

QUALITY COMMITTEE

Monday, 3rd July 2017

Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary

IN ATTENDANCE

Dr Linda Patterson	Non-Executive Director (<i>Chair</i>)
Dr David Anderson	Non-Executive Director
Nicola Bailey	PMO and Transformation Programme Manager (<i>For item 119/17 only</i>)
Helen Barker	Chief Operating Officer
Karen Barnett	Director of Operations, Community Division
Gemma Berriman	Head Nurse for Medicine - Service Planning (<i>For Andrew Mooraby</i>)
Dr David Birkenhead	Medical Director
Juliette Cosgrove	Assistant Director for Quality and Safety
Lesley Hill	Executive Director of Planning, Performance, Estates and Facilities
Helen Marshall	Project Manager - Estates (<i>For item 119/17 only</i>)
Andrea McCourt	Head of Governance and Risk
Dr Cornelle Parker	Deputy Medical Director
Catherine Riley	Assistant Director of Service Development - Estates (<i>For item 105/17 only</i>)
Lindsay Rudge	Associate Director of Nursing
Jan Wilson	Non-Executive Director
Michelle Augustine	Governance Administrator (<i>Minutes</i>)

100/17 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

101/17 APOLOGIES

Brendan Brown	Executive Director of Nursing
Martin DeBono	Divisional Director, FSS Division
Anne-Marie Henshaw	Associate Nurse Director/Head of Midwifery, FSS Division
Peter Middleton	Membership Councillor
Andrew Mooraby	Assistant Director of Nursing, Medical Division
Dr Ashwin Verma	Divisional Director, Medical Division

102/17 DECLARATIONS OF INTEREST

There were no declarations of interest to note

103/17 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on Monday, 3rd April 2017 were approved as a correct record.

104/17 ACTION LOG AND MATTERS ARISING

Please see action log at the end of the minutes for further updates on actions.

105/17 BUSINESS CASE FOR HOSPITAL RECONFIGURATION CLINICAL MODEL

Catherine Riley was in attendance to present the above report (Appendix B). The report is a refresh of clinical standards relating to the full business case service model, and the quality impact assessment of the model. This was originally developed for the five year plan, and there has been no significant change to the service model since the plan and no significant

change to the quality impact assessment. There is, however, an addition to the clinical standards (standard 87), which focusses on patient experience. Discussion ensued in regard to risks and benefits associated with this business case, and it was agreed that some detailed work is yet to be finalised. Following a lengthy discussion, the business case was not signed off by the Quality Committee, however, the report will be submitted to the Board of Directors as scheduled this week, and will await the decision from the Board. The next steps of the report will also be shared with the Clinical Commissioning Group (CCGs).

OUTCOME: The business case was not signed off by the Quality Committee, and will await decision from the Board of Directors.

106/17 COMMUNITY DIVISION PATIENT SAFETY AND QUALITY BOARD (PSQB) REPORT

Karen Barnett was in attendance to present the above quarter 4 report (Appendix C), highlighting the division's commitment to developing its governance framework. Due to the divisional governance lead post being vacated in April 2016 and not being replaced, there are areas where progress is needed, including clinical audit, clinical guidelines development and the review of NICE guidance. This was escalated to the Director of Nursing, and further support from the governance team is planned until August 2017, when a new governance lead will commence in post. A new Associate Director of Nursing also commenced in post in the division in June 2017.

Divisional Patient Safety and Quality Board meetings continue to take place monthly; serious Incident (SI) root cause analysis and investigation reports are completed for serious incidents and orange graded incidents, and the division continues to hold weekly orange / Pressure Ulcer panels; complaints are monitored at weekly meetings, and the division received a CQC rating of good across all areas. Since the visit, the CQC action plan has been monitored and is in place for the must and should do actions and for areas identified by the division and CQC report as requiring further work.

The outcome of the tender for the 0-5 Public Health Early Years (PHEYS) tender in Calderdale was announced in February and Locala was the successful bidder. The community division has agreed to continue to provide the Health Visiting service during Q1 and the process for the transfer of the service and staff commenced in March. The service transferred to the new provider on 1st July 2017. Discussion ensued on support given to colleagues who transferred to Locala.

OUTCOME: The Committee received and noted the report.

107/17 SEPSIS PERFORMANCE UPDATE

Juliette Cosgrove presented the above report (Appendix D), highlighting the quarter 4 sepsis performance in relation to the 2016-2017 CQUIN. The main point to note is that there have been improvements over the course of the year, however, there is still some work needed to ensure the accurate capture of inpatient screening during an inpatient stay and increase the level of compliance with the timeliness of antibiotics given and subsequent review. There is expected improvement in 2017-2018, with fundamental benefits from the Electronic Patient Record (EPR), as a way of identifying patients who are septic.

Discussion ensued on the relationship between EPR and the sepsis bundles, and how to use and understand the information produced. It was also stated that work is ongoing in the community on the identification of sepsis and responses to deteriorating patients. It was agreed that this work in progress will be monitored through quarterly review reports submitted to the Clinical Outcomes Group, then subsequently to this Committee.

OUTCOME: The Committee received and noted the report

108/17 FALLS BRIEFING UPDATE

Juliette Cosgrove presented the above report (Appendix E), highlighting the Trust's current position in relation to quality improvement initiatives at throughout April to June 2017 and current performance in relation to falls metrics.

The Trust has seen a step change in the number of falls being reported month on month, from an average of 173 down to 156. This change has been evident and is being maintained. Throughout 2016-2017, a number of interventions began to be embedded and, as anticipated, results began to be seen in quarter 4 including:

- The introduction of a falls lead to build relationships with the Improvement Academy, the falls champion network and a falls prevention equipment company which provides in-house training as and when requested.
- A senior clinical lead taking responsibility for steering the Trusts falls collaborative
- A regular working group has been meeting weekly to progress a number of interventions at pace, with the primary focus being on falls in acute medicine, but through links with the falls champions and the Trustwide remit of the falls lead, surgical areas have also benefited.
- The collaborative is planning an awareness campaign for July 2017 to promote how falls prevention gets attention, national audits were repeated in May 2017, initial findings indicate areas that need improving.

Discussion ensued on the use of electronic equipment, such as falls alarms, and the work that is being mirrored in community. The Improvement Academy have developed joint safety huddles with the intermediate care bed base, which have reduced the number of falls. The falls collaborative were commended for the good work done and the positive impact created. It was suggested that the members of the collaborative are invited to give an update to the Board of Directors, and that an update report is submitted to this Committee in six months' time, or sooner, if there are any significant changes.

ACTION: Update report to be submitted in 6 months' time (Wednesday, 3rd January 2018), however, any significant changes to be reported sooner.

ACTION: That the members of the falls team are invited to give an update to the Board of Directors (preferably 3rd August 2017)

OUTCOME: The Committee received and noted the report

109/17 SERIOUS INCIDENT REPORT

Andrea McCourt presented the above report (Appendix F), highlighting seven new serious incidents reported to the Clinical Commissioning Groups in May / June 2017, up to 23rd June - 4 falls, 1 pressure ulcer, 1 diagnostic incident and 1 maternity incident, all within the medical division.

12 reports were also submitted to commissioners in May and June 2017, the root causes and learning of which are summarised at the end of the report - 3 falls, 2 disruptive/ aggressive/ violent behaviour, 1 screening issue, 1 diagnostic incident, 1 sub-optimal care of deteriorating patient, 2 treatment delays, 1 pressure ulcer and 1 maternity / obstetric incident.

Discussion ensued on investigator capacity. Training is currently available and investigators are being aligned with colleagues who have completed 'good' falls reports in the past. It is sometimes difficult to find a more advanced investigator for more difficult investigations, and the amount of time taken to do work is quite an undertaking. It is important to acknowledge the support that will be given to colleagues who are doing serious incident investigations.

Work is ongoing on producing weekly bite-sized learning bulletins, which are published in the CHFT weekly newsletter, as well as the publication of the first leaflet which will focus on falls. It was suggested that one of the bulletins could focus on the investigation of an incident. Discussion also took place on a section of shared learning from the orange panel meetings. The learning reports from all incidents are shared at divisional Patient Safety and Quality Board (PSQB) meetings as well as the effective investigations intranet page.

ACTION: To circulate the falls learning leaflet to the Quality Committee once completed.

OUTCOME: The Committee received and noted the report

110/17 **CORPORATE RISK REGISTER**

Andrea McCourt presented the high level risk register (Appendix G), as at 23rd June 2017, with a summary of changes from May:

- 8 top risks
- 1 risk with an increased score from 20 to 25
- 3 new risks scored at 20, 15 and 16
- 1 closed risk previously scored at 20, reduced to its target score of 5 and proposed for closure

A copy of the high level risk register by type, and a copy of the risk register were also available.

OUTCOME: The Committee received and noted the report

111/17 **NEVER EVENT 138202 – RETAINED SWAB**

Andrea McCourt gave a presentation, previously taken to the Weekly Executive Board meeting, regarding a serious Incident / surgical never event of a retained swab in theatre. The background to the incident was summarised, as well as the key root causes, contributory factors and actions, with a very robust process now used in theatres.

OUTCOME: The Committee received and noted the presentation.

112/17 **HEALTH AND SAFETY COMMITTEE**

Lesley Hill presented the above report (Appendix I) following the meeting held on 21st June 2017, which highlighted:

- *Fire safety* - the need to review the number of fire wardens and provide training, and assurance received regarding any cladding concerns for CHFT. There is no flammable cladding at CHFT – HRI is covered in stone and CRH is covered in reconstituted stone.
- *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)* reporting - Clarity required on the number of patient related incidents which are to be reported as RIDDOR reportable incidents to the Health and Safety Executive (HSE).
- *Medical device training* - compliance reduced over April / May period as colleagues were training on EPR.
- *Violence and aggression policy* - shared with Committee and approved in principle, next step is to sign off at WEB. Implementation includes security / police / fire safety / counter terrorism / victim support event which will be held on 18th July at HRI Main Entrance.
- *Emergency planning policy* - shared with Committee and approved however, training strategy being developed to ensure robust training in place for Strategic (Gold), Tactical (Silver) and Operational (Bronze) leads and on call colleagues.

- *Business Continuity Policy* – this was shared with the Committee and approved
- Unannounced HSE visit regarding water safety – HSE spent a day, and received positive feedback.

OUTCOME: The Committee received and noted the report

113/17 **CLINICAL OUTCOMES GROUP REPORT**

David Birkenhead presented the above report (Appendix J) following the meeting held on 22nd May 2017, highlighting:

- *Mortality Rate* - The Hospital Standardised Mortality Ratio (HSMR) rate has fallen to 100.37 which is the lowest it has been. This is positive for the organisation, and is a testimony to all involved in the work. The Summary Hospital-level Mortality Indicator (SHMI) has also fallen, now down to 105, previously at 108. This is expected to fall again.
- *Care Bundles* - improvement work is fairly static with a focus on performance, but now needs quality work to be prioritised to move forward. There is an issue with how data can be pulled from EPR, and will have a gap in reporting until resolved.
- *Mortality review process* - screening review performance has fallen. The focus is to ensure we are meeting the requirements of the national process. These requirements include changing the existing protocol to a policy to include family and carer involvement and shared learning.
- *Nasogastric tube training* – the risk regarding nasogastric tube feeding is assessed at 15 on the risk register. Training for registered nurses needs to be mandatory at induction, the plan to implement this is under discussion.
- *Dementia* – good work is ongoing with dementia; recruitment of student volunteers to work alongside the social engagement workers on wards and anticipating excellent objective outcomes from the Prevention of Delirium (POD) pathway
- *Self-administration of medicines* – the CQUIN has been met, and the result of the latest achievement was 97%. A task and finish group will be established to look at the issue of accessing of bedside medication drawers and other medicine management issues, e.g. fridge monitoring, etc.

Congratulations were conveyed to all regarding HSMR.

OUTCOME: The Committee received and noted the report

114/17 **MORTALITY SURVEILLANCE GROUP REPORT**

David Birkenhead presented the above report (Appendix K) following the meeting held on 7th April 2017, highlighting:

- *Learning Disabilities Report* - Matron McKie presented inpatient deaths of adults with a learning disability for 2016/17. 9 deaths have been recorded so far and 3 within the community; of those 9, 7 were recorded as defiantly not avoidable and 1 was part of a red serious investigation.
- *Review of Anaemia outlier alert* – 13 patient deaths in the alert period were reviewed, there were no avoidability concerns noted.

OUTCOME: The Committee received and noted the report

PATIENT SAFETY GROUP REPORT

Lindsay Rudge presented the above report (Appendix L) highlighting issues raised following meetings held on Thursday, 6th April and Thursday, 1st June 2017:

- Clinical attendance at Thrombosis Committee – now have representative to attend
- Number of outstanding incidents still requiring closure and actions from those – these have now been closed.
- Review of red flag data – incidents have been reported, but the impact of the incident has not been stated and how it relates to harm. Some more work is being done with a decision to be made as to whether this data is captured on Datix or the new rostering system.

A further extraordinary meeting was held on 15th June 2017, with the following issues highlighted:

- Report received from the Radiation Protection Board
- Concerns on venous thromboembolism (VTE) performance and awaiting update from the Thrombosis Group in June. Not assured that data can be extracted as robustly as before, and difficult to understand at the moment.
- Concerns with junior doctor representation into meeting – this will be secured going forward

OUTCOME: The Committee received and noted the report

COMPLIANCE WITH NICE GUIDANCE

Juliette Cosgrove presented the above report (Appendix M), highlighting progress made with NICE guidance in the last six months:

- Six partially compliant clinical guidelines became fully compliant:
 - Clinical Guideline 139 – Infection Control
 - Clinical Guideline 145 – Spasticity in children and young people
 - Clinical Guideline 152 – Crohn's Disease
 - NICE Guideline 4 – Safe midwifery staffing for maternity settings
 - NICE Guideline – Menopause: diagnosis and management
 - NICE Guideline 28 – Management of type 2 diabetes in adults
- One guideline moved from partially compliant, to partially compliant with no further action:
 - NICE Guideline 38 – Assessment and management of fractures (non-complex)

The current status of:

NICE Clinical Guidance:

- 114 fully compliant
- 45 partially compliant and working toward full compliance
- 18 not compliant and not working toward full compliance – 18
- 11 awaiting response

NICE Technology Appraisals

- 262 fully compliant
- 24 awaiting response

NICE Interventional Procedures

- 67 fully compliant
- 3 awaiting response

There are still a number of areas of non-compliance; however, it is generally an improving picture. There are areas of good practice which need to be highlighted.

OUTCOMES: The Committee received and noted the report
Progress report to be submitted in six months' time

117/17 **ACCREDITATION SCHEMES REPORT**

Cornelle Parker presented the above report (Appendix N) which shows the Trust's position in terms of accreditation schemes undertaken.

Discussion ensued on where this work should be monitored – the Risk and Compliance Group or the Quality Committee, and it was agreed that it should continue in the Risk and Compliance Group, with an exception report submitted to relevant committees and board meetings. It was also stated that non-clinical reports should also be included, for example, Joint Advisory Group (JAG) accreditations.

The managing external agency visits, inspections and accreditations policy, which is due to be reviewed, will include amendments to reporting route, as well as a flowchart to highlight governance.

OUTCOMES: The Committee received and noted the report.
Exception report to be submitted from Risk and Compliance Group.

118/17 **QUALITY AND PERFORMANCE REPORT**

Helen Barker presented the above report (Appendix O) which summarised May's performance score of 61% for the Trust. The safe domain remains green, although harm free care and pressure ulcers have deteriorated. The responsive domain remains amber, failing to meet the Emergency Care Standard and the two week wait target which was missed for the first time in over 12 months. Caring has deteriorated to red due to a number of Friends and Family Test targets being missed. Electronic Patient Record (EPR) has impacted on the provision of several indicators this month, including 18 weeks admitted and non-admitted, venous thromboembolism (VTE), coding and day case rates.

- Most improved areas were:
 - Sickness Absence rate (%) achieved 3.6% in April (target 4%) with both long and short term sickness achieving target.
 - Friends & Family Test (FFT) (inpatient and Maternity Survey) - % would recommend the Service - although FFT performance has struggled in some areas, these two areas reached a peak in May at 98.3% and 98.6% respectively.
 - Falls per 1000 bed days was at its lowest position for over 12 months.
- Most deteriorated areas were:
 - Friends and Family Test - % response rate (inpatients, outpatients and A&E) and % would recommend the service across outpatients, A&E and Community.
 - Two week wait from referral to date first seen reduced to 84%. First time 93% target has been missed for over 12 months. Key issue for May was reduction in capacity due to last minute departure of agency locums and booking centre pressures post-EPR deployment. Some work will be done with clinical colleagues as the rate of fast-track is increasing.
 - Emergency Care Standard 4 hours. Two areas of pressure, EPR deployment and middle grade doctor capacity.

- Appointment Slot Issues on choose and book increased to 33% in May.
- % harm free care performance has deteriorated in-month to 93.6%. A deep dive review has now been completed and shared through divisional teams and with the improvement leads for falls, pressure ulcers, Catheter-associated urinary tract infections and venous thromboembolism. Improvement plans are to be reviewed and aligned to findings.

OUTCOME: The Committee received and noted the content of the report.

119/17 QUALITY IMPACT ASSESSMENT

Nicola Bailey and Helen Marshall were in attendance to present the 2017 / 2018 Cost Improvement Programme (CIP) Quality Impact Assessment (QIA) summary report (Appendix P).

This year, the QIA process was reviewed and updated in early 2017, resulting in the addition of an initial review stage in the process, with an expansion of the panel membership. A total of 115 schemes will be monitored to deliver efficiency savings in 2017-2018 of £11.5m. 45 schemes have been assessed, with 40 schemes approved, 1 requiring further work before approval and 4 schemes either deferred or not approved. No adverse quality impacts have yet been identified.

Discussion ensued on the 3,6 and 9 month reviews for schemes and the robust processes in place. The Quality Committee were assured with the QIA process and accepted the report.

OUTCOME: The Committee received and noted the content of the report.

120/17 PLAN ON A PAGE 2017/2018

A copy of the 2017/18 plan on a page (Appendix Q) was circulated and accepted.

121/17 ANY OTHER BUSINESS

Dr Anderson reported on the Freedom to speak up: raising concerns (whistleblowing) policy, which from a clinical governance and well-led review perspective, will be an area of scrutiny for the CQC. It was stated that work is being done on routes where concerns are raised.

122/17 MATTERS TO BE REPORTED TO THE BOARD OF DIRECTORS

- Reports received on Quality Impact Assessment and the Full Business Case service model for hospital reconfiguration
- Improvements made in sepsis and work ongoing
- Falls are reducing and suggest collaborative team give an update to the Board of Directors
- Learning received from serious incidents
- Presentation received on never event

123/17 QUALITY COMMITTEE WORK PLAN

The work plan (Appendix R) was circulated and accepted.

NEXT MEETING

Monday, 31st July 2017

3:00 – 5:30 pm

Board Room, Sub Basement, Huddersfield Royal Infirmary

**Minutes of the Finance & Performance Committee held on
Tuesday 4 July 2017 at 8.00am
Room 4, Acre Mill Outpatients building, Huddersfield Royal Infirmary**

PRESENT

Helen Barker	Chief Operating Officer
Anna Basford	Director of Transformation & Partnerships
Gary Boothby	Director of Finance
Richard Hopkin	Non-Executive Director
Phil Oldfield	Non-Executive Director (Chair)

IN ATTENDANCE

Rob Aitchison	Director of Operations – FSS (for Item 098/17)
Kirsty Archer	Deputy Director of Finance
Stuart Baron	Associate Director of Finance
Karen Barnett	Director of Operations – Community (for Item 156/16)
Mandy Griffin	Director of Health Informatics
Andrew Haigh	Chair of the Trust
Brian Moore	Membership Councillor
Betty Sewell	PA (Minutes)

ITEM

WELCOME AND INTRODUCTIONS

- 094/17** The Chair welcomed attendees to the meeting, it was noted that Helen Barker, Anna Basford and Gary Boothby would leave the meeting at 10.00am in order to attend Scrutiny discussions with the Council. It was agreed that the Agenda would be adjusted accordingly.

095/17 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Vicky Pickles – Company Secretary
Owen Williams – Chief Executive
Jan Wilson – Non-Executive Director

096/17 DECLARATIONS OF INTEREST

There were no declarations of interest.

097/17 MINUTES OF THE MEETING HELD 30 MAY 2017

Subject to a couple of minor changes the Minutes of the meeting held 30 May were approved as an accurate record.

098/17 MATTERS ARISING AND ACTION LOG

087/17 – EPR, Bradford go-live a meeting has taken place and it has been agreed that Bradford will share a benefits report once it has been to their Board. In terms of the risks and mitigations if Bradford's go-live date slips further, it was confirmed that conversations have taken place and further information will be provided at the next meeting.

Radiology Capacity Planning – The Director of Operations for FSS introduced the paper which provided an overview of current capacity and demand across the different radiology modalities as well as describing planning by the service to respond to projected growth for 2017/18 and beyond. It is unclear at the present time to know how successful Demand Management can be within the Radiology Directorate but it is being pursued. The key points from the paper were noted as follows:

MRI

- There are 3 scanners across the Trust available seven days a week.
- Referral growth is anticipating an additional 33 hours of scanning time per week.
- This will be achieved by extending the current opening times.
- For capacity planning, the areas of focus are outpatient and direct access referrals.
- If demand continues to increase, available machine time will be an issue.

CT

- There are also 3 CT scanners, the oldest is sited at CRH and it is envisaged that this will require replacement within the next 6 – 12 months and work is progressing to Business Case stage.
- An additional 12 hours of scanning time per week will be achieved by extending the current opening hours.
- Staffing levels continue to be a risk, however, the service are currently training staff in-house and do not anticipate issues in maintaining the workforce required to extend the current opening hours.

Ultrasound

- Recent months have seen problems in Ultrasound breaching the Trust's 6 week target. The issues have been predominantly caused by staffing and the drive away from using agency staff, this has now been addressed.

Reporting Capacity

- Reporting capacity is the biggest challenge
- National tariff – running at a loss

Helen Barker confirmed that she would discuss with Peter Keogh how we establish KPIs for referrals. Helen also asked for some context, in any future report, with regard to staffing levels with some connection to the Workforce Strategy, also what is mandated nationally.

Discussions took place with regard to demand management and it was confirmed that targets to reduce demand have not been set. However, internal recharges will take place this year and within the planning round Divisions were asked to identify any NICE guidance which was imminent.

The question was asked with regard to the continued growth rate and what would be our longer term plan. It was noted that WYAAT may play into this with regard to regional trusts working together the Trust would also continue to have

conversations with external providers to agree outsourcing arrangements which would help with additional capacity.

It was acknowledged that capital is an issue for the Directorate and discussions with outside providers are going to be key. The financing of an additional CT Scanner was also discussed and whether this could be the focus of a fundraising campaign for Charitable Funds.

ACTION: The next steps for this report would be to come back to this Committee with a firm proposal and the challenges faced for 2018/19 and beyond. **RA – 5 December 2017**

The Committee thanked Rob for a very informative paper which was received and noted by the Committee.

156/16: Community Services – The Director of Operations for Community presented the Committee with a report detailing the service areas we operate within the Community Division and cross-divisional services, with the majority commissioned by Calderdale CCG. It was noted that dashboards for the services are monitored monthly through the Community Performance Review meetings. However, the Division recognise the funding challenges and are being more robust around the activity which is undertaken. It was also noted that the CCGs are reviewing a number of services to ensure they are getting value for money. Within the last financial year the Division has had one service cut which has left only one Heart Failing Nurse within Calderdale which is contrary to Greater Huddersfield who are investing in Heart Failing Nursing.

In terms of Therapy, the first point of contact for MSK in Calderdale went live on the 1 June providing a triage service for all orthopaedic referrals which is intended to reduce the number of elective procedures. Physiotherapy service is a challenge due to the large number of vacancies which has had an impact on our waiting lists. This service has been re-modelled which is hoped will have a positive impact. The challenges and complexities within Children's therapy services were also highlighted and discussed.

It was also reported that there continues to be residual issues that need to be resolved with Locala following CC2H in 2015 and a joint meeting with Commissioners and Locala is planned for next week. It was noted that the Public Health Early Years' service, which was put out to tender in December 2016 has been awarded to Locala and our staff transferred to Locala on the 1st July 2017.

There are opportunities which are developing around the integration agenda and the need for CHFT to be inclusive was discussed. With regard to the Community Place this has been a successful pilot across Social Care and CHFT and due to this success we are looking to offer a Community Place at HRI and discussions are taking place. In depth discussions took place with regard to Social Care across both Calderdale and Greater Huddersfield and it was acknowledged that Community Services are very complex and fragmented.

The Committee thanked Karen for her report which was well received and noted by the Committee.

170/16: Consultant Investment Principles for the future engagement of external consultants – this paper was deferred to the next meeting.

090/17: Forward Planning and Risks associated with the backlog of Capital Schemes – this paper was held until later on the agenda.

099/17 MONTH 02 FINANCE REPORT

The Assistant Director of Finance, took the Committee through the Finance Report for Month 02, the following headlines were noted:

- Income & Expenditure reported a £6.1m deficit in line with plan
- Capital spend is below plan due to the underspend on equipment which will catch up later in the year.
- Cash is in line with plan which is supported by borrowing, a considerable reduction in aged debt is reported this month following year end.

In depth discussions took place with regard to the Income and Expenditure position which is reporting on plan but the underlying position is fragile and is reliant on non-recurrent benefits and Contingency Reserves. The reported Pay expenditure shows an underspend compared to plan although this positive variance is primarily due to the release of Reserves.

The implementation of EPR in May has had a significant impact upon the capture and coding of both admitted and non-admitted activity. A large estimate, which included a line-by-line assessment of the activity based on other IT systems has therefore been required to reflect the anticipated impact of inputting or correcting this backlog within the Cerner system.

It was highlighted that even though activity, driven by outpatients is down, expenditure is not and actions are being taken through the implementation of recovery plans lead by the Turnaround Executive and the Divisional reporting process.

The YTD position assumes full receipt of STF. 70% of this relates to financial position and 30% to ED performance. The ED performance trajectory has not been met but an appeal will be made due to the exceptional circumstances of EPR introduction

The Chief Operating Officer assured the Committee that additional resource is being deployed in a number of areas to ensure we get data migration and coding back on track.

In light of the above and to heighten awareness to the Board and the whole organisation, the Financial Risk to achieve the I&E position has been increased from 20 to 25. A communication plan is being worked up to ensure everyone is aware of the challenges ahead.

101/17 CIP UPDATE

The Director of Transformation & Partnerships updated the Committee with the key headlines:-

- The plan for CIP is £17.3m
- The current forecast to plan is £16.4m, which is a much improved position from previous months
- All, apart from two schemes totalling £1.3m are at GW 2.
- The majority of schemes are RAG rated high-risk.
- It is a much improved position but still more to do
- The stretch target of £20m is high-risk but our focus is achieving the £17.3m plan.
- Star chamber is scheduled around diagnostics
- Six schemes are flagging RED
- Following the visit from NHS I their findings endorsed our process and wanted to share our good practice with other Trusts.

The Director of Finance updated the Committee with regard to Soft FM, this is still being worked through and is being reviewed by external legal advisors.

104/17 INTEGRATED PERFORMANCE REPORT

The Chief Operating Officer reported as follows:-

It was noted that this has been a challenging month and the Trust's performance score for May has fallen to 61%. It was acknowledged that not all issues are EPR related with challenges around IR35 playing through. Caring has deteriorated to RED due to the number of FFT targets being missed.

Re-admissions is being scrutinised to find out what is driving this, one piece of work being asked for is to be clear what is being recorded as a planned and un-planned pathway.

June has been equally challenging for A&E with the combination of EPR and IR35 which is a significant problem, it is not financially or clinically sustainable and a task and finish group around business continuity is being set up. This has been shared with Commissioners.

The 2 week wait failed in May and June once again the biggest issue has been IR35. As a result the Dermatology service is being reviewed

Other issues for F&P Committee

- Deterioration in #NoF has impacted on our ability to recoup the best practice tariff.
- Flow issues have impacted on Stroke.
- A deep-dive will be undertaken with regard to the number of beds in the plan against the actual figure to give assurance for the CIP plan.

The Committee noted the contents of the report and the overall performance score for May.

100/17 NHS IMPROVEMENT VISIT – FEEDBACK

The Director of Finance reported that the correspondence from NHS I following their recent deep-dive into CIP was complimentary and that our governance process is robust. The regulators are aware of the scale of our risk but did not provide us with any more opportunities.

The Committee noted the contents of the correspondence.

The Director of Finance, Director of Transformation & Partnerships and Chief Operating Officer left the meeting.

102/17 EPR UPDATE AND HIGHLIGHT REPORT

The Associate Director of Finance presented the paper which went to the Transformation Board and sets out the financial position up to 31 May 2017. It was noted that the reporting table is slightly different from usual and as part of the hand-over to Bradford they now are taking over more of the admin for the project. The following headlines were noted from the report:-

- Capital overspend against the original business case is consistent with previous reports and includes the VAT on agency costs.
- The key financial risk this month is to ensure everything is captured with regard to the resource to support go-live.
- Shared costs - discussions will take place to understand the reason for the slippage of BTHFT's go-live date to September.

An updated position with regard to Bradford's EPR readiness was provided to the Committee, it was noted that they are RAG rated Yellow which means they are on plan to achieve go-live in September. However, two elements were highlighted which may have an impact on that date namely Pathology and data capturing and deployment of hardware/infrastructure. It was also noted that the quality of data migration from Bradford will be critical for CHFT with regard to productivity.

Discussions took place with regard to CHFT investment in hardware to see future benefits particularly within surgical and theatres. It was acknowledged that revised ways of working could alleviate the situation but it was suggested that Mandy Griffin should have a conversation with Charitable Funds to clarify any funding opportunities.

103/17 EPR BENEFITS

The Director of Health Informatics introduced the paper which identified the current position of the EPR benefits it described the governance arrangements, proposes the way forward to identify future benefits and how this will be effectively managed.

It was agreed that a clearer action plan would come back to the Committee in December.

The Committee received the paper and supported the recommendations within the report.

098/17 **090/17: Forward Planning and Risks associated with the backlog of Capital Schemes** – The Associate Director of Finance explained that the paper provided the Committee with the Trust’s final capital plan for 2017/18, identifying areas of planned spend and outlining the residual risk of areas where investment was not supported.

The plan has been discussed at WEB and has divisional sign-off, the plan will also be presented to the Commercial Investment and Strategy Committee on the 20 July 2017.

The Committee discussed the level of the risk scores set against the schemes and it was agreed that risks should be reviewed with regard to regulatory risk and what is a health and safety risk.

The Committee noted the paper and recognised the challenge.

105/17 **BOARD ASSURANCE/HIGH LEVEL RISKS**

The Committee reviewed the BAF and the risks which are owned by the F&P Committee. Following a detailed conversation the following was agreed:-

Risk 019: Failure to maintain a cash flow – **risk rating to be queried**

Risk 021: Failure to deliver the financial forecast position etc. – **agreed the revised risk score of 25**

Risk 022: Failure to secure sufficient capital – **query wording and risk rating**

ACTION: To discuss with the Company Secretary the wording and the rate of score for Risks 019 and 022 - **SB**

106/17 **MONTH 02 COMMENTARY ON THE FINANCIAL RETURN TO NHS IMPROVEMENT**

The Committee noted the contents of the paper.

107/17 **MINUTES FROM SUB-COMMITTEES:**

Capital Management Group – Draft Minutes of meeting held 8 June 2017. It was noted that Stuart Baron was in attendance.

The Committee received the Minutes and noted the contents.

108/17 **WORK PLAN**

The Work Plan was received by the Committee.

109/17 **MATTERS FOR THE BOARD AND OTHER COMMITTEES**

The Chair of the Committee summarised the following items which had been discussed during the meeting:-

- Radiology – good discussions with regard to capacity and reporting with a further update in December to include how this ties in with the FBC
- Community – the Committee recognised the challenges and difficulty for the Division operating with different commissioners and the scale of services.
- Month 02 is on plan ytd, however, the forecast challenge was acknowledged.
- CIP Programme and high-risk schemes

- EPR – Benefit Realisation programme was discussed, validation of the original plan will take place and will be progressed through PMO. Capital was also discussed and the risk share on Bradford's go-live.
- STF – to receive in full and the risks associated with this
- Feedback from the NHSI visit was positive
- Risks – the Committee agreed the 25 financial risk rating. Rating on capital and cash to be reconsidered.
- Capital – reviewed the risks re revised plan

110/17 ANY OTHER BUSINESS

No items.

DATE AND TIME OF NEXT MEETING

Tuesday 1 August 2017, 9.00am – 12.00noon,

Room 4, Acre Mill Outpatients building, Huddersfield HD3 3AE

**Minutes of the Calderdale & Huddersfield NHS Trust Board of Directors and
Council of Governors Annual General Meeting held
on Thursday 20 July 2017 at 6.00 pm in Meeting Room 3 & 4, 3rd Floor, Acre
Mill Outpatient Building, Huddersfield Royal Infirmary**

PRESENT

Speakers

Mr Andrew Haigh, Chairman
Dr David Birkenhead, Executive Medical Director
Mr Gary Boothby, Executive Director of Finance
Mr Brendan Brown, Executive Director of Nursing/Deputy Chief Executive
Mr Peter Middleton, Publicly Elected Member-Lead Governor
Mr Alastair Newall, Senior Manager – KPMG External Auditors
Mr Owen Williams, Chief Executive

Others present:

Board of Directors

Dr David Anderson, Non-Executive Director
Mrs Helen Barker, Chief Operating Officer
Mrs Anna Basford, Director of Transformation & Partnerships
Mr Jason Eddleston, Executive Director of Workforce & OD
Mrs Mandy Griffin, Director of THIS
Mrs Karen Heaton, Non-Executive Director
Mr Richard Hopkin, Non-Executive Director
Ms Lesley Hill, Executive Director of Planning, Estates & Facilities
Dr Linda Patterson, Non-Executive Director
Mrs Jan Wilson, Non-Executive Director
Mrs Victoria Pickles, Company Secretary

Governors

Mrs Annette Bell
Mrs Dianne Hughes
Mrs Veronica Maher
Mr Bob Metcalfe
Mr Brian Moore
Mrs Lynn Moore
Mr Brian Richardson
Mr George Richardson
Ms Kate Wileman

1. CHAIR'S OPENING STATEMENT AND INTRODUCTIONS

The Chairman opened the meeting by welcoming people to the Acre Mills Outpatient Building. He introduced the speakers and noted that other members of the Board of

Directors and Council of Governors were also present in the audience. The Chairman highlighted the divisional displays showcasing their developments during the year and on behalf of the Board and Governors thanked staff for their support.

2. APOLOGIES

Apologies were received from:

Board of Directors

Mr Philip Oldfield, Non-Executive Director
Prof. Peter Roberts, Non-Executive Director
Mrs Clare Partridge, Engagement Lead – KPMG

Governors

Mr Grenville Horsfall
Dr Mary Kiely
Mr David Longstaff
Mrs Sharon Lowrie
Dr Cath O'Halloran
Graham Ormrod
Mrs Dawn Stephenson

3. ANNUAL REPORT 2016/17

The Chairman reported that the Membership Council had recently agreed a change of title and were now the 'Council of Governors'. He gave thanks to all staff and patients involved in the recent implementation of the Electronic Patient Record (EPR). It was recognised that the implementation had been successful however there had obviously been some difficulties encountered along the way.

He mentioned that the Trust was in the top 20% of Trusts in the country for recognising the contribution our staff make to improving care in this year's annual NHS Staff Survey. The Trust was now in its second year of awarding monthly Star Awards and nominations are being received from colleagues of all disciplines.

The Chairman reported that 2017 would see the finalisation of the full business case for the reconfiguration of hospital services, outlining how healthcare will be provided in our hospitals and community into the future.

The Chairman commented that the NHS financial position is challenging and will continue to be in the future. He thanked the Council of Governors who had completed their tenures along with thanks to the Board, Volunteers and League of Friends for their support throughout the year.

4. ANNUAL ACCOUNTS – APRIL 2015 TO MARCH 2016

Gary Boothby, Executive Director of Finance presented the Annual Accounts, full details of which were available in the Annual Report. It was noted that the details of these had been discussed at the Board of Directors Meeting and these were approved as a correct record.

The key areas were noted:

Planned 2016/17 Position

The Executive Director of Finance explained the planned 2016/17 position with the introduction of control totals and Sustainability and Transformation Fund (STF) which resulted in a planned deficit position of £16.1m.

Financial Context

Over the year the Trust had seen:

- 120,000 inpatients – elective, non-elective and day cases
- 459,000 outpatients
- 151,000 A&E attendances
- 310,000 community contacts

In addition the Trust has a turnover of £375m, the majority of which is spent on staffing with 6,000 colleagues employed by the Trust. There is property and equipment over two hospital sites with a combined value of £234m. The Trust, like others, is facing a challenging financial and operational landscape.

The Trust's Performance in 2016/17 compared to 2015/16:

- 1% more non elective inpatients were treated
- 2.5% more activity was seen in A&E
- 5.1% increase across planned day case and elective activity combined, with a shift towards more day case delivery.

Key Financial Pressures

- High levels of clinical staffing vacancies and national recruitment pressures
- High levels of agency staffing costs
- Commissioner affordability
- Junior Doctors strike action
- CRH Endoscopy Department fire
- EPR Implementation costs

2016/17 Financial Performance

	<u>Plan</u>	<u>Actual</u>
Income and Expenditure	(16.15m)	(16.06m)
Capital Expenditure	28.22m	24.09m
Cash Balance	1.95m	1.94m
Loans	67.87m	61.78m
CIP	14.00m	14.98m
Use of Resources	3	3
Unqualified External Audit Opinion	√	√

2016/17 Capital

Total capital expenditure of £24.1m, invested in:

Theatre refurbishment	£2.0m
Other estates	£4.5m
Electronic Patient Record	£7.4m
Other IT	£4.6m
Equipment	£3.4m

Other

£2.2m

The Future

The Executive Director of Finance explained that the NHS faces unprecedented financial challenges both locally and nationally. Locally the Trust has seen an increased demand for services which will require closer joint working with other organisations across West Yorkshire. He concluded that there were no short term solutions to CHFT's financial deficit.

5. QUALITY REPORT

Brendan Brown, Executive Director of Nursing along with Dr David Birkenhead, Executive Medical Director presented the Quality Report. The presentation highlighted the quality priorities for 2016/17 and their progress:-

- Quality Priorities for 2016/17:- Falls – introduction of Safety Huddles
Implementation of Hospital Out of Hours (HOOP)
Understanding the Community Experience
- CQC Progress since inspection
- Mortality – fall in HSMR and SHMI cases
- Quality Priorities 2017/18 – Strategic aims:-
 - Care of the Acutely Ill Patient Programme
 - End of Life Care Strategy
 - Safe Care
 - Improving Community Service
 - Demonstrate Engagement and Co-Design
- Continued improvement in delivery of national standards and national Reporting data sets
- Continue to be an organisation that is research active and have exceeded targets for recruiting onto the clinical trials.
- Improving Patient Experience – PRASE Study, noise at night project, true patient and service user engagement
- Infection Prevention and Control – rate of c.difficile reduced.
- Engagement and Co-Design – developing a quality improvement network, Quality enthusiasts to underpin approach and methodologies using wide range of QI expertise within and outside of organisation.
- 3 Key Priorities for 2017/18 – sepsis screening, discharge planning, learning from Complaints
- What's next:-
 - Introduction of a Ward Assurance Tool
 - Roll out of a Peripatetic Nursing Team
 - Targeted recruitment
 - Instillation of 'Reminiscence Pods'
 - Introduction of a CHFT safety manual
 - Delivery of a Quality Improvement Strategy

6. EXTERNAL AUDIT OPINION ON ANNUAL REPORT/QUALITY ACCOUNTS

Alastair Newall, Senior Manager from KPMG gave a presentation outlining the work undertaken by the external auditors on the Annual Report and Accounts and the Quality Accounts. He explained the areas focussed on within the Audit were:-

- Financial Statements Audit
- Use of resources
- Review Annual Report and Annual Governance Statement
- Quality Report

Financial Statements and Annual Report

It was noted that within the financial accounts an unqualified audit opinion had been issued. There were no unadjusted audit differences although a few minor amendments were required – none with an impact on the Trust's reported position. There had been recommendations relating to controls operating within some financial systems but no material concerns.

Use of Resources

The Senior Manager for KPMG explained that the audit had concluded that the Trust had:-

- Qualified 'except for' conclusion on the Use of Resources which reflects the breach of licence that the Trust has been in through 2016/17
- Improvements made in many areas and has delivered its financial 'control total' in 2016/17 and exceeded its planned savings for the year.

Review of Annual Report and Annual Governance Statement

The Annual Report and Annual Governance Statement was consistent with financial statements and complied with the FT Annual Reporting Manual (ARM). Some minor amendments and improvements had been suggested.

Quality Report

The content of the Quality report complied with the FT Annual Reporting Manual requirements. Some minor amendments had been suggested and a qualified opinion had been issued with 'except for' the opinion on the basis of the results of the indicator testing.

Three indicators had been tested – including two national priority indicators mandated by NHS Improvement and one locally selected priority:

- A&E 4 hour wait - % of patients with a total time in A&E of 4 hours or less from arrival to admission, transfer or discharge;
- 18 week incomplete pathways - % of incomplete pathways within 18 weeks for patients on incomplete pathways
- Stroke ward admissions - % of stroke patients admitted to a stroke ward within 4 hours.

The conclusion from the testing was:-

- A&E 4 hour wait – no issues identified
- 18 week incomplete pathways – cases had been included in the indicator which were not pathways, one recommendation made, and a qualified assurance opinion given.

- Stroke ward admissions – cases reported as not being admitted within 4 hours but testing indicated that had been, would always lead to an underreporting of performance and quality checking is only focussed on cases that failed, two recommendations made.

7. FORWARD PLAN

Owen Williams welcomed everyone and thanked staff, volunteers and Governors for their work and commitment in caring for patients. He also wished to thank the Board of Directors for their commitment and challenge over the past year throughout the reconfiguration of services consultation.

Looking ahead the Chief Executive reported that the Trust would continue to use the 4 pillars of behaviour to achieve compassionate care:

- we put the patient first
- we work together to get results
- we do the must do's
- we go see

The Chief Executive set out the key areas of work for the Trust over the next year:

- Reconfiguration – he explained that the full business case would be submitted to the commissioners and regulators and that the Joint Overview and Scrutiny Committee was scheduled for the next day.
- Cost Improvement Programme – Work continued both within the Trust and across West Yorkshire to develop a Sustainability and Transformation Plan. These were also being impacted upon by national discussions around the financial challenges in the NHS.
- Electronic Patient Record (EPR) – the Trust had implemented a whole new EPR which was key to ensuring better patient care and help to provide efficient services in the future.
- Care Quality Commission – The Trust's ambition was to keep improving services and to deliver the actions which had been developed following the inspection.

The Chief Executive emphasised that the care given by all staff clinical and non-clinical should not be recognised and thanked all colleagues for their help and support.

He shared a patient story which highlighted the views of a patients relative on their personal experience who had shared information with the Chief Executive so that the organisation could learn from the feedback.

He encouraged the public to continue to keep fighting for services to be retained on the patch and assured everyone present that the Trust would be fighting hard to retain services as locally as possible.

The Chief Executive wished to give particular thanks was given to Andrew Haigh, Chairman whose tenure on the Board was due to finish in Spring 2018.

The Chairman thanked everyone for their contributions and reinforced that it was clear that this current year was going to be just as challenging as 2016/17.

8. ELECTION RESULTS AND APPOINTMENTS

The Chair reported that the second half of the meeting would concentrate on the Membership Council AGM.

a. Council Members

The Chairman reported the results of the elections run by the Electoral Reform Services on behalf of the Trust over the period 20 April to 6 July 2017. This had resulted in five public and 4 staff seats being filled.

It was noted that Brian Moore had been appointed as Lead Governor to take over from Peter Middleton on the 15 September 2017. The Chair thanked Peter for his support as Membership Councillor for the six years and latterly as Lead Governor for the Council of Governors since 2016.

The Chairman extended a welcome to the newly elected and re-elected members along with Kate Wileman who had agreed to stay on for another year on the Reserve Register.

All these appointments could be seen on the Register of Members which was available within the packs. The ballot turnout rate this year was around 12% which was comparable to other trusts.

The Chairman wished to thank the other retiring members who included:- Grenville Horsfall, George Richardson, Mary Kiely, Linda Dawn Salmons and Eileen Hamer. Five Stakeholder representatives had also ended their tenures – Cllr Carole Pattison, Dr Cath O'Halloran, Dawn Stephenson, Bob Metcalfe and David Longstaff.

b. Board of Directors – Non Executive Directors

The Chairman reported that the Nomination and Remuneration Sub Committee (Membership Council) had met on the 18 October 2016 and 8 March 2017 to agree my extension until the Spring of 2018 and to consider three Non- Executive Directors whose tenures were due to expire this year. The Committee had agreed that the tenures of Dr David Anderson should be extended for a further one year period and arrangements were in hand to recruit to the other two positions later in the year.

Those present formally ratified the aforesaid appointments and the new members to the Council of Governors.

9. MEMBERSHIP COUNCIL FORMERLY COUNCIL OF GOVERNOR UPDATE – OVERVIEW OF THE MEMBERSHIP COUNCIL CONTRIBUTION DURING 2015/16

Peter Middleton, Lead Governor gave an overview of the work of the Membership Council during 2016/17. The presentation included:-

- Composition of the Council of Governors
- Governors' Involvement in improving patient experience and outcomes through various forums at Board and Divisional level
- Council of Governors involvement with the Trust in improving quality
- Getting involved with patient and users, feeding back to the Trust and making a difference by seeing improvements.

- Workshops with the Board and Non Executive Directors to enable exchange of views.
- Thanks from the Council of Governors to the volunteers, clinicians, nursing staff, admin staff and management for their hard work and honesty and openness and lastly to Ruth Mason who had taken on a new role at the Trust.

10. QUESTIONS AND ANSWERS

The Chairman gave opportunity for those present to raise any general questions of the Board or Membership Council.

Q Why is there a vacancy for Kirklees Council on Council of Governors?

A We are in talks with them to find a replacement. The position has only been vacant for last three or four months.

Q How has Brexit impacted on recruitment?

A There is anxiety amongst international nurses and we are doing everything in our power to support them in their roles providing care for local people

Q What are your hopes for Joint Overview and Scrutiny Committee tomorrow?

A We welcome the conversation and the scrutiny by local people and will respect the decision.

Q We seem to be changing plans. First Calderdale Royal Hospital (CRH) then Huddersfield Royal Infirmary (HRI) A&E to go, then beds drop. Can you guarantee there will be a hospital at HRI at the end?

A The HRI building is at the end of its life but no one wants to see diminishing services. We have a £16m deficit and we have to make it work given the resources we have. If we don't, then someone else will do it. It is also about clinical safety and lack of doctors in emergency departments. Safety says we must change, finances determine how we change.

Q Primary care is stretched and it's the worst I have known it for 30 years what are the Sustainable Transformation Plans about?

A Not just about HRI and CRH it is about looking at whole of West Yorkshire to provide quality care for the whole population of the area. If we stand still and not let local people decide the change it will be made for us. David Birkenhead said the way forward was better, more joined up working, with GPs, secondary and tertiary care.

Q Elderly people in Meltham are worried they will die if they are ill and need to go further to hospital - to CRH - and are very worried about the proposals. For note.

A Care starts from the time the ambulance arrives. In many cases it is not always beneficial to go to the nearest hospital but to the most suitable hospital.

Q We are trying to mount a legal challenge. We deserve a hospital here in Huddersfield. Eg A 70-year-old man collapsed at the Scarecrow event and waited 1.5 hours in the road for an ambulance. I can see your intentions are honourable (to Owen Williams)

A No-one is flippant about how people feel. Explaining why initially it was CRH A&E to close a few years ago....The context has changed in recent years and money is now a consideration.

11. DATE AND TIME OF NEXT MEETING

It was noted that a provisional date had been set for the next Annual General Meeting - Thursday 19 July 2018. The time and venue would be confirmed nearer the date.

The Chairman thanked everyone for attending and closed the formal meeting at approximately 7.45 pm.

/KB/AGM2017-MINS

DRAFT