

Council of Governors Meeting - 4.4.18

Schedule	Wednesday 04 April 2018, 04:00 PM — 06:00 PM BST
Venue	Boardroom, Huddersfield Royal Infirmary
Organiser	Kathy Bray

Agenda

1. Welcome, introductions and agenda:
Richard Hopkin, Non-Executive Director
Andy Nelson, Non-Executive Director
To Note - Presented by Andrew Haigh

 AGENDA - COG - 4.4.18.doc

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2. Apologies for absence:
Alison Schofield, Rosemary Hedges, Chris Reeve Anna Basford, Director of Transformation and Partnerships
To Note - Presented by Andrew Haigh

3. Declaration of interests
To Approve - Presented by Andrew Haigh
-

4. Dennis' Story
Presented by Amanda McKie, Matron - Complex Care Needs Co-ordinator - Corporate
To Note
-

5. Minutes of the meeting held:
Thursday 17 January 2018
To Approve - Presented by Andrew Haigh

 APP A - DRAFT MINS - COG - 23.1.18.docx

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6. CHAIRMAN'S REPORT
To Note - Presented by Andrew Haigh
-

- a. Update from Chairs Information Exchange Meeting – 26.3.18
To Note - Presented by Andrew Haigh

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7. PERFORMANCE AND STRATEGY




To Note - Presented by Gary Boothby

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TRUST PERFORMANCE

b. Performance Report (including Good News Stories)

To Note - Presented by Helen Barker

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8. STRATEGIC PLAN & QUALITY PRIORITIES UPDATE

- Workforce & OD Update
- Leadership Development
- Care of the Acutely Ill Patient
- Safer Patients Programme

9. Update on Wholly Owned Subsidiary

To Note - Presented by Lesley Hill

10. Annual Plan 2018-19

To Approve - Presented by Gary Boothby

11. GOVERNANCE REPORTS

12. CHAIRMAN

-
- ## 13. - Council of Governors Register – Resignations/ Appointments
- Register of Interests/Declaration of Interest
 - Non-Executive Director Appraisals Feedback

To Approve - Presented by Andrew Haigh




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14. COMPANY SECRETARY

To Approve - Presented by Victoria Pickles

- Process for election of Lead Governor
- Self-Appraisal Process
- Review of Council of Governors formal meeting attendances
- Review details for Joint Board/Council of Governors Annual General Meeting


Presented by Victoria Pickles

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15. UPDATE FROM BOARD SUB COMMITTEES

16. - Quality Committee
- Organ Donation Group
 - Charitable Funds Committee
 - Patient Experience and Caring Group
 - Nomination and Remuneration Committee (CoG) Meeting – Chair Appointment 2.2.18
-


17. Chair Appraisal

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18. INFORMATION TO RECEIVE

Update Council of Governors Calendar Chair

To Note - Presented by Andrew Haigh

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19. Any Other Business

To Note - Presented by Andrew Haigh

20. DATE AND TIME OF NEXT MEETING:

Date: Wednesday 4 July 2018 at 4.00 pm.

Venue: Boardroom, Sub-basement, Huddersfield Royal Infirmary

Presented by Andrew Haigh

**Meeting of the CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST
 COUNCIL OF GOVERNORS MEETING**
Date: WEDNESDAY 4 APRIL 2018 at 4.00 pm
Venue: Boardroom, Huddersfield Royal Infirmary (PLEASE NOTE REVISED VENUE)
AGENDA

REF	ITEM	LEAD	PAPER	PURPOSE OF PAPER/ UPDATE
1	Welcome and introductions: Richard Hopkin, Non-Executive Director Andy Nelson, Non-Executive Director	Chair	VERBAL	Note
2	Apologies for absence: Alison Schofield, Rosemary Hedges, Chris Reeve	Chair	VERBAL	Note
3	Declaration of interests	All	VERBAL	Approve
4	Dennis' Story Presented by Amanda McKie, Matron - Complex Care Needs Co-ordinator - Corporate		PRESENTATION	Note
5	Minutes of the meeting held: Thursday 17 January 2018	Chair	APP A	Approve
6	Matters Arising	Chair	VERBAL	Information
CHAIRMAN'S REPORT				
7	a. Update from Chairs Information Exchange Meeting – 26.3.18	Chair	APP B	Information
PERFORMANCE AND STRATEGY				
8	TRUST PERFORMANCE a. Financial Position and Forecast b. Performance Report (including Good News Stories)	GB	APP C	Information
		HB	APP D	Information
9	STRATEGIC PLAN & QUALITY PRIORITIES UPDATE • Workforce & OD Update • Leadership Development • Care of the Acutely Ill Patient • Safer Patients Programme • Full Business Case	SD RM DB HB AB	VERBAL	Information
10	Update on Wholly Owned Subsidiary	LH	VERBAL	Information
11	Annual Plan 2018-19	GB	PRESENTATION	Approve
GOVERNANCE				

CHAIR				
12	Council of Governors Register – Resignations/ Appointments	Chair	APP E1	Approve
13	Register of Interests/Declaration of Interest	Chair	APP E2	Approve
14	Non-Executive Director Appraisals Feedback	Chair	APP E3	
COMPANY SECRETARY				
15	Process for election of Lead Governor	VP	APP F1	Approve
16	Self-Appraisal Process	VP	VERBAL	Approve
17	Review of Council of Governors formal meeting attendances	VP	APP F2	Approve
18	Review details for Joint Board/Council of Governors Annual General Meeting	VP	VERBAL	Approve
UPDATE FROM BOARD SUB COMMITTEES				
19	Quality Committee	L Moore	VERBAL	Information
20	Organ Donation Group	A Haigh	VERBAL	Information
21	Charitable Funds Committee	A Haigh	VERBAL	Information
22	Patient Experience and Caring Group	L Moore	VERBAL	Information
23	Nomination and Remuneration Committee (CoG) Meeting – Chair Appointment 2.2.18	B Moore	VERBAL	Approve
24	Appraisals – Chair	BM/DA/AH	APP G	Information
INFORMATION TO RECEIVE				
25	Update Council of Governors Calendar	Chair	APP H	Note
26	Any Other Business	Chair	VERBAL	Receive
	DATE AND TIME OF NEXT MEETING: Date: Wednesday 4 July 2018 at 4.00 pm. Venue: Boardroom, Sub-basement, Huddersfield Royal Infirmary			



**MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 23 JANUARY 2018 IN THE BOARDROOM, SUB-BASEMENT,
HUDDERSFIELD ROYAL INFIRMARY**

PRESENT:

Andrew Haigh	Chair
Rosemary Hedges	Public elected – Constituency 1
Di Wharmby	Public elected – Constituency 1
Annette Bell	Public elected – Constituency 6
Paul Butterworth	Public elected – Constituency 6
Alison Schofield	Public elected – Constituency 7 (+ carer)
Brian Moore	Public elected – Constituency 8 /Lead Governor
Linzi Smith	Staff Elected – Constituency 11
Sian Grbin	Staff-elected – Constituency 13
Megan Swift	Nominated Stakeholder – Calderdale Metropolitan Council
Felicity Astin	Nominated Stakeholder - University of Huddersfield

IN ATTENDANCE:

Helen Barker	Chief Operating Officer
David Birkenhead	Executive Medical Director
Gary Boothby	Executive Director of Finance
Brendan Brown	Executive Director of Nursing/Deputy Chief Executive
Kathy Bray	Board Secretary
Karen Heaton	Non-Executive Director
Lesley Hill	Executive Director of Planning, Estates & Facilities
Victoria Pickles	Company Secretary
David Anderson	Non-Executive Director/SINED

APOLOGIES:

Apologies for absence were received from:

Veronica Maher	Public elected – Constituency 4
Katy Reiter	Public elected – Constituency 2
Dianne Hughes	Public elected – Constituency 3
John Richardson	Public elected – Constituency 3
Kate Wileman	Public elected – Constituency 4 (Reserve Register)
Nasim Banu Esmail	Public elected – Constituency 4
Stephen Baines	Public elected – Constituency 5
Brian Richardson	Public elected – Constituency 5
Lynn Moore	Public elected – Constituency 7
Michelle Rich	Public elected – Constituency 8
Dr Peter Bamber	Staff Elected – Constituency 9
Theodora Nwaeze	Staff-elected – Constituency 12
Charlie Crabtree	Staff-elected – Constituency 13
Chris Reeve	Nominated Stakeholder – Locala
Salma Yasmeen	Nominated Stakeholder – South West Yorkshire Partnership FT
Rory Deighton	Healthwatch Kirklees

The Chairman opened the meeting by thanking everyone for their co-operation when the meeting had been rescheduled from the 17 January to the 23 January due to a combination of sickness and adverse weather conditions. This had resulted in only two public members being available to attend the meeting on the 17 January and therefore due to not being quorate it had been rearranged. The Chair welcomed Felicity Astin the new nominated Stakeholder for the University of Huddersfield. He advised the meeting that discussion had taken place during the private session held prior to this meeting regarding the financial pressures/reforecast, Judicial review and issues discussed at recent private meetings of the Board of Directors meetings.

1/17 DECLARATION OF INTERESTS

There were no declarations of interest at the meeting.

2/18 EXTERNAL AUDITOR'S PRESENTATION

Alastair Newall, External Auditor from KPMG attended the meeting to give an overview of the role and responsibilities of the external auditors. It was noted that representatives of the Council of Governors had recently been involved in the reappointment of KPMG as the external auditors.

Details were given on the key areas of work which included:

- Financial Statements Audit – resulting in 2 outputs ISA260 and Audit Opinion.
- Use of Resources – value for money
- Review of the Annual Report and Annual Governance Statement – culminating in the preparation of the Annual Report and Accounts
- Quality Report – process for selection of local and mandated indicators and opinion on quality accounts
- Audit timetable
- Attendance at Audit and Risk Committee with regular reports
- Attendance at the Joint Board of Directors/Council of Governors Annual General Meeting to feedback on the audit each year.

Discussion took place regarding the recent instructions received from NHS Improvement for all Trusts to submit a wider range of activity information relating to urgent and emergency care which could be collated to give benchmarking data.

Helen Barker advised on the three types of data across the WY patch:

Type 1 – A/E activity

Type 2 – Other access i.e. GP referrals

Type 3 – Walk in Centres

The Chair thanked Alastair for the information given and update received.

OUTCOME: The Council of Governors **RECEIVED AND NOTED** the information presented by the External Auditor

3/18 MINUTES OF THE LAST MEETING – 26 OCTOBER 2017

The minutes of the last meeting held on 26 October 2017 were approved as an accurate record.

4/18 MATTERS ARISING

71/17 – GOVERNORS ATTENDANCE AT FORMAL COUNCIL OF GOVERNOR MEETINGS

The Chairman confirmed that he had now had discussions with Governors who had not attended regular meetings. On the whole it was agreed that the Governors had valid reasons for non-attendance. It was noted that Theodora Nwaez had notified

the Chairman that she would resign from her post at the next elections.

Following discussion Brian Moore asked that nearer the elections the Chairman should contact all Governors who had not attended throughout the year to ask that they reflect on their positions as it was not fair to Trust staff or the public if seats are not represented. All present agreed.

ACTION: CHAIRMAN BEFORE 17.4.18

OUTCOME: The Council of Governors **AGREED** that the Chairman should action before 17.4.18

76/17 – RAISING IT ISSUES

No further information had been received regarding how staff should raise IT issues, although it was noted that at the last meeting the Managing Director – NHS Digital had agreed to investigate this outside the meeting.

It was agreed that the Board Secretary would follow this up.

ACTION: BOARD SECRETARY

5/18

CHAIRMAN'S REPORT

a. UPDATE FROM CHAIRS INFORMATION EXCHANGE MEETING – 13.12.17

The Chairman reported on the minutes from the meeting held on the 13 December 2017 which had been included with the agenda (Appendix B). The next meeting was scheduled to be held on the 26 March 2018.

OUTCOME: The Council of Governors **RECEIVED AND NOTED** the Chairs Information Exchange Minutes – 13.12.17

b. TODMORDEN CAR PARK CHARGES

The Chairman had received a question regarding parking charges at Todmorden. It was noted that the building was managed by the landlord/Todmorden Group Practice and therefore the Trust had no input into deciding the charges.

c. HEALTH AND SAFETY ISSUE – ACCESS TO CRH DURING ROADWORKS

Alison Schofield had asked a question regarding access arrangements for anyone with mobility difficulties crossing Dryclough Lane to access CRH. It was noted that the Trust had been in discussion with Calderdale Council and a new crossing point had been put in place at Dryclough Lane which was slightly higher up than the old one but opposite the path into the hospital. Dropped curbs had been installed on both sides of the crossing.

d. DEALINGS WITH CARILLION

The Chairman confirmed that that the Trust has had no dealings with Carillion.

PERFORMANCE AND STRATEGY

6/18a

FINANCIAL POSITION AND FORECAST

The Executive Director of Finance presented the Month 8 finance report, as at 30 November 2017.

The key points were:-

- Reported year to date deficit position of £17.85m, an adverse variance of £3.79m compared with the control total of £14.07m;
- Delivery of CIP is above the planned level at £10.35m against a planned level of £9.97m;

- Capital expenditure is £5.17 below plan due to revised timescales;
- Cash position is £1.99m, just above the planned level;
- A Use of Resources score of level 3, in line with the plan.

It was noted that the Trust continues to report a forecast in line with the Control Total deficit of £15.94m. However the deteriorating position leaves the Trust with the requirement to deliver recovery plans of the magnitude of £11m, to cover the growing underlying gap between the planned deficit and operating position. The size of this gap is unlikely to be resolved quickly enough to achieve the control total over the next 4 months and the Trust is now forecasting an adverse variance from plan during Months 7-11. Sustainability and Transformation Funding of £6.57m for Quarters 3 and 4 remains at risk and will only be made available if the Trust can deliver full financial recovery back to plan.

The Chairman advised that the recovery plan would reference reconfiguration as being part of the solution to address the deficit.

Discussion took place regarding the national drive to improve patient services/safety through consolidation of services and delivering care differently by patients accessing specialist centres. It was felt that this was a way forward for delivering services in the future.

OUTCOME: The Council of Governors **NOTED** the financial position and forecast.

6/18b

PERFORMANCE & QUALITY (Including Good News Stories)

The Chief Operating Officer presented the quality and performance report. The key issues from the report included:

- November's Performance Score has improved to 62% for the Trust.
- The SAFE domain is back to AMBER having deteriorated to RED following a reported Never Event last month.
- The EFFECTIVE domain has maintained its GREEN rating for the third month running.
- The RESPONSIVE domain has maintained AMBER with improved performance across the Cancer metrics.
- EFFICIENCY & FINANCE has improved in the Efficiency metrics but remains RED.
- WORKFORCE remains RED with all 5 Mandatory Training focus areas missing target

Discussion took place regarding the winter pressures over the Xmas/New Year period which had affected Trusts nationally. All Governors present wished to thank staff for the work undertaken to address the increased activity levels which continued through January.

Discussion took place regarding concerns around achieving targets for Mandatory Training. It was noted that work was underway within Divisions to address this with support for staff and shared learning. It was agreed that an update on the progress would be fed back to the Governors at the next meeting.

ACTION: HB – AGENDA ITEM

OUTCOME: The Council of Governors **NOTED** the performance and quality data and good news stories.

7/18 STRATEGIC PLAN & QUALITY PRIORITIES UPDATE**7/18a NOTES FROM THE BoD/CoG WORKSHOP HELD ON 15.11.17**

The Council of Governors received the notes from the Workshop held on the 15 November 2017 on the Strategy Update which had been brought to the meeting to ensure that all new Governors have sight of the notes.

7/18b QUALITY PRIORITIES FOR QUALITY ACCOUNTS 2017-18 AND 2018-19

The Company Secretary presented the paper prepared by Andrea McCourt, Head of Governance and Risk. She reminded the Governors that the Quality Accounts form part of the Trust Annual Report and Accounts process and provided information for the public on the quality of services the Trust has provided over the previous financial year. The quality accounts detailed the quality achievements during the year and quality performance, details of clinical audit work undertaken, quality priorities for the forthcoming year and feedback from local stakeholders. As had been referenced earlier in the meeting, the Quality Accounts are reviewed by the external auditor.

The quality accounts also contain feedback from our local stakeholders on the quality of services, for example from other local providers and the local authority, as well as statements from the Trust's Chief Executive and the Board.

With regard to the 2017-18 Quality Accounts, as identified in the paper the progress against each of the indicators chosen by the membership was noted:

- sepsis screening for in patients
- discharge planning
- learning from complaints

It was reported that work had also begun to select three quality account priorities for 2018/19, following discussion at the Council of Governors workshop on 7 December 2017.

Six indicators had been chosen, two from each of the following domains:

- safety
- effectiveness
- experience

The list of the proposed 2018/19 quality account priority topics was included within the paper circulated.

It was noted that arrangements were being made for information on the six priorities to be sent to the wider membership during February 2018 and members will be asked to select three of the six as 2018/19 quality account priorities.

As discussed earlier in the meeting, of the 2017/18 quality accounts there are two areas which are nationally mandated for audit by our external auditors and one local indicator for audit that the council of governors selects. We are currently awaiting national guidance which will confirm the two mandated indicators.

The Company Secretary reported that arrangements were being made for the Council of Governors to receive further feedback on the progress of the Quality Reports.

OUTCOME: The Council of Governors **RECEIVED and APPROVED** the strategic plan and quality priorities update.

8/18 RISK REGISTER

The Company Secretary presented the Risk Register paper. It was noted that this information had been presented at the Council of Governors Development Session on the 13 December 2017, but unfortunately only a small number of Governors were able to attend so this has been included on the agenda for information.

OUTCOME: The Council of Governors **RECEIVED AND NOTED** the information provided.

9/18 GOVERNANCE**9/18a COUNCIL OF GOVERNORS REGISTER**

The updated register of members as at 1 January 2018 was received for information and the changes were noted. The Chairman reported that no further information had been received from Kirklees Metropolitan Council regarding a nomination to fill this seat despite contact with them.

OUTCOME: The Council of Governors **NOTED** the updated Register.

9/18b REGISTER OF INTERESTS/DECLARATION OF INTERESTS

The Chairman requested that any amendments be notified to the Board Secretary as soon as possible.

OUTCOME: The Council of Governors **APPROVED** the Register of Interests

9/18c REVIEW ANNUAL COUNCIL OF GOVERNORS MEETINGS WORKPLAN

The Company Secretary presented the updated workplan of items for discussion at future Council of Governor meetings. It was requested that any comments be returned to the Board Secretary.

OUTCOME: The Council of Governors **APPROVED** the meetings workplan.

9/18d DRAFT ELECTION TIMETABLE 2018

The Company Secretary presented the draft election timetable for the Council of Governors for 2018. The information was noted and it was requested that any Governor wishing to resign from the Council should make the Board Secretary aware before 16 May 2018.

10/18 UPDATE FROM BOARD SUB COMMITTEES**10/18a QUALITY COMMITTEE**

Paul Butterworth highlighted the discussions which had taken place at the last Quality Committee. These included:

- Communications around serious incidents/record keeping
- Nutrition – nil by mouth – risks by being offered fluids – being actioned by Executive Director of Nursing
- Mandatory Training – concern over support for staff in completing this and other personal development

Staff Governors present at the Council of Governors Meeting shared their experience of training on EPR and ESR and the challenges being faced dedicating time to this. The Executive Director of Nursing advised that training needs and support including Mandatory Training was to be raised with the newly appointed Executive Director of Workforce and OD when she commenced on the 1 February 2018 in order that a programme of training can be designed.

10/18b ORGAN DONATION COMMITTEE

In the absence of John Richardson the Chairman updated on the current issues discussed at the Organ Donation Committee which included:

- Training for Anaesthetists
- University of Huddersfield feedback on survey – attitudes and blockers
- Training for staff – handling donation permission with families.
- Promotional activity – advertising on shuttle bus being pursued.

10/18c CHARITABLE FUNDS COMMITTEE

In the absence of Kate Wileman the Chairman updated on the current issues being discussed by the Charitable Funds Committee which included:

- Fund Manager investments
- Performance on funds and spend
- Todmorden – sub committee established with Todmorden Town Council. Charitable Funding being offered for public benches and food bank.

10/19d PATIENT EXPERIENCE AND CARING GROUP

In the absence of Lynn More, unfortunately there were no representatives present who were able to give feedback on the discussions of the Patient Experience and Caring Group.

10/18e NOMINATION AND REMUNERATION COMMITTEE (CoG)

The Chairman reported that the Nominations and Remuneration Committee (COG) had commenced the process for the appointment of Chair and interviews were scheduled for Friday 2 February 2018.

It was noted that the tenures of the Non-Executive Directors had been discussed by the Committee and Dr David Anderson's third and final year was due to end on the 22 September 2018.

OUTCOME: The Council of Governors **RECEIVED** the Sub Committees/Groups updates.

11/18 INFORMATION TO RECEIVE

The following information was received and noted:

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

b. Extract from Quality Report re Complaints and PALs

The Executive Director of Nursing reported that this information had been supplied to the Council of Governors for information and offered an overall view of the Trust's management of the current position with regard to complaints and PALs contacts. It was noted that discussion regarding the contents of this document had taken place through other forums such as earlier in the meeting within the Performance Report and through Divisional Reference Groups. The Director of Nursing therefore asked Governors to feedback to him how they would like this information presenting in the future to avoid duplication.

ACTION: ALL

Discussion took place regarding capturing compliments as well as complaints and the Executive Director of Nursing advised that work was underway to capture this for the future although it was appreciated that this would not include all compliments received as they are often received informally at ward

12/18 ANY OTHER BUSINESS

There was no other business to note.

13/18 DATE AND TIME OF NEXT MEETING

Wednesday 4 April 2018 commencing at 4.00 pm in the Large Training Room,
Learning Centre, Calderdale Royal Hospital

The Chair thanked everyone for their contribution and closed the meeting at 6.50 pm.

COUNCIL OF GOVERNORS
CHAIRS' INFORMATION EXCHANGE MEETING

Monday 26 March 2018

NOTES

Present: **Full meeting:**
 Andrew Haigh Chairman
 Brian Moore Lead Governor/Chair of Surgical DRG
 Lynn Moore Chair of FSS DRG
 Annette Bell Chair of Community DRG
 Stephen Baines Chair of Estates & Facilities DRG
 Vanessa Henderson Membership and Engagement Manager
 Part meeting:
 Sian Grbin Staff Governor

1 Apologies

Vicky Pickles
Kate Wileman

2 To receive the SOAPs from DRG meetings

(i) Medical DRG

The SOAP from the Medical DRG meeting was received.

Andrew briefly outlined the Trust's current financial situation.

(ii) Community DRG

Annette presented the SOAP from the Community DRG meeting.

The incident in November 2017 on the Community Place was discussed briefly.

(iii) Surgical & Anaesthetics DRG

Brian presented the SOAP from the Surgical & Anaesthetics DRG meeting.

(iv) Families & Specialist Services DRG

Lynn presented the SOAP from the Families & Specialist Services DRG meeting.

(v) Estates & Facilities DRG

Stephen presented the SOAP from the Estates & Facilities DRG meeting.

3 Membership Office SOAP

Vanessa presented the Membership Office SOAP.

4 Notes of the last meeting held on approved

The notes of the meeting held on 13 December 2017 were approved as a correct record.

5 Update from the Chair

Andrew raised the issue of staff morale in the current climate and asked Sian for her views. She said from the perspective of paediatrics there had been some staffing issues and the winter pressures had had an impact. She described the pressures faced by the medical staff also, which can sometimes have an impact on the time it takes for patient discharges.

Sian agreed with Andrew's view that currently staff are exhausted due to the pressures on them.

Andrew reported on the following items:

(i) Winter pressures

There had been immense pressures on the services this year, and on staff. Initially this was due to the number of patients attending but more recently the pressure was as a result of the patients' acuity.

(ii) Performance

Comparatively our performance against the ED 4-hour target has been fairly good, although it is still very much below where we would like it to be.

(iii) Financial position

The Trust will end the year £8 million below the budget agreed with NHS Improvement (NHSI). That results in us losing the STF funding. The challenge for next year is significant and we have declined NHSI's control total.

Andrew described the scope of the loans that the Trust has on its accounts, most of which are from the government. By the end of next year the loans will amount to £145 million.

(iv) Reconfiguration

The plans for reconfiguration are now with the Secretary of State for Health, who is looking at whether the plans make sense from a clinical perspective. If we are allowed to make the changes the financial imbalance in the system will be redressed to a great extent although it will not be completely solved.

The judicial review will look at whether we have followed the correct process. If the decision went against the Trust we would need to revisit the consultation process.

(v) *New Chair*

The new Chair, Philip Lewer, had been appointed and would be attending the meeting of the CoG on 4 April.

(vi) *CQC inspection*

We are currently waiting for feedback from the two visits that have taken place so far. A couple of issues had been raised during those visits. Feedback on the services that had been criticised during the last inspection had been positive so far.

We are expecting more unannounced visits before the scheduled three day visit starting on 3 April to carry out the well led review.

On 27 March NHSI are coming into the Trust for two days to carry out a use of resources review which will feed into the CQC inspection.

(vii) *West Yorkshire working*

Developments are continuing at a West Yorkshire level. The government's future plans are for responsibility for capital expenditure to be devolved to partnership (STP) level.

There was a discussion around the governance arrangements for the STPs, and for WYAAT (West Yorkshire Association of Acute Trusts).

6 Wholly Owned Subsidiary

Estates and Facilities are being looked at on a West Yorkshire basis and there are proposals for a wholly owned subsidiary which will help protect staff from being outsourced if the reconfiguration goes ahead. The Board has approved the proposals and consultation with the staff affected is ongoing.

7 Adults with complex needs – transitioning from paediatric care

Sian raised the issues around adults with complex needs who transition from paediatric care and asked whether the Trust could consider creating a new consultant role to oversee these patients. Andrew agreed to raise this issue.

8 Cardiac Ward

Sian raised some issues that had arisen during the recent familiarisation tour around the reconfigured cardiology and respiratory services at CRH. Since the

reconfiguration there was no treatment room available on the Cardiac Ward and there were only two toilets on there. Andrew agreed to raise this issue.

9 Equipment Loan Stores

Sian raised concerns about the booking system for equipment loan stores which Andrew agreed to raise with Lesley Hill.

10 Monitoring of services that have been outsourced

In response to a question from Sian, Andrew explained that the decisions as to how to commission services are made by the CCGs and we are not involved in the monitoring of those services.

Andrew advised the group that the management arrangements at Locala had recently changed.

11 Staff attitude

Lynn raised some concerns about the attitude of a doctor in the Emergency Department at CRH on her husband's recent attendance. Andrew agreed to take these concerns up with the appropriate manager.

12 Date and time of next meeting

Monday 25 June, 2:00 pm to 4:00 pm, Board Room, HRI

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st Jan 2018 - Month 10

KEY METRICS

	M10			YTD (JAN 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit) Control Total basis	(£0.13)	(£3.28)	(£3.15)	(£17.00)	(£25.70)	(£8.70)	(£15.94)	(£23.95)	(£8.00)
Agency Expenditure	(£1.36)	(£1.58)	(£0.22)	(£14.14)	(£13.38)	£0.76	(£16.86)	(£16.39)	£0.48
Capital	£0.70	£1.82	(£1.13)	£13.65	£10.14	£3.51	£14.39	£15.59	(£1.20)
Cash	£1.90	£1.92	£0.02	£1.90	£1.92	£0.02	£1.91	£1.90	(£0.01)
Borrowing (Cumulative)	£87.62	£100.89	£13.27	£87.62	£100.89	£13.27	£87.62	£103.86	£16.24
CIP	£1.86	£1.22	(£0.64)	£13.69	£13.12	(£0.58)	£20.00	£17.95	(£2.05)
Use of Resource Metric	2	4		3	3		3	3	

- Reported year to date deficit position of £30.81m,
- On a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £25.70 an adverse variance of £8.70m compared with the control total of £17.00m;
- Delivery of CIP is £13.12m this is below the planned level of £13.69m;
- Capital expenditure is £3.51 below plan due to revised timescales;
- Cash position is £1.92m, in line with the planned level;
- A Use of Resources score of level 3, in line with the plan.

As at Month 10 the gap to our control total is £8.70m. This is the level of financial improvement that the Trust required in order to be eligible for STF funding. £5.04m of STF funding has been lost based on Q1 & 2 A&E performance and financial performance in M7-10. This is driving a total variance from control total of £13.74m, (excluding technical items excluded for control total purposes). However, the reported position includes a number of non recurrent benefits that in part offset the underlying operational deficit. The underlying financial shortfall against the financial plan in the year to date is £18.2m excluding the impact of STF and is summarised as follows:

Year to Date Challenges:

Clinical Contract Income shortfall:	(£8.0m)	(Includes £5.3m linked to EPR productivity).
Other Income:	(£3.6m)	(Includes Estates and Apprentice Levy income).
Pay pressures:	(£4.7m)	(Includes EPR costs of c. £1.0m).
Non-Pay Pressures:	(£1.9m)	(Includes EPR costs of c.£0.3m).
Total underlying variance from plan:	(£18.2m)	
Release of Contingency Reserves	£2.0m	
Non-Recurrent benefits in YTD position:	£7.5m	
Month 10 position to report:	(£8.7m)	

The Trust is reporting a forecast deficit of £45.25m, an adverse variance to plan of £15.41m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m. The £8.00m gap remains unchanged from the position reported at the end of Quarter 3 and is contingent upon a number of elements including : £1m further winter funding, £1m revenue to capital transfer (both of which are supported by NHSI), finalisation of contract agreements relating to the SPV and the negotiated settlement with ISS, confirmation of year end agreements with commissioners and full delivery of recovery plans and forecast CIP.

INCOME AND EXPENDITURE SUMMARY

	M10			YTD (JAN 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Income	£32.30	£28.69	(£3.61)	£311.54	£295.94	(£15.60)	£374.74	£358.27	(£16.47)
Pay	(£19.74)	(£20.64)	(£0.91)	(£201.69)	(£203.82)	(£2.13)	(£241.10)	(£243.83)	(£2.73)
Non Pay	(£10.57)	(£10.39)	£0.17	(£105.87)	(£101.81)	£4.06	(£124.55)	(£120.61)	£3.94
Total Expenditure	(£30.30)	(£31.03)	(£0.73)	(£307.56)	(£305.63)	£1.93	(£365.65)	(£364.44)	£1.21
EBITDA	£2.00	(£2.35)	(£4.35)	£3.98	(£9.69)	(£13.67)	£9.09	(£6.17)	(£15.26)
Non Operating Expenditure	(£2.12)	(£2.12)	£0.00	(£34.90)	(£21.12)	£13.78	(£38.93)	(£39.08)	(£0.15)
Surplus / (Deficit)	(£0.12)	(£4.47)	(£4.34)	(£30.92)	(£30.81)	£0.11	(£29.84)	(£45.25)	(£15.41)
Less: Items excluded from Control Total	(£0.01)	£0.01	£0.02	£13.92	£0.06	(£13.86)	£13.90	£13.91	£0.01
Less: Loss of STF funding	£0.00	£1.18	£1.18	£0.00	£5.04	£5.04	£0.00	£7.40	£7.40
Surplus / (Deficit) Control Total basis	(£0.13)	(£3.28)	(£3.15)	(£17.00)	(£25.70)	(£8.70)	(£15.94)	(£23.95)	(£8.00)

CLINICAL ACTIVITY

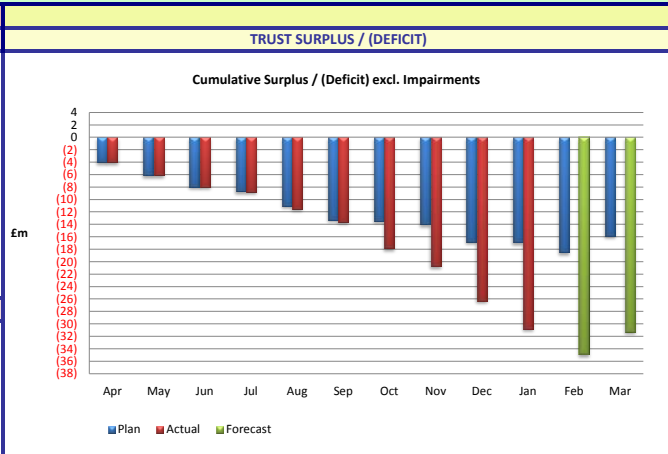
	M10			YTD (JAN 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Elective	709	301	(408)	6,636	4,893	(1,743)	7,958	5,733	(2,225)
Non-Elective	4,262	5,118	856	42,395	46,862	4,467	50,873	56,387	5,514
Daycase	3,395	2,835	(560)	31,805	29,445	(2,360)	38,132	35,279	(2,853)
Outpatient	32,046	26,920	(5,126)	299,880	269,041	(30,839)	359,602	323,344	(36,258)
A&E	13,001	11,731	(1,270)	129,111	125,089	(4,022)	155,414	150,572	(4,842)
Other NHS Non-Tariff	144,007	151,265	7,258	1,341,613	1,389,642	48,029	1,622,193	1,681,263	59,070
Other NHS Tariff	11,762	10,528	(1,234)	110,860	102,438	(8,422)	133,242	122,662	(10,580)
Total	209,182	208,697	(485)	1,962,300	1,967,409	5,109	2,367,414	2,375,241	7,827

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

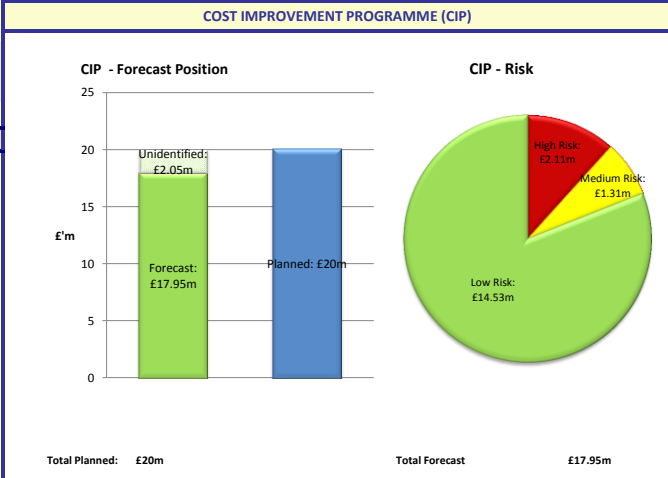
YEAR TO DATE POSITION: M10			
CLINICAL ACTIVITY			
	M10 Plan	M10 Actual	Var
Elective	6,636	4,893	(1,743)
Non-Elective	42,395	46,862	4,467
Daycase	31,805	29,445	(2,360)
Outpatient	299,880	269,041	(30,839)
A&E	129,111	125,089	(4,022)
Other NHS Non-Tariff	1,341,613	1,389,642	48,029
Other NHS Tariff	110,860	102,438	(8,422)
Total	1,962,300	1,967,409	5,109

TRUST: INCOME AND EXPENDITURE			
	M10 Plan	M10 Actual	Var
	£m	£m	£m
Elective	£18.64	£14.69	(£3.95)
Non Elective	£79.67	£83.42	£3.75
Daycase	£22.11	£21.12	(£0.99)
Outpatients	£34.89	£31.57	(£3.32)
A & E	£15.98	£15.06	(£0.92)
Other-NHS Clinical	£100.92	£89.71	(£11.21)
CQUIN	£5.83	£5.59	(£0.24)
Other Income	£33.50	£34.77	£1.27
Total Income	£311.54	£295.94	(£15.60)
Pay	(£201.69)	(£203.82)	(£2.13)
Drug Costs	(£29.28)	(£29.26)	£0.02
Clinical Support	(£27.26)	(£23.71)	£3.55
Other Costs	(£39.17)	(£38.68)	£0.49
PFI Costs	(£10.16)	(£10.16)	£0.00
Total Expenditure	(£307.56)	(£305.63)	£1.93
EBITDA	£3.98	(£9.69)	(£13.67)
Non Operating Expenditure	(£34.90)	(£21.12)	£13.78
Surplus / (Deficit)	(£30.92)	(£30.81)	£0.11
Less: Items excluded from Control Total	£13.92	£0.06	(£13.86)
Less: Loss of STF funding	£0.00	£5.04	£5.04
Surplus / (Deficit) Control Total basis	(£17.00)	(£25.70)	(£8.70)

DIVISIONS: INCOME AND EXPENDITURE			
	M10 Plan	M10 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£17.47	£8.84	(£8.63)
Medical	£23.75	£21.23	(£2.52)
Families & Specialist Services	(£0.76)	(£3.87)	(£3.11)
Community	£1.96	£2.34	£0.38
Estates & Facilities	(£21.42)	(£21.99)	(£0.57)
Corporate	(£25.17)	(£24.86)	£0.31
THIS	(£0.02)	(£0.54)	(£0.52)
PMU	£2.28	£2.39	£0.11
Central Inc/Technical Accounts	(£27.81)	(£14.34)	£13.47
Reserves	(£2.00)	£0.00	£2.00
Unallocated CIP	£0.80	£0.00	(£0.80)
Surplus / (Deficit)	(£30.92)	(£30.81)	£0.11



KEY METRICS			
	Year To Date		
	M10 Plan	M10 Actual	Var
	£m	£m	£m
I&E: Surplus / (Deficit)	(£17.00)	(£25.70)	(£8.70)
Capital	£13.65	£10.14	£3.51
Cash	£1.90	£1.92	£0.02
Loans	£87.62	£100.89	£13.27
CIP	£13.69	£13.12	(£0.58)
Use of Resource Metric	3	3	
	Year End: Forecast		
	Plan	Forecast	Var
	£m	£m	£m
I&E: Surplus / (Deficit)	(£15.94)	(£23.95)	(£8.00)
Capital	£14.39	£15.59	(£1.20)
Cash	£1.91	£1.90	(£0.01)
Loans	£87.62	£103.86	£16.24
CIP	£20.00	£17.95	(£2.05)
Use of Resource Metric	3	3	



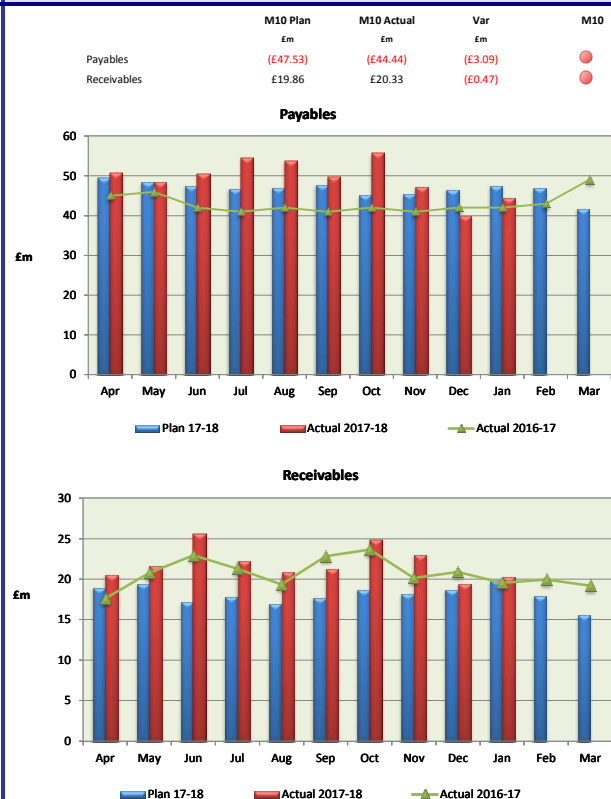
YEAR END 2017/18			
CLINICAL ACTIVITY			
	Plan	Actual	Var
Elective	7,958	5,733	(2,225)
Non-Elective	50,873	56,387	5,514
Daycase	38,132	35,279	(2,853)
Outpatient	359,602	323,344	(36,258)
A&E	155,414	150,572	(4,842)
Other NHS Non- Tariff	1,622,193	1,681,263	59,070
Other NHS Tariff	133,242	122,662	(10,580)
Total	2,367,414	2,375,241	7,827

TRUST: INCOME AND EXPENDITURE			
	Plan	Actual	Var
	£m	£m	£m
Elective	£22.36	£17.11	(£5.25)
Non Elective	£95.53	£100.18	£4.65
Daycase	£26.51	£25.46	(£1.05)
Outpatients	£41.84	£37.75	(£4.09)
A & E	£19.24	£18.11	(£1.13)
Other-NHS Clinical	£122.22	£111.13	(£11.09)
CQUIN	£6.99	£6.71	(£0.29)
Other Income	£40.05	£41.83	£1.77
Total Income	£374.74	£358.27	(£16.47)
Pay	(£241.10)	(£243.83)	(£2.73)
Drug Costs	(£35.34)	(£35.45)	(£0.12)
Clinical Support	(£32.76)	(£28.02)	£4.74
Other Costs	(£44.27)	(£48.93)	(£4.67)
PFI Costs	(£12.19)	(£8.21)	£3.98
Total Expenditure	(£365.65)	(£364.44)	£1.21
EBITDA	£9.09	(£6.17)	(£15.26)
Non Operating Expenditure	(£38.93)	(£39.08)	(£0.15)
Surplus / (Deficit)	(£29.84)	(£45.25)	(£15.41)
Less: Items excluded from Control Total	£13.90	£13.91	£0.01
Less: Loss of STF funding	£0.00	£7.40	£7.40
Surplus / (Deficit) Control Total basis	(£15.94)	(£23.95)	(£8.00)

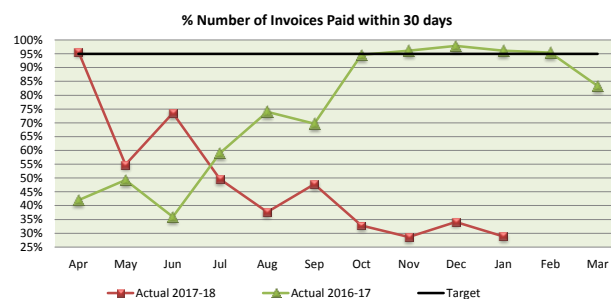
DIVISIONS: INCOME AND EXPENDITURE			
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£21.14	£9.96	(£11.18)
Medical	£28.66	£25.76	(£2.91)
Families & Specialist Services	(£0.66)	(£4.73)	(£4.07)
Community	£2.36	£2.65	£0.29
Estates & Facilities	(£25.65)	(£26.15)	(£0.50)
Corporate	(£30.16)	(£30.41)	(£0.25)
THIS	£0.03	(£0.77)	(£0.80)
PMU	£2.75	£2.75	£0.00
Central Inc/Technical Accounts	(£29.60)	(£25.04)	£4.57
Reserves	(£2.00)	£0.74	£2.74
Unallocated CIP	£3.30	£0.00	(£3.30)
Surplus / (Deficit)	(£29.84)	(£45.25)	(£15.41)

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

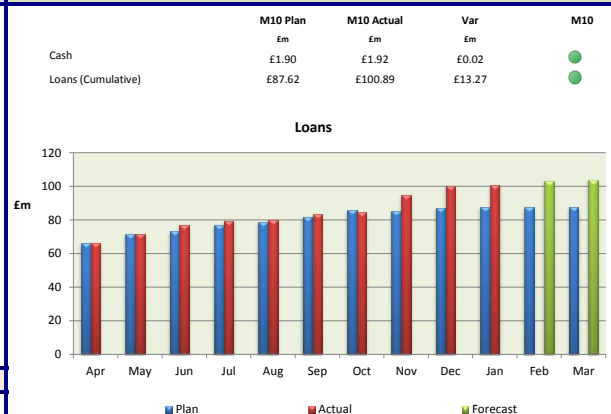
WORKING CAPITAL



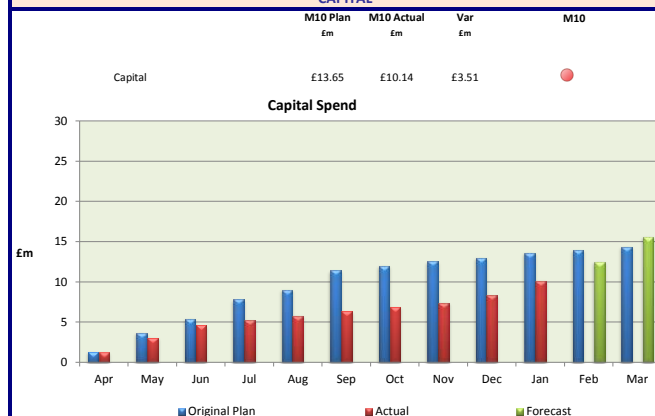
BETTER PAYMENT PRACTICE CODE



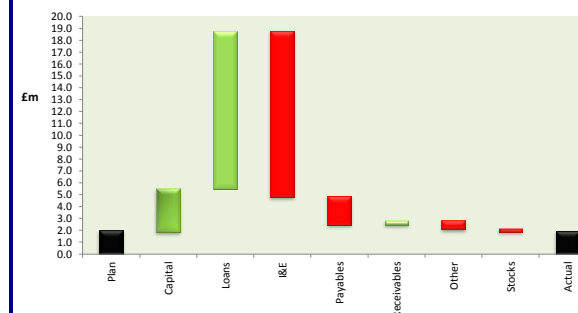
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £30.81m versus a planned deficit of £30.92m. This £0.11m favourable variance includes £5.04m loss of STF funding linked to A&E and financial performance, offset by a £13.86m net benefit excluded for Control Total purposes: delayed £14m planned impairment and the I&E impact of Donated Assets (£0.14m).
- The year to date position assumes receipt of Sustainability and Transformation Funding (STF) of £2.71m, £5.04m less than the planned £7.75m, due to A&E performance against the 4 hour target being below trajectory (£0.83m) and failure to achieve the control total in M7-10 (£4.21m).
- Activity continues to be behind plan year to date, with lower than planned Outpatient, A&E, Daycase and Elective activity. This underperformance has been offset to some extent by higher than planned non-elective activity, although this comes with associated unplanned costs due to the resulting pressure on capacity.
- Capital expenditure year to date is behind plan at £10.14m against a planned £13.65m.
- Cash balance is £1.92m, above the planned level of £1.90m.
- Trust borrowing is above the planned level. Year to date the Trust has borrowed £34.1m to support the deficit and working capital.
- CIP schemes have delivered £13.12m, £0.58m below the year to date target of £13.69m. This includes the rebadging of a £3.5m non recurrent benefit already within the financial position. The year to date plan includes £1m of the £3m stretch target required to bridge from £17m and £20m CIP.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned except the I&E Margin Variance which shows an unfavourable variance - rated as a 4 (planned as 1).

NOTES

- The total forecast deficit including the impact of STF funding and impairments is £45.25m, a variance of £15.41m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m.
- On a control total basis the forecast deficit is £23.95m, a variance of £8.00m compared to the planned year end Control Total deficit of £15.94m. This excludes loss of STF Funding of £7.40m, a planned £14m impairment and the I&E impact of Donated Assets which are excluded from the deficit for Control Total purposes and therefore have no impact on the financial performance element of the STF allocation.
- The forecast assumes receipt of £2.7m STF Funding, £7.4m less than the planned value of £10.1m due to the loss of funding for Quarter 1 & 2 based on A&E Delivery Board four hour performance and the loss of all STF funding planned for Q3 & 4 due to financial performance.
- The forecast assumes that recovery plans of £2.4m are delivered in full by year end and winter funding of £1.9m is secured.
- The forecast assumes the delivery of £17.95m of the full £20m CIP target, of which £2.11m is currently flagged as high risk.
- Any further slippage on CIP will need to be mitigated in order to achieve the forecast deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £45.0m in this financial year to support Capital and Revenue, plans; £31.3m deficit funding, £5.7m working capital funding and £8m Capital loan. The total loan balance by year end is forecast to be £103.9m, £16.2m higher than planned.
- Capital expenditure is forecast at £15.59m, £1.2m higher than the planned level of £14.39m due to estimated Donated Assets and an agreed £1m additional capital to support revenue. Capital expenditure is supported by the final £8m instalment of an existing Capital Loan facility.

RAG KEY:

(Excl: UOR)



Actual / Forecast is on plan or an improvement on plan



Actual / Forecast is worse than planned by <2%



Actual / Forecast is worse than planned by >2%

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

RAG KEY: UOR



All UOR metrics are at the planned level



Overall UOR as planned, but one or more component metrics are worse than planned



Overall UOR worse than planned

COUNCIL OF GOVERNORS	
PAPER TITLE: QUALITY & PERFORMANCE REPORT/PERFORMANCE ACHIEVEMENT SLIDES	REPORTING AUTHOR: P Keogh
DATE OF MEETING: 4th April 2018	SPONSORING DIRECTOR: H Barker
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Keeping the base safe A workforce for the future Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> To note
PREVIOUS FORUMS: Executive Board, Finance and Performance Committee	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below:	
For guidance click on this link: http://nwww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: <p>February's Performance Score has deteriorated by 3 percentage points to 57%. All domains have deteriorated with the exception of RESPONSIVE and WORKFORCE which saw improvements in 3 of the 5 Mandatory Training focus areas counterbalancing a deterioration in short-term sickness. Within the RESPONSIVE domain Stroke and Cancer maintained good performance. The CARING domain has worsened due to FFT performance. The EFFECTIVE domain has returned to AMBER due to 2 MRSA's in-month. EFFICIENCY & FINANCE has deteriorated with a couple of efficiency targets being missed in-month.</p>	
FINANCIAL IMPLICATIONS OF THIS REPORT: N/A	
RECOMMENDATION: To note the contents of the report and the overall performance score for February.	
APPENDIX ATTACHED: YES	



Calderdale and Huddersfield
NHS Foundation Trust

Board Report

February 2018

Performance Summary

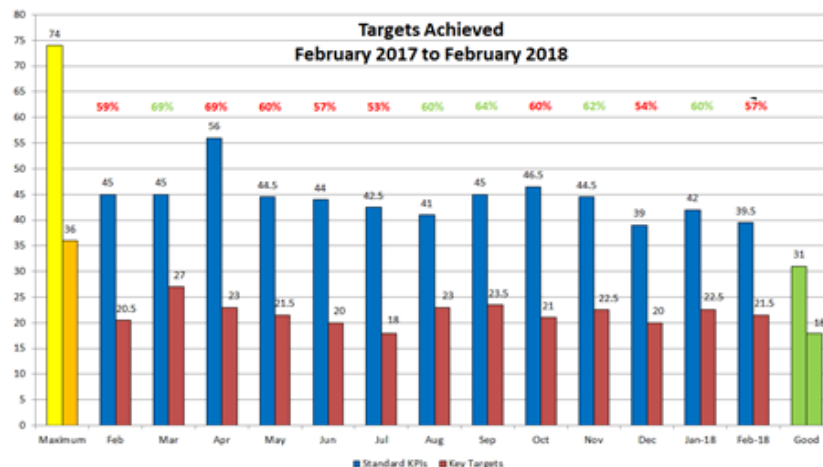
To Note

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

For **February's** performance the MRSA screening performance has been updated which has resulted in minor deteriorations in performance over previous months.

Comparing February 2018 performance to February 2017 performance

February 2018 performance (57.1%) was **1.6 percentage points (10 points)** worse than **February 2017** (58.5%). The main area of deterioration is Efficiency & Finance (18 points).



Comparing 11 months' cumulative performance to February with same period in 2016/17

Period to February 2018's performance (59.6%) was **2.6 percentage points** worse than **period to February 2017** (62.2%). The main area of deterioration was **Mandatory Training**, this is only compensated by an equivalent improvement in **Sickness Absence**. Other contributory areas are **Cancer 2 week waits and 62 day RTT, Diagnostic Waits, FFT A & E Survey - Response Rate, I&E, CIP** and **Activity**. **SHMI** and **HSMR** have improved.

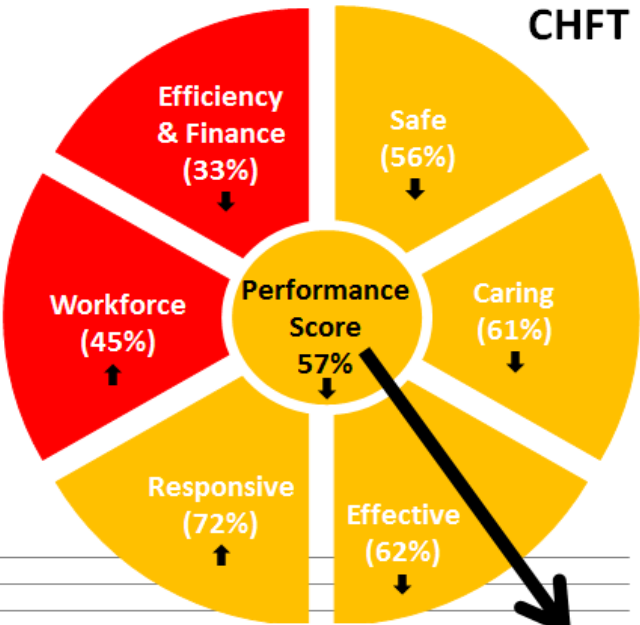
Performance Summary

February

RAG Movement

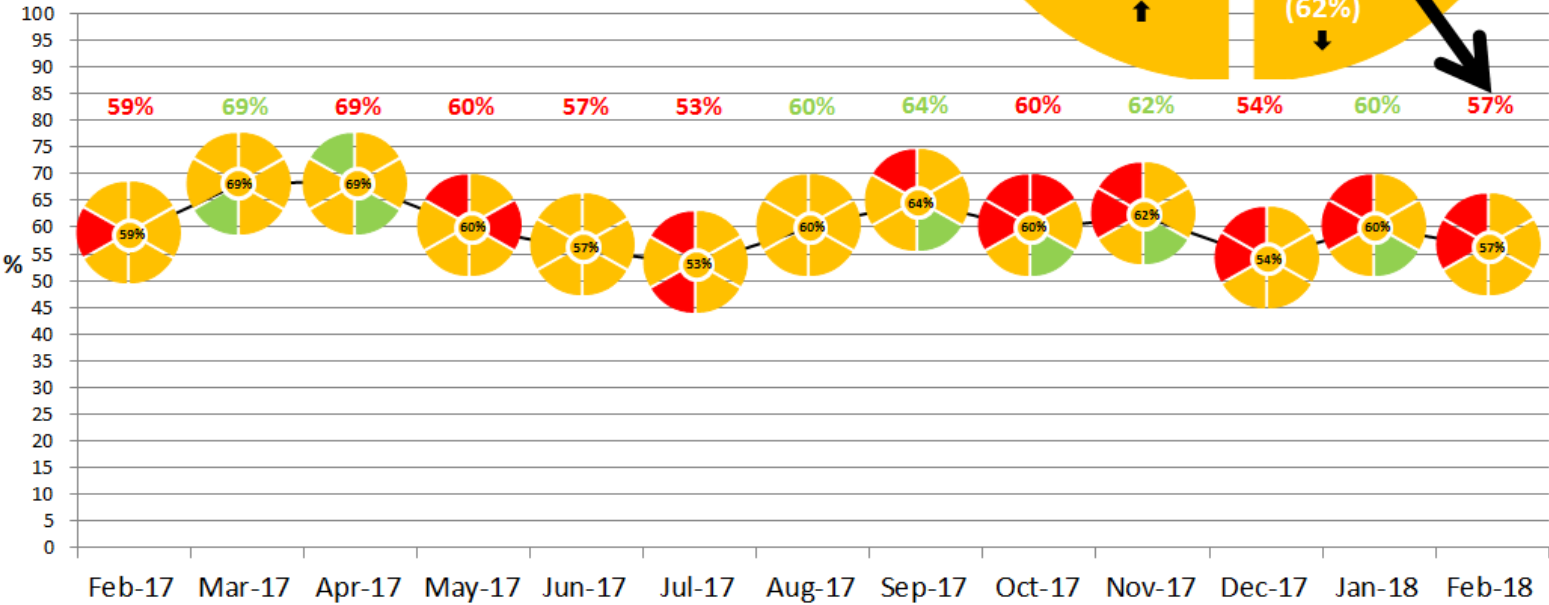
February's Performance Score has deteriorated by 3 percentage points to 57%. All domains have deteriorated with the exception of RESPONSIVE and WORKFORCE which saw improvements in 3 of the 5 Mandatory Training focus areas counterbalancing a deterioration in short-term sickness. Within the RESPONSIVE domain Stroke and Cancer maintained good performance. The CARING domain has worsened due to FFT performance. The EFFECTIVE domain has returned to AMBER due to 2 MRSA's in-month. EFFICIENCY & FINANCE has deteriorated with a couple of efficiency targets being missed in-month.

CHFT



SINGLE OVERSIGHT FRAMEWORK

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



Safe

Caring

Effective

Responsive

Workforce

Efficiency/Finance

Activity

CQUIN

Meeting - 4.4.18

Carter Dashboard

<

Executive Summary

The report covers the period from February 2017 to allow comparison with historic performance. However the key messages and targets relate to February 2018 for the financial year 2017/18.

Area	Domain
Safe	<ul style="list-style-type: none"> % Harm Free Care - Performance at 92.3% which is lowest in over 12 months is being driven by a high number of patients being admitted with a pressure ulcer plus the new VTE's recorded. It is made up of 8 new PE's, 1 new DVT and 2 new others. We continue to see a high level of old harms and of the 57 harms seen in month, 29 are old pre-hospital harms which have been incorrectly recorded. The lead matron for pressure ulcers within the Medical division is meeting with tissue viability lead nurse to confirm further training arrangements for ward staff regarding entering the correct data. This will be amended for the next submission. This does however leave a further 17 new harms which comprised of 7 new PU's, 6 falls and 4 UTI's. % PPH ≥ 1500ml - Performance at 3.6% which was just above the 3% threshold. Robust analysis continues to be measured against the ARREST care bundle. YTD position is favourable. Category 4 Pressure Ulcers - There have been 2 category 4 pressure ulcers in Medicine in January which are currently under investigation.
	<ul style="list-style-type: none"> Complaints closed within timeframe - Of the 49 complaints closed in February, 31% were closed within target timeframe. Given recent pressures CHFT still aims to have the majority of backlog of complaints closed by the end of March. Divisions have given assurance that contact is being made with complainants within 7 days. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance at 90.6% still below 95.7% target. The team continues to work across divisions, especially with the Matron for FSS addressing how we can work together to improve response rate and address feedback. The planned Q3 review was delayed and now a Q3 + Q4 review will take place in April to inform future patient experience plans. Friends and Family Test A & E Survey - Response Rate is still around 10% which is below the 13.3% target. In A&E specifically, FFT has been added to the daily huddle board to remind staff to complete. Friends and Family Test Community - Response Rate has increased from 1.6% to 3.4% but still needs to improve further. The % would recommend has fallen in-month to 96.4%. The division has undertaken a deep dive to understand performance. As a result a clear Standard Operating procedure will be written to provide a consistent approach to collection of FFT across community services. FFT 'look up's' to be amended to mirror the NHS England categories. FFT feedback process to be carried out every working day of the month. Teams/services to have an agreed target of gaining at least 10% responses from their active caseload. Benchmarking of other trusts' community services performance.
Caring	<ul style="list-style-type: none"> Number of MRSA Bacteraemias - There were 2 cases in February. Investigations are underway into each of the MRSA bacteraemias and will be shared with MDT teams when complete. Clostridium Difficile Cases - There were a further 3 cases in February which adds up to 20 in the last 4 months. The Infection control plan continues to be worked through, the local ward assurance tool is now in use. Performance from this will go to PSQBs in the future.
	<ul style="list-style-type: none"> E.Coli - Post 48 Hours - There were 6 cases in February. E.Coli is being managed through a health economy action plan as they look to reduce incidences in the community and hospital environment. The Trust regularly feeds into this plan. Mortality Reviews - A step by step guide has been developed to support consultants and SAS doctors to perform ISRs with face to face support where required. Structured Judgement reviewers are requested to be completed within 2 weeks of allocation and are being discussed at the LfD panel.
Effective	

Background Context

The Health & Social care system continued to be busy in February with prolonged increased acuity and demand. The Trust was forced to operate fully in Silver command and control mode yet again for the full month.

Work on Expected Date of Discharges (EDDs) has remained a focus throughout the month to try to create additional patient flow. CHFT had a very challenging month in terms of the ECS with performance at 87.46% largely due to patient flow with admissions regularly higher than discharges.

All Divisions retained winter capacity at levels commenced in January meaning cancellation of routine electives and some outpatient activity for Medical specialties.

Escalation capacity remains high with over 80 additional beds open for most of the month driving agency usage and Birth Centre closures. This was compounded by periods of bad weather where we saw staff work together to ensure areas were safely covered.

Additional weekend capacity was implemented to support flow and those teams on site e.g junior doctors.

The impact of reconfiguration continued to be reviewed and monitored, with an increase in patients being managed through the frailty service and the centralisation of services facilitating the implementation of more specialty focused ward rounds.

Flu admissions remained high with a ward at each site required for isolation compounded by periods of Norovirus that restricted flow due to ward closures. The IPC Committee has increased its meeting frequency.

Full system support has been requested daily with significant pressure applied to ensure discharge numbers increased, this has had some impact but is not providing the step change required to reduce escalation capacity or LOS with stranded patient numbers increasing.

Executive Summary

The report covers the period from February 2017 to allow comparison with historic performance. However the key messages and targets relate to February 2018 for the financial year 2017/18.

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours 87.46% in February, (88.68% all types) - Silver command has remained in place throughout February, focus on additional out of hospital capacity remains in place but challenging increasing LOS in both acute beds and Community Place. Full winter plans remain in place including only operating on emergency, cancer and time critical patients; admission avoidance remains key with increases to frailty and ambulatory services. 38 Day Referral to Tertiary - at 30% lowest position since June. The Red2Green methodology is to be applied to Urology, Head and Neck and Lower GI pathways from April which will track pathways in relation to being on track and meeting key milestone dates (green) and those which are off track and in breach of key milestones (red). This additional alerting system will give greater visibility to the patients who are not progressing as quickly as they might through the pathways and enable further conversation to help expedite diagnostics and treatment.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Short term sickness for January is now at its highest rate for over 12 months resulting in an overall sickness rate of 4.81%. Return to Work Interviews have improved to 63.6% with more work to do. Attendance management sessions are being held across divisions.
Workforce	<ul style="list-style-type: none"> Mandatory Training has improved in-month with Fire Safety on target, Data Security and Infection Control just below target. All Divisions have developed detailed action plans to improve compliance and ensure the 95% target is met. The weekly Executive Board paper presented on 15th February recommended colleagues who join the Trust with competencies in one or more of our mandatory training subjects, achieved at another NHS organisation, will have their compliance awarded against the relevant subject. The Executive Board agreed with this approach and this will now be implemented for all new starters.
Finance	<ul style="list-style-type: none"> Finance: Reported year to date deficit position of £35.27m, on a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £28.98m an adverse variance of £10.38m compared with the control total of £18.6m; <ul style="list-style-type: none"> Delivery of CIP is £14.53m below the planned level of £15.55m; Capital expenditure is £2.7m below plan due to revised timescales; Cash position is £1.98m, slightly above the planned level; A Use of Resources score of level 3, in line with the plan. <p>As at Month 11 the gap to CHFT's control total deficit is £10.38m. This is the level of financial improvement that the Trust required in order to be eligible for STF funding. £6.22m of STF funding has been lost based on Quarters 1 & 2 A&E performance and financial performance in M7-11. This is driving a total variance from control total of £16.6m, (excluding technical items excluded for control total purposes). However the reported position includes a number of non-recurrent benefits that in part offset the underlying operational deficit. The Trust is reporting a forecast deficit of £45.39m, an adverse variance to plan of £15.55m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m. The £8.00m gap remains unchanged from the position reported in month 11 and is contingent upon a number of recovery actions.</p>

Background Context

Mandatory Training compliance has been a focus with weekly monitoring and the establishment of a level 1 module accessible via ESR for Moving and handling reflecting the restricted face to face capacity. This is moving the Trust closer to target numbers for March.

FSS services continued to see a peak in activity in February which matched that seen across the rest of the Trust. Services within the division continued to support this in a range of different ways.

The challenges of demand were also evident in Community services, managing demand in the community to keep people out of hospital, as well as supporting discharge.

The nursing teams experienced very challenging weather which impacted on them visiting some patients. All priority patients were seen, in some cases with nurses visiting patients on foot or by the support of family, other colleagues or volunteers with 4x4 vehicles.

The Head of Therapies has progressed the therapy strategy and a workshop is planned for March to support next steps in terms of enhancing patient pathways, reducing the number of handoffs and assessments across all of therapy services as patients move through their pathway.

Divisions have been asked to focus on activity and CIP schemes for 2018/19 and robust annual planning including CQC preparation.

There was considerable focus on developing Capacity and Demand plans for 2018/19 which highlighted a number of areas that needed realignment to ensure activity for the year ahead was robustly modelled.

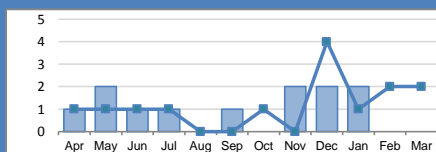
Safe, Effective, Caring, Responsive - Community Key messages

Area	Reality	Response	Result
Safe	<p><u>Medication Incidents</u> We are closely monitoring medication incidents within the community division to gain assurance that we have safe processes in place to monitor, measure, report, record and investigate these incidents. This month there were 4 medication incidents reported of which 2 could be directly linked to Community services.</p>	<p><u>Medication Incidents</u> Each medication incident is reported via DATIX, each DATIX is reviewed by the community division senior pharmacist. Any actions are then picked up and relayed to community team or if education, training is required this is actioned by the community pharmacist. These are reported into Board on a monthly basis and PSQB via a quarterly report. For the 2 incidents this month, remedial action has been implemented.</p>	<p><u>Medication Incidents</u> A review has been undertaken to understand what is required to reduce the waiting list. At a meeting with Calderdale CCG/Calderdale Council on 14/2/2018 it was agreed to jointly commission the service so we have been able to start the recruitment process to fill vacancies. We are looking for locum support and a person has been identified and we are awaiting confirmation of their start date.</p>
	<p><u>Leg Ulcer healing rate</u> There is one patient with a leg ulcer that has not healed within 12 weeks. This has improved from the previous month (3 patients).</p>	<p><u>Leg ulcer healing rate</u> Each medication incident is reported via DATIX, each DATIX is reviewed by the community division senior pharmacist. Any actions are then picked up and relayed to community team or if education, training is required this is actioned by the community pharmacist. These are reported into Board on a monthly basis and PSQB via a quarterly report. For the 2 incidents this month, remedial action has been implemented.</p>	<p><u>Leg ulcer healing rate</u> Continued focus on leg ulcers will maintain high rates of healing within 12 weeks and support achievement of the wound CQUIN. By when: April 2018 Accountable: ADN</p>
Effective	<p><u>FFT</u> The FFT result is 96.4% in February and showing 91.4% YTD. This has fallen from the previous month (99.1%). The response rate has increased from 1.6% to 3.4% this month. However, this is still too low.</p>	<p><u>FFT</u> We are reviewing the process for collecting FFT. Staff are engaged in collecting responses, but we need to follow through the process to ensure that all feedback is being reported. We have set up a working group to review this urgently.</p>	<p><u>FFT</u> We will continue to monitor the response rate and process of collecting and reporting data to ensure improvement in this measure. By when: Review April 2018 Accountable: Director of Operations</p>
	<p><u>Waiting Time for Children's services</u> This area continues to be highlighted as a high risk on our risk register. The main challenges are in Speech and Language therapies with 155 children waiting at Huddersfield and 262 at Calderdale. The Huddersfield waiting times have remained the same and the Calderdale waiting times have decreased by 4 weeks.</p>	<p><u>Waiting Time for Children's services</u> A review has been undertaken to understand what is required to reduce the waiting list. At a meeting with Calderdale CCG/Calderdale Council on 14/2/2018 it was agreed to jointly commission the service so we have been able to start the recruitment process to fill vacancies. We are looking for locum support and a person has been identified and we are awaiting confirmation of their start date.</p>	<p><u>Waiting Time for Children's services</u> We will continue to monitor the waiting times and prioritise new patient clinics to reduce waiting times. By when: April 2018 Accountable: Head of Therapies</p>
Caring			
Responsiveness			

Dashboard - Community

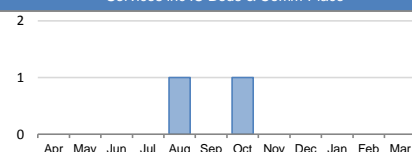
Safe

Community acquired grade 3 or 4 pressure ulcers



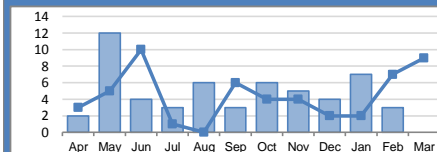
One month in arrears

Falls that caused harm whilst patient was in receipt of Community Services inc IC Beds & Comm Place



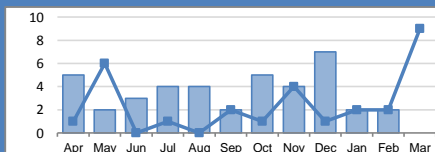
One month in arrears

Incidents - New Harms



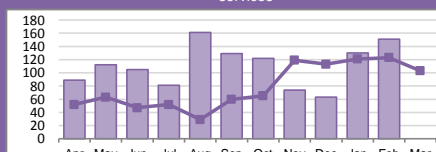
Bar Chart = 17/18 figures Line graph = 16/17 figures

Medication Incidents

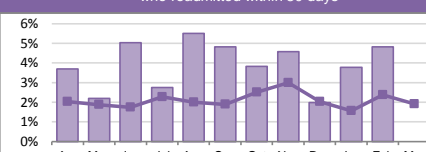


Effective

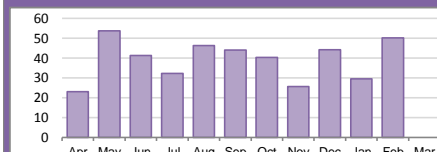
Number of Hospital admissions avoided by Community Nursing services



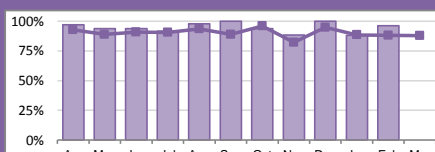
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

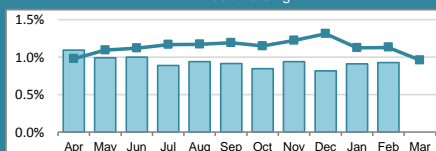


House Bound leg ulcers healed within 12 weeks

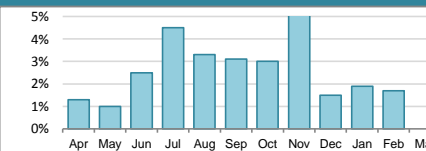


Caring

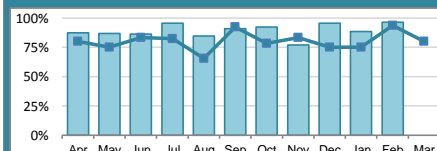
Community No Access Visits Adult Nursing



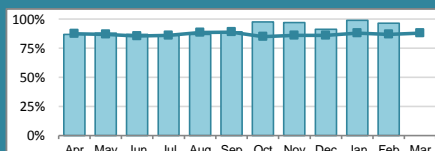
Intermediate Care Readmission rate



End of life patient died in preferred place of death

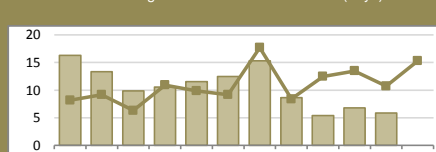


Friends and Family Test- Likely to recommend

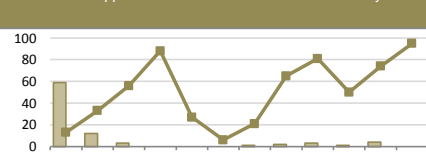


Responsive

Average time to start of reablement (days)



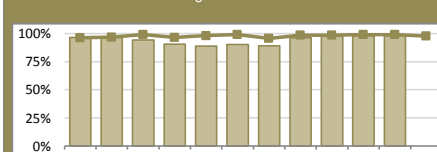
Appointment Slot Issues for MSK & Podiatry



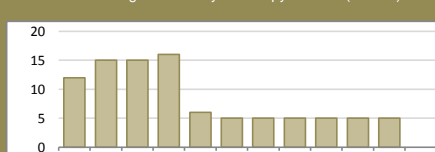
MSK

Podiatry

Waiting Times - 18 week RTT

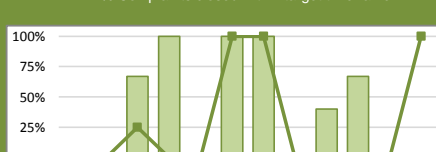


Waiting Times - Physiotherapy Routine (Weeks)

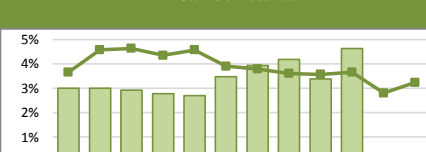


Well Led

% Complaints closed within target timeframe

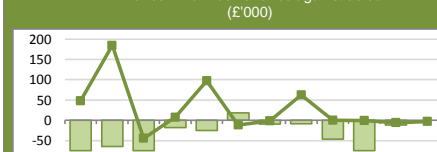


Staff sickness rate



One month in arrears

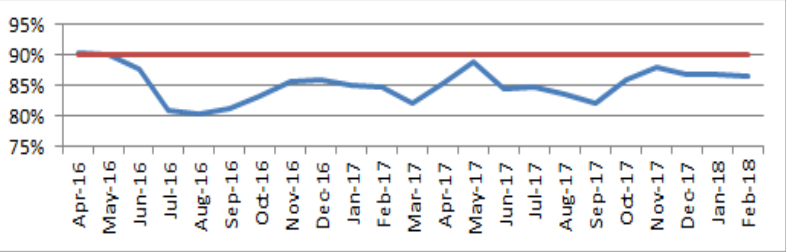
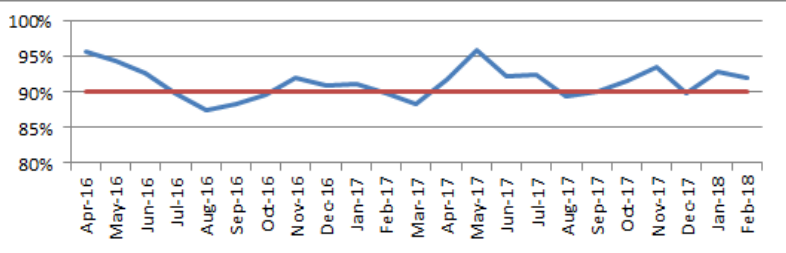
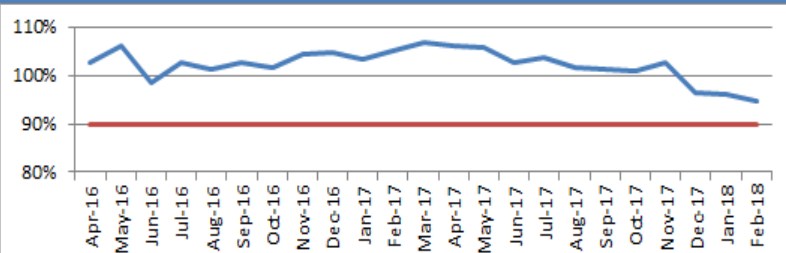
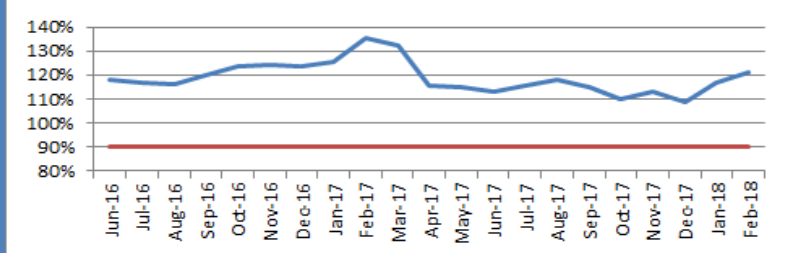
Finance - Planned variance against actual (£'000)



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



Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	86.63% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - Ward 15 71.9% - 5b 66.4% - ward 17 73.3% - ward 20 74.4% - ward 8a/b 73.1%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates reported in January on ward 8a/b is due to the flexible staffing model in place to support the "variable" bed base. The other low fills are due to a level of vacancy and the teams not being able to achieve their WFM. Wards 20 and 15 are transitioning into new WFM and going forward the staffing position will improve.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	92.12% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - ward 5b 74.1% - ward 7c 71.4% - ward 8a/b 65.8% - ward 10 65%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to teams supporting additional capacity beds, a level of vacancy, a level of sickness and embedding new WFM to support re-configuration of medical services. The low fill on ward 8a/b is due to the variable bed base.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	94.74% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - ICU 74.3% - 8A/B 61.4% - NICU 32.5% - Ward 3ABCD 66.1%	The low HCA fill rates in February are attributed to fluctuating bed capacity, support of additional capacity ward, a level of HCA vacancy within the FSS division and re-configuration of medical services. This is managed on a daily basis against the acuity of the work load. Recruitment plans are in place for all vacant posts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	121.45% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - NICU 60.7%	NICU had a fill rate of less than 75%. This is managed operationally by the senior team. Fill rate in excess of 100% can be attributed to supporting 1-1 requirements and support of reduced RN fill.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	DAY						NIGHT	Care Hours Per Patient Day							
	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MSSA (post cases)	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies
	Expected	Actual	Expected	Actual											
CRH ACUTE FLOOR	2856	2633.42	2604	2183.67	92.2%	83.9%	101.9%	11.2	10.3		1	0	5	6.95	0
HRI MAU	1848	1716.5	1932	1676.83	92.9%	86.8%	95.4%	11.8	10.9			1	14	0	0
HRI Ward 5 (previously ward 4)	1512	1231.08	1092	1391.17	81.4%	127.4%	141.1%	5.6	6.0		1	0	13	2	0
WARD 15	1848	1328.67	1848	1866	71.9%	101.0%	99.1%	7.5	6.9			1	8	4.5	4.3
WARD 5C	966	918.75	756	689.5	95.1%	91.2%	143.2%	5.6	5.6			1	0	3.28	0
WARD 6	1512	1294.17	1092	1132.33	85.6%	103.7%	130.2%	8.4	8.4			2	12	2.4	2
WARD 6BC	1512	1339.48	1092	1080	88.6%	98.9%	103.6%	4.7	4.5		1	0	3	0	0
WARD 5B	1848	1227	966	867.17	66.4%	89.8%	98.2%	8.9	6.9			1	1	4.74	0
WARD 6A	882	733	882	805.5	83.1%	91.3%	135.7%	5.0	4.7			0	1	2.2	1.6
WARD CCU	1512	1256.83	336	283.67	83.1%	84.4%	-	8.9	7.9			1	1	0	0
WARD 7AD	1512	1159.67	1428	1914.08	76.7%	134.0%	131.0%	6.9	7.5			1	4	1.19	0
WARD 7B	756	726.7	756	844	96.1%	111.6%	114.3%	7.5	7.8			2	2	5.9	0
WARD 7C	1512	1134.18	756	801.5	75.0%	106.0%	200.0%	11.5	10.3			0	4	0	0
WARD 8	1302	1023.67	1092	1601.83	78.6%	146.7%	144.5%	6.5	7.4			1	5	7.11	0
WARD 12	1512	1135.5	756	739.5	75.1%	97.8%	139.3%	6.2	5.3			1	5	2.68	2.5
WARD 17	1848	1354.67	1092	920	73.3%	84.2%	98.2%	6.4	5.4			3	2	1.91	0
WARD 8C	756	732.33	756	799.5	96.9%	105.8%	193.3%	4.3	4.8			0	3	6.38	1
WARD 20	1848	1374.92	1848	1713.92	74.4%	92.7%	97.2%	7.1	6.2			6	9	4.5	0
WARD 21	1386	1214.8333	1386	1222	87.7%	88.2%	100.0%	9.1	8.4			3	10	7.15	2
ICU	3640	3319.75	742	551	91.2%	74.3%	-	40.4	35.3			7	0	3.77	0
WARD 3	854	915.75	682	706.5	107.2%	103.6%	215.8%	5.8	6.9			1	6	0.46	1.59
WARD 8AB	958	700.2	862	529.6333	73.1%	61.4%	119.3%	12.9	9.2			1	5	2.57	0
WARD 8D	742	736.08333	742	649.1667	99.2%	87.5%	-	6.1	7.2			0	2	1.87	0
WARD 10	1176	1011.1333	682	692	86.0%	101.5%	232.5%	6.0	5.9			1	1	7.81	0
WARD 11	1386	1338.75	1176	1014	96.6%	86.2%	270.5%	5.3	5.8			0	1	2.66	0
WARD 19	1484	1209.5	1064	1268.433	81.5%	119.2%	118.9%	8.2	8.3			2	7	1.92	0
WARD 22	1064	1047.1667	1064	1105.25	98.4%	103.9%	121.4%	5.2	5.4			1	3	1.55	2
SAU HRI	1708	1506.8333	874	822	88.2%	94.1%	110.6%	10.0	9.4			2	0	4.27	0
WARD LDRP	3864	3345.4167	854	675	86.6%	79.0%	85.9%	23.3	19.9			0	0	0	5.48
WARD NICU	2030	1853	840	276.5	91.3%	32.9%	60.7%	13.7	10.4			0	0	0.86	2.5
WARD 1D	1116	1020.6667	322	267.1667	91.5%	83.0%	100.0%	5.3	4.9			0	0	1.72	0
WARD 3ABCD	3538	3348.3333	1214	802	94.6%	66.1%	122.2%	9.9	9.6			0	0	0	3.5
WARD 4C	644	1048.25	420	351	162.8%	83.6%	92.9%	6.6	7.5			0	0	3	3.46
WARD 9	966	754.83333	322	282.6667	78.1%	87.8%	100.0%	6.0	5.3			0	0	2.14	0.57
Trust	53898	46691.04	34330	32524.5	86.63%	94.74%	121.45%	8.1	7.7						

Hard Truths: Safe Staffing Levels (3)

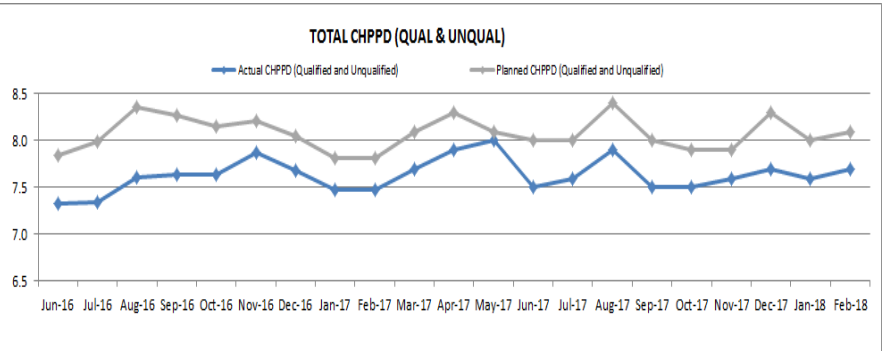
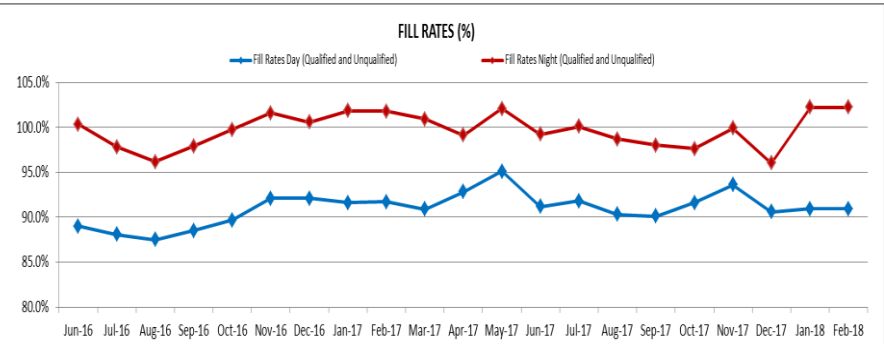
Care Hours per Patient Day

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

	Dec-17	Jan-18	Feb-18
Fill Rates Day (Qualified and Unqualified)	90.61%	90.96%	90.96%
Fill Rates Night (Qualified and Unqualified)	96.04%	102.24%	102.24%

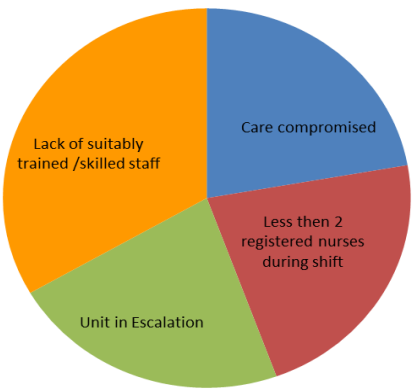
Planned CHPPD (Qualified and Unqualified)	8.3	8.0	8.1
Actual CHPPD (Qualified and Unqualified)	7.7	7.6	7.7

A review of February 2018 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 21 clinical areas of the 34 reviewed having CHPPD less than planned. 2 areas reported CHPPD as planned. 10 areas reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.

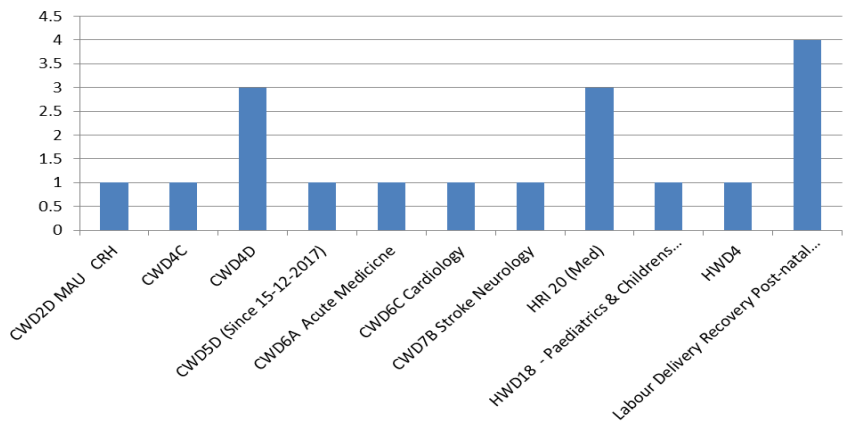


RED FLAG INCIDENTS

Incidents by Adverse Event February 2018



Incidents by Dept/Ward February 2018



A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015). As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily by the divisions and reviewed monthly through the Nursing workforce strategy group.

There were **18 Trust Wide Red shifts** declared in **February 2018**. There has been an increase in red flagged incidents this month. Some attributed to the newly implemented Standard operating procedure (SOP) for high cost agency staffing which requires submission of a datix (2 reports).

Reports have been submitted from additional capacity wards (4) detailing reduced staffing levels and compromised care. These incidents have been managed operationally and support offered to areas from the site co-ordinators and support from across the floor.

The medical division have reported 7 incidents relating to sub-optimal staffing levels and compromised care. No datix's have resulted in patient harm.

FSS have reported 4 incidents of the unit being in escalation within maternity services and one staffing incident within Paediatrics where staffing levels fell below planned levels. Clear escalation process put into action.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

The Trust remains committed to achieving its nurse staffing establishments. A range of actions are being developed and undertaken to recruit and retain the nursing workforce, and to develop data collection and reporting to support the nursing workforce.

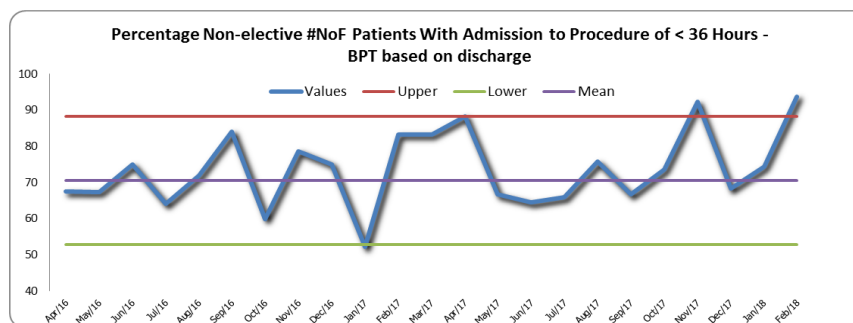
On-going activity:

- 1.The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce and going forward the fill rates for individual areas will improve as these team members become established in the workforce numbers. Focused recruitment continue for this specific area.
2. Further recruitment event planned for March 2018.
3. Applications from international recruitment projects are progressing well and the first 5 nurses have arrived at the Trust, with a further 5 planned for deployment in March/April.
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. The Trust is to work with the recruitment agent to transfer current candidates onto this assessment process with the aim being to expediate deployment to the UK.
5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has been developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees will begin the programme in Spring 2018. Recruitment underway.
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce. This has been further enhanced by the development of a year long graduate programme to support and develop new starters.
7. 4 Additional clinical educators have been recruited to the medical division. They will have a real focus on supporting new graduates and overseas nurses to the workforce.
8. A new module of E roster called safecare is currently being introduced across the divisions, benefits will be better reporting of red flag events, real-time data of staffing position against acuity.

Council of Governors Meeting – Performance Achievements Wednesday 4th April 2018

Significant Improvements

Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - At 93.75% against 85% target, best performance in over 2 years.



All key cancer targets maintained for the 4th consecutive month.

Hospital Standardised Mortality Rate at 86.16 continues to improve.



Community Division

We have been awarded the Childhood Flu vaccination programme for Calderdale.

Response time for letters to be typed and sent within MSK is at 2 days consistently

Waiting times for OP physiotherapy has consistently maintained at 5 weeks

Medicine Division

Dr Andy Hardy appointed as new Clinical Director of IMS Directorate.

Recruitment of 1 x Geriatrician and 1 x Respiratory Consultant.

Huge improvement with EDS completion with backlog down from over 900 to below 200.



FSS Division

Well done to the Maternity team for the significant improvement work they're doing at the moment. Congratulations to Deehan Mair and Kimberley Scholes who took up their places on the national demand and capacity educational programme recently. They're looking forward to bringing their learning back to colleagues.

Well done to Katharine Fletcher and team for all the excellent feedback they've had in relation to their E-Referral go-live in January. The team have been recognised nationally for an excellent piece of work!

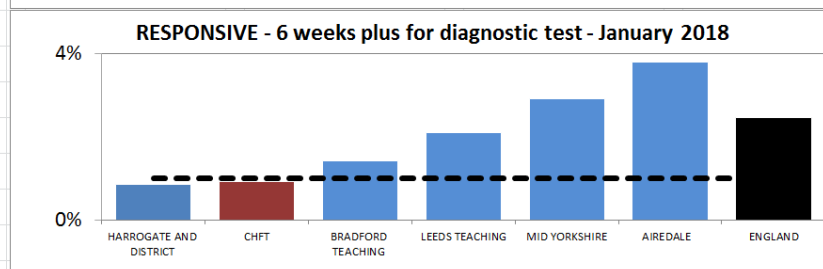
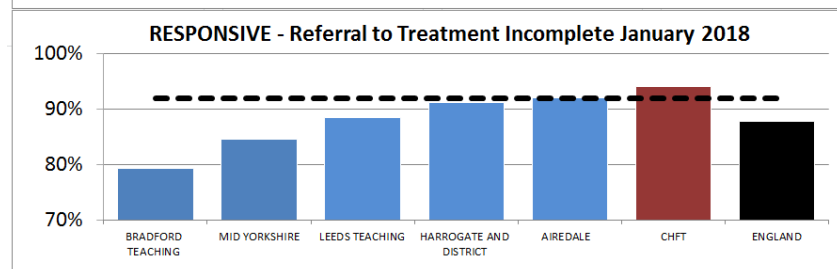
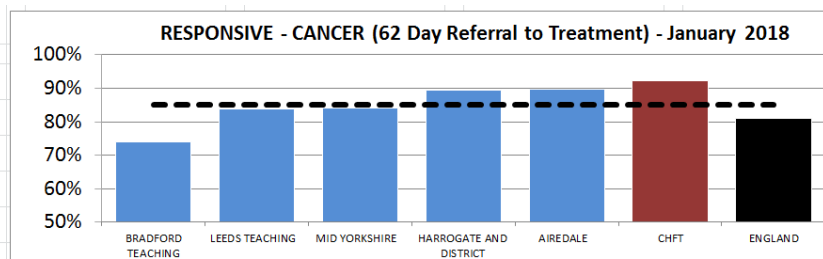
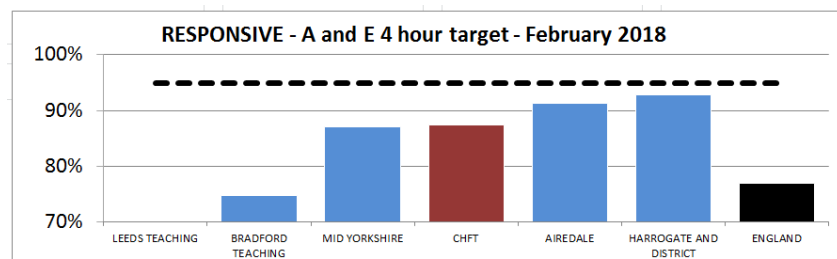
Surgery Division

Divisional Operational team has fully recruited.

Critical Care: Divisional has responded well to a number of concerns raised at CQC 2016 visit, implementing a number of actions including:

Introduction of flexible rostering (SOP in place), Introduction of Critical Care Mandatory and Specialist skills monthly training and sharing of feedback, Safety Brief twice daily and huddle.

Benchmarking Selected Measures



COUNCIL OF GOVERNORS

PAPER TITLE: CHAIRMAN'S REPORT - GOVERNANCE	REPORTING AUTHOR: Andrew Haigh, Chairman
DATE OF MEETING: Wednesday 4 April 2018	SPONSORING DIRECTOR: Andrew Haigh, Chairman
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note • As indicated below
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) This report brings together a number of items to receive, note and approve by the Council of Governors:- <ul style="list-style-type: none"> a. Resignations and Appointments – The Council of Governors' Register had been amended and the Council of Governors' were asked to receive and note the changes. (APP E1) b. Register of Interests/Declaration of Interests - Any amendments are requested to be notified to the Board Secretary as soon as possible. (APP E2) c. Non-Executive Director Appraisal Feedback – The CoG are asked to approve the Chairman's Appraisal of the Non-Executive Directors as attached appendix. (APP E3) 	
RECOMMENDATION: The Council of Governors' are asked to receive, note and approve, as appropriate, the information presented by the Chairman.	
APPENDIX ATTACHED: YES / NO	

COUNCIL OF GOVERNORS REGISTER AS AT 1 APRIL 2018

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	Mrs Rosemary Claire Hedges	17.9.15	3 years	2018
1	Mrs Di Wharmby	17.9.15	3 years	2018
2 (Reserve Register) (Cons. 2 from 15.11.17)	Ms Kate Wileman	15.9.17 (Reserve Register Cons. 4)	1 Year	2018
2	Mrs Katy Reiter	15.9.16	3 years	2019
3	Ms Dianne Hughes	19.9.13 15.9.16	3 years 3 years	2016 2019
3	Mr John Richardson	15.9.17	3 years	2020
4 (Cons. 4 from 15.11.17)	Mrs Veronica Maher	15.9.16	3 years	2019
4	Ms Nasim Banu Esmail	15.9.16	3 years	2019
5	Mr Stephen Baines	15.9.16	3 years	2019
5	Mr Brian Richardson	18.9.14	3 years 3 years	2017 2020
6	Mrs Annette Bell	17.9.15	3 years	2018
6	Mr Paul Butterworth	15.9.17	3 years	2020
7	Mrs Lynn Moore	18.9.14	3 years 3 years	2017 2020
7	Miss Alison Schofield	15.9.17	3 years	2020
8	Mr Brian Moore (Lead MC from 15.9.17)	17.9.15	3 years 1 year	2018 July 2018
8	Mrs Michelle Rich	15.9.16	3 years	2019
STAFF – ELECTED				
9 - Drs/Dentists	Dr Peter Bamber	15.9.17	3 years	2020
10 - AHPs/HCS/Pharm's	VACANT POST			

	NAME	DATE APPOINTED	TERM OF TENURE	DATE DUE
11 - Mgmt/Admin/Clerical	Mrs Linzi Jane Smith	15.9.17	3 years	2020
12 - Ancillary	Mrs Theodora Nwaeze	15.9.17	3 years	2020
13 - Nurses/Midwives	VACANT POST			
13 – Nurses/Midwives	Sian Grbin	15.9.17	3 years	2020
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof Felicity Astin	16.1.18	3 years	2021
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17	3 years	2020
Kirklees Metropolitan Council	VACANT POST			
Healthwatch Kirklees	Mr Rory Deighton	2.10.17	3 years	2020
Locala	Chris Reeve	21.11.17	3 years	2020
South West Yorkshire Partnership NHS FT	Ms Salma Yasmeen	18.10.17	3 years	2020

NB - NO CHANGES SINCE LAST MEETING – 17.1.18

**DECLARATION OF INTERESTS – COUNCIL OF GOVERNORS
AS AT 30.3.18**

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

DATE OF SIGNED DEC.	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
13.2.13	Kate WILEMAN	Public-elected Constituency 7 (Reserve Register Cons. 2 from 15.11.17)	-	-	-	-	-	Member of Cancer Partnership Group at St James' Leeds
29.10.13	Dianne HUGHES	Public-elected Constituency 3	-	-	-	-	Civil Funeral Celebrant	Sheffield Teaching Hospitals NHS Trust RCN and Midwifery Council. Marie Curie Nursing Services.
29.9.14	Lynn MOORE	Public-elected Constituency 7	-	-	-	-	-	-
1.11.14	Brian RICHARDSON	Public-elected Constituency 5	-	-	-	-	Locala Members' Council Healthwatch Calderdale Programme Board. Practice Health Champion PRG member at Beechwood Medical Centre	-

DATE OF SIGNED DEC.	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID), & MEMBER OF PROFESSIONAL ORGAN'S

29.9.15	Annette BELL	Public-elected Constituency 6	-	-	-	-	-	-
2.10.15	Brian MOORE	Public-elected Constituency 8	-	-	-	-	-	-
4.11.15	Di WHARMBY	Public-elected Constituency 1	-	-	-	-	-	-
29.10.15	Rosemary HEDGES	Public-elected Constituency 1	-	-	-	-	-	Secretary – Calderdale 38 Degrees Group
14.9.16	Nasim Banu ESMail	Public-elected Constituency 4	-	-	-	-	-	-
12.10.16	Veronica MAHER	Public-elected Constituency 2 (To Const 4 from 15.11.17)	-	-	-	-	-	-
13.10.16	Michelle RICH	Public-elected Constituency 8	-	-	-	-	-	Kirklees College
10.10.16	Katy REITER	Public-elected Constituency 2	Managing Director Treefrog Communications	-	-	-	-	Mentoring via own business. Care Quality Commission
6.10.16	Stephen BAINES	Public-elected Constituency 5	-	-	-	Trustee – Halifax Opportunities Trust	-	Calderdale MBC
21.7.17	John RICHARDSON	Public-elected Constituency 3	-	-	-	-	-	Club Steward
11.8.17	Alison K SCHOFIELD	Public-elected Constituency 7	-	Owner and founder of Disability Roadmap.co.uk	-	Soon to be Trustee of Imagineer Foundation	Member of Steering Group – Leonard Cheshire Disability Charity	-
30.8.17	Paul BUTTERWORTH	Public-elected Constituency 6	Chairman Bradford Bulls Supporters Trust	-	-	-	-	-

DATE OF SIGNED DEC.	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID), & MEMBER OF PROFESSIONAL ORGAN'S

23.8.17	Graham ORMROD	Nominated Stakeholder – University of Huddersfield	-	-	-	-	-	Director of Health Partnerships, University of Huddersfield
29.11.17	Chris REEVE	Nominated Stakeholder, Locala	Locala Community Partnership				Chair of Honley High School Cooperative Trust (school but school nursing service)	
29.11.17	Rory DEIGHTON	Nominated Stakeholder - Healthwatch				Director Healthwatch. Trustee Hebden Bridge Community Association. Trustee Cloverleaf Advocacy.		
4.12.17	Salma YASMEEN	Nominated Stakeholder - SWYPFT	Director – South West Yorkshire Partnerships NHS FT					
6.12.17	Dr Peter BAMBER	Staff Elected – Constituency 9	-	-	-	-	-	Registered with the GMC Member of the BMA Fellow of the Royal College of Anaesthetists Member of the Association of Anaesthetists of Great Britain & Ireland Member of the Obstetric Anaesthetists Association Member of the Anaesthetic Research Society
20.12.17	Linzi SMITH	Staff Elected – Constituency	-	-	-	-	-	-

DATE OF SIGNED DEC.	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID), & MEMBER OF PROFESSIONAL ORGAN'S

		11						
9.1.18	Sian GRBIN	Staff Elected – Constituency 13	-	-	-	-	-	Royal College of Nursing Nursing and Midwifery Council
17.1.18	Chris REEVE	Nominated Stakeholder - Locala	Company Secretary – Locala Community Partnerships CIC	Stakeholder for Locala CIC	-	-	-	As before
29.1.18	Felicity ASTIN	Nominated Stakeholder – University of Huddersfield						Joint clinical academic post doing work at both CHFT and University of Huddersfield
28.3.18	Megan SWIFT	Nominated Stakeholder – Calderdale Metropolitan Council	-	-	-	Trustee - Health Trust Trustee – Mixenden Parents Resource Centre	-	Councillor – Calderdale MBC

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

Status:- AWAITING RETURNS FROM:-

THEORDORA NWAEZE, Staff Elected

MEMBERSHIP COUNCIL MEETING

Wednesday 4th April 2018

NON-EXECUTIVE APPRAISALS

The appraisals of the Non-Executive Directors (NEDs) were carried out between January and March 2018 by the Chair with input from the Executive team. All the NEDs were assessed to be carrying out their duties to a satisfactory standard and fulfilling their time commitment to the Trust. Indeed the majority of the NEDs have committed more time than they are contractually bound to.

In respect of attendance at Board of Directors meetings during the financial year ending 31/3/2018; Jan Wilson attended 7 out of 8 meetings, Peter Roberts 5/6, Richard Hopkin and Phil Oldfield 9/12 meetings, David Anderson and Karen Heaton 11/12 meetings, David Anderson and Linda Patterson 12/12. Andy Nelson attended 5 out of 6 and Alistair Graham 3/4 meetings.

As advised previously, the time commitment for the NEDs falls into two sections - those activities that all NEDs carry out and those that are dependant on role. In the first category are:

- Board Meetings
- Governor/NED workshops
- Governor meetings
- Board workshops
- Board/Governor workshops
- Board to Ward walk arounds
- 1:1 meetings with the Chair and NED meetings with the Chair
- Training
- Ad hoc meetings such as Strategy discussions and CQC preparation

In addition to these the NEDs get involved in a variety of activities. Board sub-committee meetings with NED Chairs and/or attendance include Audit & Risk, Finance and Performance, Quality and Workforce (well led). Other committees/meetings with NED attendance include Health & Safety, Charitable Funds, Equality, Pennine Property Partnership, Turnaround Exec and Revalidation; Where NEDs are acting as Chair of Board sub-committees the appraisal has included how those committees are performing and their role as Chair.

All the NEDs have a link to one of the Executive Directors (based on skill sets/interest) in a buddying type arrangement; NED's also have oversight roles on Trust initiatives In 2017/18 these have included EPR, the Wholly Owned Subsidiary, Estates Board sub-committee. NEDs also use their connections within the NHS or political establishment to good effect.

There is also NED involvement on Clinical Excellence Awards, Infection Control, Procurement, Clinical Research, Grievance processes and Consultant recruitment to name but a few.

We have also strengthened the NED involvement with Huddersfield Pharmaceutical Services and The Health Informatics Services with specific NEDs taking an active interest their activity.

Objectives for the appraisal year were developed using the Trust's standard non medical appraisal tool and closely follow the above activities in terms of input and areas covered. In addition there were four "standard" objectives for all NEDs which are:

- Effective input into Board and Committees
- Demonstrate the 4 pillar behaviours in carrying out the NED role
- Support the Trust in preparing and responding to the follow up CQC report
- Enhance visibility in the Trust through Board to Ward visits and to Governors via Governor meetings.

The objectives for the 2018/19 year will be set by the new Chair.

The appraisal process also includes a discussion on mandatory training. Of the current NEDs only 2 are currently less than 100% and one of these is over 90%. The other NED is completing the outstanding ones.

It should be noted that David Anderson and Phil Oldfield take the roles of Senior Independent Non-Executive Director and Deputy Chair respectively with Phil taking over in December when Jan Wilson came to the end of her term as NED. The responsibilities here include carrying out my appraisal and being the Freedom to Speak-up Guardian (FTSU Guardian) for David (which has involved attending national events and helping to raise the awareness of FTSU in the Trust) and standing in for me at meetings such as the West Yorkshire Chairs and WYAAT. Phil stood in as my deputy at the last WYAAT meeting in February.

During the year we recruited two new NEDs through the Governor's Nominations and Remuneration Committee - Andy Nelson and Alistair Graham. Andy took up post in October and Alistair in December. I did not set any other objectives other than to "get up to speed" with their knowledge of the Trust for this financial year. They have both been through a structured induction process which included a two day course for new NEDs to the NHS run by NHS providers. I have held meetings with both of them during March and I am satisfied that they have met that initial objective. Indeed both of them have put in additional time to do this. There are file notes to this effect for the new Chair.

Andrew Haigh
Chairman

31.5.17

COUNCIL OF GOVERNORS

PAPER TITLE: COMPANY SECRETARY'S REPORT - GOVERNANCE	REPORTING AUTHOR: Victoria Pickles
DATE OF MEETING: Wednesday 4 April 2018	SPONSORING DIRECTOR: Victoria Pickles
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note • As indicated below
PREVIOUS FORUMS: N/A	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps)	
<p>This report brings together a number of items to receive, note and approve by the Council of Governors:-</p> <ol style="list-style-type: none"> Process for Election of Lead Governor - The Council of Governors' are asked to approve the process for the election of Deputy Chair/Lead Governor-Councillor. The papers attached include:- <ul style="list-style-type: none"> • Draft timeline • Procedure for the Appointment of Deputy Chairman The process will begin after the Council of Governors' meeting on the 4 April 2018. A formally announced will be made at the Joint AGM to be held on the 19 July 2018. The appointment will become effective from 20 July 2018. (APP F1) Self-Appraisal Process – The Membership Office will circulate information to the Governors to complete the annual self-appraisal and the results will be feedback to the Governors' meeting in July 2018. Review of Council of Governors' formal meeting attendance – The Council of Governors' are asked to check their attendance and advise of any discrepancies before they are published in the Annual Report in May 2018. (APP F2) Review details for Joint Board/Council of Governors' Annual General Meeting - The Council of Governors' are aware that the Joint Board/Council of Governors' Annual General Meeting will be held on Thursday 19 July 2018. It is expected that the meeting will take place in the Large Training Room, Learning Centre, Calderdale Royal Hospital commencing at 6.00 pm. 	

RECOMMENDATION:
The Council of Governors’ are asked to receive, note and approve, as appropriate, the information presented.

APPENDIX ATTACHED: YES / NO

PROCEDURE FOR THE APPOINTMENT OF DEPUTY CHAIRMAN/LEAD GOVERNOR OF THE COUNCIL OF GOVERNORS'

Introduction

The Council of Governors' have agreed the following process for the appointment of the Deputy Chairman.

Constitutional Context

1. In accordance with the Constitution the Deputy Chair/Lead Governor will act as Deputy of the Council of Governors' when the Chairman and the Vice Chairman of the Board of Directors are not available or have a declaration of interest in an agenda item.
2. The Lead Governor will serve for a period of 12 months from the start of their office as Lead or until the expiry of their Council of Governor tenure, whichever is the sooner. In the event that Council of Governor tenure of the Deputy Chair/Lead Governor terminates in advance of the 12 month period and the Member holding office is re-elected to serve a further term, then the unexpired portion of their appointment as Deputy Chair/Lead Governor will be served out by that Member.
3. The Council of Governors' re-elects the Deputy Chair/Lead Governor on an annual basis. Any appointee can serve as Deputy Chair/Lead Governor for three terms i.e. three years, again linked to their Council of Governor tenure and the same arrangements as outlined in paragraph 2 will apply.
4. The skills and experience required of the Deputy Chair/Lead Governor are:-

Person Specification Essential

- Excellent communication skills.
- Commitment to the values of the Foundation Trust and support for its goals and objectives.
- Ability to work with others as a team and encourage participation from less-experienced members.
- Time management skills.

Desirable

- Previous experience of chairing meetings within a formal setting i.e. local authority, education, independent sector businesses, preferably involving participants from a variety of backgrounds.

Members will need to demonstrate, by way of written expression of interest, experience in all areas of the person specification – in the event that there is no evidence of experience in two or more categories, the expression of interest will not be able to proceed to voting stage. In addition letters of support from 4 existing Council of Governors' will be required.

Candidates will also need to provide a paragraph by way of a supporting statement which can be circulated to the Council of Governors' as part of the Deputy Chair/Lead Governor Voting Paper.

Members may not vote for more than one candidate.

All public and staff elected members are eligible to stand.

In the event of a tie the Chairman will have casting vote.

Attached - Draft Timeline
 - NHS Improvement/Monitor's Code of Governance -
 'The role of the nominated lead governor'

References:

Constitution of the Calderdale & Huddersfield NHS Trust
Monitor – NHS Foundation Trust Code of Governance
Standing Orders – Council of Governors'

/KB/MC-DEPUTY-CHAIR-PROCEDURE
27.12.06
12.12.06
June 2014
June 2015
June 2016
April 2017
April 2018

PROCEDURE FOR THE APPOINTMENT OF DEPUTY CHAIRMAN/ LEAD GOVERNOR

TIMELINE 2018

DATE	ACTION
4 April 2018	Procedure approved at Membership Council Meeting
w/c 9 April 2018	Board Secretary to send out letters requesting expressions of interest
23 April 2018	Deadline for receipt of expressions of interest
14 May 2018	Deadline for receipt of Candidate Supporting Statements and Letters of support
28 May 2018	Candidate Supporting Statements and Voting Papers sent to all MCs
11 July 2018	Closing date for receipt of completed Voting Papers
19 July 2018	Formal announcement of Deputy Chair/Lead Governor-Councillor at Annual General Meeting
20 July 2018	Appointment effective.

March/April 2018

The role of the nominated lead governor

The lead governor has a role to play in facilitating direct communication between NHS Improvement (formerly Monitor) and the NHS foundation trust's council of governors/Membership Council. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between NHS Improvement and the Membership Council in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to NHS Improvement, and then updated as required. The lead governor may be any of the governors.

The main circumstances where NHS Improvement will contact a lead governor are where NHS Improvement has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by NHS Improvement's board of its formal powers to remove the chairperson or non-executive directors. The Membership Council appoints the chairperson and non-executive directors, and it will usually be the case that NHS Improvement will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand NHS Improvement's concerns.

NHS Improvement does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, NHS Improvement will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand NHS Improvement's role, the available guidance and the basis on which NHS Improvement may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact NHS Improvement, this would be expected to be through the lead governor.

The other circumstance where NHS Improvement may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairperson, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for NHS Improvement.

Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update NHS Improvement with their contact details as and when these change.

Attendance	✓	Apologies	✗	Not elected/co-opted	-
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MEMBERSHIP COUNCILLORS AND BOARD OF DIRECTORS ATTENDANCE AT FORMAL MC MEETINGS 1 APRIL 2017 TO 31 MARCH 2018

MEETING DATES		5.4.17	6.7.17	20.7.17 AGM	26.10.17	23.1.18	TOTAL ATTENDANCE
PUBLIC – ELECTED							
1	Mrs Rosemary Claire Hedges	✓	✓	✗	✗	✓	3/5
1	Mrs Di Wharmby	✓	✗	✗	✗	✓	2/5
2	Mrs Veronica Maher	✓	✓	✓	✗	✗	3/5
2	Mrs Katy Reiter	✗	✗	✗	✗	✗	0/5
3	Mr Peter John Middleton	✓	✓	✓	Tenure ceased 14.9.17	-	3/3
3	Mr John Richardson	-	-	✗ Tenure commenced 15.9.17	✗	✗	0/3
3	Ms Dianne Hughes	✓	✗	✓	✗	✗	2/5
4	Mrs Nasim Banu Esmail	✗	✗	✗	✗	✗	0/3
4 (RESERVE REGISTER from 15.9.16)	Mr Grenville Horsfall	✗	✗	✗	Tenure ceased 14.9.17	-	0/3
4 (RESERVE REGISTER Cons 4 from 15.9.17 Previously Cons 5)	Ms Kate Wileman	✓	✓	✓	✗	✗	3/5
5	Mr George Edward Richardson	✓	✓	✓	Tenure ceased 14.9.17	-	3/3
5	Stephen Baines	✓	✗	✗	✓	✗	2/5
5	Mr Brian Richardson	✗	✗	✓	✗	✗	1/5

		5.4.17	6.7.17	20.7.17 AGM	26.10.17	23.1.18	TOTAL ATTENDANCE
6	Mrs Annette Bell	√	√	√	√	√	5/5
6	Mr Paul Butterworth			x Tenure commenced 15.9.17	√	√	2/2
7	Mrs Lynn Moore	√	√	√	√	x	4/5
7	Miss Alison Schofield			x Tenure commenced 15.9.17	√	√	2/2
8	Mrs Michelle Rich	x	x	x	x	x	0/5
8	Mr Brian Moore	x	√	√	√	√	5/5
STAFF – ELECTED							
9 - Drs/Dentists	Dr Mary Kiely	x	x	x	Tenure ceased 14.9.17	-	0/3
9 - Drs/Dentists	Dr Peter Bamber			x Tenure commenced 15.9.17	√	x	1/2
10 - AHPs/HCS/Pharm's	Mrs Nicola Sheehan	x	x	x	x	Leaves 24.11.17	0/4
11 - Mgmt/Admin/Clerical	Mrs Linzi Smith	-	-	x Tenure commenced 15.9.17	√	√	2/2
12 - Ancillary	Theodora Nwaeze	-	-	x Tenure commenced 15.9.17	x	x	0/2
13 - Nurses/Midwives	Sian Grbin	-	-	x	x	√	1/2

Council of Governors Meeting - 4.4.18		5.4.17	6.7.17	20.7.17 AGM	26.10.17	23.1.18	TOTAL ATTENDANCE
				Tenure commenced 15.9.17			
13 - Nurses/Midwives	Charlie Crabtree	x	x	x	x	x	0/5
NOMINATED STAKEHOLDER							
University of Huddersfield	Dr Cath O'Halloran	x	- Tenure ceased 14.6.17	-	-	-	0/1
University of Huddersfield	Graham Ormrod		√ Tenure commenced 15.6.17	x	x	Tenure ceased 1.1.18	1/4
University of Huddersfield	Felicity Astin	-	-	-	-	√	1/1
Calderdale Metropolitan Council	Cllr Bob Metcalfe	√	√	√	Tenure ended 3.10.17	-	3/3
Calderdale Metropolitan Council	Cllr Megan Swift			Tenure commenced 3.10.17	√	√	2/2
Kirklees Metropolitan Council	Vacant Post	-	-	-	-	-	-
Clinical Commissioning Group	David Longstaff	x	x	x	Tenure ended 2.10.17		0/3
Locala	Sharon Lowrie	x	x	x	x		0/5
Locala	Chris Reeve					x	0/1
South West Yorkshire Partnership NHS FT	Salma Yasmeen	-	-	-	x	x	0/2
South West Yorkshire Partnership NHS FT	Dawn Stephenson	x	√	x Tenure	-	-	1/2

Council of Governors Meeting - 4.4.18		5.4.17	6.7.17	20.7.17 AGM	26.10.17	23.1.18	TOTAL ATTENDANCE
				ceased 6.7.17			
Healthwatch Kirklees	Mr Rory Deighton			Tenure commenced 2.10.17	√	x	1/2
BOARD OF DIRECTORS							
Mr Andrew Haigh	Chairman	√	√	√	√	√	
Mrs Jan Wilson	Non-Executive Director	-	-	√	√	Tenure complete d 1.12.17	
Dr David Anderson	Non-Executive Director	-	√	√	-	√	
Mrs Karen Heaton	Non-Executive Director	-	-	√	√	√	
Mr Richard Hopkin	Non-Executive Director	-	-	√	-	-	
Mr Phil Oldfield	Non-Executive Director	-	-	x	-	-	
Dr Linda Patterson	Non-Executive Director	-	-	√	-	-	
Mr Andy Nelson	Non-Executive Director			Tenure commenced 1.10.17	-	-	
Prof Peter Roberts	Non-Executive Director	√	-	x	Tenure completed 1.10.17	-	
Mr Owen Williams	Chief Executive	x	√	√	x	x	
Dr David Birkenhead	Exec Medical Director	x	√	√	√	√	
Mr Brendan Brown	Exec Director of Nursing	√	√	√	√	√	
Mr Ian Warren	Exec Director of Workforce & OD	√	x	Tenure ceases 10.7.10	-	-	
Jason Eddleston	Interim Director of Workforce and OD	-	-	√	x		
Suzanne Dunkley	Executive Director of Workforce and OD					Appointed from 1.2.18	
Mr Gary Boothby	Exec Director of Finance	√	√	√	x	√	
Mandy Griffin	Director of THIS	√	√	√	√	x	
Lesley Hill	Exec Director of Planning, Perform., Estates & Facilities Ms	x	x	√	√	√	

		5.4.17	6.7.17	20.7.17 AGM	26.10.17	23.1.18	TOTAL ATTENDANCE
Helen Barker	Associate Director of Community Services & Operations	x	√	√	√	√	
Anna Basford	Director of Transformation and Partnerships	√	√	√	√	x	
OTHERS							
Kathy Bray	Board Secretary	√	√	√	√	√	
Ruth Mason	Associate Director of Engagement & Inclusion	√	√	√	-	-	
Alastair Newall	Senior Manager – KPMG External Auditors	-	-	√	-	-	
Victoria Pickles	Company Secretary	x	√	√	√	√	
Lindsay Rudge	Deputy Director of Nursing	-	-	√	-	-	
Philippa Russell	Acting Director of Finance	-	-	-	-	-	
Juliette Cosgrove	Assistant Director for Quality	√	-	-	-	-	
Kirsty Archer	Deputy Director of Finance	-	-	-	√	-	

Chairs Appraisal Summary 2017/2018

Process

The format of the Chairs appraisal again involved feedback from the Council of Governors', NEDs and Executive team.

The feedback was collated by David Anderson in his role as SINED receiving views of the Council of Governors', the NEDs and the Executive team via the Chief Executive, and subsequent feedback to Andrew at his appraisal.

Summary

This is Andrew's seventh appraisal, and his term of office at the Trust will shortly be completed.

Self-Appraisal

- ☐ Board had stepped up to meet challenges, and with Chief Executive having outward focus with National and West Yorkshire agendas highlighting the Executives ability to operate as a team to ensure business continued as usual within the Trust
- ☐ This was a year where the results of the Reconfiguration and the CQC were awaited some frustration that the outcome of these were not completed within his term of office
- ☐ Financial position deterioration and understanding of factors beyond loss of activity through EPR with themes such as job planning and NICU activity playing a part
- ☐ In the EPR implementation could the impact on Out Patient activity been more anticipated and some anxiety the full benefits of EPR which are still to be realised and should not be lost

Turning to specific objectives in last year's appraisal

- ☐ Enhanced Visibility within Trust for Chair-Andrew had continued his Board to Ward visits, and his part in Consultations, Staff Awards, and other forums continued to raise his profile
- ☐ Enhanced visibility of NEDs within Trust-similarly the programme of Board to Ward visits, interviews etc. continue to connect the Board to all parts of the Trust
- ☐ Support CQC process for Trust-Andrew had supported a facilitative approach with CQC and will return after he leaves the Trust to be interviewed
- ☐ Succession planning for Chair and NEDs -This has been achieved successfully
- ☐ Further Well led Governance Review-This is imminent
- ☐ Enhanced Ambassador role in WYAAT utilising opportunities of being Chair and similarly in Local Health and wider economy-He has been Chair of WYAAT and nurtured other relations with key stakeholders
- ☐ More concise Board Meetings -there has been a move to more concise board meeting and a more effective subcommittee structure -the complexity of the agendas and the need for due process has meant Board Meetings agendas were still full

Feedback from Governors

Council of Governors Meeting - 4.4.18

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- ☐ 16 out of 23 of total governors responded to Questionnaire
- ☐ 12 out of 16 publically elected Governors responded
- ☐ 4 out of 8 Staff nominated Governors responded
- ☐ Of the 4 -2 of nominated Governors declined to comment due to short time they had served

Conclusion

- ☐ General consensus from governors is that Andrew Haigh has been diligent in his role as both Chairman of the Trust and of the Council of Governors
- ☐ He has kept the Trust up to date on all matters affecting the Trust and not suppressed debate on issues. He has been sensitive to differing views expressed by Governors on various subjects. On occasions he could have closed debate earlier than let them proceed.
- ☐ Any action or follow up on matters discussed have been done either by himself or from the department concerned
- ☐ Meeting have been well run and orderly

- ☐ His relationship with Chief executive appears very good and he has worked hard to ensure a good relationship between the CofG and BoD. He has high profile within Trust and values the principles within the Constitution of the Trust
- ☐ He acts impartially at meetings and ensures all facts are obtained from applicable sources before giving a definitive answer
- ☐ One of best chairmen I have worked with and set a high standard to follow

Feedback from Executive

- ☐ Job well done
- ☐ Personal support, fair, counselling role, gave permission for others to do their job
- ☐ Overseen improvement in Board function
- ☐ Built a positive Board/Governors relationship taken for granted here but not necessarily found in other Trusts
- ☐ Championed the position of Governors with exec team
- ☐ Meetings improved more stream lined and improved still work to be done
- ☐ Andrews one to one relationship with Executive team seen as valuable and open and sensitive to roles of Chief executive
- ☐ Crucial role within STP/WYAAT sensitively chairing and enabling progress on Committee in Common, and Wholly Owned Subsidiary

Some messages for the future

- ☐ Recognising other points of views-a balance of having a passion, enthusiasm for direction of travel but recognising that not everyone in same place
- ☐ Again, the drive to get to the final goal and leading to achieve the best outcome don't forget to recognise what has been achieved on the way although we haven't achieved everything examples dealing with the fiscal challenge and mortality

- ☐ Very positive considerable achievement to have led the Trust through challenges of the last 7 years and a hard act to follow
- ☐ Always shown good humour and pleasure to work with
- ☐ Patients best interests always highlighted
- ☐ Strong leadership skills in developing a skilled board to progress the Trusts strategy
- ☐ Supportive and encouraging to new NEDs
- ☐ Timings of Boards remain an issue, but he allows important discussions to flow, the timings reflect complexity of agendas/Board files rather than issues with meeting management

Reflection on 7 Years

- ☐ The Board is in its strongest position now as he leaves and the Trust a very different organisation
- ☐ Compassionate care and focus on patient needs embedded
- ☐ Executive Team very strong and work collectively
- ☐ Board has kept its nerve and always done right thing facing considerable challenges
- ☐ Awaiting CQC judgement

Mandatory training 100%

Council of Governors

Calendar of Activity April to December 2018

Month	Day-date	Meeting	Time	Venue	Please attend
April	Wed-4-Apr	Council of Governors Private meeting	3 pm – 4 pm	Board Room, Sub-basement, HRI	All
		Council of Governors Public meeting	4 pm – 6 pm	Board Room, Sub-basement, HRI	All
May	Thur-17-May	CoG Training Session: An Introduction to NHS Finance	10 am – 12 noon	Medium Training Room, LC, CRH	Any
	Fri-25-May	Joint CoG/Board workshop	9 am – 12.30 pm	Large Training Room, LC, CRH	Any
June	Tue-5-Jun	Community DRG meeting followed by familiarisation tour	2.30 pm – 4 pm	Meeting Room 2, LC, HRI	SB, AB, LM, BR, JR, LS
	Wed-6-Jun	Families & Specialist Services DRG meeting followed by familiarisation tour	12 noon – 1.30 pm	Meeting Room 3, LC, HRI	PBa, AB, DH, VM, LM, KR, RH
	Thu-7-Jun	Surgery & Anaesthetics DRG meeting followed by familiarisation tour	10 am – 11.30 am	Meeting Room 3, LC, HRI	AB, NE, VM, BM, JR, KW
	Mon-11-Jun	Medical DRG meeting followed by familiarisation tour	2 pm – 3.30 pm	Medium Training Room, LC, CRH	AS, NE, KR, DW, SG, KW, TN
	Wed-20-Jun	Estates & Facilities DRG meeting followed by familiarisation tour	10 am – 11.30 am	Discussion Room 2, LC, HRI	SB, KW, LS, PBu, BM, AS, BR
	Mon-25-Jun	Chairs' Information Exchange meeting part 1	2 pm – 3 pm	Board Room, HRI	SB, AB, LM, BM, DW
		Chairs' Information Exchange meeting part 2	3 pm – 4 pm	Board Room, HRI	SB, AB, LM, BM, DW, LS, PBa, SG
July	Wed-4-Jul	Council of Governors Private meeting	3 pm – 4 pm	Board Room, HRI	All
		Council of Governors Public meeting	4 pm – 6 pm	Board Room, HRI	All
	Tue-10-Jul	CoG Training Session: Working Together to Get Results	9.30 am–11.30 am	Meeting Room 4, 3 rd floor, Acre Mills OPD	Any
	Thu-19-Jul	Joint BOD and CoG Annual General Meeting	5 pm – 7 pm	Large Training Room, LC, CRH	All

Month	Day-date	Meeting	Time	Venue	Please attend
August	Wed-1-Aug	Governor Induction Programme Day 1	9 am – 4.30 pm	Engie meeting room, CRH	New governors
	Mon-6-Aug	Governor Induction Programme Day 2	9 am – 4.30 pm	Meeting Room 3, 3 rd floor, Acre Mills OPD	New governors
September	Thu-13-Sep	CoG Development and Holding NEDs to Account Session	4 pm – 6 pm	Discussion Room 1, LC, HRI	Any
October	Thu-18-Oct	Council of Governors Private meeting	3 pm – 4 pm	Board Room, HRI	All
		Council of Governors Public meeting	4 pm – 6 pm	Board Room, HRI	All
November	Mon-5-Nov	Medical DRG meeting followed by familiarisation tour	2 pm – 3.30 pm	Medium Training Room, LC, CRH	TBC - new allocation
	Tue-6-Nov	Community DRG meeting followed by familiarisation tour	1 pm – 2.30 pm	Meeting Room 2, LC, HRI	TBC - new allocation
	Wed-7-Nov	Families & Specialist Services DRG meeting followed by familiarisation tour	12 noon – 1.30 pm	Meeting Room 3, LC, HRI	TBC - new allocation
	Fri-16-Nov	Joint CoG/Board workshop	9 am – 12.30 pm	Board Room, HRI	Any
	Wed-21-Nov	Estates & Facilities DRG meeting followed by familiarisation tour	10 am – 11.30 am	Discussion Room 2, LC, HRI	TBC - new allocation
	Wed-21-Nov	Surgery & Anaesthetics DRG meeting followed by familiarisation tour	2 pm – 3.30 pm	Meeting Room 3, LC, HRI	TBC - new allocation
December	Tue-18-Dec	Chairs' Information Exchange meeting part 1	10 am – 11 am	Board Room, HRI	TBC (new DRG Chairs)
		Chairs' Information Exchange meeting part 2	11 am – 12 noon	Board Room, HRI	New DRG Chairs + LS, PBa, SG + new Staff Governors
		CoG Development Session	12.30 pm – 4.30 pm	Board Room, HRI	Any