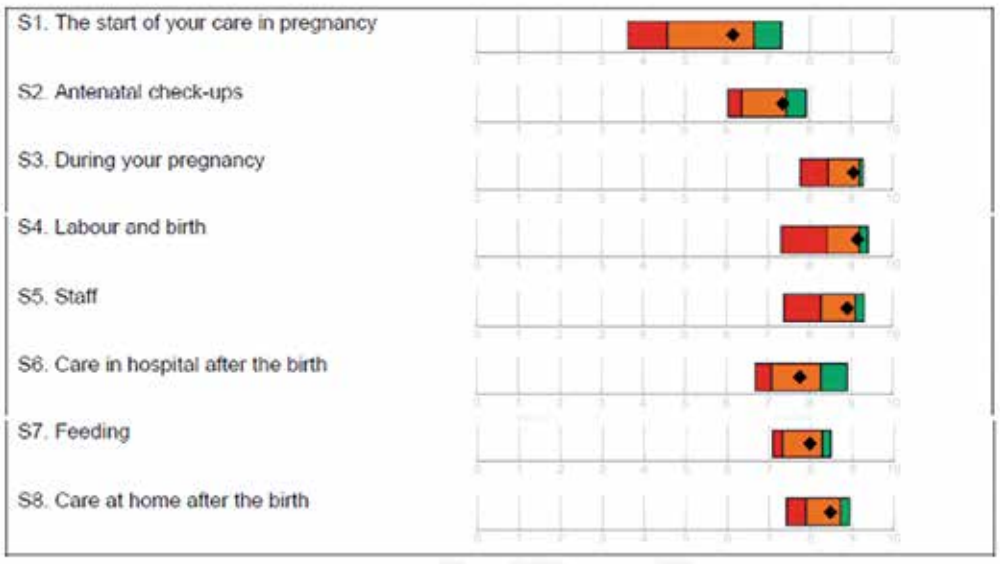
This national survey focused on people who recently used the maternity services in hospital. Patients were eligible to take part in the survey if they:

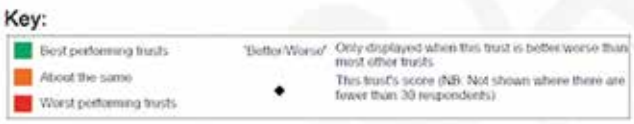
- Were aged 16 years or older,
- Gave birth in February 2015 (and January 2015 at smaller trusts)
- Who had a live birth in a hospital, birth centre, maternity unit or at home

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the Trust is performing. The following table represents the Trust's performance from the summary of all sections of the survey compared to the 2013 survey:

	National Maternity Survey 2013	National Maternity Survey 2015	Change from 2013 to 2015
The start of your care in pregnancy	6.2	6.2	-
Antenatal Check-ups	6.9	7.4	↑
During Your Pregnancy	8.9	9.1	↑
Labour and Birth	9.3	9.1	↓
Staff	8.6	8.9	↑
Care in hospital after the birth	8.4	7.8	↓
Feeding	8.1	8.0	↓
Care at home after the birth	8.8	8.5	↓
OVERALL	8.4	**8.3**	↓

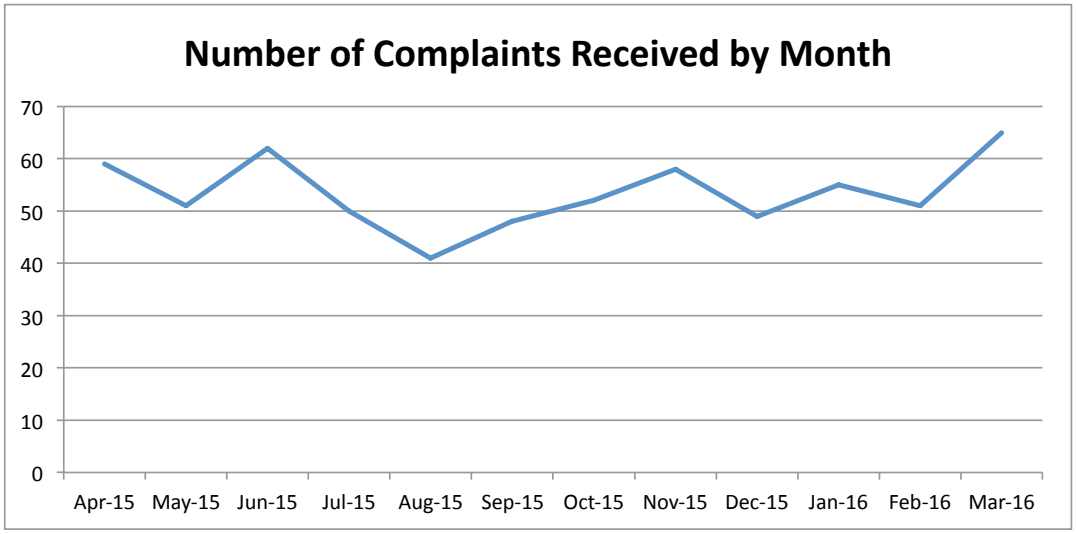
Below is a breakdown of how the Trust scored against other trusts, overall for each area, the Trust sits 'About the same', however, 'Labour and Birth' falls closest into being the one of the best performing trusts.





Complaints (Type and Severity)

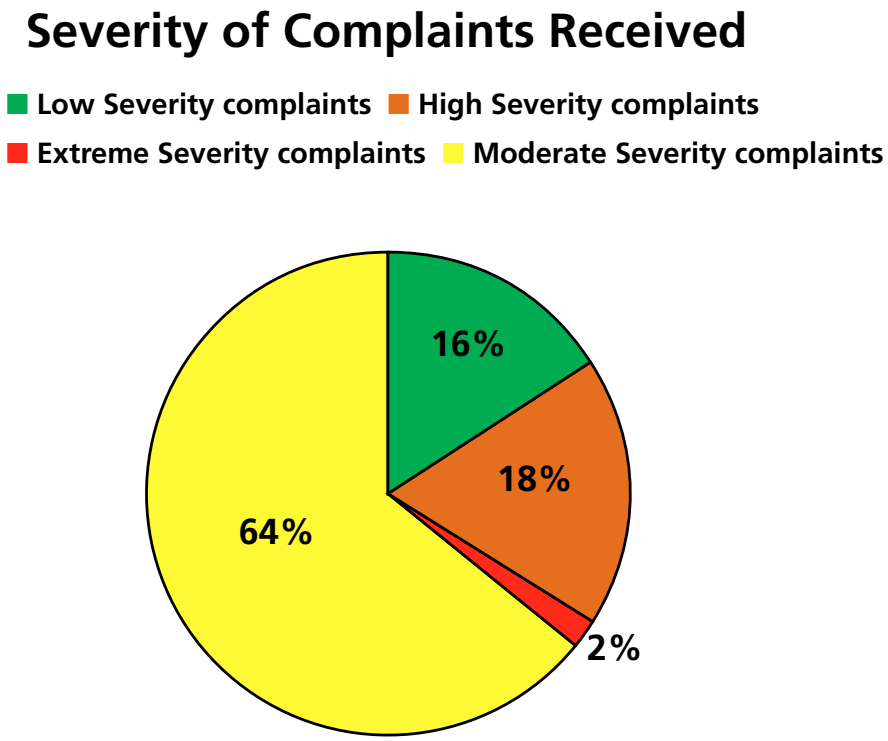
In 2015/16 the Trust received a total of 657 complaints, a 6% increase in complaints received from 2014/15 to 2015/16. This is in line with a national increase of complaints for hospital and community health service complaints in 2014/15 of 6% (Source: HSCIC). It continues the upward trend in complaints which increased for the Trust by 8% in 2014/15 compared to 2013/14.



The profile of the spread of complaints received by month shows a slight dip in the months of August and December, which is in line with previous year and normal patterns of complaints activity. There were between 40 and 65 complaints received a month during the year.

Severity of Complaints Received

The majority of complaints received in are graded as yellow severity; no lasting harm (64%) in 2015/16 with only 2% being graded as red.



Red complaints data
A red complaint is a case where the patient or their family feel the action or inaction of the Trust have caused the death or significant and non-reversible harm to the patient.

During 2015/16 the Trust received a total of 16 red complaints and closed 16 red complaints. Of the 16 red complaints closed 50% were upheld.

At the end of the year the Trust had 10 red complaints under investigation. Learning from red complaints is given at the end of this section.

Acknowledgement time
The Trust has performed consistently well at acknowledging all complaints within the 3 working days. The Trust target of this is 100% and by year end this target was met.

Complaints closed
The Trust closed a total of 683 complaints in 2015/16 with is a 10% increase from 2014/15. Of these 683 complaints closed 48% were upheld, 32% were partially upheld (The HSCIC counts partially upheld complaints as upheld complaints so if looked at in this way the figure is 80%) and 20% were not upheld.

The top two subjects of complaints remain clinical treatment, and communication in both 2014/15 and 2015/16:

Subject	2014/15	2015/16
Treatment, procedure (& clinical treatment)	30%	30%
Consent, confidentiality, communication	25%	20%

Over the year we have been introducing improvements to the way we handle complaints as we strive to ensure:
- Everyone feels confident to speak up if they are worried about any aspect of their care
- It is simple and straightforward to raise concerns and complaints
- We listen and understand the issues raised and make sure we agree how we will address these
- We respond in the way we agreed and the timescale we agreed
- We show the changes that are made as a result of the issues raised.

Overdue Complaints
Throughout 15/16, 48.45% of complaints were closed within target time. Closing overdue complaints has been a primary focus for the Trust in 2015/16. The number of overdue complaints has decreased from 50 in Q2 to 38 in Q3 to 29 in Q4, showing a steady decrease throughout the year. This has been achieved by focus within the divisions to close overdue complaints and a targeted approach by the central complaints team to support the divisions with closure. Closing these overdue complaints has had an adverse effect on those closed with in target time, however performance in this area will improve now that the number of overdue complaints is significantly reduced.

The breakdown of overdue complaints at year end is as follows:

0-1 month overdue:	20 complaints
1-2 months overdue:	9 complaints
2-3 months overdue:	0 complaints
3-4 months overdue:	0 complaints
4-5 months overdue:	0 complaints
5 months Plus overdue:	0 complaint

Weekly monitoring reports continue to be provided to divisions to ensure that all cases overdue are clearly identified and timescales for completion of complaints that are due are clear. During the latter part of the year we introduced weekly meeting with the divisions and complaints department to maintain the focus on managing complaints within timescales. At these meetings action plans are put in place for difficult complaints to prevent further cases becoming overdue.

Parliamentary and Health Service Ombudsman Complaints (PHSO)
The PHSO published records for complaints they received regarding Calderdale and Huddersfield NHS Foundation Trust are as follows:

	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16
Number of Complaints Received by PHSO	23	27	21	5	9
Number of Complaints accepted for investigation by the PHSO	3	9	12	0	2
Number of Complaints the PHSO Upheld or Partly Upheld	1	1	1	0	2
Number of Complaints not upheld	1	4	2	1	5

Quarter 4 data has not yet been published.

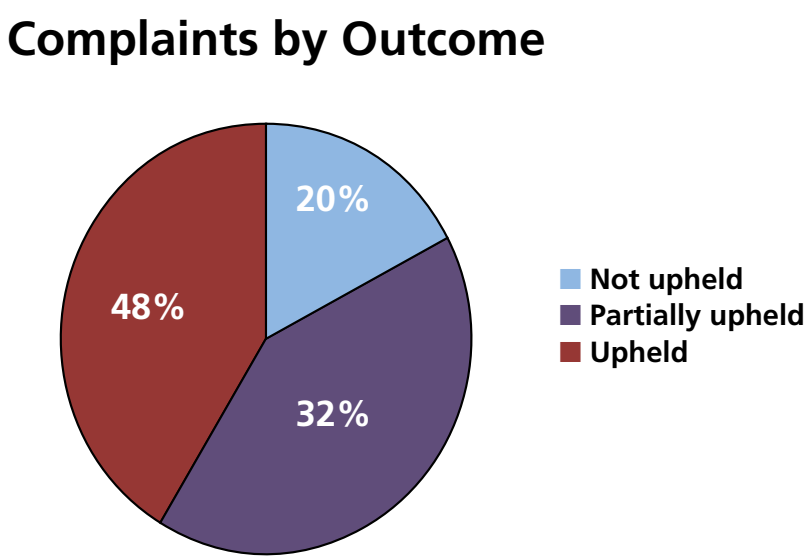
Despite the PHSO now investigating significantly more complaints referred to them following local resolution of complaints by Trusts, there has been a marked decreased (87%) in the number of complaints being referred by complainants to the PHSO from Q3 2014/15 to Q3 2015/16. There has also been a 20% increase in the number of complaints investigated by the PHSO that they have not upheld. This would suggest that the quality of the Trust's responses have improved throughout 2015/16, and that we are now resolving more complaints at Trust level.

The Trust received a total of 18 complaints in 2015/16 for investigation from the PHSO.

By the end of the year the Trust had 11 active cases which the Ombudsman is investigating.

Information Commissioner
We have had one complaint investigated by the Information Commissioner. This was not upheld.

Complaints Closed
The Trust closed a total of 683 complaints in 2015/16 with is a 10% increase from 2014/15. Of these 683 complaints closed 48% were upheld, 32% were partially upheld (The HSCIC counts partially upheld complaints as upheld complaints so if looked at in this way the figure is 80%) and 20% were not upheld.



Key themes and learning from Complaints

Complaints - Areas for Improvement

An update against the key priorities for 2016 -17 for the complaints and patient advice service are:

- Access to the complaints system- develop an "easy read" complaints leaflet
- Analyse user satisfaction with complaints process
- Continue to closely monitor responsiveness to complaints and ensure timely response to complainants – reinforce key performance indicators for complaints
- Focus on quality responses that address all aspects of complaints
- Revise action planning and learning form, monitoring of action plan completion
- Improve identification of sharing and learning from complaints
- Analyse reasons for re-opened complaints
- Ensure clear recording of PALS concerns that become complaints
- Introduce formal monitoring of PALS key performance indicators.
- Develop and deliver complaints training programme to support staff in the effective management of complaints

Learning From Complaints

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

As an organisation we aim to ensure that we learn from complaints so that we can:

- Share good practice
- Increase patient safety
- Improve the patient experience
- Reduce the number of complaints

Our complaints process includes identifying learning from each complaint and sharing this and each service and division is required to be clear:

- How the services records learning from complaints
- How this learning is disseminated within the service / directorate / division
- How it can point to changes arising from learning from complaints

Information on learning from complaints for each division is given below.

Learning from the Divisions

Medicine

The Division has introduced a 'Learning the Lessons' Bulletin which is disseminated and discussed at the Medical Patient Safety and Quality Board and disseminated to the whole of the division to ensure there is evidence of shared learning. The Division also uses patient stories to learn from experience and these are disseminated widely across the division as relevant. Lessons learnt are also included in the Trust wide 'So What Happened Next..? Newsletter.

Issue: Delay in pain relief due to lack of escalation by ward team to on call consultant **Finding**: The investigation showed that there were unacceptable delays to the patient receiving her pain relief, due to stretched medical resources over a weekend and delays in escalation from the ward staff.	**Learning:** There is a need to review the staffing model and the way it provides services over 7 days and this review has commenced. The incident has been discussed in depth by the ward team and a clear escalation plan has been drawn up and all staff made aware.
Issue: Management of GI Bleed **Finding**: Delay in endoscopy at CRH and delay in transfer to HRI for emergency endoscopy	**Learning:** Full review of upper GI bleeding management protocol and review of emergency endoscopy protocol for managing acute GI bleeds in hospital within hours

Surgery and Anaesthetic Services
A lot of work has taken place in the surgical division to close down a number of outstanding complaints. Going forward the division intends to implement a robust process of thematic review which will inform service improvement plans.

Issue: Concerns raised about long waits in Endoscopy and Clinics **Finding**: Unavoidable delays were not communicated in a timely manner. Avoidable delays were not communicated in advance	**Learning:** Appointment letters advice potential for long visits (one stop clinics), white boards in clinics with any delays displayed. Pager system introduced. Patient information and notices in Endoscopy advise of procedure times and will call relatives to return to collect when patient ready
Issue: Concerns raised about difficulty for family members to discuss patient care with senior medical team **Finding**: relatives attend during visiting times when medical team busy unless appointments made to see Doctor	**Learning:** Open visiting now in place. Twice daily Consultant review of all acute admissions, ill and deteriorating patients improved access for relatives. Introduction of 'cards' to enable family to write questions for doctors if they are unable to be present during the day. Phone call to relatives after MDT for complex patients on ward 19 & 20

Family and Specialist Services

Complaints relating to Sign Language Interpreters
During the period January to April 2015 relating to the services provided by the Big Word, with 8 complaints in total received and a petition from the Calderdale Deaf Community. The complaints relate to the skill level and availability of British Sign Language (BSL) Interpreters employed by the Big Word.

- As a result of the complaints an engagement event, attended by over 40 members of the deaf communities of Calderdale and Kirklees, was held on 21 August 2015 which included patients, carers, parents and local BSL interpreters, with BSL interpretation. Additionally the agreement to transfer services over to the preferred new provider, Pearl Linguistics, was paused to enable the Trust to consider the feedback from the engagement event and commission the most appropriate service for this client group.
- Key messages from the audience included the importance of local knowledge/accents; feeling assured that the BSL interpreter had been booked and for a long enough duration; having suitably qualified BSL interpreters.
- Notes and feedback from the event have been analysed and is being used to help draw up a list of requirements that the Trust will want to see from its BSL provider. Work with our deaf communities continued during the process to help the Trust make the best decision about BSL interpretation services.

Patient Leaflet
A new patient information leaflet for care of children with abdominal pain has been developed following investigation of a complaint. The child's journey and experience has been captured as a patient story and will be used upon completion.

Patient Experience
The importance of compassionate care and understanding of how the woman was actually feeling was stressed to midwives through a presentation by Consultant Midwife consultant following review of care of a lady who developed sepsis following a difficult C- Section. The lady reported she did not feel listened to. The treatment and management plan was appropriate but from the investigation it was felt that some elements of human compassion were not addressed.

Performance against relevant indicators and performance thresholds from the Risk Assessment Framework

Area	Indicator	Threshold	Performance	Achieved?
Access 1	Maximum time of 18 weeks from point of referral to treatment in aggregate-admitted	90%	91.92%	Yes
Access 2	Maximum time of 18 weeks from point of referral to treatment in aggregate-non admitted	95%	98.48%	Yes
Access 3	Maximum time of 18 weeks from point of referral to treatment in aggregate-patients on an incomplete pathway	92%	95.67%	Yes
Access 4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/discharge	95%	93.88%	No
Access 5	All cancers: 62-day wait for first treatment from:			
	Urgent GP referral for suspected cancer	85%	91.19%	Yes
	NHS Cancer Screening Service referral	90%	95.74%	Yes
Access 6	All cancers: 31-day wait for second or subsequent treatment , comprising:			
	Surgery	94%	99.15%	Yes
	Anti-cancer drug treatments	98%	100.00%	Yes
Access 7	All cancers: 31 day wait from diagnosis to first treatment	96%	99.81%	Yes
Access 8	Cancer: two week wait from referral to date first seen, comprising:			
	all urgent referrals (cancer suspected)	93%	97.34%	Yes
	for symptomatic breast patients (cancer not initially suspected)	93%	95.82%	Yes
Outcomes 16	Clostridium difficile – meeting the C. difficile objective	21	25	No
Outcome 20	Certification against compliance with requirements regarding access to health care for people with a learning disability	N/A		
Outcome 21	Data completeness: community services, comprising:			
	Referral to treatment information	50%	100%	Yes
	Referral information	50%	98.06%	Yes
	Treatment activity information	50%	100%	Yes

Feedback from commissioners, overview and scrutiny committees and Local Healthwatch

Feedback from commissioners, overview and scrutiny committees and Local Healthwatch

Response from Greater Huddersfield and Calderdale Clinical Commissioning Group

We were pleased to receive and comment on the Quality Account prepared by Calderdale and Huddersfield NHS Foundation Trust (CHFT). The following statement is presented on behalf of NHS Greater Huddersfield CCG and NHS Calderdale CCG.

The Quality Account is a comprehensive assessment of the levels of quality and is consistent with the Commissioners understanding of quality in CHFT, and reflects the areas discussed through our governance arrangements. It describes progress in many areas against national targets which is helpful and demonstrates transparency. This statement will reference areas as CCGs we are pleased to see the progress made, and others where we feel the account could be strengthened.

We recognise a range of improvement work in relation to the identified priority areas for 2015/16, and welcome the improvement in particular around incident reporting, investigation and shared learning which is evidence of the open culture within the organisation.

Your achievement in relation to maintaining the cancer waiting times which remain above national average is commendable, as is the reduction of the number of missed doses of IV antibiotics and the number of patients who die supported by the end of life care plan. The CCGs acknowledge the focussed work that has taken place around the Care of Acutely Ill Patient and recognise the need for further work, although there is reference to the Nervecentre technology within the report it would be strengthened by including further narrative on the ongoing improvement work in this area.

The work around improving patient experience is also a welcome inclusion and again is evidence that the organisation is one of listening and learning. We note the improvement in Friends and Family Test response rates in quarter 3, set against the agreed local targets. As Commissioners we look forward to working together to strengthen patient experience in 2016/17.

The Care Quality Commission (CQC) intelligence monitoring is confusing in terms of the Trust being in "band 5" without any definition of what this means. It is notable that the SSNAP risk has been a risk since 2014 but the report does not explain what actions are being taken to reduce the risk.
The CCGs recognise the identified priorities for 2016/17:

- *Reduction in Falls*
- *Mortality, and*
- *Improving Community Experience*

The rationale for why these have been chosen, the work to be carried out and what the Trust is trying to achieve is clearly articulated and supported by the commissioners. The priorities are aligned with the local CQuINs and we welcome the plan for commissioners to work closely with the Trust, we have started to visit the hospitals in "Go See" reviews of the work you are undertaking. This is a welcome demonstration of your willingness to be transparent.
The account could be further strengthened by the inclusion of some narrative around the difficulties the Trust is experiencing in recruitment and retention of both medical and nursing staff, and A&E performance.

We note your reference to the recent CQC visit and look forward to working with the Trust in response to the inspection report in due course, we will of course continue to support you over the coming year in achieving the quality improvement priorities set out in the account.

Yours Sincerely

Dr Majid Azeb
Chair Calderdale CCG Quality Committee

Dr Jane Ford
Chair Greater Huddersfield CCG Quality and Safety Committee

Response from Healthwatch Kirklees and Healthwatch Calderdale

Healthwatch have a constructive and positive relationship with CHFT. We have worked in the last 12 months on improving the quality of food served to patients, parking, outpatient appointments, patients who have learning disabilities, patients with HIV and patients who are Deaf or hard of hearing.

We have found the trust to be responsive to the issues that patients have raised with us, and look forward to working together in the same way next year.

Rory Deighton Director Healthwatch Kirklees
Helen Wright Director Healthwatch Calderdale

Response from the Governors

The Membership Council is actively involved in the development and quality of patient services at the Trust. The Membership Council comprises elected representatives of the patient and staff bodies, together with councillors nominated from the Trust's partner organisations. As such, it is well placed to offer an objective and rounded view of the Trust's services to patients.

Membership Councillors are afforded a range of opportunities to become familiar with the workings of the Trust. These opportunities allow us to monitor the quality of patient services and to offer our views about any quality issues or areas for development.

Membership Councillors chair a series of divisional reference group meetings where Trust colleagues present progress on quality indicators. Discussions take place concerning patient outcomes, achievement against agreed targets and any areas that require additional support. A 'Learning from Experience' discussion is a standing item on the agenda of each of these divisional reference group meetings. This helps Membership Councillors to understand and comment on the range and themes of any complaints (and compliments) received in each division.

Discussions at divisional reference group meetings are complemented by a series of Trust 'walkabouts'. Membership Councillors visit clinical and non-clinical areas and use these opportunities to talk to patients and staff about the quality of services.

Membership Councillors play an important part in the governance arrangements of the Trust, and through this, help to provide oversight of the quality of patient services. Each of the formal sub-committees of the Trust's board has Membership Councillors as part of their make-up, and both the Quality Committee, and the Audit & Risk Committee routinely consider the quality of patient services. In addition, joint workshops are held between the Membership Council and the Trust board where Membership Councillors are able to hold to account the non-executive directors for the performance of the board.

In addition to this scrutiny, Membership Councillors were able to contribute to findings on the quality of Trust services by participating in a focus group discussion with the Care Quality Commission on their recent inspection visit to the Trust.

The views and opinions of Membership Councillors are an intrinsic part of the selection process to choose the quality indicators and priorities for the Trust. Comprehensive evidence is presented to us throughout the year as to progress against the existing priorities, and then we, and the Trust's membership, are canvassed for our views on what should be the quality priorities for the forthcoming year.

Membership Councillors are supportive of the efforts of Trust staff to improve the quality of services for patients, and we endorse these Quality Accounts.

Rev Wayne Clarke
Deputy Chair and Lead Governor
CHFT Membership Council

Response from the Well-Being and Communities Scrutiny Panel in Kirklees Council

The Kirklees Council Overview and Scrutiny Panel for Health and Social Care, as the local Health Overview and Scrutiny Committee has reviewed the Draft Quality Account which included reference to the Department of Health's guidance for Overview and Scrutiny Committees.

The Panel has noted your priorities for 2016/17 and was generally supportive of the range of areas they will cover, although there were a number of areas that it felt warranted further comment.

The Panel was disappointed that the 2015/16 improvement priority on intravenous antibiotics and improving Sepsis care had only been partially met and felt that the trust should continue to prioritise this work.

According to the report, the reason for not continuing with Sepsis as a quality account priority is that the national CQUIN and reporting will ensure that it continues to have a high profile in the Trust. However as this work was not fully met during 2015/16 the Panel believe that despite the national focus on this issue that the Trust should continue to include Sepsis as a 2016/17 improvement priority.

Last year the Panel commented that it was surprised that falls were not included as a priority and therefore welcome the inclusion of falls as one of the three priorities for 2016/17. The Panel also welcome the focus on including more statistical data and believe that it is important that the Trust can demonstrate that it has used this data to understand what additional measures can be taken to aid prevention.

The Panel noted the introduction of Safety Huddles as one method of focusing on safety issues such as patient falls but felt that it would have helped to include a more detailed explanation on how this initiative had helped to reduce falls. The Panel also felt that it would have been useful to explain why the Trust appears to be introducing a modest target of establishing regular huddles in only 7 inpatient wards.

The Panel noted that Community Experience would be a priority for 2016/17 and felt that it would be helpful to include a further explanation on why this has been chosen as a priority and how the Trusts community services linked with other domiciliary agencies.

During 2016/17 the Panel will be continuing with its review of the changes to community services through the Care Closer to Home Programme which will include assessing the impact of these changes on the timeliness of patient discharge and readmission rates. The Panel will therefore maintain an interest in the work that is being undertaken by the Trust to improve the discharge process and believe that this should continue to be a Trust priority.

The Panel is pleased with the progress that has been made in the quality of food provided to patients however the Panel would also wish to see more information on parenteral nutrition that would demonstrate the support that is being provided to those patients that are unable to eat.

The Panel noted that the reduction of noise on wards is an important issue for patients and is pleased that steps have been taken to help reduce avoidable noise through a Trust campaign and the introduction of initiatives such as the night time routine. The Panel would welcome a continued focus on this issue and feel it would be helpful for the Trust to continue to capture evidence through patient feedback to demonstrate that these initiatives are having a positive impact on patient experience.

The Panel has continued to maintain a close overview on the work that has taken place by the Trust to improve hospital mortality and is concerned that this is still an area that requires much improvement. The Panel therefore agree that Mortality Reduction should be a major priority for the Trust in 2016/17 and believe that work on understanding the reasons for the levels of incidents in the Trust should also be undertaken.

The Panel noted the severity and number of complaints received and agreed that this needed to be carefully monitored. The examples quoted on pages 72 and 73 should not have occurred and the learning from the complaints will need to be embedded in the organisation so that actions to address these issues become normal practice.

The Panel has noted the statements of assurances from the Board and believed that this has demonstrated a commitment to innovation and development. However the Panel felt that these assurances could have been further strengthened by including greater evidence of achievement.

The Panel was concerned that the accounts did not mention in any detail the planned changes to hospital reconfiguration and community health services and felt that greater reference should have been made to these two important areas of work which are currently a priority for Scrutiny.

Helen Kilroy
Principal Governance and Democratic Engagement Officer
On behalf of the Overview and Scrutiny Panel for Health and Social Care

Response from Calderdale Overview and Scrutiny Committee

Feedback requested but not received in timescale.


Hand Hygiene Point
NHS
NHS

Statement of directors' responsibilities in respect of the quality report

Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2015 to 26 May 2016
  - papers relating to Quality reported to the board over the period April 2015 to 26 May 2016
  - feedback from commissioners dated 06/05/2016
  - feedback from governors dated 06/05/2016
  - feedback from local Healthwatch organisations dated 14/04/2016
  - feedback from Overview and Scrutiny Committee dated 06/05/2016
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31/05/2016 (planned date)
  - the 2014 national patient survey 21/05/2015
  - the 2015 national staff survey 22/03/2016
  - the Head of Internal Audit's annual opinion over the trust's control environment dated April 2016
  - CQC Intelligent Monitoring Report dated 01/05/2015

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

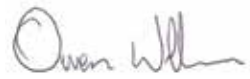
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Report has been prepared in accordance with Monitor's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

.....Chairman



..... Chief Executive

Appendix A

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust were eligible to participate in/participated in for which data collection was completed during 2015/16, are listed below. The numbers of cases submitted to each audit or enquiry as a percentage of the number of registered cases required (by the terms of that audit or enquiry) are also listed.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Calderdale and Huddersfield NHS Foundation Trust to perform an independent assurance engagement in respect of Calderdale and Huddersfield NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following two national priority indicators (the indicators):

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period;
- A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports 2015/16 ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- board minutes and papers for the period April 2015 to May 2016;
- papers relating to quality reported to the board over the period April 2015 to May 2016;
- feedback from commissioners dated 6 May 2016;
- feedback from governors dated 6 May 2016;
- feedback from local Healthwatch organisations dates 14 April 2016;
- feedback from Kirklees Overview and Scrutiny Committee dated 6 May 2016;
- the trust's latest complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the national patient survey published on 22 May 2015;
- the 2015 national staff survey published on 23 February 2016;

- the 2015/16 Head of Internal Audit's annual opinion over the trust's control environment; and
- the May 2015 CQC Intelligent Monitoring Report.

We have not been able to review consistency with feedback from Calderdale BC Overview and Scrutiny Committee. This was requested on 14 April 2016 but not received.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Calderdale and Huddersfield NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Calderdale and Huddersfield NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may

change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Calderdale and Huddersfield NHS Foundation Trust.

Basis for qualified conclusion

As set out on page 79 of the Trust's Quality Report, we are unable to obtain assurance on the accuracy of the data supporting the incomplete pathways indicator. Whilst the Trust undertakes a validation process for this data, this is a targeted methodology to ensure the Trust achieves required performance and may not cover the total population in any one month. As a consequence the actual performance may be better than that reported.

As a result of the issues described above we are unable to conclude that nothing has come to our attention that causes us to believe that the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways indicator for the year ended 31 March 2016 has been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality set out in the Guidance.

Qualified conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion' section above, nothing have come to our attention that causes us to believe that, for the year ended 31 March 2016:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the remaining indicator in the Quality Report subject to limited assurance (the 4 hour A&E indicator) has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
Leeds

26 May 2016

Appendix

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust were eligible to participate in/participated in for which data collection was completed during 2015/16, are listed below. The numbers of cases submitted to each audit or enquiry as a percentage of the number of registered cases required (by the terms of that audit or enquiry) are also listed.

Women's and Children's Health

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Child health programme (CHR-UK)	No	NA	NA	NA
Diabetes in pregnancy audit 2015	Yes	Yes	100%	100%
Maternal, infant and newborn programme (MBRRACE-UK)	Yes	Yes	100%	100%
Neonatal intensive and special care (NNAP)	Yes	Yes	429	100%
Paediatric intensive care (PICANet)	No	NA	NA	NA
RCEM Audit – paeds vital signs 2015	Yes	Yes	110	All cases in period
BTS Paediatric Asthma	Yes	Yes	40	100%

Acute

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases Submitted
Adult critical care (Case Mix Programme – ICNARC CMP)	Yes	Yes	100%	On-going
National Joint Registry (NJR)	Yes	Yes	998	On-going
Severe trauma (Trauma Audit & Research Network, TARN)	Yes	Yes	All	100%
National emergency laparotomy audit (NELA)	Yes	Yes	140	100%
RCEM lower limb VTE risk assessment 2015	Yes	Yes	50	100%
RCEM sedation audit 2015	Yes	Yes	50	100%
BTS Emergency Oxygen Audit 2015	Yes	Yes	100%	100%
BTS National Pleural Procedures	Yes	Yes	20	100%

Blood and transplant

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Medical Use of Blood (National Comparative Audit of Blood Transfusion) National Comparative Audit of Blood Transfusion - programme includes the following audits, which were previously listed separately in QA:				
2014 Audit of transfusion in children and adults with Sickle Cell Disease	Yes	Yes	On-going	All cases submitted
2015 Audit of Patient Blood Management in adults undergoing elective, scheduled surgery	Yes	Yes	27	All cases
2015 Audit of lower gastrointestinal bleeding and the use of blood - Data collection closes in December.	Yes	Yes	On-going	All cases
2016 Audit of Red Cell & Platelet transfusion in adult haematology patients	Yes	Yes	31	100%

Cancer

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Bowel cancer (NBOCAP)	Yes	Yes	249	100%
Lung cancer (NLCA)	Yes	Yes	100%	All cases in time period
Oesophago-gastric cancer (NAOGC)	Yes	Yes	100%	All cases in time period
National Prostate Cancer Audit	Yes	Yes	100%	All cases

Heart

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	100%	100%
Adult cardiac surgery audit (ACS)	No	N/A	N/A	N/A
Cardiac arrhythmia (HRM)	Yes	Yes	100%	On-going
Congenital heart disease (Paediatric cardiac surgery) (CHD)	No	N/A	N/A	N/A
Coronary angioplasty (NICOR)	Yes	Yes	100%	On-going
Heart failure (HF)	Yes	Yes	100%	On-going
National Cardiac Arrest Audit (NCAA)	Yes	Yes	155 YTD	50%
National Vascular Registry (elements include CIA, peripheral vascular surgery, VSGBI Vascular Surgery Database, NVD)	Yes	Yes	244	100%

Long term conditions

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes	Yes	On-going	On-going
Diabetes (Paediatric) (NPDA)	Yes	Yes	100%	100%
Inflammatory bowel disease (IBD)	Yes	Yes	31	
	All cases in time period			
Renal replacement therapy (Renal Registry)	No	N/A	N/A	N/A
National Diabetes Foot Care Audit	Yes	Yes	On-going	On-going
National Complicated Diverticulitis Audit (CAD)	Yes	Yes	33	All cases
National Ophthalmology Audit	Yes	Yes	2717	100%
National Parkinson's Disease Audit 2015	Yes	Yes	40	100%

Mental Health

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Prescribing for substance misuse: Alcohol detoxification	No	N/A	-	-
Prescribing for bipolar disorder (use of sodium valproate)	No	N/A	-	--
Prescribing for ADHD in children, adults and adolescents	No	N/A	-	-

Older People

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Sentinel Stroke (SSNAP)	Yes	Yes	All	On-going
Rheumatoid and early inflammatory arthritis (NCAPOP)	Yes	Yes	72	All cases in time period
National Audit of Intermediate Care (Hudds – service now moved to Locala)	Yes	Yes	27	All cases in time period
National Inpatient Falls audit (ffap)	Yes	Yes	30	100%

Other

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Elective surgery (National PROMs Programme)				
Groin hernia	Yes	Yes	151	On-going
Hip replacements	Yes	Yes	267	On-going
Knee replacements	Yes	Yes	209	On-going
Varicose veins	Yes	Yes	100	On-going

National Confidential Enquiries

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Medical and Surgical programme: National Confidential Enquiry into Patient Outcome and Deaths:				
Gastrointestinal Haemorrhage	Yes	Yes	8	80%
Acute Pancreatitis	Yes	Yes	6	60%
Sepsis Study	Yes	Yes	10	100%
Mental Health in Adults	Yes	Yes	10	100%
Chronic neuro-disability (cerebral palsy)	Yes	Yes	Ongoing	Ongoing
Non-Invasive Ventilation Study	Yes	Yes	Ongoing	Ongoing
Child Health Review -a study into the care of mental Health conditions in young people	Yes	Yes	Ongoing	Ongoing

The reports of 40 national clinical audits were reviewed by the provider in 2015/16 and the following are examples where Calderdale and Huddersfield NHS Foundation Trust intend to take actions to improve the quality of healthcare provided.

2015 Audit of Patient Blood Management (PBM) in Adults undergoing elective, scheduled Surgery
Patient Blood Management (PBM) is an emerging concept whereby factors that may predispose patients to needing allogeneic transfusions are addressed before transfusion is considered. PBM has been described as a "three-pillar" approach: Optimise red cell mass, reduce surgical blood loss and harness the patient's reserve whilst using restrictive transfusion triggers.

Objectives:
The audit documented blood management practice and transfusion decisions in a sample of scheduled surgical cases who have received transfusion. This provided a baseline of practice prior to full implementation of the national PBM recommendations. It will serve to highlight areas of good practice as well as variability in practice and enable hospitals to prioritise implementation of PBM initiatives.

National Patient Blood Management Recommendations for hospitals in England published in 2014 formed the basis for the audit.

Standard 1: Clinical staff must ensure that patients listed for elective major blood loss surgery have an Hb measured at least 14 days pre-operatively and act upon results*
Standard 2: Clinical staff should only prescribe a pre-operative transfusion in patients undergoing elected major blood loss surgery if the Hb is less than the defined Hb threshold for transfusion (70g/L in patients without acute coronary ischaemia or 80g/L in patients with acute coronary ischaemia)
Standard 3: Clinical staff should only prescribe a pre-operative transfusion in patients undergoing elective major blood loss surgery if the Hb is less than the defined Hb threshold for transfusion and pre-operative anaemia optimisation has been attempted

Standard 4: For patients receiving a pre-operative transfusion, clinical staff should prescribe one unit of red cells at a time and re-check Hb before prescribing a further unit
Standard 5: For patients undergoing elective major blood loss surgery who are taking oral anticoagulants and/or antiplatelet agents, clinical staff must stop the oral anticoagulant and/or antiplatelet agent(s) at least 5 days pre-operatively (unless there are good reasons to continue) and document the management plan in the case notes – For patients with fractured neck of femur taking warfarin, clinical staff should aim for an INR of less than 1.5 on the day before or the day of surgery
Standard 6 & 7: Clinical staff should attempt at least one (PBM standard 6) or all (PBM standard 7) appropriate patient blood management measures in patients who receive a transfusion during major blood loss surgery
Standard 8: In patients who do not have active post-operative bleeding, clinical staff should only prescribe a transfusion if the Hb is less than the defined Hb threshold or for transfusion (70g/L in patients without acute coronary ischaemia 80g/L in patients with acute coronary ischaemia)
Standard 9: For patients receiving a post-operative transfusion, clinical staff should prescribe one unit of red cells at a time and re-check Hb before prescribing a further unit (unless the patient has active bleeding).
Standard 10: Clinical staff should attempt at least one (PBM standard 10) or all (PBM standard 11) appropriate patient blood management measures in patients who receive a transfusion during major blood loss surgery

What changes in practice have been agreed?

Recommendation	Action	By Whom	When By
Mid-range performance for standard 1: Clinical staff must ensure that patients listed for elective major blood loss surgery have an Hb measured at least 14 days pre-operatively and act upon results. Room for improvement on the 11 patients audited.	A full case note review of the 11 elective patients (note: of the total of 27 patients, fourteen had fractured femurs and two underwent index operations as urgent cases, hence 11 to evaluate) will take place before the end of March 2016. Any actions for implementation will be then be discussed. There is a National Re-audit of Patient Blood Management in Adults undergoing Elective & Scheduled Surgery in late 2016.	Dr Pnt Laloë	31.03.16

National Pregnancy in Diabetes Audit Report, 2014 (second year)

The National Pregnancy in Diabetes (NPID) Audit is part of the National Diabetes Audit (NDA) programme. This report from the second year of the NPID audit presents key findings on the care and outcomes for women and diabetes in the Yorkshire and Humber region who had pregnancies in 2014.

Objectives:
This audit is a measurement system to support improvement in the quality of care for women with diabetes who are pregnant or planning pregnancy and seeks to address the three key questions:

- Were women adequately prepared for pregnancy?
- Were adverse maternal outcomes minimised?
- Were adverse fetal/infant outcomes minimised?

The NPID audit measures the quality of care received by women with diabetes who become pregnant using national standards set in our National Institute for Health and Clinical Excellence (NICE) guidelines.

Summary of Findings:
As the number of women with diabetes receiving pregnancy care at each hospital/Trust is relatively small, the report provided local information at ONS Region level rather than provider level.
The report included data on women with diabetes whose pregnancy was completed between 1 January 2014 and 31 December 2014 and where the date was submitted to the audit by 12 February 2015.

- 210 pregnancies in Yorkshire & Humber in audit period, 53% had type 1 diabetes, 37% had type 2 diabetes and 10% in other women with diabetes
- Average age 30.5 yrs (31.7 yrs nationally)

First trimester HbA1c measurement in the audit for 2014 in the Yorkshire and The Humber region and in England and Wales

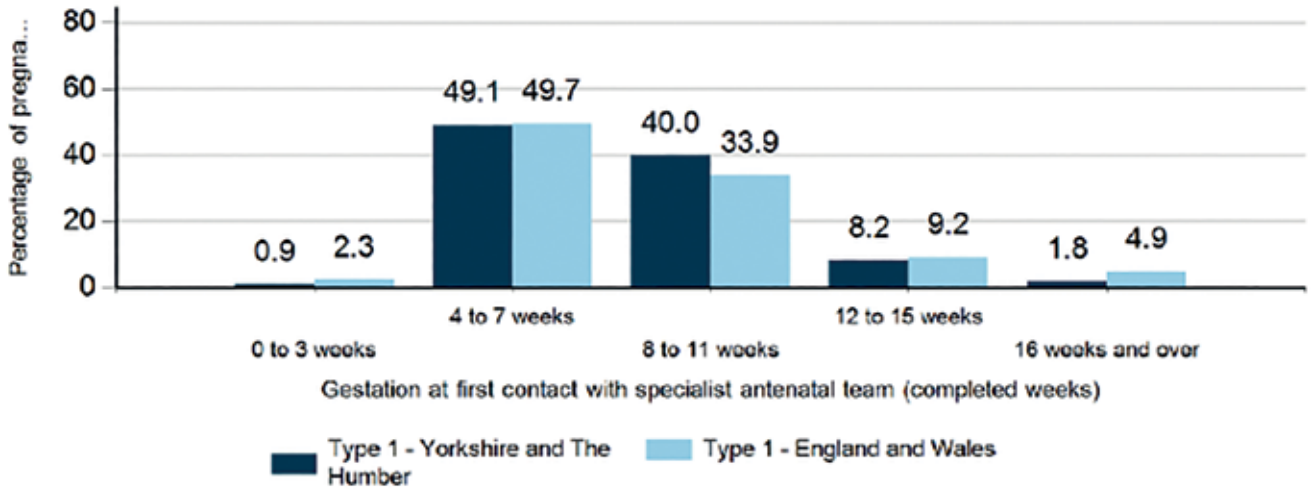
	All pregnancies		Pregnancies in women with Type 1 diabetes		Pregnancies in women with Type 2 diabetes	
	Yorkshire and The Humber	England and Wales	Yorkshire and The Humber	England and Wales	Yorkshire and The Humber	England and Wales
	Percentage	Percentage	Percentage	Percentage	Percentage	Percentage
Result < 43 mmol/mol (6.1%)	15.5	14.6	9.2	7.9	24.2	21.7
Result < 48 mmol/mol (6.5%)	26.4	25.9	18.4	15.4	38.7	35.8
Result < 58 mmol/mol (7.5%)	42.0	51.6	29.6	40.1	61.3	62.9
Result ≥ 86 mmol/mol (10.0%)	14.9	9.7	17.3	11.6	9.7	8.1

Folic acid use and first trimester HbA1c measurement in the audit for 2014 in the Yorkshire and The Humber region and in England and Wales

	All pregnancies		Pregnancies in women with Type 1 diabetes		Pregnancies in women with Type 2 diabetes	
	Yorkshire and The Humber	England and Wales	Yorkshire and The Humber	England and Wales	Yorkshire and The Humber	England and Wales
	Percentage	Percentage	Percentage	Percentage	Percentage	Percentage
Taking 5mg folic acid and HbA1c <43 mmol/mol (6.1%)	11.0	7.2	9.2	6.4	12.7	7.7
Taking 5mg folic acid and HbA1c <48 mmol/mol (6.5%)	20.1	12.8	17.2	11.8	25.5	13.1

Care in Pregnancy

Gestation (completed weeks) at first contact with the specialist antenatal team for women with Type 1 diabetes in the audit for 2014 in the Yorkshire and The Humber region and in England and Wales



- 39% of all singleton babies were large for gestational age (34% nationally)
- 41% babies delivered before 37 weeks received normal neonatal 84% after 37 weeks (37% & 81% nationally)

Recommendations	Actions	Lead Person	Timescale
To be successful in reducing pregnancy risk in women with diabetes, collaboration across current healthcare boundaries will be needed, with an integrated approach involving strategic networks, policy makers, commissioners, acute Trusts/Local Health Boards, clinical teams, local general practices and professional bodies.	For primary care the following ***guidelines have been created and recently updated (based on NICE).*** 'Diabetes and pregnancy preconception management and referral pathway for primary care' (Guidance compliant with NICE NG3) ***This has been presented to the Diabetes Network Group at the CCG.*** Women who are already under the secondary diabetes care team will get preconception counselling, as specialists are more aware of doing so. The guidelines are there to make GPs more aware to counsel and/or refer women if they are normally under GP care only. Mass joint focused education is challenging due to resources, ***however, the diabetes team started formal education on general diabetes to Calderdale practices. Preconception care will definitely be covered.***	Dr Julie Kyaw-Tun, Consultant	Implemented
Because women need to be aware of pregnancy risks and have access to information about how to minimise these risks in advance of pregnancy, diabetes and maternity services (and networks) need to develop a focus on pregnancy preparation. Services and networks will be a key element of an integrated approach to engaging with and informing women, and should work with primary care teams to identify and inform all women with diabetes who might become pregnant about the importance of, and options for, safe effective contraception and pregnancy planning.			
Particular focus is needed on engagement with women with Type 2 diabetes, who are likely to receive their diabetes care wholly in a primary care setting and may have less contact with specialist teams, and women from ethnic minority groups or living in areas of high deprivation, fewer of whom have HbA1c measurements within the recommended level.			

National Lung Cancer Audit 2015 (for the audit period 2014)
In December 2014, the Royal College of Physicians (RCP) was awarded the new contract to deliver the National Lung Cancer Audit (NLCA) in England and Wales for the next 3–5 years and are determined to work together with lung cancer teams to maintain excellent levels of engagement and to go even further to improve outcomes for patients

This will be the 11th annual National Lung Cancer Audit (NLCA) for patients diagnosed with lung cancer in England, Wales, Guernsey and Scotland in 2014. Lung cancer is the second most common cancer in the UK after breast cancer. In 2012, there were over 40,000 new cases of lung cancer in the UK and more than 35,000 people died from the condition.
Current survival rates for lung cancer are the second lowest out of 20 common cancers in England and Wales.

Data was submitted by CHFT to LUCADA for 2014. The data was collected on all patients first presenting in 2014, and was uploaded to the LUCADA database via the Open Exeter portal.

Objectives:
To summarise the key findings of the audit for patients diagnosed with lung cancer or mesothelioma who were first seen in 2014.
- To review the quality of lung cancer care,
- To highlight areas for improvement
- To reduce variation in practice.

Summary of findings:
2014 recommendation: Data completeness for key fields to exceed 85%.
2015 result: Overall recordings of key data items continue to be of a high standard: 89% of submitted records included performance status and 92% included disease stage; 84% included both items.

2014 recommendation: Maintain the level of 95% of patients submitted to the audit discussed at a multidisciplinary team (MDT) meeting.
2015 result: 94% of cases submitted were recorded to have been discussed in an MDT meeting.

2014 recommendation: Pathological confirmation rates below 75% should be reviewed to determine whether best practice is being followed.
2015 result: 69% of cases submitted were recorded to have a pathological confirmation of their cancer.

2014 recommendation: At least 80% of patients are seen by a lung cancer nurse specialist (LCNS).
2015 result: 78% of patients were recorded to have seen a specialist nurse (although 13% of cases were missing this information).

2014 recommendation: Active anticancer treatment rates below the England and Wales average of 60% should be reviewed.
2015 result: 58% of patients were recorded to have had anticancer treatment.

2014 recommendation: Chemotherapy rates for small-cell lung cancer (SCLC) below the England and Wales average of 70% should be reviewed.
2015 result: 68% of patients with SCLC were recorded to have had chemotherapy.

2014 recommendation: Chemotherapy rates for good performance status (PS 0–1) stage IIIB/IV non-small-cell lung cancer (NSCLC) below the England and Wales average of 60% should be reviewed.
2015 result: 58% of patients with good PS and stage IIIB/IV NSCLC were recorded to have had Chemotherapy.

What changes in practice have been agreed?

Improvement of the lung cancer pathway, along with more accurate data keeping.

Recommendations	Action	Lead	Target timescale
Fast track vetting	To ensure fast track vetting is started.	Dr R Naseer	Started
Database of active Lung Cancer patients	To develop a database of active Lung Cancer patients. Supported by the lung cancer nurses and PPM trackers.	Dr R Naseer	Started
Regular check of data accuracy	For Lung Cancer lead to meet with PPM lung pathway co-ordinator regularly	Dr R Nasser	To start April 2016

Other National Clinical Audits the Trust has participated in during 2015/16:

- UK National Bariatric Surgery Registry
- National Audit of Hip Fractures
- Diabetic Retinopathy Screening (KPI)
- Mid-Urethral Tapes (BAUS)
- Nephrectomy Surgery (BAUS)
- PCNL (BAUS)
- Invasive cytology
- National End of Life 2015 audit
- National Cardiac Rehab audit
- National review of adult asthma deaths – year 5
- Autoimmune Hepatitis (2 yr audit)
- SAMBA 2015 (Day in the life of an AMU)
- BSUG Stress Incontinence database
- APRICOT (Anaesthesia Practice in Children Observational Trial)
- National Completed Acute Diverticulitis Audit (CADS)
- National FAMCARE2 audit 2015
- BAD National re-audit of non-melanomas in cancer excision & completeness of histopathological reporting
- Audit of primary pPCI referrals
- Audit of patient characteristics assessed by community specialist palliative care teams (PCFR national indicators)
- OAKS (Outcomes after Kidney Injury)

NICE CG 74 Surgical Site Infection

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin

Objective:
To measure current practice in the prevention and treatment of SSI against NICE clinical guideline 74

Criteria 1: All patients should be offered information & advice on SSI including risks, what is being done to reduce them and how they are managed
All patients should be offered 'Understanding NICE guidance' booklet.

Criteria 2: All carers should be offered information & advice on SSI including risks, what is being done to reduce them and how they are managed

All carers should be offered 'Understanding NICE guidance' booklet.

What changes in practice have been agreed?

Recommendation	Action	When By	Lead
Understanding NICE guidance booklet to be given to every patient/carer	To be ordered as there are none available in the Trust	April 2016	Mr Graham Walsh

Tongue Tie Audit - NICE CG37

Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum, which may restrict mobility of the tongue. It varies from a mild form in which the tongue is bound only by a thin mucous membrane, to a severe form in which the tongue is completely fused to the floor of the mouth. Breastfeeding difficulties may arise, such as problems with latching, sore nipples and poor infant weight gain.

Many tongue-ties are asymptomatic and cause no problems. Some babies with tongue-tie have breastfeeding difficulties. Conservative management includes breastfeeding advice, and careful assessment is important to determine whether the frenulum is interfering with feeding and whether its division is appropriate. Some practitioners believe that if division is required, this should be undertaken as early as possible. This may enable the mother to continue to breastfeed, rather than having to feed artificially.

Current evidence suggests that there are no major safety concerns about division of ankyloglossia (tongue-tie) and evidence suggests that the procedure can improve breastfeeding. NICE concludes that the evidence is adequate to support the use of the procedure provided that normal arrangements are in place for consent, audit and clinical governance (NICE, 2005).
Objectives:

- To review the first 12 months of assessment and release of lingual frenulum (frenulotomy) at a CHFT Lactation Consultant led Tongue-Tie Clinic. The clinic commenced on the 2nd September 2014 and is staffed by the Infant Feeding Advisor and a Maternity Support Worker. The Clinic opens weekly from 09.00 to 13.00 hrs.
- Clinic audited against standards in NICE CG37 (2005) Division of ankyloglossia (tongue-tie) for breastfeeding ; –clauses 1.3.39 & 1.3.40 and also against NICE IPG149

Summary of Findings:
Activity data was collected by the Trust Health Informatics Department for the first 12 months of operation (2.9.14 to 31.8.15). Data were collected regarding the presenting problem and the effect of the release of the tongue-tie.

- **43** Frenulotomy Clinic sessions were held in first 12 months of operation
- A total of 305 Babies attended for Frenulotomy as Out-Patients, in addition 29 babies had tongue-tie release on the post-natal wards.
- Resulting in 334 frenulotomy procedures in total: female 124; male 21. Infants ranged in age from 1 day – 129 days old (mean 24 days).

Mothers were also asked about their satisfaction with the amount of information received prior to the procedure; the service received when attending the clinic and any problems encountered following the release.
The majority of the mothers of babies assessed for tongue-tie reported difficulties breastfeeding their infants. 38% of babies had an existing family history of tongue tie.

The average waiting time for all attendances throughout the year was 6 days.

Presenting problem	Number of infants	Percentage	Resolved Following division	Resolved Immediately or within first week
Frequent Feeds	21	45 %	81%	94%
Prolonged Feeds	17	36%	88%	86%
Excessive weight loss/ slow gain	12	32%	75%	66%
Attachment difficulties	34	72%	79%	92%
Clicking when feeding	17	36%	82%	86%
Fussiness at the breast	22	47%	68%	100%
Prolonged Jaundice	3	6%	100%	66%
Requiring Supplementary feeds	20	42%	60%	100%
Sore/damaged nipples	19	47%	84%	75%
Engorgement/Mastitis	9	23%	89%	87%
Low milk supply	8	20%	62%	100%

Additional Problems
87% of mothers reported that their baby did not experience any problems following the procedure.

Mothers were asked if they felt they had been given enough information about the condition and procedure. The evaluation forms indicated 100% of respondents had received enough information.
Additionally, women were asked if they were satisfied with the service they received when attending the tongue tie clinic. 100% of respondents replied that they were satisfied.

Conclusions:
This review indicates that satisfaction levels with the service were high.
Mothers appreciated the professional and caring support provided and the explanations they were given by the clinician.
Between 60%-100% of mothers reported an improvement of breastfeeding problems following frenulotomy with problems resolved quickly (either immediately or within the first week) following the procedure.
Complaints relating to tongue tie division have been eliminated. According to Datix between May 2012 and August 2014 there were 7 complaints and 1 concern (resolved informally).
Since Sept 2014 there have been no complaints relating to new-born infants.

What changes in practice have been agreed?

Recommendations	Actions	Lead Person	Timescale
Continue to provide a high standard tongue tie practice through the professional and caring support of all the staff involved	No actions required	Marilyn Rogers, Infant Feeding Advisor	Clinic service ongoing

Audit of new onset angina clinic

The new onset angina clinic allows specialist assessment of patients with new onset of chest pain suspected to be angina. They should be seen within 2 weeks of the referral as per the National Service Framework for coronary heart disease target. The clinic provides one stop service involving clinical assessment and investigations to confirm or exclude IHD.

Aim:

- To re-evaluate the appropriateness of referrals to the new onset angina clinic following the application of the previous recommendations.
- Audited against NSF coronary Heart disease (2000)

Summary of Findings

- Prospective audit of referrals to new onset angina clinic between Apr 2014 and April 2015.
- Data collected using a standardised audit proforma.
- Proforma is filled in by the attending clinician at the end of each clinic.

Source of referral	Audit	Re Audit
Primary Care	108 (82%)	100(87%)
Secondary Care	25 (18%)	14 (12%)

Source of referral	Audit	Re Audit
Primary Care	108 (82%)	100(87%)
Secondary Care	25 (18%)	14 (12%)

NICE probability of IHD

	Audit	Re Audit
<30%	95 (71%)	56 (54%)
31-60%	28 (21%)	41 (40%)
63-90%	10 (<1%)	5 (<1%)

Investigations	Audit	Re Audit
ETT	5 (all-ve)	3(all-ve)
Echo	15 (all normal)	10 (7 normal)
Stress Echo	1 (normal)	0
MPS	2 (normal)	0
24h ECG	9	8
Angiogram	0	2

The 2 patients who underwent angiogram had typical symptoms of angina and one of them had PCI

Reasons for inappropriate referrals

- No reason given 31%
- No cardiac pain 62%
- No chest pain 7%

Outcome	Audit	Re Audit
Discharged	93 (70%)	99 (87%)
Cardiology Follow Up	40 (30%)	15 (13%)

Conclusion

- Overall no improvement in the percentage of patients who considered to be inappropriate referrals.
- Reduced number of inappropriate female referrals by 27%.
- Reduced number of inappropriate referrals from secondary care (A&E) from 18% 12%.
- Decreased number of referrals with IHD probability of less than 30% from 71% to 54%.
- Doubled the percentage of referrals with IHD probability of 31-60% (21% to 40%)
- Reduced numbers of patients referred for cardiology F/U from 30% to 13 %.

What changes in practice have been agreed?

Recommendations	Actions	Lead Person	Timescale
Clinicians who run the NOAC should give the reason when deciding the referral was inappropriate	Prompt the clinicians running the NOAC clinics to fill in the audit form appropriately especially the reason for finding the referral inappropriate **Outcome Measure** Target of 80% of audit forms to be filled in appropriately especially the reason for finding the referral inappropriate	Michelle Foster Lead / nurses in NOAC clinic	6-12 Months
The referral letter for new onset angina clinic should include a brief summary of the patients symptoms especially when low risk	A new from for the NOAC to be created to include a summary box for the GP to add clinic details **Outcome Measure** Target of 80% of the referrals where the brief summary box (to be added to the new forms) are completed by the GP's	Michelle Foster	3 months
Continuous measurement of the inappropriate referrals to the new onset angina clinic	Re audit 2016 **Outcome Measure** To reduce the overall percentage of inappropriate referrals to the new onset clinic to less than 15%	Talal Ezzo	November 2016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Calderdale and Huddersfield NHS

NHS Foundation Trust

Annual Accounts

2015/16

compassionate care

These accounts, for the year ended 31 March 2016, have been prepared by the Calderdale & Huddersfield NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006,are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006;

Owen Williams (Chief Executive)
Date: 26th May 2016

Statement of the Chief Executive's responsibilities as the accounting officer of Calderdale And Huddersfield NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed Calderdale and Huddersfield NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Calderdale and Huddersfield NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

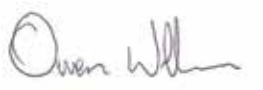
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed



Owen Williams, Chief Executive
Date: 26th May 2016

STATEMENT OF COMPREHENSIVE INCOME					
		Foundation Trust		Group	
		2015/16	2014/15	2015/16	2014/15
	note	£000	£000	£000	£000
Operating Income from continuing operations	2.1	**352,294**	354,467	**352,681**	354,721
Operating Expenses of continuing operations	3	**(368,874)**	(347,755)	**(369,408)**	(348,633)
OPERATING SURPLUS / (DEFICIT)		**(16,580)**	6,712	**(16,727)**	6,088
FINANCE COSTS					
Finance income	8	**58**	91	**61**	98
Finance expense - financial liabilities	9	**(11,287)**	(10,999)	**(11,287)**	(10,999)
Finance expense - unwinding of discount on provisions		**(59)**	(69)	**(59)**	(69)
PDC Dividends payable		**(3,042)**	(3,351)	**(3,042)**	(3,351)
NET FINANCE COSTS		**(14,330)**	(14,328)	**(14,327)**	(14,321)
Share of Profit / (Loss) of Associates/Joint Ventures accounted for using the equity method		**231**	211	**231**	211
Movement in fair value of investment property and other investments	14.1	**882**	1,142	**882**	1,142
Corporation tax expense					
Surplus/(Deficit) from continuing operations		**(29,797)**	(6,263)	**(29,941)**	(6,880)
Surplus/(deficit) of discontinued operations and the gain/ (loss) on disposal of discontinued operations	6	**-**	-	**-**	-
SURPLUS/(DEFICIT) FOR THE YEAR		**(29,797)**	(6,263)	**(29,941)**	(6,880)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Gain/(loss) from transfer by absorption from demising bodies		**-**	-	**-**	-
Impairments *		**(12,276)**	(7,980)	**(12,276)**	(7,980)
Revaluations *		**12,373**	9,835	**12,373**	9,835
Transfer to retained earnings on disposal of assets		**-**	-	**-**	-
Share of comprehensive income from associates and joint ventures		**-**	-	**-**	-
Other recognised gains and losses		**-**	-	**-**	-
Remeasurements of net defined benefit pension scheme liability / asset		**-**	-	**-**	-
Other reserve movements		**-**	-	**(18)**	296
Fair Value gains/(losses) on Available-for-sale financial investments		**-**	-	**-**	-
Recycling gains/(losses) on Available-for-sale financial investments		**-**	-	**-**	-
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD		**(29,700)**	(4,408)	**(29,862)**	(4,729)
Prior period adjustment		**-**	-	**-**	-
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		**(29,700)**	(4,408)	**(29,862)**	(4,729)
Note: Allocation of Profits/(Losses) for the period:		**2015/16**	2014/15	**2015/16**	2014/15
		£000	£000	**£000**	£000
(a) Surplus/(Deficit) for the period attributable to:					
(i) minority interest, and		**-**	-	**-**	-
(ii) owners of the parent.		**(29,797)**	(6,263)	**(29,941)**	(6,880)
TOTAL		**(29,797)**	(6,263)	**(29,941)**	(6,880)
(b) total comprehensive income/ (expense) for the period attributable to:					
(i) minority interest, and		**-**	-	**-**	-
(ii) owners of the parent.		**(29,700)**	(4,408)	**(29,862)**	(4,729)
TOTAL		**(29,700)**	(4,408)	**(29,862)**	(4,729)

The notes on the following pages form part of these Accounts.
Group and Foundation Trust operating income for 2015/16 and 2014/15 includes an exceptional item relating to the reversal of impairments on property, plant & equipment of £2,112,000 and £316,000 respectively. Operating expenses for 2015/16 and 2014/15 include exceptional items relating to impairments on property, plant & equipment of £10,929,000 and £2,000,000 respectively.
The Group's surplus/(deficit) positions for 2015/16 and 2014/15, excluding these non-cash exceptional items, are (£20,980,000) and (£5,196,000) respectively.

STATEMENT OF FINANCIAL POSITION					
		Foundation Trust		Group	
		31 March 2016	31 March 2015	**31 March 2016**	31 March 2015
	note	**£000**	£000	**£000**	£000
Non-current assets					
Intangible assets	11	**1,132**	1,241	**1,132**	1,241
Property, plant and equipment	12	**217,015**	221,734	**217,015**	221,734
Investments in associates (and joined controlled operations)	14.1	**2,466**	1,353	**2,466**	1,353
Other investments	14.1	**-**	-	**2,197**	2,341
Trade and other receivables	20	**2,954**	2,802	**2,954**	2,802
Total non-current assets		**223,567**	227,130	**225,764**	229,471
Current assets					
Inventories	19	**6,972**	5,973	**6,972**	5,973
Trade and other receivables	20	**16,513**	13,816	**16,526**	13,828
Other financial assets	18		-	**-**	73
Non-current assets for sale and assets in disposal groups	16	**5,783**	-	**5,783**	-
Cash and cash equivalents	23	**1,938**	13,697	**1,950**	13,697
Total current assets		**31,206**	33,486	**31,231**	33,571
Current liabilities					
Trade and other payables	24	**(39,576)**	(35,923)	**(39,614)**	(36,003)
Borrowings	25	**(3,118)**	(1,997)	**(3,118)**	(1,997)
Other financial liabilities	27		-	**-**	-
Provisions	28	**(2,236)**	(3,392)	**(2,236)**	(3,392)
Other liabilities	26	**(1,235)**	(1,166)	**(1,235)**	(1,166)
Total current liabilities		**(46,165)**	(42,478)	**(46,203)**	(42,558)
Total assets less current liabilities		**208,608**	218,138	**210,792**	220,484
Non-current liabilities					
Trade and other payables	24	**(245)**	(329)	**(245)**	(329)
Borrowings	25	**(107,726)**	(87,445)	**(107,726)**	(87,445)
Other financial liabilities	27	**-**	-	**-**	-
Provisions	28	**(2,441)**	(2,404)	**(2,441)**	(2,404)
Other liabilities	26	**(1,353)**	(1,450)	**(1,353)**	(1,450)
Total non-current liabilities		**(111,765)**	(91,628)	**(111,765)**	(91,628)
Total assets employed		**96,843**	126,510	**99,027**	128,856
Financed by (taxpayers' equity)					
Public Dividend Capital		**115,720**	115,687	**115,720**	115,687
Revaluation reserve		**36,121**	36,627	**36,121**	36,627
Income and expenditure reserve		**(54,998)**	(25,804)	**(54,998)**	(25,804)
Charitable fund reserves				**2,184**	2,346
Total taxpayers' equity		**96,843**	126,510	**99,027**	128,856

The financial statements on pages XXX to XXX were approved by the board on 26th May 2016 and signed on it's behalf by:

Signed :

Date : 26th May 2016
Owen Williams, Chief Executive

		Others' Equity		Taxpayers' Equity	
STATEMENT OF CHANGES IN EQUITY	**Total**	**NHS Charitable Funds Reserves**	**Public Dividend Capital**	**Revaluation Reserve**	**Income and Expenditure Reserve**
	£000	**£000**	**£000**	**£000**	**£000**
Taxpayers' and Others' Equity at 1 April 2015	**128,856**	**2,346**	**115,687**	**36,627**	**(25,804)**
Surplus/(deficit) for the year	**(29,942)**	**(145)**	**-**	**-**	**(29,797)**
Transfers between reserves	**-**	**-**	**-**	**(596)**	**596**
Impairments	**(12,276)**	**-**	**-**	**(12,276)**	**-**
Revaluations - property, plant and equipment	**12,373**	**-**	**-**	**12,373**	**-**
Transfer to retained earnings on disposal of assets	**-**	**-**	**-**	**(7)**	**7**
Public Dividend Capital received*	**33**	**-**	**33**	**-**	**-**
Other reserve movements	**(18)**	**(18)**	**-**	**0**	**-**
Other reserve movements - charitable funds consolidation adjustment	**-**	**-**	**-**	**-**	**-**
Taxpayers' and Others' Equity at 31 March 2016	**99,027**	**2,184**	**115,720**	**36,121**	**(54,998)**

	Total	**NHS Charitable Funds Reserves**	**Public Dividend Capital**	**Revaluation Reserve**	**Income and Expenditure Reserve**
	£000	**£000**	**£000**	**£000**	**£000**
Taxpayers' and Others' Equity at 1 April 2014	131,632	2,667	113,734	35,308	(20,077)
Surplus/(deficit) for the year	(6,880)	(617)	-	-	(6,263)
Impairments	(7,980)	-	-	(7,980)	-
Revaluations - property, plant and equipment	9,835	-	-	9,835	-
Public Dividend Capital received*	1,953	-	1,953	-	-
Other reserve movements			-	(536)	536
Other reserve movements - charitable funds consolidation adjustment	296	296	-	-	-
Taxpayers' and Others' Equity at 31 March 2015	128,856	2,346	115,687	36,627	(25,804)

* In 15/16 the Trust received £33,000 Public Dividend Capital in relation to Department of Health's Preventing Adverse Outcomes in Maternity Care

* In 14/15 the Trust received £1,835,000 Public Dividend Capital in relation to Department of Health funding for ward based IT investment.

STATEMENT OF CASH FLOWS	Foundation Trust		Group	
	2015/16	**2014/15**	**2015/16**	**2014/15**
	£000	£000	**£000**	£000
Cash flows from operating activities				
Operating surplus/(deficit) from continuing operations	**(16,580)**	6,712	**(16,727)**	6,088
Operating surplus/(deficit) from discontinued operations	**-**	-	**-**	-
Operating surplus/(deficit)	**(16,580)**	6,712	**(16,727)**	6,088
Non-cash income and expense:				
Depreciation and amortisation	**10,439**	9,365	**10,439**	9,365
Impairments	**10,929**	2,000	**10,929**	2,000
Reversals of impairments	**(2,112)**	(316)	**(2,112)**	(316)
(Gain)/Loss on disposal	**23**	(12)	**23**	(12)
Non-cash donations/grants credited to income	**(10)**	-	**(10)**	-
Amortisation of PFI credit	**-**	-	**-**	-
	-	-	**-**	-
(Increase)/Decrease in Trade and Other Receivables	**(2,770)**	1,109	**(2,770)**	1,109
Increase/(Decrease) in Other Assets	**-**	-	**-**	-
(Increase)/Decrease in Inventories	**(999)**	(286)	**(999)**	(286)
Increase/(Decrease) in Trade and Other Payables	**3,595**	462	**3,595**	462
Increase/(Decrease) in Other Liabilities	**(28)**	(80)	**(28)**	(80)
Increase/(Decrease) in Provisions	**(1,178)**	(205)	**(1,178)**	(205)
Tax (paid) / received	**-**	(100)	**-**	(100)
Movements in operating cash flow of discontinued operations	**-**	-	**-**	-
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	**-**	-	**159**	624
Other movements in operating cash flows	**(10)**	(15)	**(9)**	(15)
NET CASH GENERATED FROM/(USED IN) OPERATIONS	**1,299**	18,634	**1,312**	18,634
Cash flows from investing activities				
Interest received	**59**	91	**59**	91
Purchase of financial assets	**-**	-	**-**	-
Sale of financial assets	**-**	-	**-**	-
Purchase of intangible assets	**(203)**	(502)	**(203)**	(502)
Sales of intangible assets	**-**	-	**-**	-
Purchase of Property, Plant and Equipment	**(19,977)**	(21,761)	**(19,977)**	(21,761)
Sales of Property, Plant and Equipment	**14**	134	**14**	134
Receipt of cash donations to purchase capital assets	**10**	-	**10**	-
Net cash generated from/(used in) investing activities	**(20,097)**	(22,038)	**(20,097)**	(22,038)
Cash flows from financing activities				
Public dividend capital received	**33**	1,953	**33**	1,953
Public dividend capital repaid	**-**	-	**-**	-
Public dividend capital received (PDC adjustment for modified absorption transfers of payables/receivables)	**-**	-	**-**	-
Loans received from the Foundation Trust Financing Facility	**-**		**-**	
Loans received from the Department of Health	**22,900**	8,000	**22,900**	8,000
Other loans received	**-**	-	**-**	-
Capital element of finance lease rental payments	**-**	-	**-**	-
Other capital receipts	**-**	-	**-**	-
Capital element of Private Finance Initiative Obligations	**(1,496)**	(1,449)	**(1,496)**	(1,449)
Interest paid	**(306)**	-	**(306)**	-
Interest element of finance lease	**-**	-	**-**	-
Interest element of Private Finance Initiative obligations	**(10,896)**	(10,929)	**(10,896)**	(10,929)
PDC Dividend paid	**(3,197)**	(3,314)	**(3,197)**	(3,314)
Cash flows attributable to financing activities of discontinued operations	**-**	-	**-**	-
NHS Charitable funds - net cash flows from financing activities	**-**	-	**-**	-
cash flows from (used in) other financing activities	**-**	-	**-**	-
Net cash generated from/(used in) financing activities	**7,038**	(5,739)	**7,038**	(5,739)
Increase/(decrease) in cash and cash equivalents	**(11,760)**	(9,143)	**(11,747)**	(9,143)
Cash and Cash equivalents at 1 April	**13,697**	22,840	**13,697**	22,840
Cash and Cash equivalents at 31 March	**1,938**	13,697	**1,950**	13,697

NOTES TO THE ACCOUNTS

1 Accounting policies and other information

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the Foundation Trust Annual Reporting Manual 2015/16 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS Foundation Trusts.

The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Going Concern

The accounting concept of Going Concern refers to the basis on which an organisations assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate indefinitely and not go out of business or liquidate its assets in the foreseeable future.

Under International Accounting standards, management are required to assess, as part of the accounts process, the NHS Foundation Trusts ability to continue as a going concern. The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of services to another entity, or has no realistic alternative but to do so.

The finance team has assessed various sources of information in order to assess whether it is appropriate to prepare the accounts on a going concern basis. These include both internal and external reporting, the trusts long term financial plan, audit reports and dialogue with Monitor.

The Trust has closed the year with a cash balance of £2m and positive net asset's of £99m for the Group.

However, given the challenge within the financial plans for 2016/17 further areas require consideration to be able to demonstrate that the Trust is a going concern.

The following has been taken into account when going concern is considered:

- The unaudited year-end financial position of £21m (excluding exceptional items as described in note to the SOCI) was an improvement of £2m against the original plan and a £1m improvement against the revised plan. Whilst still a deficit position, this presents a level of confidence from Monitor, in the Trusts ability to deliver plans.
- The Trust closed the year with £1.9m of cash but cannot sustain the planned deficit position within 2016/17 without the requirements of external cash support. As such, the Trust has been in communication with Monitor to arrange for working capital facilities to enable the Trust to operate throughout 2016/17. With this loan in place, the Trust will be able to meet its liabilities.
- The Commissioners continue to commission services from the Trust and contracts with commissioners are due to be completed and signed in April 2016. This leads to regular monthly transfers of fixed levels of cash based on contracted values for 2016/17. This incoming cash along with working capital facility will allow the Trust to meet all its obligations and liabilities.
- From Internal Audit reports completed in 2015/16 there have been no other indications of significant financial risk or weaknesses in financial risk management
- Throughout 2015/16 the Trust has worked closely with local partners to develop a long term strategy and is consulting with the wider community on reconfiguration. This strategy has been supported by regulators.
- In 2015/16 the CIP challenge of £14m was exceeded by £4m. A project management office is in place and the PMO methodology ensures that the CIP plans for 2016/17 are robust and deliverable. This programme methodology is built around a gateway approach for project design, development and delivery that includes a rigorous quality and equality impact assessment review. Whilst the 2016/17 challenge of £14m is not yet fully identified, systems are in place alongside the PMO to identify opportunities.

In conclusion the Trust does not have any evidence to suggest that the going concern basis is not appropriate. There is a reasonable expectation that Calderdale and Huddersfield NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason we continue to adopt the going concern basis in preparing the accounts.

1.1 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Consolidation

Subsidiaries

Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the year, except where a subsidiary's financial year end is before 1 January or after 1 July in which case the actual amounts for each month of the trust's financial year are obtained from the subsidiary and consolidated.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK FRS 102.) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation. Subsidiaries which are classified as held for sale are measured at the lower of their carrying amount and 'fair value less costs to sell'.

Calderdale & Huddersfield NHS foundation Trust is the corporate trustee to Calderdale & Huddersfield NHS Foundation Trust charitable fund. The foundation trust has assessed it's relationship to the charitable fund and determined it to be a subsidiary because the foundation trust is exposed to, or has rights to variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March on accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the accounting policies of Calderdale and Huddersfield NHS Foundation Trust; and
- eliminate intra-group transactions, balances, gains and losses.

Joint Ventures

Joint ventures are separate arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

1.3 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.3.1 Critical judgements in applying accounting policies
The management has had to make no critical judgements, apart from those involving estimations (see below) in the process of applying the Trust's accounting policies.

1.3.2 Key sources of estimation uncertainty
Key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are included in the relevant accounting policy note.

The valuation of the Trust's land and buildings is subject to significant estimation uncertainty, since it derives from estimates provided by the Trust's external valuers who base their estimates on local market data as well as other calculations to reflect the age and condition of the Trust's estate.

1.3.3 Revenue
Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the trust is from commissioners for healthcare services. Revenue relating to patient care spells that are part-completed at the year end are apportioned across the financial years on the basis of length of stay at the end of the reporting period compared to expected total length of stay. Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is mmeasured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.4 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. Given the low value of annual leave carried forward by employees across periods, and as this value does not change significantly between financial years, the cost of annual leave earned but not taken by employees at the end of the period is not recognised in the financial statements.

Pension costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.6 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:
- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

In addition, property, plant and equipment is capitalised if it:
- individually has a cost of at least £5,000; or
- forms a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- forms part of the initial setting-up of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All PFI property assets are valued excluding VAT.

All assets are measured subsequently at fair value.

All property assets are revalued using professional valuations in accordance with IAS 16 every year.

A desktop revaluation was undertaken of all property assets as at 31 March 2015.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

Specialised operational property is valued using the HM Treasury standard approach of depreciated replacement cost valuations based on modern equivalent assets, and where it would meet the location requirements of the service being provided an alternative site can be valued.

Non-specialised operational owner-occupied property is valued at existing use value, which is the market value subject to the assumption that the property is sold as part of the continuing enterprise in occupation.

Non-operational properties, including surplus land, are valued at market value.

Investment property is initially measured at cost and subsequently at fair value with any change there in recognised in the statement of comprehensive income as revenue gains or losses

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2009, plant and equipment were carried at net current replacement cost, as assessed by indexation and depreciation. From 1 April 2009 the national equipment indices issued by the Department of Health are no longer available. The carrying value of existing assets at that date is being written off over their remaining useful lives and any new plant and equipment are carried at depreciated historical cost as these are considered to be a reasonable proxy for fair value.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of Property, Plant and Equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.
Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Derecognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:

– management are committed to a plan to sell the asset;
– an active programme has begun to find a buyer and complete the sale;
– the asset is being actively marketed at a reasonable price;
– the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
– the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets

Donated and grant funded property, plant and equipment assets are capitalised as their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. The underlying assets are recognised as Property, Plant and Equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

Lifecycle replacement costs are apportioned, using information from the PFI operator's financial model, between costs charged to operating expenses and costs that are capitalised.

Protected assets

Assets that are required for the provision of mandatory goods and services are protected. Assets which are not required for mandatory goods and services are not protected and may be disposed of by the Trust without the approval of Monitor (the Independent Regulator of NHS Foundation Trusts).

1.7 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:
- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use; the Trust intends to complete the asset and sell or use it; the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at current value in existing use, where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating.

Revaluation gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment. An intangible asset which is surplus with no plans to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirement of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.8 Government grants

Government grants are grants from Government bodies other than income from commissioners or NHS Trusts for the provision of services. Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The Cost of inventories is measured using the First In, First Out (FIFO) method. The cost valuation is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as 'Loans and receivables'.

Financial liabilities are classified as 'Other Financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise of cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. (Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.)

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.
They are included in current liabilities except for amounts payable more than 12 months after the statement of financial position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

1.11 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.12 Provisions

The NHS Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk- adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at Note 28.3. but is not recognised in the NHS foundation trusts accounts.

Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 29, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
-
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) liabilities in relation to donated assets (iii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF, excluding cash balances held in GBS accounts that relate to a short-term working capital facility and (iv) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.15 Value Added Tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.16 Corporation Tax

The Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or are ancillary to, the provision of healthcare, and where the profits exceed £50,000 per annum. In the period covered by these accounts the Trust has assessed that it is not liable to pay corporation tax.

1.17 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the statement of financial position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the statement of financial position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.19 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

1.21 Accounting Standards that have been issued but have not yet been adopted

The Treasury FReM does not require the following Standards and Interpretations to be applied in 2015-16. The application of the Standards as revised would not have a material impact on the accounts for 2015-16, were they applied in that year:

IFRS 11 (amendment) - acquisition of an interest in a joint operation.
IFRS 9 Financial Instruments
IAS 16 (amendment) and IAS 38 (amendment) - depreciation and amortisation.
IFRS 15 Revenue from Contracts with Customers
IAS 16 (amendment) and IAS 41 (amendment) - bearer plants
IAS 27 (amendment)- equity method in separate financial statements.
Annual Improvements to IFRS: 2012-15 cycle
IFRS 10 (amendment) and IAS 28 (amendment) - investment entities applying the consolidation exception.
IAS 1 (amendment) - disclosure initiative
IFRS 15 Revenue from contracts with customers.

Note 2 Segmental Analysis
"The Trust's core activities fall under the remit of the Chief Operating Decision Maker (""CODM"") as defined by IFRS 8 'Operating Segments', which has been determined to be the Management Board, a sub-committee of the Board of Directors. These core activities are primarily the provision of specialist NHS healthcare, the income for which is received through contracts with commissioners. The planned level of activity is agreed with our main commissioners for the year, and are listed in the related party disclosure (see Note 30)

Healthcare
The large majority of the Foundation Trust's income originates with the UK Whole of Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust together with the related supplies and overheads needed to establish this production. The business activities which earn revenue and incur expenses are therefore of one broad combined nature and therefore a segment of 'Healthcare' is deemed appropriate.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall Foundation Trust Board and which includes senior professional non-executive directors. The Trust Board review the financial position of the Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process again implies a distinct operating segment under IFRS8.
The finance report considered monthly by the Trust Board contains summary figures for the whole Trust together with graphical line and bar charts relating to different total income activity levels, and directorate expense budgets with their cost improvement positions. Similarly only total balance sheet positions and cash flow forecasts are considered for the whole Foundation Trust. The Board as chief operating decision maker therefore only considers this segment of healthcare in its decision-making process.

Charitable Funds
The charitable funds activity of the Foundation Trust are managed through The Calderdale and Huddersfield NHS Foundation Trust Charitable Funds. The day-to-day management of the charity is overseen by the Charitable Funds Committee which then reports to the Foundation Trust Board of Directors in it's role as the Corporate Trustee. The financial position of the charity is reported separately to the Corporate Trustee throughout the year and is subject to separate decision making processes.
The two identified segments of 'the provision of healthcare' and 'charitable funding activities' are consistent with the core principle of IFRS8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities and economic environments.

	Healthcare		Charitable Fund		Total	
Note 2 Segmental Analysis	**2015/16**	**2014/15**	**2015/16**	**2014/15**	**2015/16**	**2014/15**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Income	**352,294**	354,467	**387**	254	**352,681**	354,721
Surplus / (Deficit)	**(29,797)**	(6,263)	**(145)**	(617)	**(29,942)**	(6,880)
Net Assets	**96,843**	126,510	**2,184**	2,346	**99,027**	128,856
Note 2.1 Operating Income						
Note 2.1 Operating Income by classification	**Group**		**Group**			
	2015/16		**2014/15**			
	£000		**£000**			
Income from activities						
Elective income	**45,472**		**55,076**			
Non elective income	**84,475**		**83,445**			
Outpatient income	**40,806**		**39,338**			
A & E income	**16,076**		**14,059**			
Other NHS clinical income	**126,528**		**123,981**			
Private patient income	**503**		**517**			
Other non-protected clinical income	**4,523**		**4,093**			
Total income from activities	**318,383**		**320,509**			
Other operating income						
Research and development	**992**		**1,186**			
Education and training	**8,719**		**8,879**			
Received from NHS charities: Cash donations / grants for the purchase of capital assets	**15**		**470**			
Received from NHS charities: Other charitable and other contributions to expenditure	**405**		**338**			
Non-patient care services to other bodies	**9,646**		**10,651**			
Other *	**11,955**		**12,023**			
Reversal of impairments of property, plant and equipment	**2,112**		**316**			
Rental revenue from operating leases - Minimum lease receipts	**60**		**89**			
Rental revenue from operating leases - contingent rent	**7**		**6**			
NHS charitable funds: Incoming resources excluding investment income	**387**		**254**			
Total other operating income	**34,298**		**34,212**			
Total operating income**	**352,681**		**354,721**			
Note 2.1a Commissioner and non-commissioner requested services						
	2015/16		**2014/15**			
	£000		**£000**			
Commissioner and non-commissioner requested Goods and Services	**352,681**		**354,721**			

* other operating Income of £12m includes £6.8m sales of manufactured pharmaceutical products, £2.0m car parking income, £0.5m property rental income, £0.4m catering income (In 2014/15 the comparative figures were £6.8m for sale of manufactured in pharmaceutical products, £1.4m car parking income, £0.3m property rental income, £0.6m catering income).

** The difference between the Foundation Trust and The Group is the Charitable funds Income line of £387k 15/16 (£254k 14/15)

Note 2.2 Operating lease income							
	2015/16		**2014/15**				
	£000		**£000**				
Operating Lease Income							
Rental revenue from operating leases - Minimum lease receipts	60		89				
Rental revenue from operating leases - contingent rent	7		6				
Rental revenue from operating leases - Other	-		-				
TOTAL	**67**		**95**				
Future minimum lease payments due							
- not later than one year;	43		32				
- later than one year and not later than five years;	58		16				
- later than five years.	18		21				
TOTAL	**118**		**69**				
Future minimum lease income due all relate to building leases.							
Note 2.3 Operating Income by type							
	Foundation Trust				**Group**		
	2015/16		**2014/15**		**2015/16**		**2014/15**
	£000		**£000**		**£000**		**£000**
Income from activities							
NHS Foundation Trusts	260		67		260		67
NHS Trusts	500		330		500		330
CCGs and NHS England	308,090		315,503		308,090		315,503
Local Authorities	4,509		(47)		4,509		(47)
NHS Other	1		-		1		-
Non NHS: Private patients	503		517		503		517
Non-NHS: Overseas patients (chargeable to patient)	110		164		110		164
NHS injury scheme (was RTA)	1,769		1,890		1,769		1,890
Non NHS: Other *	2,641		2,085		2,641		2,085
Total income from activities	**318,383**		**320,509**		**318,383**		**320,509**
Other Operating Income (See note 2.1 for break down)	**33,911**		**33,958**		**34,298**		**34,212**
TOTAL OPERATING INCOME	**352,294**		**354,467**		**352,681**		**354,721**
2014-15 The negative income within Local Authorities relates to a credit note for discontinued services.							

Note 2.4 Overseas visitors (relating to invoices raised in current and previous years)	**2015/16**		**2014/15**
	£000		**£000**
Income recognised this year	110		164
Cash payments received in -year (relating to invoices raised in current and previous years)	35		23
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	131		0
Amounts written off in-year (relating to invoices raised in current and previous years) -	48		0

Note 3 Operating Expenses				
	Foundation Trust		**Group**	
	2015/16	**2014/15**	**2015/16**	**2014/15**
	£000	**£000**	**£000**	**£000**
Services from NHS Foundation Trusts	**39**	6	**39**	6
Services from NHS Trusts	**1,732**	1,871	**1,732**	1,871
Services from CCGs and NHS England	**39**	22	**39**	22
Services from other NHS Bodies	**-**	0	**-**	0
Purchase of healthcare from non NHS bodies	**807**	1,358	**807**	1,358
Employee Expenses - Executive directors	**990**	937	**990**	937
Employee Expenses - Non-executive directors	**157**	155	**157**	155
Employee Expenses - Staff	**226,247**	220,543	**226,247**	220,543
NHS Charitable funds - employee expenses	**-**	-	**-**	-
Supplies and services - clinical (excluding drug costs)	**28,917**	28,652	**28,917**	28,652
Supplies and services - general	**2,608**	2,788	**2,608**	2,788
Establishment	**4,515**	4,638	**4,515**	4,638
Research and Development - (Not Included in employee expenses)	**14**	5	**14**	5
Transport (Business travel only)	**30**	22	**30**	22
Transport (other)	**314**	250	**314**	250
Premises	**26,403**	25,601	**26,403**	25,601
Increase / (decrease) in bad debt provision	**977**	(329)	**977**	(329)
Increase in other provisions	**1,146**	1,971	**1,146**	1,971
Change in provisions discount rate(s)	**-**	-	**-**	-
Drug costs (non inventory drugs only)	**-**	-	**-**	-
Inventories consumed (excluding drugs)	**-**	-	**-**	-
Drugs Inventories consumed	**32,274**	28,752	**32,274**	28,752
Rentals under operating leases - minimum lease receipts	**4,805**	4,672	**4,805**	4,672
Rentals under operating leases - sublease payments	**(18)**	(6)	**(18)**	(6)
Depreciation on property, plant and equipment	**10,127**	9,107	**10,127**	9,107
Amortisation on intangible assets	**312**	258	**312**	258
NHS Charitable funds: Depreciation and amortisation on charitable fund assets	**-**	-	**-**	-
Impairments of property, plant and equipment	**10,929**	2,000	**10,929**	2,000
NHS Charitable funds: impairments of charitable fund assets	**-**	-	**-**	-
Audit fees	**-**			
audit services- statutory audit	**82**	58	**82**	58
other auditor remuneration - (external Auditor only) analysis in note 5.5	**12**	12	**12**	12
Audit fees payable to external auditor of charitable fund accounts			**4**	4
Clinical negligence	**11,308**	7,295	**11,308**	7,295
Loss on disposal of other property, plant and equipment	**23**	(12)	**23**	(12)
Legal fees	**181**	222	**181**	222
Consultancy costs	**2,729**	2,016	**2,729**	2,016
Training, courses and conferences	**809**	939	**809**	939
Patient travel	**21**		**21**	
Redundancy - (Not included in employee expenses)	**97**	3,301	**97**	3,301
Hospitality	**2**	2	**2**	2
Insurance	**-**	1	**-**	1
Redundancy - (Included in employee expenses)	**-**	-	**-**	-
Losses, ex gratia & special payments- (Not included in employee expenses)	**59**	-	**59**	-
Other	**187**	647	**187**	647
NHS Charitable funds: Other resources expended			**530**	875
TOTAL	**368,874**	347,754	**369,408**	348,633

Note 4 Employee Expenses							
Note 4.1 Employee Expenses breakdown	**Foundation Trust**				**Group**		
	2015/16		**2014/15**		**2015/16**		**2014/15**
	£000		**£000**		**£000**		**£000**
Salaries and wages	**175,496**		174,521		**175,496**		177,690
Social security costs	**12,497**		12,819		**12,497**		12,819
Pension costs - defined contribution plans							
Employers contributions to NHS Pensions	**21,336**		21,540		**21,336**		21,540
Pension cost - other	**-**		-		**-**		-
Other post employment benefits	**-**		-		**-**		-
Other employment benefits	**-**		-		**-**		-
Termination benefits	**-**		-		**-**		-
Agency/contract staff	**19,861**		14,312		**19,861**		11,143
NHS Charitable funds staff	**-**		-		**-**		-
TOTAL	**229,190**		223,192		**229,190**		223,192
Costs capitalised as part of assets	**1,953**		1,712		**1,953**		1,712
included within:							
Analysed into Operating Expenditure							
Employee Expenses - Staff	**226,247**		220,543		**226,247**		220,543
Employee Expenses - Executive directors	**990**		937		**990**		937
Research & development	**-**		-		**-**		-
Redundancy	**-**				**-**		-
Early retirements	**-**		-		**-**		-
Special Payments	**-**		-		**-**		-
NHS Charitable funds: Employee expenses	**-**		-		**-**		-
Total Employee benefits excluding capitalised costs	**227,237**		218,440		**227,237**		221,480
Note 4.2 Average number of employees (Whole Time Equivalent basis)							
	2015/16		**2014/15**		**2015/16**		**2014/15**
	Number		**Number**		**Number**		**Number**
Medical and dental	**513**		527		**513**		527
Administration and estates	**1,140**		1,241		**1,140**		1,241
Healthcare assistants and other support staff	**1,056**		1,072		**1,056**		1,072
Nursing, midwifery and health visiting staff	**1,662**		1,666		**1,662**		1,666
Scientific, therapeutic and technical staff	**633**		674		**633**		674
Agency and contract staff	**200**		185		**200**		185
Bank staff	**166**		114		**166**		114
TOTAL	**5,370**		5,479		**5,370**		5,479
Note 4.2a Directors' remuneration							
The aggregate amounts payable to directors were:	**2015/16**		**2014/15**				
	£'000		**£'000**				
Salary	1011		991				
Taxable benefits			15				
Employer's pension contributions	140		139				
Total	1151		1145				

Note 4.2b Employee benefits							
The Trust has not paid any Employee benefits in the 2015/16 or 2014/15 financial years.							
Note 4.3 Early retirements due to ill health							
	2015/16		**2014/15**		**2015/16**		**2014/15**
	Number		Number		**Number**		Number
No of early retirements on the grounds of ill health	9		10		9		10
	2015/16		2014/15		**2015/16**		2014/15
	£000		£000		**£000**		£000
Value of early retirements on the grounds of ill health	516		550		516		550
Staff sickness absence	**2015/16**	2014/15					
Total days lost	52,001	52,149					
Total staff years	5,018	5,195					
Average working days lost (per WTE)	10	10					
Note 4.4 - 4.5 Staff exit packages							
	2015/16	2015/16	2015/16		2014/15	2014/15	2014/15
Exit package cost band 2014/15:	*Number of compulsory redundancies*	*Number of other departures agreed*	*Total number of exit packages by cost band*		*Number of compulsory redundancies*	*Number of other departures agreed*	*Total number of exit packages by cost band*
< £10,000	-	**6**	**6**		-	32	32
£10,000 - £25,000	-	**10**	**10**		-	49	49
£25,001 - £50,000	-	**14**	**14**		-	47	47
£50,001 - £100,000	-	**4**	**4**		-	10	10
£100,001 - £150,000	-	**1**	**1**		-	1	1
£150,001 - £200,000	-	**-**	**-**		-	1	1
>£200,001	-	**-**	**-**		-	-	-
Total number of exit packages by type	-	**35**	**35**		-	140	140
Total resource cost	-	**1,101**	**1,101**		-	3,302	3,302
Note 4.6 Exit packages: other (non-compulsory) departure payments 2015/16	**2015/16**	**2015/16**			**2014/15**	**2014/15**	
	Payments agreed	**Total value of agreements**			**Payments agreed**	**Total value of agreements**	
	Number	**£000**			**Number**	**£000**	
Voluntary redundancies including early retirement contractual costs	-	-			88	2,238	
Mutually agreed resignations (MARS) contractual costs	34	1,101			51	1,038	
Early retirements in the efficiency of the service contractual costs	-	-			-	-	
Contractual payments in lieu of notice	-	-			1	26	
Total	**34**	**1,101**			**140**	**3,302**	
of which:							
non-contractual payments made to individuals where the payment value was more than 12 months' of their annual salary							

The Trust is part of a final salary scheme which is included in note 5. They operated the 'Mutually Approved Resignation Scheme' (MARS) & 'Voluntary Redundancy Scheme' (VRS) for thirty four individuals in 2015/16. The principles of MARS & VRS were based on the nationally agreed scheme and applies the principles agreed by the NHS Staff Council for local schemes. The MARS is a scheme under which an individual employee, in agreement with their employer, chooses to leave employment in return for a severance payment. A mutually agreed resignation is not a redundancy or a voluntary redundancy. The scheme was agreed with staff side representatives on the Trust's Staff Management Partnership Forum.

Note 4.7 Pension Costs
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.
In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.
The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.
The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.
The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

Note 5 Operating expenses - miscellaneous

Note 5.1 Operating leases

	2015/16		2014/15
	£000		£000
Minimum lease payments	**4,805**		4,672
Less sublease payments received	**(18)**		(6)
TOTAL	**4,787**		4,666

Note 5.2 Arrangements containing an operating lease

	2015/16		2014/15
	£000		£000
Future minimum lease payments due on buildings:			
- not later than one year;	1,426		1,314
- later than one year and not later than five years;	5,557		5,110
- later than five years.	20,840		19,438
TOTAL	**27,823**		25,862
Future minimum lease payments due on plant & Machinery:			
- not later than one year;	1,865		1,807
- later than one year and not later than five years;	4,081		3,730
- later than five years.	233		301
TOTAL	**6,179**		5,838
Future minimum lease payments due on other leases:			
- not later than one year;	164		110
- later than one year and not later than five years;	142		48
- later than five years.	-		-
TOTAL	**306**		158
TOTAL	**34,308**		31,858
There are no lease payments due on land			
Total of future minimum sublease lease payments to be received as the balance sheet date	-		68

Note 5.3 Limitation on auditor's Liability	**2015/16**		2014/15
	£000		£000
Limitation on auditor's liability	1,000		1,000
Note 5.4 Late Payment			
There were no amounts included within 'Interest payable' arising from claims made under the Late Payment of Commercial Debts (Interest) Act 1998 or any compensation paid to cover debt recovery costs under this legislation.			
Note 5.5 Audit Remuneration			
	2015/16		2014/15
Audit services- statutory audit *	86		62
Audit services -regulatory reporting	12		12
TOTAL	**98**		74
* Charitable Funds audit costs of £3,780 2015/16 and £3,480 2014/15 is included within the Audit services - statutory audit figure.			
Note 6 Discontinued operations			
The Trust had no discontinued operations to disclose in 2015/16 or 2014/15.			
Note 7 Corporation Tax			
The Trust has assessed that it is not liable for Corporation tax in 2015/16 or 2014/15.			

Note 8 Finance income								
	Foundation Trust				**Group**			
	2015/16		2014/15		**2015/16**		2014/15	
	£000		£000		**£000**		£000	
PFI revenue	-		-		-		-	
Interest on bank accounts	58		91		58		91	
NHS Charitable funds: investment income	-		-		3		7	
TOTAL	**58**		91		**61**		98	
Note 9 Finance costs - interest expense								
	2015/16		2014/15		**2015/16**		2014/15	
	£000		£000		**£000**		£000	
Loans from the Foundation Trust Financing Facility	-		-		-		-	
Capital loans from the Department of Health	382		70		382		70	
Working capital loans from the Department of Health	9		-		9		-	
Commercial loans	-		-		-		-	
Overdrafts	-		-		-		-	
Finance leases	-		-		-		-	
Interest on late payment of commercial debt	-		-		-		-	
Other	-		-		-		-	
Finance Costs in PFI obligations								
Main Finance Costs	6,843		6,964		6,843		6,964	
Contingent Finance Costs	4,053		3,965		4,053		3,965	
TOTAL	**11,287**		10,999		**11,287**		10,999	
Note 10 Impairment of assets								
	2015/16		2014/15		**2015/16**		2014/15	
Impairments charged to operating surplus / deficit:	**£000**		£000		**£000**		£000	
Changes in market price	8,817		1,684		8,817		1,684	
Impairments charged to the revaluation reserve	12,276		7,980		12,276		7,980	
TOTAL	**21,093**		9,664		**21,093**		9,664	

Note 11 Intangible assets

Note 11.1 Intangible assets - 2015/16	Foundation Trust				Group				
	Total	Software licences (purchased)	Information technology (internally generated)	Intangible Assets Under	Total	Software licences (purchased)	Information technology (internally generated)	Intangible Assets Under	NHS Charitable fund assets
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/ Gross Cost at 1 April 2015 - as previously stated	**2,542**	**636**	**1,906**	-	**2,542**	**636**	**1,906**	-	-
Additions - purchased / internally generated	**203**	**-**	203	-	**203**	**-**	203	-	-
Gross cost at 31 March 2016	**2,745**	**636**	**2,109**	-	**2,745**	**636**	**2,109**	-	-
Amortisation at 1 April 2015	**1,301**	559	742	-	**1,301**	559	742	-	-
Provided during the year	**312**	34	278	-	**312**	34	278	-	-
Amortisation at 31 March 2016	**1,613**	**593**	**1,020**	**-**	**1,613**	**593**	**1,020**	**-**	**-**

Note 11.2 Intangible assets - 2014/15	Foundation Trust				Group				
	Total	Software licences (purchased)	Information technology (internally generated)	Intangible Assets Under	Total	Software licences (purchased)	Information technology (internally generated)	Intangible Assets Under	NHS Charitable fund assets
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2014	2,040	**636**	**1,404**	-	2,040	**636**	**1,404**	-	-
Additions - purchased / internally generated	502	-	502	-	502	-	502	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Valuation/ Gross cost at 31 March 2015	2,542	636	1,906	-	2,542	636	1,906	-	-
Amortisation at 1 April 2014	1,043	521	522	-	1,043	521	522	-	-
Provided during the year	258	38	220	-	258	38	220	-	-
Amortisation at 31 March 2015	1,301	559	742	-	1,301	559	742	-	-

Note 12 Property, plant and equipment (Group)										
Note 12.1 Property, plant and equipment 2015-16	**Total**	**Land**	**Buildings excluding dwellings**	**Dwellings**	**Assets under Construction & Payments on Account**	**Plant & Machinery**	**Transport Equipment**	**Information Technology**	**Furniture & Fittings**	**NHS Charitable fund assets**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Valuation/Gross cost at 1 April 2015	**257,139**	**39,336**	**153,510**	**2,110**	**3,480**	**27,369**	**70**	**29,366**	**1,898**	**-**
Transfers by absorption - NORMAL	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Additions - purchased	**19,939**	**-**	**9,625**	**198**	**6,705**	**1,414**	**-**	**1,990**	**7**	**-**
Additions - Leased	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Additions - donations of physical assets (non-cash)	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Additions - grants / donations of cash to purchase assets	**10**	**-**	**-**	**-**	**-**	**10**	**-**	**-**	**-**	**-**
Impairments charged to operating expenses	**(10,929)**	**(160)**	**(10,355)**	**(414)**	**-**	**-**	**-**	**-**	**-**	**-**
Impairments charged to the revaluation reserve	**(12,276)**	**(1,583)**	**(10,581)**	**(112)**	**-**	**-**	**-**	**-**	**-**	**-**
Reversal of impairments credited to operating income	**2,112**	**-**	**2,112**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reversal of impairments credited to the revaluation reserve	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reclassifications	**-**	**-**	**403**	**-**	**(2,662)**	**-**	**-**	**2,259**	**-**	**-**
Revaluations	**6,756**	**650**	**6,035**	**71**	**-**	**-**	**-**	**-**	**-**	**-**
Transfers to/from assets held for sale and assets in disposal groups	**(5,783)**	**(5,477)**	**(306)**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Disposals	**(2,156)**	**-**	**(15)**	**-**	**-**	**(1,456)**	**-**	**(685)**	**-**	**-**
Valuation/Gross cost at 31 March 2016	**254,812**	**32,766**	**150,428**	**1,853**	**7,523**	**27,337**	**70**	**32,930**	**1,905**	**-**
Accumulated depreciation at 1 April 2015	**35,405**	**-**	**-**	**-**	**-**	**20,017**	**70**	**13,859**	**1,459**	**-**
Transfers by absorption - NORMAL	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	**10,127**	**-**	**5,560**	**57**	**-**	**1,606**	**-**	**2,856**	**48**	**-**
Impairments charged to operating expenses	**-**	**-**			**-**	**-**	**-**	**-**	**-**	**-**
Impairments charged to the revaluation reserve	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reversal of impairments credited to operating income	**-**	**-**		**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reversal of impairments credited to the revaluation reserve	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reclassifications	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Revaluations	**(5,617)**	**-**	**(5,560)**	**(57)**	**-**	**-**	**-**	**-**	**-**	**-**
Transfers to/from assets held for sale and assets in disposal groups	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Disposals	**(2,118)**	**-**	**-**	**-**	**-**	**(1,433)**	**-**	**(685)**	**-**	**-**
Accumulated depreciation at 31 March 2016	**37,797**	**-**	**-**	**-**	**-**	**20,190**	**70**	**16,030**	**1,507**	**-**

Note 12.2 Property, plant and equipment 2014-15	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & Payments on Account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	NHS Charitable fund assets
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April 2014	241,754	39,896	148,918	2,101	1,968	25,612	70	21,646	1,543	-
Additions - purchased	22,442	-	7,981	-	3,270	3,116	-	7,720	355	-
Additions - Leased	-	-	-	-	-	-	-	-	-	-
Additions - donations of physical assets (non-cash)	-	-	-	-	-	-	-	-	-	-
Additions - grants / donations of cash to purchase assets	-	-	-	-	-	-	-	-	-	-
Impairments charged to operating expenses	-	-	-	-	-	-	-	-	-	-
Impairments charged to the revaluation reserve*	(7,980)	(660)	(7,266)	(54)	-	-	-	-	-	-
Reversal of impairments credited to operating income	-	-	-	-	-	-	-	-	-	-
Reversal of impairments credited to the revaluation reserve	-	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	949	-	(949)	-	-	-	-	-
Revaluations*	3,091	100	2,928	63	-	-	-	-	-	-
Transfers to/from assets held for sale and assets in disposal groups	-	-	-	-	-	-	-	-	-	-
Disposals	(2,168)	-	-	-	(809)	(1,359)	-	-	-	-
Valuation/Gross cost at 31 March 2015	257,139	39,336	153,510	2,110	3,480	27,369	70	29,366	1,898	-
Accumulated depreciation at 1 April 2014	32,595	-	-	-	-	19,240	70	11,864	1,421	-
Transfers by absorption - NORMAL	-	-	-	-	-	-	-	-	-	-
Provided during the year	9,107	-	5,006	54	-	2,014	-	1,995	38	-
Impairments charged to operating expenses	2,000	-	2,000	-	-	-	-	-	-	-
Impairments charged to the revaluation reserve	-	-	-	-	-	-	-	-	-	-
Reversal of impairments credited to operating income	(316)	-	(316)	-	-	-	-	-	-	-
Reversal of impairments credited to the revaluation reserve	-	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-	-
Revaluations*	(6,744)	-	(6,690)	(54)	-	-	-	-	-	-
Transfers to/from assets held for sale and assets in disposal groups	-	-	-	-	-	-	-	-	-	-
Disposals / derecognition	(1,237)	-	-	-	-	(1,237)	-	-	-	-
Accumulated depreciation at 31 March 2015	35,405	-	-	-	-	20,017	70	13,859	1,459	-

Note 12.3 Property, plant and equipment financing	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & Payments on Account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	NHS Charitable fund assets
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value - 31 March 2016										
Owned	**144,091**	**32,250**	**78,271**	**1,853**	**7,523**	**6,922**	**-**	**16,874**	**398**	**-**
Finance Leased	**543**	**516**	**-**	**-**	**-**	**27**	**-**	**-**	**-**	**-**
On-balance-sheet PFI contracts and other service concession arrangements	**71,143**	**-**	**71,143**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
PFI residual interests	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Government granted	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Donated	**1,238**	**-**	**1,014**	**-**	**-**	**198**	**-**	**26**	**-**	**-**
NBV total at 31 March 2016	**217,015**	**32,766**	**150,428**	**1,853**	**7,523**	**7,147**	**-**	**16,900**	**398**	**-**
Net book value - 31 March 2015										
Owned	139,184	38,660	72,017	2,110	3,480	7,009	-	15,469	439	-
Finance Leased	717	676	-	-	-	41	-	-	-	-
On-balance-sheet PFI contracts and other service concession arrangements	80,451	-	80,451	-	-	-	-	-	-	-
Donated	1,382	-	1,042	-	-	302	-	38	-	-
NBV total at 31 March 2015	221,734	39,336	153,510	2,110	3,480	7,352	-	15,507	439	-

Note 13.1 Economic life of intangible assets
All of the Trusts intangible assets relate to software. The Trust has no intangible assets for Licenses & trademarks, Patents, Information Technology, Development expenditure, Goodwill or Intangible Assets under construction.
The estimated economic useful life of software is five years.

Note 13.2 Economic life of property, plant and equipment	Min Life Years	Max Life Years
Land	-	-
Buildings excluding dwellings	15	80
Dwellings	15	80
Plant & Machinery	5	15
Transport Equipment	7	7
Information Technology	5	8
Furniture & Fittings	5	10

Note 13.3 Additions on consolidation of NHS Charities

Note 13.3 - Reclassification of PPE additions on consolidation of NHS charities	Total	Land	Buildings excluding dwellings	Dwellings	Assets under	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
Purchased additions in 2015/16	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Additions - purchased by Trust	**19,928**	**-**	**9,625**	**198**	**6,705**	**1,403**	**-**	**1,990**	**7**
Additions - donations of physical assets from charity	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Additions - donated of cash by charity to purchase assets	**10**	**-**	**-**	**-**	**-**	**10**	**-**	**-**	**-**
Purchased additions in 2014/15									
Additions - purchased by Trust	21,972	-	7,660	-	3,270	2,982	-	7,705	355
Additions - donations of physical assets from charity	-	-	-	-	-	-	-	-	-
Additions - donated of cash by charity to purchase assets	470	-	321	-	-	134	-	15	-

Note 13.4 - Reclassification of Intangible additions on consolidation of NHS charities	Total	Software licences (purchased)	Licences & trademarks (purchased)	Patents	Information technology (internally generated)	Development expenditure (internally generated)	Other (purchased)	Other (internally generated	Goodwill	Intangible Assets Under Construction
Purchased additions in 2015/16	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Additions - purchased by Trust	**203**	**-**	**-**	**-**	**203**	**-**	**-**	**-**	**-**	**-**
Additions - donations of physical assets from charity	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Additions - donated of cash by charity to purchase assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Purchased additions in 2014/15										
Additions - purchased by Trust	502	-	-	-	502	-	-	-	-	-
Additions - donations of physical assets from charity	-	-	-	-	-	-	-	-	-	-
Additions - donated of cash by charity to purchase assets	-	-	-	-	-	-	-	-	-	-

Note 14.1 Investments - 2015/16 - Group	Investment Property*	Investments in associates (and joined controlled operations)	Other Investments**	NHS Charitable funds: Investment property	NHS Charitable funds: Other investments
	£000	**£000**	**£000**	**£000**	**£000**
Carrying value at 01 April 2015	-	1,353	-	-	2,341
Transfers by absorption - NORMAL	-	-	-	-	-
Acquisitions in year - subsequent expenditure	-	-	-	-	-
Acquisitions in year - other	-	-	-	-	-
Share of profit/(loss)	-	231	-	-	-
Fair value gains [taken to I&E]	-	882	-	-	-
Fair value losses (impairment)	-	-	-	-	-
Movement in fair value of Available-for-sale financial assets recognised in Other Comprehensive Income	-	-	-	-	-
Impairments	-	-	-	-	-
Reversal of impairment	-	-	-	-	-
Reclassifications to/from PPE	-	-	-	-	-
Transfers to/from assets held for sale and assets in disposal groups	-	-	-	-	-
Disposals	-	-	-	-	-144
Other equity movements	-	-	-	-	-
Carrying value at 31 March 2016 *	**0**	**2,466**	**0**	**0**	**2,197**

Note 14.2 Investments - 2014/15 - Group	Investment Property*	Investments in associates (and joined controlled operations)	Other Investments**	NHS Charitable funds: Investment property	NHS Charitable funds: Other investments
	£000	£000	£000	£000	£000
Carrying value at 01 April 2014	-	-	-	-	2,614
Prior Period Adjustment	-	-	-	-	-
Carrying value at 01 April 2014 (restated)	-	-	-	-	2,614
At start of period for new FTs	-	-	-	-	-
Transfers by absorption	-	-	-	-	-
Acquisitions in year - subsequent expenditure	-	-	-	-	-
Acquisitions in year - other	-	-	-	-	-
Share of profit/(loss)	-	211	-	-	-
Movement in fair value (revaluation or impairment)	-	1,142	-	-	-
Movement in fair value of Available-for-sale financial assets recognised in Other Comprehensive Income	-	-	-	-	-
Impairments	-	-	-	-	-
Reversal of impairment	-	-	-	-	-
Reclassifications to/from PPE	-	-	-	-	-
Transfers to/from assets held for sale and assets in disposal groups	-	-	-	-	-
Disposals	-	-	-	-	(273)
Other equity movement	-	-	-	-	-
Carrying value at 31 March 2015 *	**0**	**1,353**	**0**	**0**	**2,341**

Note 15.1 Investment property expenses	2015-16	2014-15
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	-	-
Direct operating expense arising from investment property which did not generated rental income in the period	-	-
Note 15.2 Investment property income	**2015-16**	2014-15
	£000	**£000**
Investment property income	-	-

* the Investment in the JV is specfic to the Foundation Trust and the Charitbale funds investments are specific to the Charity.

Note 16 Assets held for sale									
Note 16.1 Non-current assets for sale and assets in disposal groups - 2015/16	**Foundation Trust Total**		**Group Total**		**Intangible assets**	**Property, Plant and Equipment - Land**	**PPE: Dwellings**	**Financial Investments**	**NHS Charitable fund assets held for sale**
	£000		**£000**		**£000**	**£000**	**£000**	**£000**	**£000**
NBV of non-current assets for sale and assets in disposal groups at 1 April 2015	**-**		**-**		**-**	**-**	**-**	**-**	**-**
Plus assets classified as available for sale in the year	**5,783**		**5,783**		**-**	**5,783**	**-**	**-**	**-**
Less assets sold in year	**-**		**-**		**-**	**-**	**-**	**-**	**-**
Less Impairment of assets held for sale	**-**		**-**		**-**	**-**	**-**	**-**	**-**
Plus Reversal of impairment of assets held for sale	**-**		**-**		**-**	**-**	**-**	**-**	**-**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	**-**		**-**		**-**	**-**	**-**	**-**	**-**
NBV of non-current assets for sale and assets in disposal groups at 31 March 2016	**5,783**		**5,783**		**-**	**5,783**	**-**	**-**	**-**

Note 16.2 Non-current assets for sale and assets in disposal groups 2014/15	Foundation Trust Total		Group Total		Intangible assets	Property, Plant and Equipment - Land	PPE: Dwellings	Financial Investments	NHS Charitable fund assets held for sale
	£000				£000	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April 14	-		-		-	-	-	-	-
Plus assets classified as available for sale in the year	-		-		-	-	-	-	-
Less assets sold in year	-		-		-	-	-	-	-
Less Impairment of assets held for sale	-		-		-	-	-	-	-
Plus Reversal of impairment of assets held for sale	-		-		-	-	-	-	-
Less assets no longer classified as held for sale, for reasons other than disposal by sale	-		-		-	-	-	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March 2015	-		-		-	-	-	-	-

The Assets classified as Held for Sale as at 31 March 2016, we four assets of land and buildings namely the St Lukes Hospital, Princess Royal Hospital, The Poplars and 38 Acre Street.
"A property disposal review was completed in 2015 which identified 38 Acre Street,The Poplars and Princess Royal as surplus to requirements, at 31st March 16 , Princess Royal was being actively marketed for sale and continues to be and is currently expected to complete in early spring 2017, 38 Acre Street a sale had been agreed, which completed in May 2016, The Poplars a sale had been agreed with the current occupants of the building and the sale is expected to complete by summer 2016.
At the Board of Directors in January 16 it was greed to transfer the St Lukes site to the Pennine Property Partnership (PPP) in line with the agreement in place on the establishment of the PPP 24th march 2011. The site will transfer at an agreed crystallised value in line with the agreed outline planning consent. The transfer is expected to complete in early spring 2017. "
The total net Gain/Loss recognised at 31st March 2016 in valuing the Assets Held for Sale at Fair Value was £3.2m, details included below.

	Revaluation		Impairments			
Asset	**Included in Revaluations in Other Comprehensive income in SOCI**		**Included in Impairments in Other Comprehensive income in SOCI**	**Included in Operating Expense in SOCI**		**Total**
	£000's		£000's	£000's		£000's
The Poplars - Buildings			(57)	(15)		**(72)**
SLH - Land			(1,583)			**(1,583)**
PRCHC - Buildings			(455)	(1,713)		**(2,167)**
PRCHC - Land	650					**650**
	650		**(2,094)**	**(1,728)**		**(3,172)**
Note 16.3 Liabilities in disposal groups 31st March 2016	**£000**					
Categorised as:						
Provisions	-					
Trade and Other payables	-					
Other	-					
Total	-					
Note 16.4 Liabilities in disposal groups 31st March 2015	**£000**					
Categorised as:						
Provisions	-					
Trade and Other payables	-					
Other	-					
Total	-					
Note 17 Other assets	**31/03/16**		31/03/15			
Net pension scheme asset	-		-			
Other assets	-		-			
Total						
Note 18 Other financial assets	**31/03/16**		31/03/15			
Non-Current						
NHS Charitable funds: Other financial assets	-		-			
Total						
Current						
NHS Charitable funds: Other financial assets	-		73			
Total						

Note 19 Inventories			
Note 19.1 Inventories	**Foundation Trust**		
	31 March 2016		**31 March 2015**
	£000		£000
Drugs	**2,495**		2,224
Work in progress	**502**		369
Consumables	**3,975**		3,380
Energy	**0**		0
Inventories carried at fair value less costs to sell	**0**		0
Other	**0**		0
NHS Charitable funds: inventories	**0**		0
TOTAL Inventories	**6,972**		5,973

Note 19.2 Breakdown of inventories recognised in expenses	**31 March 2016**
	£000
Total inventories consumed	**61,791**
Charged to:	
Drugs inventories consumed	32,274
Inventories consumed (excluding drugs)	0
Supplies and services - clinical	26,595
Supplies and services - non clinical	2,608
Transport (other)	314
Other	0
TOTAL	**61,791**

Note 20 Trade and other receivables				
Note 20 Trade receivables and other receivables				
	Foundation Trust		**Group**	
	Total		**Total**	
	31 March 2016	31 March 2015	**31 March 2016**	31 March 2015
	£000	£000	**£000**	£000
Current				
NHS Receivables - Revenue	**7,316**	6,301	**7,316**	6,301
Provision for impaired receivables	**(1,281)**	(933)	**(1,281)**	(933)
Prepayments (Non-PFI)	**2,176**	2,037	**2,176**	2,037
Accrued income	**3,146**	2,265	**3,146**	2,265
PDC dividend receivable	**235**	80	**235**	80
VAT receivable	**2,170**	1,198	**2,170**	1,198
Other receivables - Revenue	**2,673**	2,800	**2,673**	2,800
Other receivables - Capital	**78**	68	**78**	68
NHS Charitable funds: Trade and other receivables			**14**	12
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	**16,513**	13,816	**16,527**	13,828
Non-Current				
Provision for impaired receivables	**(352)**	(402)	**(352)**	(402)
Other receivables - Revenue	**1,505**	1,593	**1,505**	1,593
Other receivables - Capital	**1,801**	1,611	**1,801**	1,611
NHS Charitable funds: Trade and other receivables		-	**-**	-
TOTAL NON CURRENT TRADE AND OTHER RECEIVABLES	**2,954**	2,802	**2,954**	2,802
NHS Receivables falling due within one year includes £2,710,552 for incomplete spells of care provided at 31 March 2016 (£2,564,225 at 31 March 2015* Amended to £2,698,719).				

Note 21.1 Provision for impairment of receivables			
	2015/16		2014/15
	£000		£000
At 1 April as previously stated	**1,334**		2,289
Increase in provision	**997**		400
Amounts utilised	**(678)**		(625)
Unused amounts reversed	**(20)**		(730)
At 31 Mar / 31 Mar	**1,633**		1,334
Note 21.2 Analysis of impaired receivables			
	2015/16		2014/15
	£000		£000
Ageing of impaired receivables			
0 - 30 days	29		141
30-60 Days	11		12
60-90 days	34		18
90- 180 days (was "In three to six months")	526		372
180-360 days (was "Over six months")	1,033		791
Total	**1,633**		1,334
Ageing of non-impaired receivables past their due date			
0 - 30 days	2,434		1,561
30-60 Days	940		666
60-90 days	599		217
90- 180 days (was "In three to six months")	324		400
180-360 days (was "Over six months")	2,100		2,041
Total	**6,397**		4,885

Note 22.1 Finance lease receivables

The Trust had no Finance lease receivables in 2015/16 or 2014/15.

Note 23 Cash and cash equivalents							
	Foundation Trust				**Group**		
	2015/16		2014/15		**2015/16**		2014/15
	£000		£000		**£000**		£000
At 1 April	**13,697**		22,840		**13,697**		22,840
Net change in year	**(11,759)**		(9,143)		**(11,747)**		(9,143)
At 31 March	**1,938**		13,697		**1,950**		13,697
Broken down into:							
Cash at commercial banks and in hand	**66**		64		**66**		64
Cash with the Government Banking Service	**1,871**		13,633		**1,883**		13,633
Deposits with the National Loan Fund	**0**		0		**0**		0
Other current investments	**0**		0		**-**		-
Cash and cash equivalents as in SoFP	**1,938**		13,697		**1,950**		13,697
Bank overdrafts (GBS and commercial banks)	**-**		-				-
Drawdown in committed facility	**-**		-		**-**		-
Cash and cash equivalents as in SoCF	**1,938**		13,697		**1,950**		13,697

Note 23.3 Third party assets held by the NHS Foundation Trust	2015/16	2015/16	2014/15	2014/15
	Bank Balances	Money on Deposit	Bank Balances	Money on Deposit
	£000	£000	£000	£000
At 31 March	-	7	1	-

Note 24 Trade and other payables

Note 24.1 Trade and other payables

	Foundation Trust		Group	
	Total	Total	Total	Total
	31 March 16	31 March 15	31 March 16	31 March 15
	£000	£000	£000	£000
NHS payables - revenue	**2,439**	2,668	**2,439**	2,668
Other trade payables - capital	**3,714**	3,742	**3,714**	3,742
Other trade payables - revenue	**17,398**	11,698	**17,398**	11,698
Other taxes payable	**4,006**	4,062	**4,006**	4,062
Other payables	**2,524**	2,648	**2,524**	2,648
Accruals	**9,495**	11,105	**9,495**	11,105
NHS Charitable funds: Trade and other payables			**39**	80
TOTAL CURRENT TRADE AND OTHER PAYABLES	**39,576**	35,923	**39,615**	36,003
Non-current				
Other payables	**245**	329	**245**	329
NHS Charitable funds: Trade and other payables			**-**	-
TOTAL NON CURRENT TRADE AND OTHER PAYABLES	**245**	**329**	**245**	**329**

Note 24.2 Early retirements detail included in NHS payables above

The Trust has no early retirement costs included in NHS Payables above.

Note 25 Borrowings

	Foundation Trust		Group	
	31 March 16	31 March 15	31 March 16	31 March 15
	£000	£000	£000	£000
Current				
Capital loans from Department of Health	**1,713**	500	**1,713**	500
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	**1,405**	1,497	**1,405**	1,497
TOTAL CURRENT BORROWINGS	**3,118**	1,997	**3,118**	1,997
Non-current				
Capital loans from Department of Health	**17,336**	8,550	**17,336**	8,550
Working capital loans from Department of Health	**12,900**	-	**12,900**	-
Obligations under PFI, LIFT or other service concession contracts	**77,490**	78,895	**77,490**	78,895
TOTAL OTHER NON CURRENT LIABILITIES	**107,726**	87,445	**107,726**	87,445

Note 26 Other liabilities

	Foundation Trust		Group	
	31 March 16	31 March 15	31 March 16	31 March 15
	£000	£000	£000	£000
Current				
Deferred income - goods and services	1,138	1,069	1,138	1,069
Other deferred income	97	97	97	97
NHS Charitable funds: other liabilities			-	-
TOTAL OTHER CURRENT LIABILITIES	1,235	1,166	1,235	1,166
Non-current				
Deferred income - grants	-	-	-	-
Deferred income - goods and services	-	-	-	-
Deferred income - rent of land	-	-	-	-
Other deferred income	1,353	1,450	1,353	1,450
Deferred PFI credits	-	-	-	-
Lease incentives	-	-	-	-
NHS Charitable funds: other liabilities			-	-
Net pension scheme liability (on SOFP pension only)	-	-	-	-
TOTAL OTHER NON CURRENT LIABILITIES	**1,353**	**1,450**	**1,353**	**1,450**

Note 27 Other Financial Liabilities
Trust has no other Financial liabilites

Note 28 Provisions and contingent liabilities

Note 28.1 Provisions for liabilities and charges

	Foundation Trust				Group			
	Current		Non-current		Current		Non-current	
	31 March 16	31 March 15	31 March 16	31 March 15	31 March 16	31 March 15	31 March 16	31 March 15
	£000	£000	**£000**	£000	**£000**	£000	***£000***	£000
Pensions relating to former directors	**-**	-	**-**	-	**-**	-	**-**	-
Pensions relating to other staff	**262**	477	**1,113**	1,188	**262**	477	***1,113***	1,188
Other legal claims	**159**	171	**(0)**	(1)	**159**	171	***(0)***	(1)
Agenda for Change	**-**	-	**-**	-	**-**	-	**-**	-
Restructurings	**513**	2,050	**0**	(1)	**513**	2,050	***0***	(1)
Other	**1,302**	694	**1,328**	1,218	**1,302**	694	***1,328***	1,218
NHS Charitable fund provisions					**-**	-	**-**	-
Total	**2,236**	3,392	**2,441**	2,404	**2,236**	3,392	***2,441***	2,404

Note 28.2 Provisions for liabilities and charges analysis	Foundation Trust Total		Group Total		Pensions - former directors	Pensions - other staff	Other legal claims	Re-structurings	Redundancy	Other *	NHS charitable fund provisions
	£000		£000		£000	£000	£000	£000	£000	£000	£000
At 1 April 2015	**5,796**		**5,796**		**-**	**1,664**	**171**	**2,049**	**-**	**1,911**	**-**
Arising during the year	**2,256**		**2,256**		**-**	**148**	**95**	**1,164**	**-**	**849**	**-**
Utilised during the year - accruals	**(2,892)**		**(2,892)**		**-**	**(266)**	**(15)**	**(2,514)**	**-**	**(97)**	**-**
Reversed unused	**(542)**		**(542)**		**-**	**(208)**	**(92)**	**(186)**	**-**	**(56)**	**-**
Unwinding of discount	**59**		**59**		**-**	**37**	**-**	**-**	**-**	**22**	**-**
NHS charitable funds: movement in provisions	**-**		**-**		**-**	**-**	**-**	**-**	**-**	**-**	**-**
At March 2016	**4,677**		**4,677**		**-**	**1,375**	**159**	**513**	**-**	**2,629**	**-**
Expected timing of cash flows:											
- not later than one year;	**2,236**		**2,236**		**-**	**262**	**159**	**513**	**-**	**1,302**	**-**
- later than one year and not later than five years;	**2,333**		**2,333**		**-**	**1,005**	**-**	**-**	**-**	**1,328**	**-**
- later than five years.	**108**		**108**		**-**	**108**	**(0)**	**0**	**-**	**(0)**	**-**
TOTAL	**4,677**		**4,677**		**-**	**1,375**	**159**	**513**	**-**	**2,629**	**-**

*Of the total value of Other Provisions £2.629m- £1.258 relate to provisions for Injury benefit which are more than £1m.

Note 28.3 Clinical Negligence liabilities				
			31 March 16	31 March 15
			£000	£000
Amount included in provisions of the NHSLA in respect of clinical negligence liabilities of Calderdale and Huddersfield NHS Foundation Trust.			**140,894**	91,053

Note 29 Contingent (Liabilities) / Assets

There were no contingent liabilities or assets to disclose at 31 March 2016 or 31 March 2015.

Note 30 Related Party Transactions

The Trust has established which entities and individuals are its related parties, in accordance with International Accounting Standard 24. Monitor have directed, through the Annual Reporting Manual 2015/16, that all bodies within the scope of 'Whole of Government Accounts' (WGA) are related parties. Accordingly, the table below details material transactions.

Related party transactions - WGA organisations	**2015/16**	**2014/15**
	£000	£000
Income - NHS Calderdale CCG	136,738	138,767
Income - NHS Greater Huddersfield CCG	121,186	126,619
Income - NHS North Kirklees CCG	5,559	5,276
Income - NHS Bradford Districts CCG	7,124	6,753
Income - NHS Wakefield CCG	1,002	979
Income - Leeds Teaching Hospitals NHS Trust	1,140	1,053
Income - South West Yorkshire Partnership NHS Foundation Trust	3,928	5,468
Income - South Yorkshire and Bassetlaw Area Team		18,889
Income - Health Education England	438	9,407
Income - West Yorkshire Area Team		9,371
Income- Yorkshire and the Humber Commissioning Hub	13,310	
Income- Yorkshire and the Humber Local Office	16,296	
Income - Other WGA	32,696	22,982
Income - Total with WGA organisations	339,417	345,564
Expenditure - Bradford Teaching Hospitals NHS Foundation Trust	1,079	682
Expenditure - Leeds Teaching Hospitals NHS Trust	1,508	1,519
Expenditure - NHS Pension Scheme	21,336	21,540
Expenditure - NHS Litigation Authority	11,569	7,561
Expenditure - HMRC	12,497	12,819
Expenditure - Other WGA	6,193	6,385
Expenditure - Total with WGA organisations	54,182	50,506
Note 31.2 Related Party Balances		
Related party balances - WGA organisations	**31 March 2016**	**31 March 2015**
	£000	£000
Receivables - NHS Calderdale CCG	2,374	2,136
Receivables - NHS Greater Huddersfield CCG	1,512	1,591
Receivables - NHS England	1,946	1,214
Receivables - HM Revenue & Customs - VAT	2,170	1,198
Receivables - Other WGA	4,511	3,527
Receivables - Total with WGA organisations	12,513	9,666
Payables - NHS Pension Scheme	2,953	2,956
Payables - HMRC	4,006	4,062
Payables - NHS England		1,937
Payables - Other WGA	3,061	1,805
Payables - Total with WGA organisations	10,020	10,760

During the year, the following Board Members or members of the key management staff have declared the following interest or parties related to them.

A Haigh ~ Chair - is a Non Executive Director of Furness Building Society.

D Anderson ~ Non Executive Director - Is Director of Synergy P,Prime Health Huddersfield Ltd and Grange Group Practice. Director of Greater Huddersfield CCG. Member of Kirklees GP Consortium.

J Pease ~ Non Executive Director - is a Director - Owner of Jeremy Pease Associates Ltd.

J Wilson ~ Non Executive Director - is a Director of Groundwork Wakefield Limited,Trustee/Chair Job Match (UK) Ltd, holds a contract for service with Yorkshire & Humber Postgraduate Deanery and South West Yorkshire Partnership FT.

L Patterson ~ Non Executive Director - is a Director and sole owner of Dr Linda Patterson Ltd, and holds a contract for service with Consultancy Health care Improvement in NHS, PricewaterhouseCoopers LLP. Is a Trustee of Health Quality Improvement Partnership.

P Oldfield ~ Non Executive Director - is a Director of Sue Ryder Livability and Director and Owner of Tanzuk Consulting.

Prof P Roberts ~ Non Executive Director - is a Director of Pennie Property Partnership LLP, Partner of Catchweasel, Chair of First Ark group, Vice Chair of Northern Ireland Housing Executive, Ty Hen Holidays LLP Partner and is Chair of Planning Exchange foundation, Town and Country Planning Association Vice President.

K Griffiths ~ Director of Finance - Is a Director of Pennie Property Partnership LLP.

L Hill ~ Director Service Development - is a Director of Pennie Property Partnership LLP, and a Trustee of Dean Clough Foundation.

D Birkenhead ~ Medical Director - is a Trustee of Children's Forget Me Not Trust. Provides Infection control advice to the BMI Huddersfield. Wife-GP Partner at Marsden Health Centre and member of Huddersfield Federation.

O Williams ~ Chief Executive - is a Trustee of the NHS Confederation, Director of York Health Economics Consortium.

J Dawes ~ Executive Director of Nursing & Deputy CEO - Company Secretary of Ian Dawes Marine Industry, no transactions with NHS.

H Barker ~ Chief Operating Officer - Company Secretary and Shareholder of Expert Lighting Direct Ltd makes sales to NHS.

R Hopkins ~ Non Executive Director - Directorship of Capri Finance Ltd - own consultancy company. All part of 'Derwent' Group - Derwent Housing Association Ltd Derwent FM Ltd Centro Place Investments Ltd. Finance Director (part time) of Age UK Calderdale and Kirklees. Unpaid Treasurer of Community Foundation for Calderdale.

K Heaton ~ Non Executive Director - Independent Board Director of One Manchester Ltd. Member of the Prison Service pay review body.

In 15/16 there were transactions between Calderdale & Huddersfield NHS Foundation Trust and related parties, additional to those declared under the scope of Whole of Government accounts.

The expenditure between the Trust and Pennie Property Partnership LLP in £1,672,747 (14/15 £598,000).

The expenditure between the Trust and PricewaterhouseCoopers LLP in 15/16 £715,167 (14/15 £608,000).

The expenditure between the Trust and NHS Confederation in in 15/16 £7854 (14/15 £10,209).

The expenditure between the Trust and York Health Economics Consortium in 15/16 was £240 (14/15 nil)

The Trust had income from Forget Me Not Trust in 15/16 £1,101 (14/15 £1,976).

The Trust had income from Grange Group Practice Fartown in 15/16 £2,557 (14/15 £100).

Note 31.3 Joint Venture

The Trust entered into a joint venture with Henry Boot Development Ltd on 24th March 2011. This partnership is the Pennine Property Partnership LLP and is owned 50/50 by the Trust and Henry Boot Development Ltd.

It has developed a new 56,000 sq ft healthcare facility following the exchange of a pre-let agreement, with the Trust to operate the building.

The development has involved the substantial reconstruction and refurbishment of an existing derelict stone mill, known as Acre Mill, and now provides a range of modern outpatient facilities. The facility has been in use since end of January 2015.

The Pennine Property Partnership LLP's principal place of business is within the UK.

The Trust has used the equity accounting method.

There are no contingent liabilities of the JV for which the Trust is jointly and contingently liable.

The JV has no capital commitments.

Disclosure of aggregate amounts for assets and liabilities of jointly controlled operations	**31 March 16**	**31 March 15**
	£000	**£000**
Non current assets	**11,846**	**10,702**
Current assets	**751**	**1,142**
Total assets	**12,597**	**11,844**
Current liabilities	**(1,753)**	**(9,467)**
Non current liabilities	**(10,844)**	**(2,377)**
Total liabilities	**(12,597)**	**(11,844)**
Operating income	**768**	**528**
Operating expenses	**(328)**	**(38)**
Fair Value revaluation Gain	**913**	**2,283**
Surplus /(deficit) for the year	**1,353**	**2,773**

Note 32.1 Contractual capital commitments	**31 March 16**	31 Mar 2015
	£000	£000
Property, plant and equipment	5,209	12,107
Intangible assets	-	-
Total	**5,209**	12,107
Other financial commitments	**31 March 16**	31 Mar 2015
The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements) at 31 March 2016 as follows, analysed by the period during which the payment is made:	**£000**	£000
not later than 1 year	2,171	931
after 1 year and not later than 5 years	8,681	8,763
paid thereafter	8,320	10,671
Total	**19,172**	20,365

This commitment relates to a contract with Cerner Ltd to deliver an Electronic Patient Record system and includes costs relating to Bradford Teaching Hospital NHS Foundation Trust. The contractual commitment remains with Calderdale & Huddersfield NHS Foundation Trust as the contract signatory.

Calderdale & Huddersfield NHS Foundation Trust has a back to back legal agreement with Bradford Teaching Hospital NHS Foundation Trust to indemnify Calderdale & Huddersfield NHS Foundation Trust against any associated risk.

Note 33 Finance lease obligations

Trust has no finance lease obligations.

Note 34 PFI (on Statement of Financial Position) -		
Note 34.1 PFI obligations (on Statement of Financial Position)	**Foundation Trust**	
	31 March 16	31 March 15
	£000	£000
Gross PFI liabilities	275,338	289,908
of which liabilities are due		
- not later than one year;	12,211	12,392
- later than one year and not later than five years;	50,904	50,453
- later than five years.	212,223	227,063
Finance charges allocated to future periods	(196,443)	(209,516)
Net PFI obligation	**78,895**	80,392
- not later than one year;	1,405	1,497
- later than one year and not later than five years;	6,622	6,194
- later than five years.	70,868	72,701
Note 34.2 Total on -SOFP PFI,Lift and other service concession arrangement commitments		
	31 March 16	31 March 15
	£000	£000
Total future payments committed	487,436	516,508
Within one year	25,559	25,254
2nd to 5th years (inclusive)	107,450	106,168
later than five years.	354,427	385,086

The PFI scheme above relates to Calderdale Royal Hospital. The PFI contractor is Calderdale Hospitals SPC Ltd (formerly Catalyst Healthcare Ltd). The Trust are responsible for the provision of all clinical services, Calderdale Hospitals SPC Ltd provide fully serviced hospital accommodation.

Note 34.3 Analysis of amounts payable to service concession operator	**PFI Schemes**	**PFI Schemes**
	31 March 16	31 March 15
	£000	£000
Unitary payment payable to service concession operator (total of all schemes)	25,331	25,081
Consisting of:		
-Interest Charge	6,843	6,964
-Repayment of finance lease liability	1,497	1,423
-Service element	11,220	11,097
-Capital lifecycle maintenance	1,129	1,059
-Revenue lifecycle maintenance	589	573
-Contingent rent	4,053	3,965
-Other	-	-
Any other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment.	-	-
Consisting of:		
-Services purchased	-	-
-Other	-	-
Total amount paid to service concession operator	25,331	25,081
PFI support income recognised in the I&E	0	0
Note 35.1 Off-soFP PFI,LIFT and other service concession commitments		
Note 36 Events after the reporting period		
There are no disclosable events after the reporting period.		

Note 37 Financial assets and financial liabilities				
Note 37.1 Financial assets by category				
		Foundation Trust		**Group**
		Total		**Total**
		£000		**£000**
Assets as per Statement of Financial Position				
Trade and other receivables excluding non financial assets (at 31 March 2016)		**9,278**		**9,278**
Cash and cash equivalents at bank and in hand (at 31 March 2016)		**1,938**		**1,938**
NHS Charitable funds: financial assets (at 31 March 2016)				**-**
Total at 31 March 2016		**11,216**		**11,216**
Trade and other receivables excluding non financial assets (at 31 March 2015)		**7,771**		**7,771**
Cash and cash equivalents (at bank and in hand (at 31 March 2015)		**13,697**		**13,697**
NHS Charitable funds: financial assets (at 31 March 2015)				-
Total at 31 March 2015		21,468		21,468
All financial assets at 31 March 2016 and 31 March 2015 were classified as loans and receivables. The Trust had no financial assets held at fair value through Income and expenditure, Held to maturity or Available-for-sale.				

Note 37.2 Financial liabilities by category		**Foundation Trust**		**Group**
		Total		**Total**
		£000		**£000**
Liabilities as per Statement of Financial Position				
Borrowings excluding Finance lease and PFI liabilities (at 31 March 2016)		**31,949**		**31,949**
Obligations under finance leases (at 31 March 2016)		**-**		**-**
Obligations under PFI, LIFT and other service concession contracts (at 31 March 2016)		**78,895**		**78,895**
Trade and other payables excluding non financial liabilities (at 31 March 2016)		**35,851**		**35,851**
NHS Charitable funds: financial liabilities (at 31 March 2016)				**-**
Total at 31 March 2016		**146,695**		**146,695**
Borrowings excluding Finance lease and PFI liabilities (at 31 March 2015)		**9,050**		**9,050**
Obligations under finance leases (31 March 2015)		**-**		**-**
Obligations under PFI, LIFT and other service concession contracts (31 March 2015)		**80,392**		**80,392**
Trade and other payables excluding non financial liabilities (31 March 2015)		**31,785**		**31,785**
NHS Charitable funds: financial liabilities (at 31 March 2014)				-
Total at 31 March 2015		121,227		121,227
All financial liabilities at 31 March 2016 and 31 March 2015 were classed as other financial liabilities. The Trust had no liabilities held at fair value through income and expenditure.				

Note 37.3 Maturity of Financial liabilities	**Group**	**Group**
	31 March 2016	31 March 2015
	£000	£000
In one year or less	**38,999**	33,782
In more than one year but not more than two years	**3,696**	2,904
In more than two years but not more than five years	**9,331**	6,839
In more than five years	**94,669**	77,702
Total	**146,695**	121,227
	Book value	**Fair value**
Note 37.4 Fair values of financial assets at 31 March 2016	**£000**	**£000**
Non current trade and other receivables excluding non financial assets	0	0
Other investments	2,024	2,024
Other	0	0
NHS charitable funds: non-current financial assets	0	0
Total	2,024	2,024
	Book value	**Fair value**
Note 37.5 Fair values of financial liabilities at 31 March 2016	**£000**	**£000**
Non current trade and other payables excluding non financial liabilities	0	0
Non CurrentProvisions under contract	0	0
Non Current Loans	30,236	30,236
Non Current Other	0	0
NHS charitable funds: non-current financial liabilities	0	0
Total	**30,236**	**30,236**

Management consider that the carrying amounts of financial assets and financial liabilities recorded at amortised cost in the financial statements approximate to their fair value.

Note 37.6 Financial Instruments

Financial risk management
Because of the continuing service provider relationship that the NHS Foundation Trust has with local Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies. The Trust neither buys or sells financial instruments. The NHS Foundation Trust has limited powers or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Foundation Trust in undertaking its activities.

The Board of Directors has approved a Treasury Management policy which sets out the parameters for investing any surplus operating cash in short-term deposits. This includes the restriction of any such investment to permitted institutions with appropriate credit ratings; these ratings are in line with the guidance issued by Monitor 'Managing Operating Cash in NHS Foundation Trusts'. In addition the policy sets out the maximum limits for any such investments. The policy, and its implementation are reviewed by the Audit & Risk Committee and the Board of Directors. The Trust's treasury management activity is subject to review by the Trust's internal auditors.

Interest rate risk
All of the Trust's financial liabilities carry nil or fixed rates of interest. The Trust therefore has low exposure to interest rate fluctuations.

Liquidity risk
The Trust's operating costs are largely incurred under contracts with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust receives cash each month based on an annually agreed level of contract activity with in-year adjustments to reflect actual levels of income due.

To finance the Trust deficit financial position the Trust required a revenue support loan of £12.9m from Department of Health, the Trust also had a an agreed working Capital facility of £13.1m, this was not accessed in 2015/16.
In 2015/16 the Trust has financed part of it's capital expenditure from internally generated funds and externally from a Capital loan from Department of Health.

The Trust's 16/17 plan which has been approved by NHS Improvement recognises that the Trust will require cash support from the Deparment of Health of £34m which will be drawn down on a monthly basis, the Trust is therefore, not exposed to significant liquidity risk.

Currency risk
The Trust is principally a domestic organisation with negligible transactions, assets and liabilities in foreign currencies. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Note 39 Losses and special payments

Note 39.1 Losses and special payments

There were 61 cases of losses and special payments totalling £247,000 during the period covered by these accounts (67 cases totalling £99,000 in 2014/15).
There were no clinical negligence cases where the net payment exceeded £100,000.
There were no fraud cases where the net payment exceeded £100,000.
There were no personal injury cases where the net payment exceeded £100,000.
There were no compensation under legal obligation cases where the net payment exceeded £100,000.
There were no fruitless payment cases where the net payment exceeded £100,000.

Note 39.2 Recovered Losses

The Trust has not received any compensation payments from CHCC.

Note 39.2 Health Informatics

The Trust provides information management and technology services to a number of other NHS Organisations from the Health Informatics Service. The income and expenditure of the service are included in the Statement of Comprehensive Income; and the value of income in 2015/16 was £5,827,000 (£5,789,000 in 2014/15).

Note 39.3 Limitation on Auditors Liability

There is £1m limit on our external Auditors liability.

If you need this annual report in other formats please call 01484 347342

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