











Council of Governors

Schedule	Thursday, 18 Oct 2018 16:30 — 18:30 BST
Venue	HRI - Boardroom
Organiser	Amber Fox

Agenda

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	b. Charitable Funds Committee (P Lewer)	
	c. Organ Donation Group (P Lewer)	
	d. Audit & Risk Committee (P Bamber)	
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18:30	12. DATE AND TIME OF NEXT MEETINGS:	75
	BOD/CoG Workshop	
	Date: Friday 16th November 2018	
	Time: 9:00 – 12:30 pm	
	Venue: Boardroom, Sub Basement, HRI	
	CoG Development Session	
	Date: Tuesday 18 December 2018	
	Time: 12:30 – 4:30 pm	
	Venue: Boardroom, Sub Basement, HRI	
	Presented by Philip Lewer	

1. Apologies for absence:

Lynn Moore

Linzi Smith

David Birkenhead

Andy Nelson

Mandy Griffin

Presented by Philip Lewer

2. Declaration of Interests

3. Minutes of the last meeting held:

4 July 2018

19 July 2018

Presented by Philip Lewer

**MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD ON
WEDNESDAY 4 JULY 2018 IN THE BOARDROOM, SUB-BASEMENT, HUDDERSFIELD
ROYAL INFIRMARY**

PRESENT: Philip Lewer	Chair
Publicly Elected Governors	
Brian Moore Stephen Baines Paul Butterworth Rosemary Hedges Diane Hughes Alison Schofield Kate Wileman	Public elected – Constituency 8 /Lead Governor Public elected – Constituency 5 Public elected – Constituency 6 Public elected – Constituency 1 Public elected – Constituency 3 Public elected – Constituency 7 (+ carer) Public elected – Constituency 4 (Reserve Register)
Staff Governors	
Dr Peter Bamber Linzi Smith Sian Grbin	Staff elected – Constituency 9 Staff elected – Constituency 11 Staff elected – Constituency 13
Stakeholder Governors	
There were no stakeholder governors present at the meeting	
IN ATTENDANCE: Alastair Graham Alison Wilson Amber Fox David Anderson Gary Boothby Helen Barker Lesley Hill Lindsay Rudge Lisa Williams Mandy Griffin Owen Williams Sharon Appleby Victoria Pickles	Non-Executive Director General Manager, Estates Corporate Governance Manager Non-Executive Director/SINED Executive Director of Finance Chief Operating Officer Executive Director of Planning, Estates & Facilities Deputy Chief Nurse Assistant Director of Service Development Managing Director, Digital Health Chief Executive Transformation Programme Manager Company Secretary
APOLOGIES FOR ABSENCE WERE RECEIVED FROM:	
Anna Basford Brian Richardson Chris Reeve David Birkenhead Jackie Murphy Lynn Moore Suzanne Dunkley Veronica Maher	Director of Transformation and Partnerships Public elected – Constituency 5 Nominated Stakeholder - Locala Executive Medical Director Chief Nurse Public elected – Constituency 7 Executive Director of Workforce and OD Public elected – Constituency 4

1. WELCOME AND INTRODUCTIONS

The Chair opened the meeting and introductions were made around the table.

2. Digital Health Stabilisation and next steps

The Managing Director for Digital Health presented the story on Digital Health and what the future state will look like. The Managing Director for Digital Health reminded the Council of Governors that Calderdale and Huddersfield NHS Foundation Trust had implemented the electronic patient record (EPR) in partnership with Bradford Teaching Hospitals Trust, with CHF T going live in May 2017 and Bradford in September 2017.

She described the process to achieve stabilisation. All but one of the 99 items on the stabilisation plan had been resolved. There remained a number of larger issues to address. A number of forward projects have been agreed with Bradford including those to make the EPR function better and address the fractured work flows.

The key ambition is to become a UK reference site for Cerner. The business as usual team are now in place that look after the Core EPR, this is a shared resource with Bradford. The Electronic Patient Record has transformed the way care is delivered and a Digital Health Team was implemented on 4 June 2019 with training and change resources and this team will focus on re-education. One element outstanding from the stabilisation plan is the regular day attender which is being built next week.

An EPR upgrade is scheduled for early next year and in addition the drug catalogue in EPR will be updated in November.

The Trust were 113th in the country when it came to our Digital Maturity, last October the Trust were 13th place and are technically the 3rd highest in the country. The adoption rate of the Trust has been 1st class for usage across the UK.

There are now 3,000 patients registered on the patient portal and can view and print their records via the YourEPR application. Patients are asked to sign-up to the patient portal when they attend an Outpatient appointment; however, if they prefer, they can request access to their copy letters and results will still be sent to their GP.

The Electronic Document Management System (EDMS) will cease and a scanning solution is being explored from Cerner. The outstanding un-validated letters in EPR are now in the 100's and all rules have been put in place to stop this from re-occurring.

The Director for Digital Health was thanked for her presentation and enthusiasm.

3. DECLARATION OF INTERESTS

There were no declarations of interest at the meeting.

4. MINUTES OF THE LAST MEETING – 4 APRIL 2018 & 8 MAY 2018

The minutes of the last meeting held on 4 April 2018 and 8 May 2018 were approved as an accurate record.

5. MATTERS ARISING

No further matters arising.

6. CHAIR'S REPORT

a. UPDATE FROM CHAIRS INFORMATION EXCHANGE MEETING – 25.6.18

The Chair reported on the minutes from the meeting held on the 25 June 2018 which had been included with the agenda (Appendix B). The next meeting was scheduled to be held on the 18 December 2018.

OUTCOME: The Council of Governors **RECEIVED** and **NOTED** the Chairs Information

PERFORMANCE AND STRATEGY

7. CARE QUALITY COMMISSION REPORT

The Chief Executive announced the fantastic news the Trust received with achieving the CQC rating of 'Good' overall. The Chief Executive noted his thanks to the wider workforce, volunteers, our partners and our governors. It is important to reflect on the contribution which has been a joint effort, including patients as their feedback also counts. The Chief Executive explained the CQC will move to a Single Oversight Framework now which is a judgement on how we use resources. The ratings received following the inspection this year were as follows:

- Safety = Requires Improvement
- Caring = Good
- Response = Good
- Effective = Good
- Well-Led = Good
- Use of resources – Requires improvement

Our Trust is the 1st Trust in the North of England to be assessed under the new framework. The CQC prepared for 10-50% of those Trusts that were already designated as 'Good' or 'Outstanding' to go backwards under the new regime.

The Chief Executive highlighted moving from 'requires improvement' to 'good' cannot be understated given our underlying deficit position. He highlighted the importance of celebrating this status of the CQC 'Good' rating and the real achievement it reflects.

The next steps is action planning and this will be shared with the Quality Committee, Finance and Performance Committee, Board of Directors and Council of Governors.

Maternity services are now classed as 'Good' with some elements of outstanding practice which is a great move forward after receiving a 'requires improvement' from the previous inspection.

The Chief Executive passed on thanks to Brendan Brown, our former Executive Director of for his leadership and approach to working with the CQC.

A governor raised disappointment there is no place of safety for mental wellbeing patients, the main area of concern being A&E. The Chief Operating Officer reported that work on this had begun on the two sites. Alastair Graham reference the discussion at the Board of Directors on the 'Treat me Well' campaign.

OUTCOME: The Council of Governors **NOTED** the CQC update

8. RECONFIGURATION UPDATE - LETTER FROM THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

The Chief Executive made reference to the letter received on 12 May. There is particular focus on a Care Closer to Home and a reduced bed numbers model; however, there is concern in how the Trust can be confident on demand. NHS Improvement and NHS England (the regulators) have a deadline of 10 August to respond to the Secretary of State. If an agreement can't be made, a decision will be made by the Secretary of State. The Chief Executive highlighted the regulators do not see a model of having three A&Es across Calderdale, Kirklees and Wakefield which serves 930,000 patients and a solution with lower capital is required.

The outcome will likely be a modified plan for HRI with more flexibility on the A&E

capacity. The reconfiguration will not impact on the plans to have a single ICU. The Chief Executive clarified that it is likely that the overall current bed base will remain in place until Care Closer to Home shows evidence it is making a change. He pointed out that the Trust had worked with its clinical staff and the clinical commissioning groups to develop the draft proposals for submission to the regulators.

The Chief Executive referenced the enforcement notice which is still active for the Trust.

OUTCOME: The Council of Governors **NOTED** the reconfiguration update

9. **OUTPATIENT TRANSFORMATION PROGRAMME**

Lisa Williams, Assistant Director of Service Development described the Outpatient Transformation project launching with partners in Commissioning Groups across Greater Huddersfield and Calderdale in partnership with Healthwatch. The projects were started around 1 year ago with the focus on delivering care differently e.g. nurse led follow ups and one stop clinics.

The project team visited other organisations such as Stockport, Airedale and Morecambe Bay to find out 'What Good Looks Like' and how to shorten the patient journey and empower patients in the community to support self-care. The project team reviewed feedback from the Healthwatch survey which described more use of Digital technology, virtual clinics and the struggles with car parking.

The Outpatient Transformation Project is consulting with as many forums as possible with support from Anna Basford. There has been attendance at the GP Board, GP Federation and a Board of Partners has been created to steer this project including Directors, Clinical Directors and the Associate Medical Director.

The Project asked for a Governor to volunteer to help drive this project forward. Alison Schofield volunteered declaring an interest in chronic pain and will report back with updates to Council of Governors.

A governor raised more clarity is needed regarding Care Closer to Home and patients that are still being taken further away from home for Specialist appointments. Patients require more information to understand the reason they need to attend an appointment, such as specific equipment is required.

Lisa Williams attended the Digital Conference where a clinician described the transformation of their Stroke clinics via Skype.

OUTCOME: The Council of Governors **NOTED** the Outpatient Transformation Update and Alison Schofield volunteered to help drive this project forward

10. **TRUST PERFORMANCE**

a. **Financial Position and Forecast**

The Executive Director of Finance reported the Trust has not accepted the 18/19 NHS Improvement Control Total of a £23.2m deficit and is therefore not eligible to receive any of the £14.2m Provider Sustainability Funding allocated for this financial year, (previously Sustainability and Transformation Funding).

The year to date deficit is £9.24m as planned, in line with the plan submitted to NHSI.

The total forecast deficit is £43.04m, just within plan.

The National Pay Award for all staff (excluding including doctors and apprentices) will cost the organisation £8M and only £2.3M funding was in the plan.

Sian Grbin asked how much funding was for the conversion to a treatment room on the Cardiology Ward at CRH as feedback was it was in the millions, within the PFI. The Executive Director of Finance agreed to look into this and report back on the breakdown of costs.

ACTION: Executive Director of Finance

b. Performance Report (including Good News Stories)

The Chief Operating Officer reported a positive position with improvements from April into May with 4 amber, 2 green and no red domains.

The main highlights from the report were:

- The SAFE domain is now green following improvements in Harm Free Care including pressure ulcers
- Agency spend has reduced
- Cancelled operations are reducing and it has been the lowest month ever despite reducing bed base
- Sickness levels are on a positive reduction
- Positive recruitment into consulting staffing in the Medicine Division
- Complaints closed within timeframe - 2 Divisions have been escalated and are asked to attend the next Quality Committee
- Paediatrics have received a CHKS accreditation (National Healthcare Intelligence and Quality Improvement Service)
- Emergency care standard – closed June down at 94.78%, both sites have improved, Huddersfield was above 90% in June and Calderdale delivered over 95% every day of the month in June with very high attendance – there are discussions around how to acknowledge this achievement
- Finance & Performance Committee are looking at how we rank against the 3 metrics (national standards of emergency care, cancer and referral to treatment) and we are the best performing organisation in England thank you to all of our staff

11. Update on Wholly Owned Subsidiary

The Executive Director of Planning, Estates & Facilities informed the Governors the business case for the Wholly Owned Subsidiary is now available on the internet under Publications and Full Business Case. The project is on track to go live the end of August.

She explained that the TUPE consultation with staff is underway. The Trust is providing 'letters of comfort' with assurances from Board on the principles and agreement in relation to the transfer of staff. The team is also working with Unions on an agreement to protect these principles. The Executive Director of Planning, Estates & Facilities reported they are currently working on terms and conditions for new staff as well as the legal agreements.

There are still constructive relationships with our Unions, Unison and GMC. It was noted Unison didn't get enough votes to warrant strike action.

The Executive Director of Planning, Estates and Facilities described the significant amount of engagement taking place with staff. Alastair Graham added a number of Meet the Board sessions have taken place as part of the consultation. Work will start to take place around engagement and communications on the wholly owned subsidiary to inform the rest of the organisation.

The Executive Director of Planning, Estates and Facilities explained that she had met with

the Calderdale Scrutiny Panel who had agreed to send a letter to the Trust about their views. This has not yet been received and there had been a mixture of views expressed at the meeting.

A governor asked about the costs incurred as part of the set up of the company and if these costs are refundable to the Trust. The Executive Director of Finance explained the costs incurred are being considered; however, the Trust achieved a saving of over £2M to invest in patient care in last financial year. The money saved so far was around historical capital purchases over last 10 years, to reclaim an element of VAT. A governor responded this is an endemic in the health service and systems should be changed to allow hospitals to receive VAT back without diluting the NHS.

Discussion took place around how governors can have their views on the Wholly Owned Subsidiary recorded. The Chair asked them to write to the Company Secretary (Victoria.Pickles@cht.nhs.uk) stating whether or not they are in agreement. This will be recorded and reported at a future meeting. The public governors not in attendance will be informed.

ACTION: All Governors to send views to Company Secretary

Proposed changes to the Trust's Constitution to the staff membership categories

The Company Secretary asked the Council of Governors to decide if the Wholly Owned Subsidiary staff that transfer remain Foundation Trust members and have the right to stand as governors should they choose. Any new staff members wouldn't become a Foundation Trust member until they have been employed for 1 year.

Feedback from the lead governor was the Wholly Owned Subsidiary is a separate company not employed by the Trust and that the same conditions as ISS staff should apply as they are a 3rd party. The Company Secretary responded the contractual relationship is entirely different.

The Company Secretary informed the governors what it means to be a staff member is available in the Constitution on the policies database.

The suggestion was staff who have been members of the Trust to remain as members. Voting was deferred to the next meeting on the 19th July and governors are asked to read the papers and take any advice and guidance outside of the meeting.

OUTCOME: The Council of Governors **NOTED** the update on the Wholly Owned Subsidiary and will **WRITE** to Vicky Pickles with their views. **VOTING** on the Constitution will take place on 19 July

12. Car Parking Charges Prices Proposal

The Executive Director of Planning, Estates and Facilities explained that the item on car parking was brought to the Council of Governors as part of the consultation process prior to going to the Board for a decision. Feedback from the Governors would be presented at the Board meeting where the item is discussed.

Alison Wilson presented the car parking proposal which set out future arrangements for parking charges, access to spaces and additional parking options. The majority of complaints in Estates and Facilities are regarding car parking, particularly Acre Mill and the automatic number plate recognition scheme. In August last year, the contract was terminated and the same system at Huddersfield was brought in along with a chip and pin payment machine at Acre Mills. Since then, the number of complaints has reduced.

There are still complaints being received from members of the public struggling to find car parking spaces. Work is taking place with Calderdale Council to find parking spaces and

permits and a review of staff car parking is going to be rolled out across the Trust.

In terms of public parking, the proposal is to increase the cost from £2.80 to £3.00 which falls in line with partner sites. The proposal will also introduce a weekly pass for regular visitors and a 24 hour increase.

In terms of the income generation, based on the current usage of car parking at CRH, HRI and Acre Mill the total increases would realise a potential income of £86k for public parking and £35k for staff parking over 12 month period.

Alison Schofield raised the issue of charging for blue badge holders to park and a feeling that this had not properly been consulted upon. She asked that consideration be given to someone attending the disability forum to explain the parking arrangements. She also asked that greater clarity be given to the public as to who is entitled to free parking. A governor raised there should be no charges if a patient or visitor was to stay for treatment for a week. Alison Wilson explained there are certain categories that are allowed free parking and at the moment a weekly stay would cost £49.

Sian Grbin raised a question about the number of hospital that charge staff to park as figures showed that it was a third of hospitals nationally. The Executive Director of Planning, Estates and Facilities said that she did not recognize those figures and would check the available data. Sian explained the unpaid hours of staff would be larger saving than parking and feels parking costs should go down, not up.

The Chief Operating Officer explained that the Board had to make difficult decisions in light of the Trust's financial position and would welcome any other ideas the Governors have around savings. It was agreed to consider holding a joint workshop between the Board and the Council of Governors to consider the financial position and ideas for generating savings.

ACTION: Company Secretary / Corporate Governance Manager

The Executive Director of Finance explained the money would have to be spent in different ways if there were no parking charges. Staff on the lowest paid band will see a 5% parking increase and 9% staff increment.

The Company Secretary asked that Governors provide a response to her on their views on the car parking proposal. These would then be collated and presented to the Board alongside the item on car parking as part of their decision making.

OUTCOME: The Council of Governors **AGREED** to provide a response to the Company Secretary on the Car Parking Charges proposal.

GOVERNANCE

23/18 COUNCIL OF GOVERNORS REGISTER

The updated register of members as at 1 July 2018 was received for information. Governors will be updated on the Register at the end of this month 31 July 2018.

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

24/18 REGISTER OF INTERESTS/DECLARATION OF INTERESTS

There have been no changes to the Register of Interests since the last meeting and the Chair requested that any amendments be notified to the Corporate Governance Manager as soon as possible.

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

25/18 UPDATE ON PROCESS FOR ELECTION OF LEAD GOVERNOR

The Company Secretary informed the Council of Governors there have been 2 applications for election of lead governor. This would require a competitive process. Information and instructions will be sent out next week with 2 weeks to respond.

OUTCOME: The Council of Governors **RECEIVED** the update on process for election of Lead Governor

26/18 PROPOSAL FOR FUTURE COUNCIL OF GOVERNORS MEETINGS

The Company Secretary presented the proposal for future meetings with the purpose to give governors more opportunity to hold the NEDs to account for the performance of the Board. Feedback was requested on the proposal in advance of the meeting and so far has been in agreement.

The recommendation for 'Holding to Account' training was following the last training event and this will include training on induction and a full course every 2 years. There was general support for this element.

There was general support for a private Council of Governors meeting. The Trust will provide a room for an agreed date and location.

There was a difference of opinion around Divisional Reference Groups allocation for three years. The Company Secretary explained that any governor can raise a concern if they don't believe it is working or if they would like to change and this would be accommodated where possible.

The Chairs Information Exchange meeting was discussed. The Company Secretary highlighted that only the Chairs of the Divisional Reference Group currently attend this meeting and therefore are privy to information that is not open to all. By circulating the Summaries on a Page from each DRG and extending the private session with the Chair it is hoped that this will give greater opportunity for all governors to have access to information. As a result it was agreed to cease the Chairs Information Exchange meeting.

The Company Secretary provided re-assurance the feedback has been received from some of the governors not in attendance.

OUTCOME: The Council of Governors **APPROVED** the proposal for future Council of Governors meetings

30/18 UPDATE FROM BOARD SUB COMMITTEES

The updates from Board Sub-Committees were deferred to the next full meeting

a. QUALITY COMMITTEE

b. CHARITABLE FUNDS COMMITTEE

c. PATIENT EXPERIENCE AND CARING GROUP

OUTCOME: The Council of Governors Sub Committees/Groups updates were **DEFERRED** to the next full meeting.

32/18 INFORMATION TO RECEIVE

a. Updated Council Calendar – The updated Calendar was noted.

33/18 ANY OTHER BUSINESS

Paul Butterworth raised a concern that to receive incremental pay staff need to have undertaken their appraisal; however, staff who haven't undertaken an appraisal are still receiving increments. This will be raised with Workforce Committee and the Company

Secretary will provide a response to Paul Butterworth.

ACTION: Company Secretary

DATE AND TIME OF NEXT MEETING

Date: Thursday 19 July 2018 commencing at 4.00 pm

Venue: Large Training Room, Learning Centre, CRH

Date: Thursday 19 July 2018 – Joint BOD/COG Annual General Meeting commencing at 6.00 pm

Venue: Large Training Room, Learning Centre, CRH



MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 4PM ON THURSDAY 19 JULY 2018 IN THE LARGE TRAINING ROOM, LEARNING CENTRE, CALDERDALE ROYAL HOSPITAL

PRESENT:

Philip Lewer Chair

Publicly Elected Governors

Stephen Baines	Constituency 5
Annette Bell	Constituency 6
Paul Butterworth	Constituency 6
Diane Hughes	Constituency 3
Brian Moore	Constituency 8 / Lead Governor
Lynn Moore	Constituency 7
Alison Schofield	Constituency 7 (+ Carer)
Kate Wileman	Constituency 4 (Reserve Register)

Staff Governors

Linzi Smith Constituency 11

Stakeholder Governors

Felicity Astin University of Huddersfield

IN ATTENDANCE:

Karen Heaton	Non-Executive Director
Lesley Hill	Executive Director of Planning, Estates & Facilities
Victoria Pickles	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Veronica Maher	Public Elected – Constituency 4
Brian Richardson	Public Elected – Constituency 5
Rosemary Hedges	Public Elected – Constituency 1
John Richardson	Public Elected – Constituency 3
Dr Peter Bamber	Staff Elected – Constituency 9
Sian Grbin	Staff Elected – Constituency 13
Rory Deighton	Nominated Stakeholder – Healthwatch Kirklees

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. UPDATE ON WHOLLY OWNED SUBSIDIARY

The Company Secretary explained that at the previous Council of Governors meeting it had been agreed to set up a special meeting to discuss the item on

proposed changes to the Trust's Constitution regarding staff membership. Since the previous meeting there had been a number of emails from Governors setting out their views on whether or not staff employed by the Wholly Owned Subsidiary should be included within the staff membership of the Trust. The Chair highlighted that to make changes to the Trust's Constitution there needs to be support from 50% of the Council of Governors prior to ratification by the Trust Board and then final approval by NHS Improvement.

The Company Secretary described the original recommendation which was to include all staff that work or will work for the WOS to be classed in the staff member constituency within the Trust membership. She explained that Brian Moore had shared an alternative recommendation to also include ISS staff. The Company Secretary described the challenge of this given the different contractual relationship between the Trust and companies who provide services within the PFI building. The Company Secretary shared an alternative recommendation put forward by Peter Bamber which suggested that existing staff that transfer into the WOS should continue as members of the staff consistency; however, this would not apply to any new staff employed by the WOS. This has been seconded by Sian Grbin who also urged caution from the Council of Governors.

Brian Moore's second recommendation is the same rules to apply for any individual employed by any organisation e.g. portering, full time or part time (min 8 hours per week) in the Trust or a company that services the Trust for a minimum of 12 months, working at the Trust and associating Trust sites. The Company Secretary confirmed the Digital staff e.g. THIS and HPS are employed by the Trust and are on the Trust payroll; therefore, they are already staff members of the Trust. The difference with ISS is that they are contracted through the PFI provider and have no direct contractual arrangement with the Trust. The Executive Director of Planning, Estates and Facilities explained the Trust would need to ask ISS and Engie whether they would agree to open up membership to their employees. Discussion took place around the role of members and their ability to elect a governor and the impact this has on the ability to influence the way in which colleagues are supported. As a wholly owned subsidiary, the Trust will still have the ability to influence.

Stephen Baines highlighted that it could be considered part of the terms and conditions of the staff that are due to TUPE into the WOS and therefore they should be able to remain members of the Trust. Alison Schofield added existing staff who are transferring over should take membership with them as it is important to feel valued.

The recommendation that staff membership should apply to any employee TUPED across as part of their terms and conditions will remain members of the Trust and any new employees joining the organisation will not be eligible to join. This was seconded by Stephen Baines, Annette Bell and Paul Butterworth. It was agreed to

remove 1.4.1 of the paper and provide the proposed rewording.

Paul Butterworth noted any staff employed by ISS should be informed about their right to become a public member of the Trust. The Company Secretary agreed to take this forward.

ACTION: Company Secretary

OUTCOME: The Council of Governors **APPROVED** the amendments to the Trust Constitution subject to the change to 1.4.1

The Company Secretary thanked the governors for their important contributions.

33/18 ANY OTHER BUSINESS

The Company Secretary explained that at the previous Council of Governors meeting there had been a request that governors be asked to declare their agreement / disagreement of the WOS. Responses have been received from most but not all and there had been some requests to only share anonymized information.

The responses from those who have declared are as follows:

- Agree - 6
- Disagree - 6
- Neither agree or disagree - 2

It had also been agreed at the previous meeting to provide feedback to the Company Secretary on the car parking proposal. The Company Secretary thanked governors for their responses and explained that these would be shared with the Board at the same time as the car parking proposal so that Board members understand the views of the Council of Governors.

Linzi Smith highlighted staff that pay for permits out of their salary have been told they need to pay again at Princess Royal. The Executive Director of Planning, Estates and Facilities explained the Trust don't own Princess Royal; however, staff should be able to claim on parking.

Kate Wileman raised the importance of governors getting together with the Non-Executive Directors to hold them to account and believes this should be mandatory.

The Chair provided a further update on the response to the Secretary of State letter. A workshop will be held in private with the Overview and Scrutiny Panel next Tuesday 24 July. The Company Secretary explained our regulators and CCGs are working towards a tight time scale of 4 weeks. The meeting between NHS England and NHS Improvement is taking place on Monday afternoon; the Company Secretary will share an update following this meeting.

ACTION: Company Secretary

Paul Butterworth referenced the email asking for the governor's views on meetings. The Company Secretary responded this is being turned into a Programme based on the feedback received and will be shared at a future meeting.

DATE AND TIME OF NEXT MEETING

Date: Thursday 18 October 2018 commencing at 4:00 pm

Venue: Boardroom, HRI

The Chair formally closed the meeting at 16:46 pm and invite attendees to the next meeting.

Brian Moore thanked the Governors for attending this extra-ordinary meeting.

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
4/7/18-01	To look into the funding for the Treatment room on the Cardiology Ward at CRH and feedback to Sian Grbin	Executive Director of Finance		18.10.18		
4/7/18-02	All Governors to send their views on the Wholly Owned Subsidiary to the Company Secretary	Governors	Resolved at the meeting held 19.7.18	19.7.18		19.7.18
4/7/18-03	Joint Workshop to be arranged between the Board and Council of Governors to consider the financial position and ideas for generating savings	Company Secretary / Corporate Governance Manager	BOD/COG workshop is taking place on Friday 16 November 2018	18.10.18		
4/7/18-04	Incremental pay being received when staff haven't received their appraisal to be raised with the Workforce Committee	Company Secretary	On the agenda under AOB	18.10.18		
19/7/18-01	Staff employed by ISS to be informed about their right to become a Public member of the Trust	Company Secretary	On the agenda – 'Proposed amendments to the Constitution'	31.08.18		

4. CHAIR'S REPORT

a. Council of Governors Register

Presented by Philip Lewer

DRAFT COUNCIL OF GOVERNORS REGISTER AS AT 23 JULY 2018

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	Mrs Jude Goddard	19.7.18	3 years	2021
1	Mr Donald Rodgers-Walker	19.7.18	3 years	2021
2	Mrs Sheila Taylor	19.7.18	3 years	2021
2	Mrs Christine Mills	19.7.18	3 years	2021
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	19.7.18	3 years 3 years	2018 2021
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 (Lead Governor from 19.7.18)	15.9.17	3 years	2020
8	Mr Brian Moore	19.7.18	3 years 3 years	2018 2021
8 (Reserve Register from 23.7.18)	Mrs Rosemary Claire Hedges	23.7.18		

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Dr Peter Bamber	15.9.17	3 years	2020
10 - HPs/HCS/Pharm's	VACANT POST			
11 - Mgmt/Admin/Clerical	Mrs Linzi Jane Smith	15.9.17	3 years	2020
12 - Ancillary	VACANT POST			
13 – Nurses/Midwives	Ms Sian Grbin	15.9.17	3 years	2020
13 – Nurses/Midwives	VACANT POST			
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	Mrs Helen Wright	2.10.17	3 years	2020
Locala	Mr Chris Reeve	21.11.17	3 years	2020
South West Yorkshire Partnership NHS FT	Ms Salma Yasmeen	18.10.17	3 years	2020

5. TRUST PERFORMANCE

a. Performance Report

b. Financial Position and Forecast - Month
5

c. Update against the Quality Priorities

Presented by Helen Barker, Gary Boothby and
Jackie Murphy

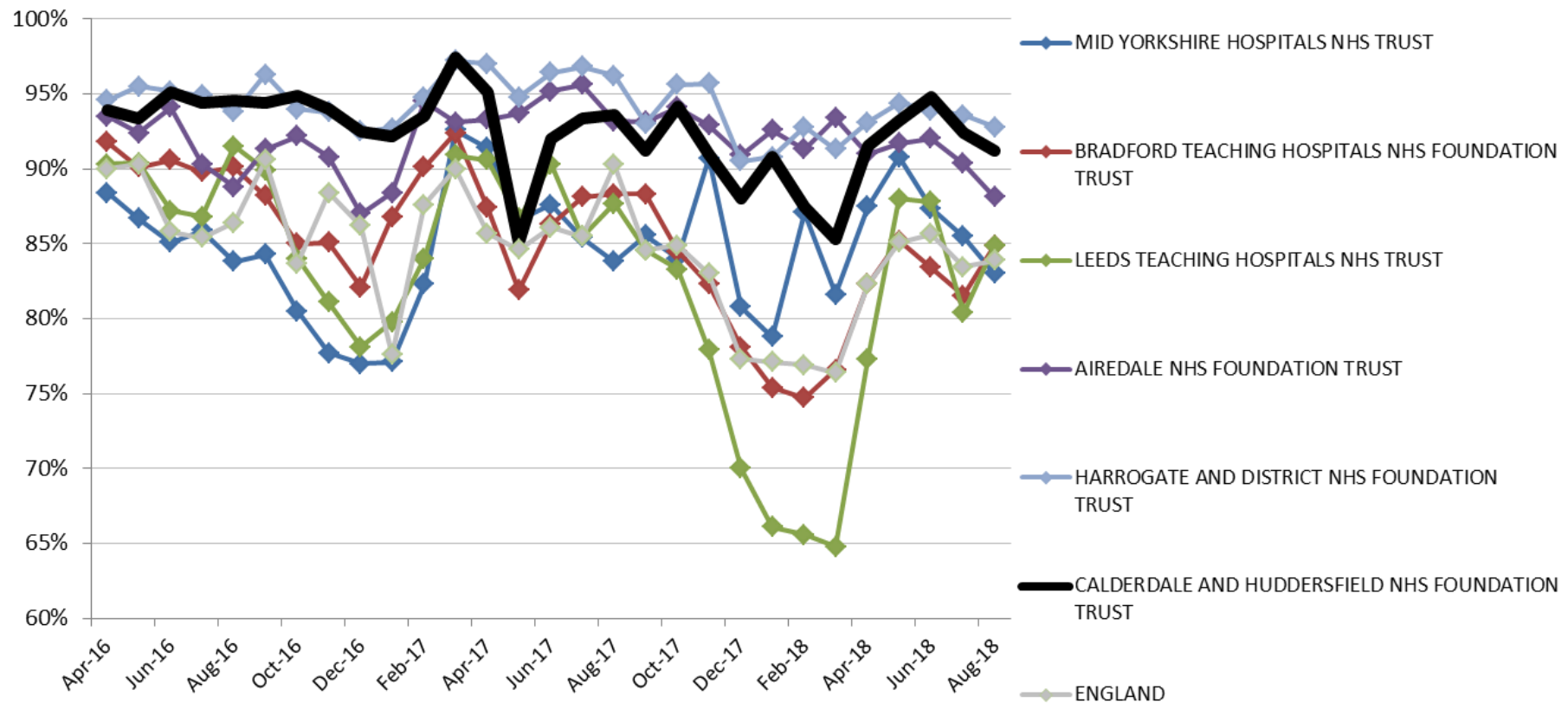
COUNCIL OF GOVERNORS	
PAPER TITLE: QUALITY & PERFORMANCE REPORT	REPORTING AUTHOR: Peter Keogh
DATE OF MEETING: 18 th October 2018	SPONSORING DIRECTOR: Helen Barker
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • To note
PREVIOUS FORUMS: Board of Directors, Executive Board, Finance and Performance Committee and Quality Committee	
EXECUTIVE SUMMARY: <p>August's Performance Score has fallen to 65%. The SAFE domain has improved to green with no Category 4 pressure ulcers in month although %EDS is now below target. The CARING domain's performance has fallen as Community FFT would recommend has missed target in-month. EFFECTIVE is just below green with fractured neck of femur, MSSA and E.coli missing targets although SHMI has achieved target and is < 100 for the first time. The RESPONSIVE domain remains amber but has deteriorated as cancer 62 days missed target alongside all 4 Stroke targets. In WORKFORCE all 9 EST areas have deteriorated in-month yet sickness absence is at its lowest level for 5 years. Within EFFICIENCY & FINANCE Agency usage has deteriorated further in-month.</p>	
FINANCIAL IMPLICATIONS OF THIS REPORT: N/A	
RECOMMENDATION: To note the contents of the report and the overall performance score for August.	
APPENDIX ATTACHED: YES	

PERFORMANCE

LATEST 2018

Appendix

Emergency Care Standard (target 95%)

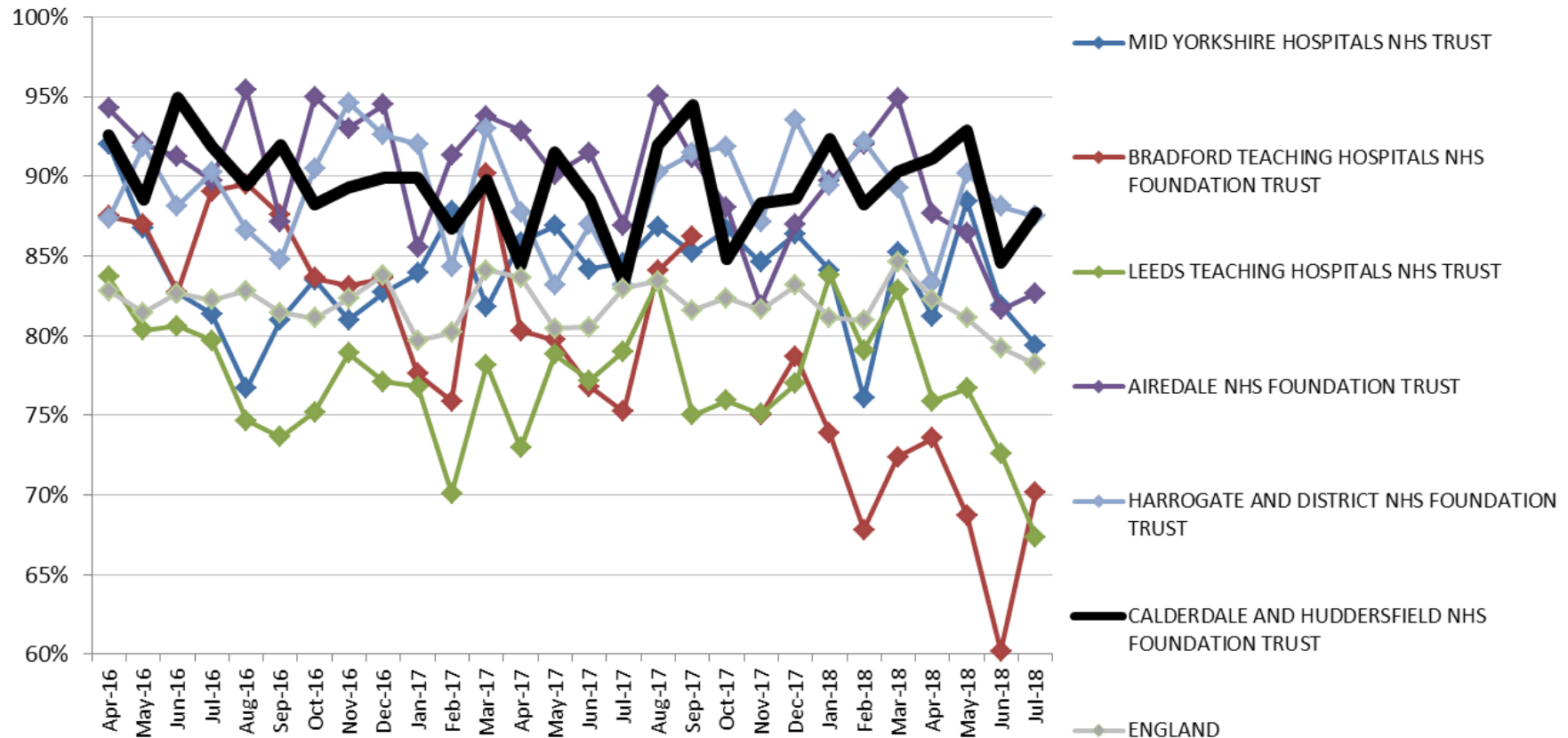


PERFORMANCE

LATEST 2018

Appendix

Cancer 62 Days (target 85%)

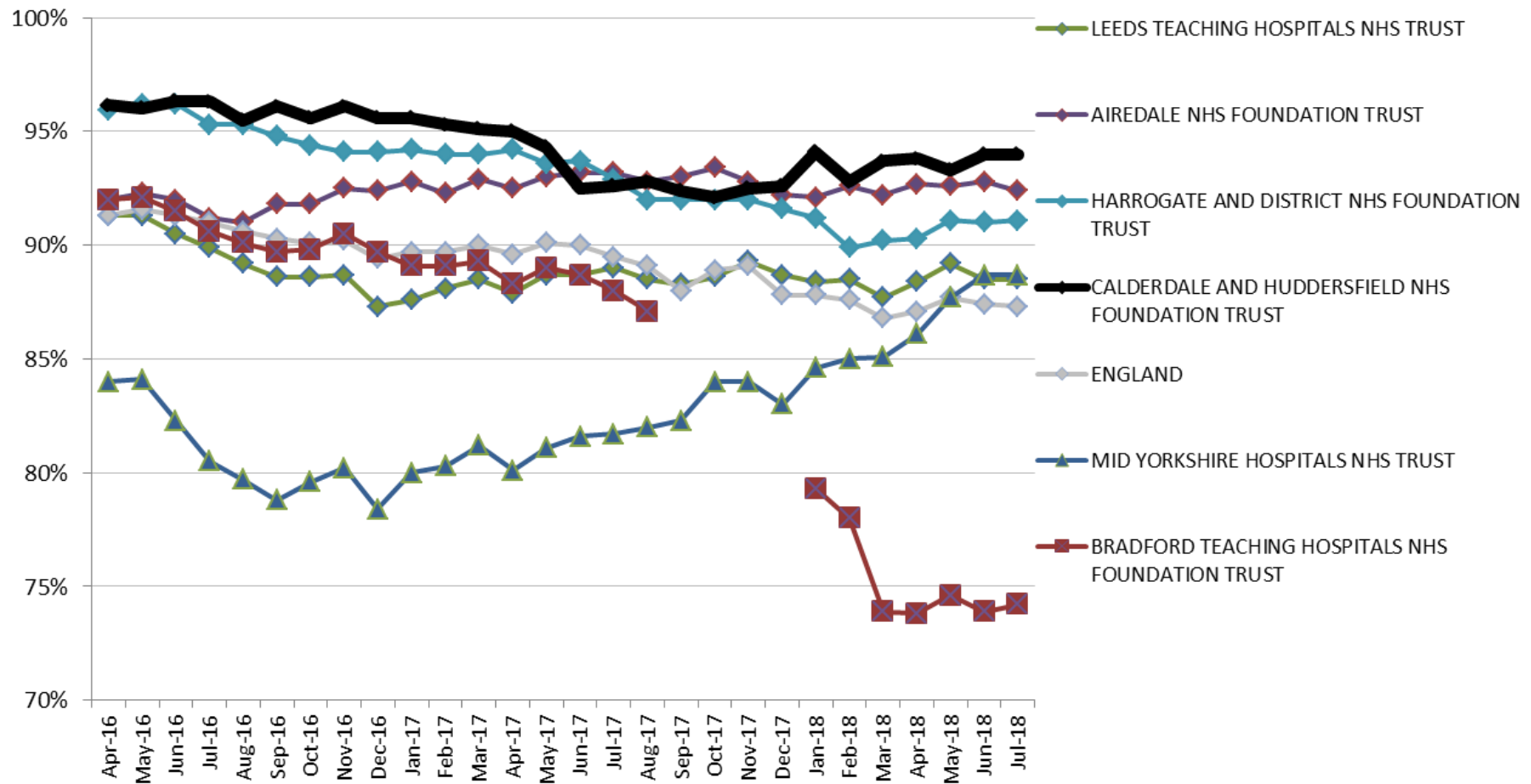


PERFORMANCE

LATEST 2018

Appendix

RTT (target 92%)

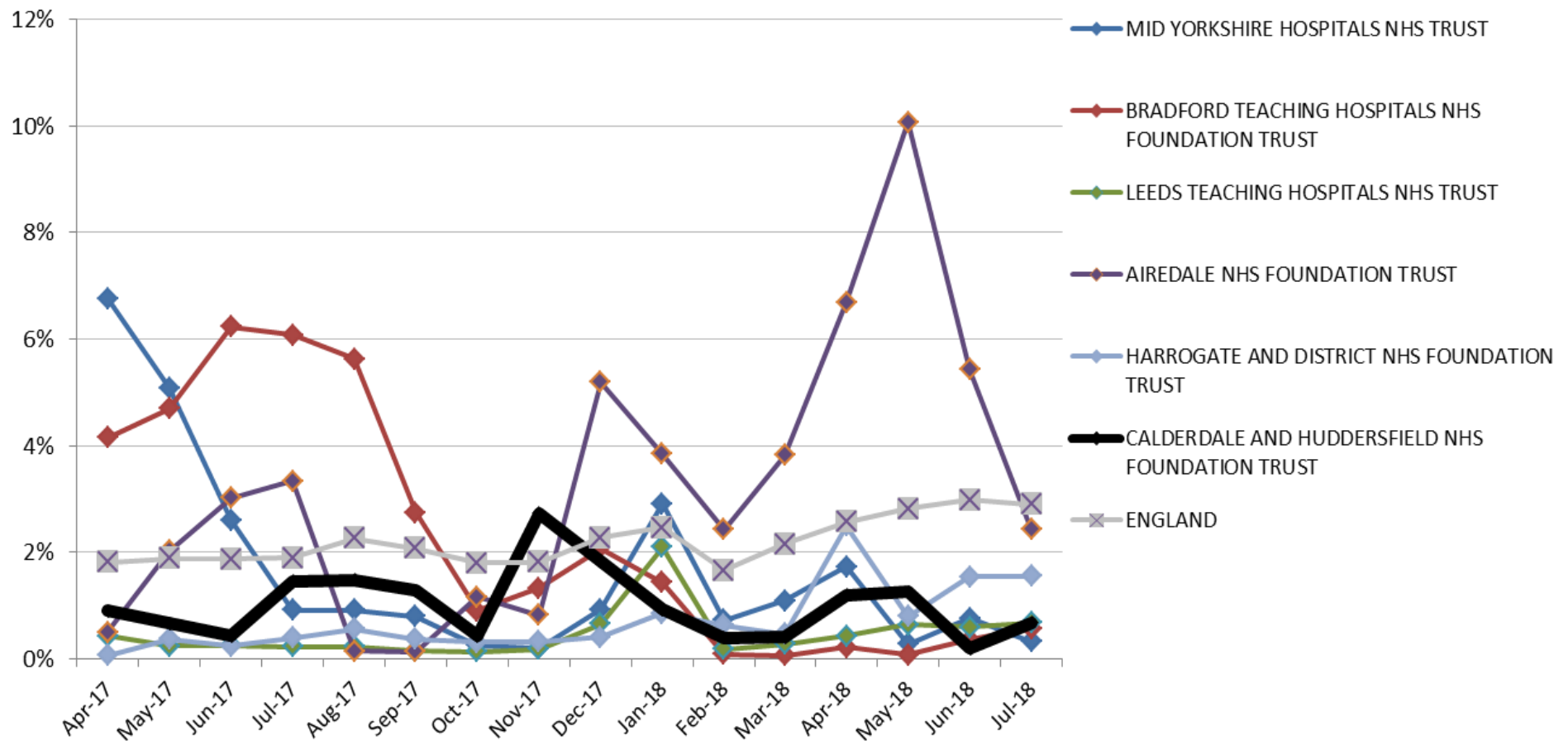


PERFORMANCE

LATEST 2018

Appendix

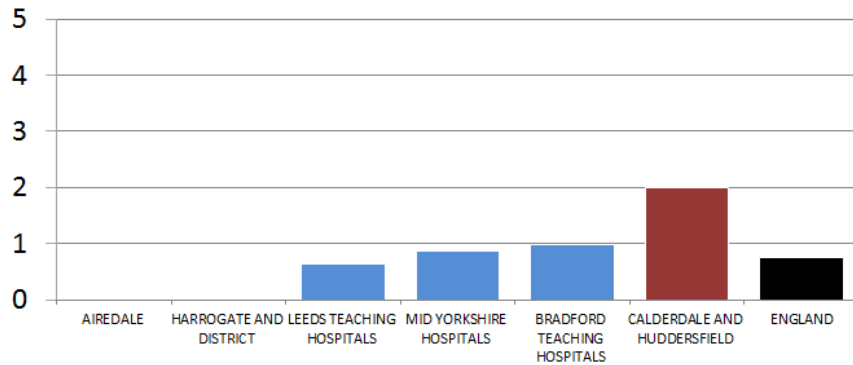
6 Weeks Diagnostics Test (target < 1%)



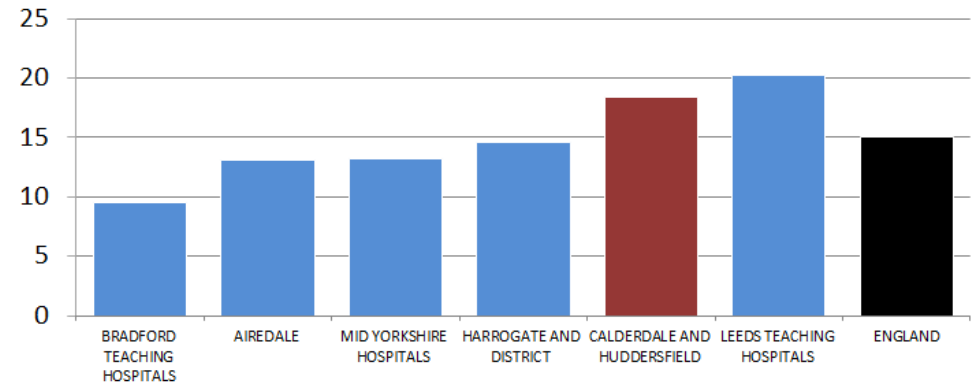
PERFORMANCE

LATEST 2018

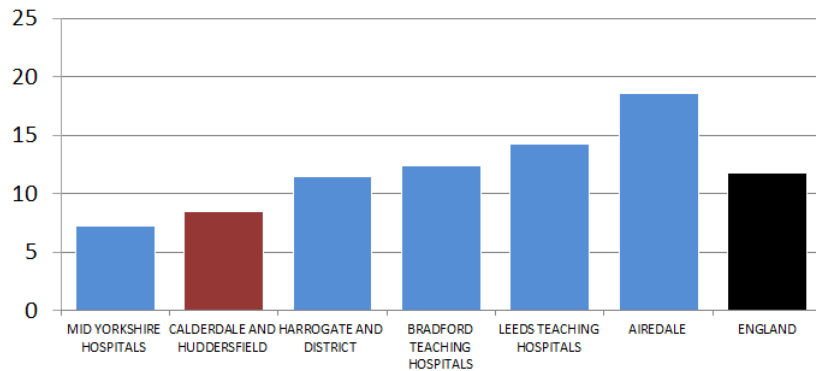
MRSA per 100,000 days (June 2017 – May 2018)



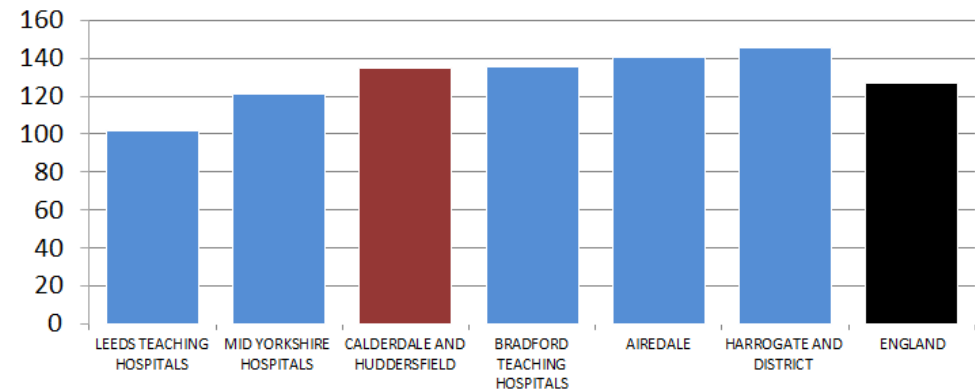
C.diff per 100,000 days (June 2017 – May 2018)



MSSA per 100,000 days (June 2017 – May 2018)



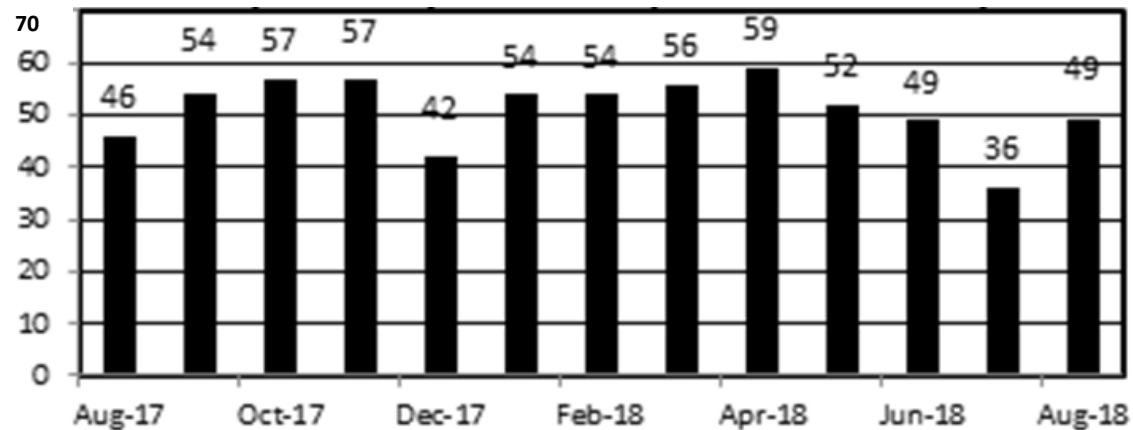
E.coli per 100,000 days (June 2017 – May 2018)



PERFORMANCE

LATEST 2018

Complaints Received



Complaints closed within timeframe - Of the 59 complaints closed in August, 33% were closed within target timeframe. There are still 15 overdue complaints although there has been significant progress in Surgery. Medicine division are in the middle of their formal review of current processes and internal management, actions taken over the past 12 months and proposed recovery plans.



Community Division

A special birthday card thankyou from members of the local Labour Party!

Staff at Brighthouse Health Centre were surprised and flattered recently by the delivery of a large Birthday Card to mark the NHS's 70th Birthday. Labour party members wanted to specifically thank staff at the Health Centre and with over 150 signatures it was clear to see that the Health Centre and the wider NHS plays an important part in their community. Comments like; 'keep up the good work' and 'thankyou seems inadequate for all the care my family has received' help many of us continue to deliver first rate services in these challenging times. Comments also reflected the wider NHS, highlighting; 'your dedication and help on the numerous times I've been in hospital'.

Medicine Division

- Exemplar accreditation audit undertaken (Silver status – highest score achievable).
- We are ceasing to continue with the third (and very costly) agency locum consultant from November as per the Dermatology slides.
 - A reduction in our cardiology bed base (of 8 beds) as part of releasing post reconfiguration benefits.
 - Despite the current pressures in Dermatology, we are managing to keep the base safe.
- We have made a huge improvement on the EPR un-validated letters from 740 last week down to 408 this week.



FSS Division

- Hysteroscopy move out of Calderdale Endoscopy – our teams have been working hard to come out of Endoscopy at CRH and free up space for surgery to use. A provisional date has now been set to work towards (January 2019).
- Womens Unit at CRH – we have set a provisional date for the move of our post-natal wards at CRH. Our teams will be moving 15th October – they are very positive about this!
- Maternity online notes project – the first stage of this project went live in September. Well done to the team for getting this up and running!

Surgery Division

- Colorectal Enhanced Recovery Programme, re-energised and raring to go!

Integrated Performance Report

August 2018

Safe

Caring

Effective

Responsive

Workforce

Efficiency/
Finance

CQUIN

Activity

Performance Summary

To Note

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

There have been no changes since July's performance summary.

Performance Summary

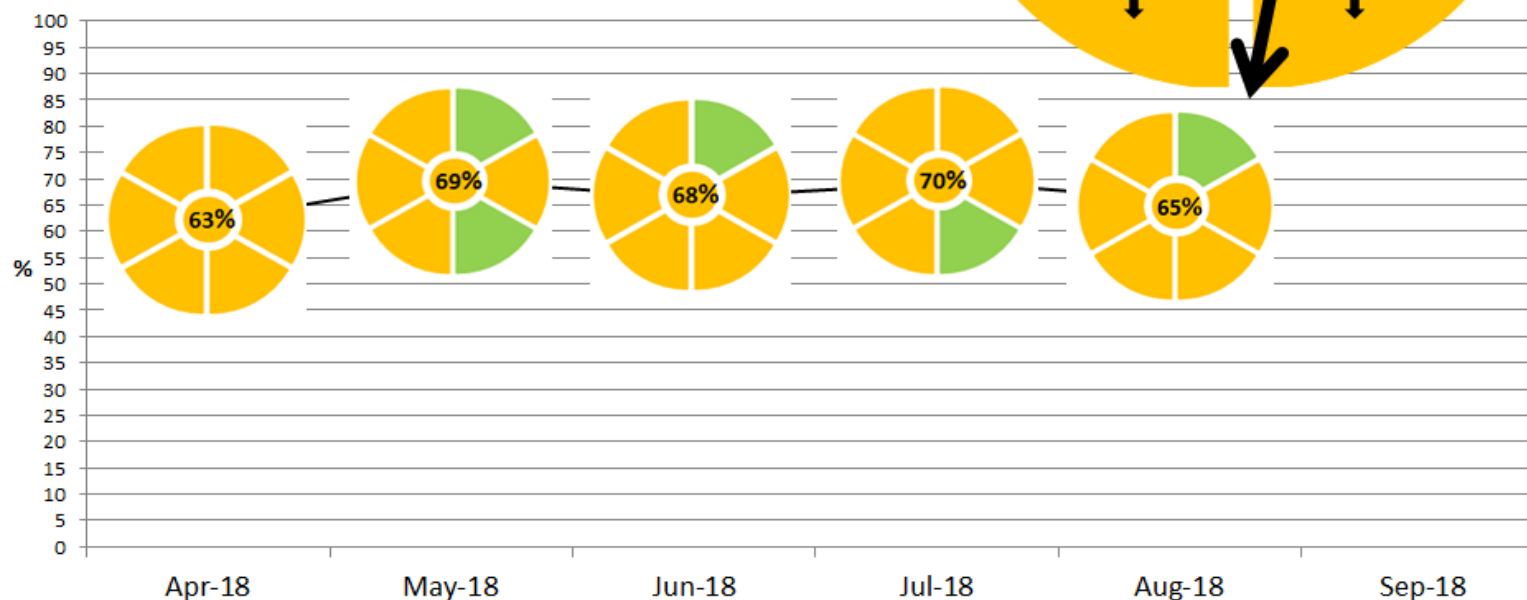
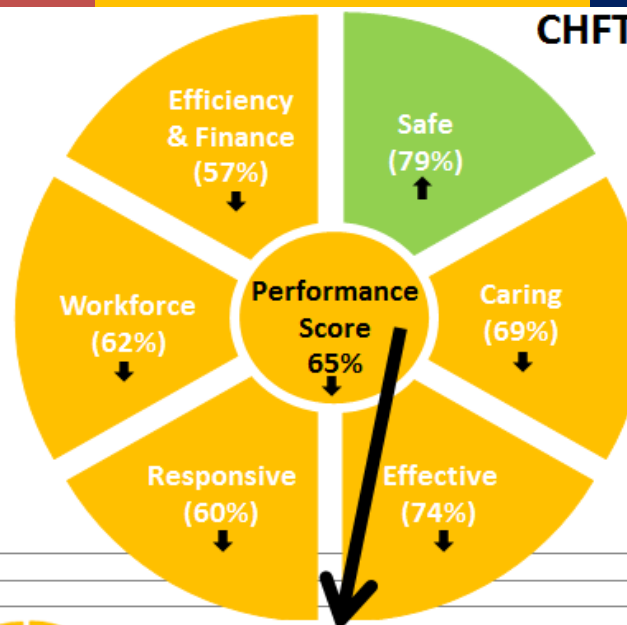
CHFT

SINGLE OVERSIGHT FRAMEWORK

August

RAG Movement

August's Performance Score has fallen to 65%. The SAFE domain has improved to green with no Category 4 pressure ulcers in month although %EDS is now below target. The CARING domain's performance has fallen as Community FFT would recommend has missed target in-month. EFFECTIVE is just below green with #NoF, MSSA and E.coli missing targets although SHMI has achieved target for the first time. The RESPONSIVE domain remains amber but has deteriorated as cancer 62 days missed target alongside all 4 Stroke targets. In WORKFORCE all 9 EST areas have deteriorated in-month. Within EFFICIENCY & FINANCE Agency usage has deteriorated further in-month.



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

RESPONSIVE	
RTT Incomplete Pathways	Diagnostics 6 weeks
Cancer 62 day Screening to Treatment	ECS 4 hours
	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

Key Indicators

	17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Annual Target	Monthly Target	
SAFE										
Never Events	1	0	0	0	0	0	0	0	0	
CARING										
% Complaints closed within target timeframe	48.70%	37.00%	44.00%	30.00%	31.00%	33.00%	35.00%	95%	95%	
Friends & Family Test (IP Survey) - Response Rate	31.40%	40.00%	39.00%	38.80%	36.50%	37.20%	38.43%	>=25.9% / 24.5% from June 18		
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.70%	98.00%	97.40%	97.40%	97.70%	97.45%	>=96.3% / 96.7% from June 18		
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	10.50%	11.40%	11.40%	11.32%	11.17%	>=5.3% / 4.7% from June 18		
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	90.70%	91.00%	90.40%	90.80%	90.82%	90.73%	>=95.7% / 96.2% from June 18		
Friends and Family Test A & E Survey - Response Rate	10.20%	10.70%	9.60%	12.80%	15.30%	14.52%	12.61%	>=13.3% / 11.7% from June 18		
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	84.70%	86.30%	84.30%	84.30%	82.20%	84.20%	>=86.5% / 87.2% from June 18		
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	33.20%	34.80%	34.80%	33.70%	30.91%	33.49%	>=22.0% / >=20.8% from June 18		
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	98.90%	98.20%	98.40%	98.41%	98.39%	>=97% / 97.3% from June 18		
Friends and Family Test Community - Response Rate	6.50%	3.60%	6.30%	4.20%	4.40%	4.66%	4.66%	>=3.4% / >=3.5% from June 18		
Friends and Family Test Community Survey - % would recommend the Service	90.00%	93.90%	92.60%	92.00%	97.40%	94.06%	93.91%	>=96.2% / >=96.6% from June 18		
EFFECTIVE										
Number of MRSA Bacteraemias – Trust assigned	5	0	0	1	0	0	1	0	0	
Preventable number of Clostridium Difficile Cases	8	3	1	1	0	0	5	<=20	<= 2	
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.98							98.98	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47							82.9	<=100	100
RESPONSIVE										
Emergency Care Standard 4 hours	90.61%	91.52%	93.23%	94.78%	92.37%	91.15%	92.64%	>=95%	95%	
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	58.00%	53.49%	68.63%	54.00%	59.02%	58.82%	>=90%	90%	
% Incomplete Pathways <18 Weeks	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.18%	>=92%	92%	
Two Week Wait From Referral to Date First Seen	94.09%	95.63%	98.78%	98.61%	98.82%	97.67%	97.96%	>=93%	93%	
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	95.48%	95.28%	98.94%	95.24%	100.00%	96.98%	>=93%	93%	
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.37%	99.41%	100.00%	100.00%	99.75%	>=96%	96%	
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	97.14%	100.00%	99.15%	>=94%	94%	
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%	98%	
38 Day Referral to Tertiary	45.49%	47.62%	44.83%	46.88%	48.15%	43.75%	46.40%	>=85%	85%	
62 Day GP Referral to Treatment	88.67%	90.66%	92.31%	83.98%	87.72%	84.86%	87.73%	>=85%	85%	
62 Day Referral From Screening to Treatment	94.87%	81.82%	91.67%	100.00%	100.00%	100.00%	95.00%	>=90%	90%	
WORKFORCE										
Sickness Absence rate (%) - Rolling 12m	4.10%	4.10%	4.07%	4.04%	4.01%	*	-	4%	4%	
Long Term Sickness Absence rate (%) -Rolling 12m	2.55%	2.54%	2.53%	2.51%	2.48%	*	-	2.7%	2.7%	
Short Term Sickness Absence rate (%) -Rolling 12m	1.55%	1.56%	1.53%	1.53%	1.53%	*	-	1.3%	1.3%	
Overall Essential Safety Compliance		95.00%	94.40%	93.96%	93.84%	91.56%	-	95%	95%	
Appraisal (1 Year Refresher) - Non-Medical Staff - Rolling 12m	93.50%	15.43%	62.67%	96.65%	96.74%	95.74%	-	95%	95%	
Appraisal (1 Year Refresher) - Medical Staff - Rolling 12m	69.88%	99.75%	99.70%	98.65%	96.59%	95.41%	-	95%	95%	
FINANCE										
I&E: Surplus / (Deficit) Var £m	-7.97	0.01	0.00	0.00	0.01	0.26	0.27			

Most Improved/Deteriorated

MOST IMPROVED

SHMI is < 100 for the first time.

Green Cross Patients (Snapshot at month end) - at 75 lowest number in over 12 months.

MOST DETERIORATED

% Complete EDS

Stroke

ACTIONS

Legacy patients are being reviewed on a weekly basis to determine themes/issues to complete the EDS. Main challenges are with outlying patients and EDS being completed but not 'sent'. Compliance will be reviewed on a daily basis by the Matrons on their daily ward/department visit. Agreed improvement trajectory for end of October 2018.

For both direct admissions and 90% stay an audit will be undertaken to look at the breaches to identify if patients have self-presented or YAS presented and to look at the discrepancy between A&E's.

The 1 hour scanning will link in with the new assessment beds which are due to open 28th September - signed up to see the patients within 10 minutes after admission to order a scan and therefore will be scanned within an hour.

Executive Summary

The report covers the period from August 2017 to allow comparison with historic performance. However the key messages and targets relate to August 2018 for the financial year 2018/19.

Area	Domain
Safe	<ul style="list-style-type: none"> Inpatient Falls with Serious Harm - highest number (5) in last 12 months. Continue to work with the newly relaunched falls collaborative alongside elderly care consultant Dr Chakroborty. The falls work is linked with the elderly care action plan. There are several pilot programmes underway regarding falls. % Harm Free Care/Category 3 Pressure Ulcers Acquired at CHFT - Performance has improved to 93.6%. The Medicine division has taken a proactive approach in the prevention and ongoing management of pressure ulcers and has recently held a Summit with the emphasis on ward ownership and focused actions. Senior nurse membership at the Pressure Ulcer Collaborative provides direction for the Division.
	<ul style="list-style-type: none"> Complaints closed within timeframe - Of the 59 complaints closed in August, 33% were closed within target timeframe. There are still 15 overdue complaints with significant progress in Surgery. Medicine division are in the middle of their formal review of current processes and internal management, actions taken over the past 12 months and proposed recovery plans. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance is still at 90.8% which is below 95.7% target. Discussions have been had as to how best to enhance the waiting environment and ensure patients know their options with regards to claiming back parking charges if they experience long delays. Outpatients as a whole are currently undergoing a transformational programme of work, the FFT metrics are being monitored throughout the period to assess changes in patient satisfaction levels. Friends and Family Test A & E Survey - % would recommend the service. Performance has deteriorated to 82.2% in month. The Quality Lead (new in post) is pulling together a plan to ensure that mitigations/solutions are put in place following the learning. Friends and Family Test Community Survey - % would recommend the Service. Performance has fallen below target again following achievement last month. Further work to be done with Community nursing to sustain good performance. Dementia patients following emergency admission aged 75 and over - current performance at 29.64% has deteriorated and is still some distance from 90% target.
Caring	<ul style="list-style-type: none"> Infection Control - MSSA/E.Coli - there were 3 MSSAs and 4 cases of E.Coli in August. % Sign and Symptom as a Primary Diagnosis - Performance remains just below target. The audit work continues within specialties and S&S cohorts. The 2 year Clinical Coding Action plan has been signed off and it looks to address some of the key issues affecting the quality of the coding including the quality of the documentation within EPR. Progress will be monitored via Clinical Coding Improvement Steering Group. #Neck of Femur - performance dropped to 67.65% in August - worst performance since September 2017. Performance has been adversely affected by the number of patients (5 consecutive patients) requiring Total Hip Replacement as optimum treatment. Due to some Trauma surgeons being unable to carry out Elective THR surgery, some patients experienced delays beyond 36 hours. The T&O Directorate are reviewing how this can be better managed if the current trend continues. This coupled with a relatively small number of discharges in month has contributed to the more noticable dip in performance.
Effective	

Background Context

All divisions continue to plan a response to the CQC action plan following the recent 'Good' CQC inspection.

Divisions are also actively working on a management plan for Winter and have also started preparing for the annual planning sessions in October and November.

Within Medicine & Surgery vacancies/gaps in the management teams have continued in August and this has stretched capacity.

There continues to be issues with vacancies in several key specialties that require capacity to deliver on-call which is driving continued use of agency consultants.

Nursing vacancies continue to impact on wards 19 and 21. Additional staffing was required to provide safe staffing due to wards 3, 11 and 22 being displaced as a result of Estates work on repairing the flooring.

Activity within Surgery was adversely affected in August by excessive and disproportionate authorisation and allocation of annual leave. A review across all specialities is being undertaken of process and compliance with application of Trust Annual Leave policy.

During August Medicine has developed a detailed plan on two key initiatives: the Acute floor at HRI in partnership with colleagues in Surgery and a reduction in the Cardiology bed base as part of releasing post reconfiguration benefits.

Dermatology continues to provide only fast track services whilst discussions are held with commissioners and other providers on the options available to recommission 'routine Dermatology services'.

Executive Summary

The report covers the period from August 2017 to allow comparison with historic performance. However the key messages and targets relate to August 2018 for the financial year 2018/19.

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours 91.15% in August, (92.31% all types) - lowest performance since March. The team continues to work with the acute directorate to review how admission avoidance is implemented on the HRI site and work continues with the frailty team to review current pathway and impact on CDU and ED. The ED team continues to turn around the patients that can be seen in a GP setting. The focus is still on embedding the action cards into the co-ordinator's role. Co-ordinator study days have been well received and the Directorate will monitor the role and improvements going forward. Stroke - all 4 targets were missed in-month. In the latest Quarter SSNAP Report (April – June 2018) the Trust score has deteriorated to a C rating. Domain1: Scanning – Currently achieving a C, Domain2: Stroke Unit - Currently achieving a C, Domain3: Thrombolysis - Currently achieving a B. Focus actions have been put in place with the aim of achieving an A for SSNAP that is sustainable across all areas. The new assessment beds are due to open 21st September. 38 Day Referral to Tertiary - 44% for August which is worst position in 12 months. The Red2Green methodology is being applied and access to pathway information has been made available to non-PPM users via the cancer performance portal. this will enable teams to more easily review the priority patients. From September Urology will be the focus of a 7 day to first seen performance target to look at speeding up the initial part of the patient pathway. 62 Day GP Referral to Treatment - just missed the 85% target for August. Appointment Slot Issues on Choose & Book - improved slightly to 42% in-month. In Ophthalmology the team have been directing additional resources to reducing the holding/pending list. In ENT a large amount of capacity was lost due to holidays and sickness absence. In Oral/Max the DMT were conducting interviews to appoint SAS doctor posts which will provide recurrent capacity.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Sickness is achieving target in-month however RTWI performance has fallen to 52.59% (lowest since December). There are still delays with completion of RTW interviews and, in some areas, a misconception around how dates are entered into ESR. Discussion about the process for recording RTW interviews has taken place at Divisional PRM meetings and communication regarding a change in process will shortly be circulated, which should improve compliance.
Workforce	<ul style="list-style-type: none"> Essential Safety Training compliance has fallen in-month in each of the 9 EST areas. Weekly meetings are taking place within the Workforce and OD Directorate to discuss how this can be improved.
Finance	<ul style="list-style-type: none"> Finance: Year to Date Summary The year to date deficit is £20.29m, a £0.27m favourable variance from plan. <ul style="list-style-type: none"> The variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference and is not expected to impact on the forecast. Aside from this the position is in line with plan. Clinical contract income is below plan by £1.01m. The Aligned Incentive Contract (AIC) is now protecting the income position by £0.85m in the year to date (£0.51m at Month 3), leaving a residual income variance of £0.16m. CIP achieved in the year to date is £4.68m against a plan of £5.01m, a £0.32m shortfall. The underlying operational position is a £1.01m adverse variance from plan, mitigated by the release of £0.83m of contingency reserves in the year to date. In addition the winter element of the reserve has been released in the short term to offset the shortfall on CIP and will need to be reinstated as CIP is achieved per the re-profiled forecast. Agency expenditure is £0.13m above the year to date agency trajectory, although £0.29m of these agency costs relate to 17/18 invoices. Key Variances <ul style="list-style-type: none"> The required £18m CIP for the full year has now been identified in full. However, the monthly profile of CIP delivery differs from the fixed original plan, driving a £0.32m pressure in the year to date. AIC protection has increased in month, although this includes positive changes such as £0.13m related to rehab bed days and the activity impact of decisions to release medical agency cost. Medical pay expenditure continues above plan with a year to date adverse variance to plan of £1.03m. Against the agency trajectory the ongoing pressure comes from Medical agency, offset by lower spend in other staff groups. Nursing pay expenditure is above plan by £0.35m (excluding the impact of pay awards which is funded as income). However, nursing agency costs are £0.50m lower than plan year to date, with a significant reduction in the use of the very highest cost agencies. Forecast <ul style="list-style-type: none"> The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes. The forecast will also require an improvement in the underlying run rate to contain expenditure within budgeted levels.

Background Context

Within the Community division there has been further work on the NHS Benchmarking for Community Services. The team provided complete data for 13 services and hope to be able to use the information to benchmark performance against other providers when the information is published in December.

Work on the estates rationalisation continues ready for the move out of St. Johns (September) and the Lower Valley moves proposed for the end of September.

Intense training continues to secure the safe deployment of the BloodTrack project which will go-live at the end of August.

During August our Pathology team went live with implementation of the BloodTrack electronic blood tracking system. The go-live was a success, with 60% of samples taken via this system after 2 weeks. Work will continue to increase this number to 100%.

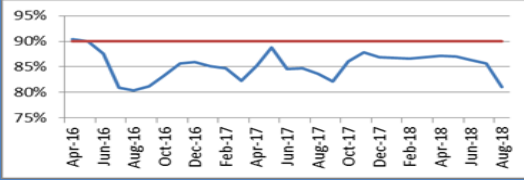
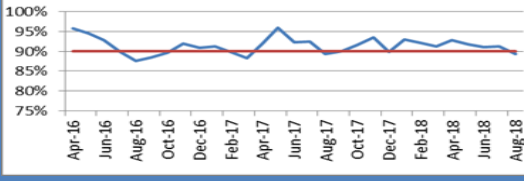
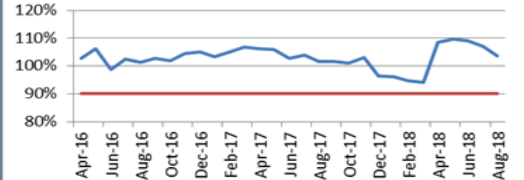
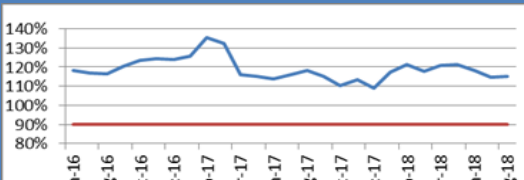
The Maternity/Paediatrics services sent a team to a MatNeo improvement event in London during August. The event was a great success with excellent feedback for the team.

The Maternity service continues to experience pressures due to vacancies, maternity leave and sickness. The service continues to function safely despite this pressure and whilst this is anticipated to continue in the short-term, plans are in place to support the service.

Discussions took place with Leeds Teaching Hospital during August with a view to securing external support to the CHFT Interventional Radiology service for on-call and in-hours support.

Discussions also took place with Mid Yorkshire Hospital during August as they are looking at whether CHFT can provide any form of Microbiology medical support to them whilst they struggle to recruit to vacant posts.

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.	85.67% of expected Registered Nurse hours were achieved for day shifts.	 <p>Staffing levels at day <75%</p> <ul style="list-style-type: none"> - 7a/d 74.3% - ward 17 74.6% - ward 21 69.9% - ward 8a/b 73.7% 	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed & monitored within the divisions by the matron & senior nursing team. The low fill rates are attributed to a level of vacancy. This is managed on a daily basis against the acuity of the patients
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	91.24% of expected Registered Nurse hours were achieved for night shifts.	 <p>Staffing levels at night <75%</p> <ul style="list-style-type: none"> - ward 10 65.6% 	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates on ward 10 are due to a level of vacancy. This is managed on a daily basis and CHPPD is maintained.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	107.18% of expected Care Support Worker hours were achieved for Day shifts.	 <p>Staffing levels at day <75%</p> <ul style="list-style-type: none"> - Ward 1d 70.1% - Ward 3 CRH 52.5% 	The low HCA fill rates in June are attributed to a level of HCA vacancy and sickness within the FSS division. 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.	114.53% of expected Care Support Worker hours were achieved for night shifts.	 <p>Staffing levels at night <75%</p>	No HCA shifts during July had fill rates less than 75%

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 (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies	Ward Assurance
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual										
CRH ACUTE FLOOR	3,105.83	2,635.25	1,941.00	1,922.00	84.8%	99.0%	2,699.75	2,379.25	1,705.00	1,782.00	88.1%	104.5%	29.8	27.5	1	1	16	17.73	2.79	51.6%
HRI MAU	1,928.00	1,694.25	1,974.00	1,820.08	87.9%	92.2%	1,705.00	1,547.50	1,364.00	1,359.50	90.8%	99.7%	5.5	5.1		1	6	3.84	0.59	51.3%
HRI Ward 5 (previously ward 4)	1,669.75	1,175.17	1,174.67	1,619.17	70.4%	137.8%	1023	990.83	1023	1,145.00	96.9%	111.9%	5.9	6.0		1	11	5.35	-4.44	51.5%
WARD 15	1,842.58	1,384.25	1,546.17	1,900.08	75.1%	122.9%	1,364.00	1,276.00	1,364.00	1,485.00	93.5%	108.9%	8.9	8.7		2		5.94	-3.32	73.9%
WARD 5C	633.50	569.75	513.1667	577.00	89.9%	112.4%	418	406.67	209	330	97.3%	157.9%	3.7	3.9			3	-10.19	-11.51	60.7%
WARD 6	1,672.00	1,456.67	989.6667	1,252.17	87.1%	126.5%	1023	1024	682	947	100.1%	138.9%	7.0	7.5		1	3	4.13	0.72	62.6%
WARD 6BC	1,672.00	1,552.42	1,564.17	1,166.48	92.8%	74.6%	1,364.00	1,362.75	682	682	99.9%	100.0%	5.2	4.7			2	7.19	4.51	65.3%
WARD 5B	1,714.17	786.17	822	691.5	45.9%	84.1%	1,375.00	617.50	341	440	44.9%	129.0%	11.0	6.6			3	15.9	-3.26	65.7%
WARD 6A	1,041.67	807.33333	744	864	77.5%	116.1%	682	682.00	682	858.00	100.0%	125.8%	5.7	5.9			7	4.2	-1.83	64.6%
WARD CCU	1,625.50	1,365.08	372	420.5	84.0%	113.0%	1023	1004	0	88	98.1%	-	10.0	9.6		1	3	3.01	0.13	66.2%
WARD 7AD	1,729.50	1,234.33	1,581.00	2,120.08	71.4%	134.1%	1023	1001	1023	1,428.50	97.8%	139.6%	7.0	7.6			10	3.58	1.99	59.2%
WARD 7BC	2495.6	1916.7	1642	1608.1	76.8%	97.9%	2,046.00	1617	682	985	79.0%	144.4%	10.5	9.4			1	3.23	-6.02	70.7%
WARD 8	1495.333	1217.5	1208.167	1597.5	81.4%	132.2%	1023	919.25	1012	1,349.75	89.9%	133.4%	6.4	6.9		1	8	3.71	-0.21	67.5%
WARD 12	1692	1316.5	768	1063	77.8%	138.4%	682	682	682	682	100.0%	100.0%	5.8	5.6		1	3	2.24	0.36	65.4%
WARD 17	2035	1446.6667	1134	1110.167	71.1%	97.9%	1001	990.00	682	682.00	98.9%	100.0%	5.8	5.1	1	1	4	5.55	-2.02	65.3%
WARD 5D	947	823.25	856.5	808.3333	86.9%	94.4%	682	671.00	341	407.00	98.4%	119.4%	5.2	5.0			1	8.56	5.41	60.3%
WARD 20	1836.167	1399.6667	1754.333	2006.85	76.2%	114.4%	1,364.00	1,157.50	1,364.00	1,596.00	84.9%	117.0%	6.8	6.7		2	6	9.27	-0.3	64.0%
WARD 21	1608.667	1099	1531	1496.667	68.3%	97.8%	1,058.00	724.5	1,069.50	1,069.50	68.5%	100.0%	9.1	7.6			12	3.63	-1.23	74.1%
ICU	4308	3853.5	801	687.5	89.4%	85.8%	4,278.00	3,498.50	0	57.5	81.8%	-	40.3	34.8		1		-4.04	-0.22	69.1%
WARD 3	1040.4	918.16667	761.5	752.6667	88.3%	98.8%	713	690	356.5	379	96.8%	106.3%	7.1	6.8				0.94	0.37	59.2%
WARD 8AB	1021.133	684.98333	760.8333	721.1667	67.1%	94.8%	701.5	621	356.5	436	88.5%	122.3%	8.3	7.2			1	3.32	-1.75	61.3%
WARD 8D	927.3	791.71667	805.3333	693.5	85.4%	86.1%	713	575.00	0	335.5	80.6%	-	9.8	9.6				2.67	0.23	61.2%
WARD 10	1459	1084.5	824	962.5	74.3%	116.8%	1,069.50	713.00	713	1,046.50	66.7%	146.8%	7.5	7.0	1		1	7.07	1.5	65.8%
WARD 11	1794	1530.9833	1154.667	1151.833	85.3%	99.8%	1,069.50	1,207.50	713	775	112.9%	108.7%	8.2	8.1			1	2.07	0.98	48.6%
WARD 19	1715.667	1324.1667	1174.5	1498.333	77.2%	127.6%	1,069.50	1,012.00	1,069.50	1,391.50	94.6%	130.1%	7.7	8.0		3	8	1.62	-5.04	76.2%
WARD 22	1388.333	1180.6667	1238.333	1088.583	85.0%	87.9%	770.5	999.00	931.5	678	129.7%	72.8%	6.6	6.0		2	4	-0.11	-0.08	56.1%
SAU HRI	1939	1803.4167	986.1667	1091.167	93.0%	110.6%	1,426.00	1,389.50	356.5	402.5	97.4%	112.9%	9.6	9.6				-2.23	-1.19	43.0%
WARD LDRP	4437.833	3618.8333	946.1	807.9167	81.5%	85.4%	4,249.33	3,501.83	699.5	727.8333	82.4%	104.1%	17.0	14.2				0	-2.8	20.5%
WARD NICU	2286.667	1768.4167	780.5	521.5	77.3%	66.8%	2,116.00	1,756.50	713	540.5	83.0%	75.8%	14.6	11.3				2.42	1.92	42.3%
WARD 1D	1362.167	1017.1333	356.5	357.5	74.7%	100.3%	713	701.5	356.5	356.5	98.4%	100.0%	4.8	4.2				4.73	0.19	24.1%
WARD 3ABCD	3128.833	3053.4167	1202.667	781.6667	97.6%	65.0%	2,841.67	2,817.67	356.5	402.5	99.2%	112.9%	76.1	71.3				-0.05	2.33	17.5%
WARD 4C	1363	1171.9167	356.5	404	86.0%	113.3%	713	713	356.5	381.5	100.0%	107.0%	9.9	9.5		1	1	0.36	0.9	66.4%
WARD 9	889	812.5	356.5	356.5	91.4%	100.0%	713	703.5	356.5	356.5	98.7%	100.0%	5.0	4.9				4.52	3.23	24.7%
Trust	56698.77	46690.85	33634.77	34828.9	82.35%	103.55%	43286.25	38562.8	21886	25180.6	89.09%	115.05%	8.62	8.00						

From 1st August, the way we collect the ward assurance data has changed, previously it was based on 5 people on a ward on a particular day. From 1st August the data now pulls from EPR and is based on all patients on the ward on a particular day (safety thermometer day).

Hard Truths: Safe Staffing Levels (3)

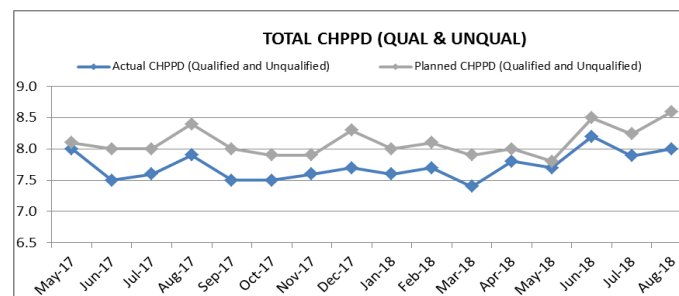
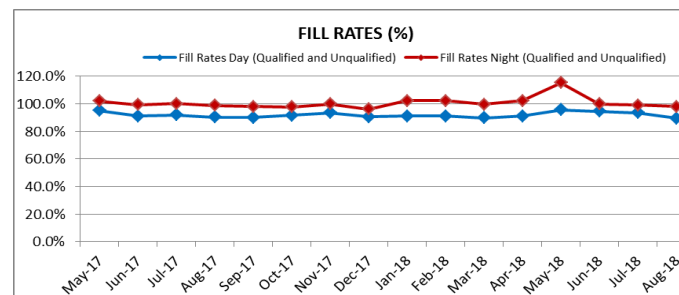
Care Hours per Patient Day

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

	Jun-18	Jul-18	Aug-18
Fill Rates Day (Qualified and Unqualified)	94.40%	93.50%	89.40%
Fill Rates Night (Qualified and Unqualified)	99.90%	99.00%	97.90%

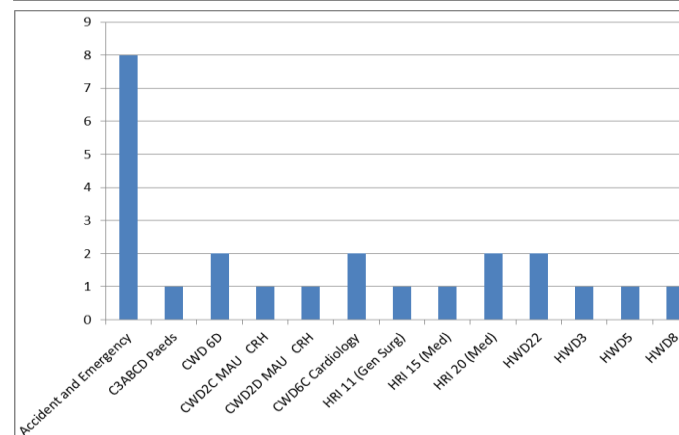
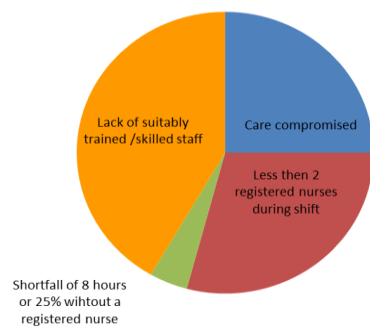
Planned CHPPD (Qualified and Unqualified)	8.5	10.6	8.6
Actual CHPPD (Qualified and Unqualified)	8.2	9.3	8.0

A review of August 2018 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 18 clinical areas of the 32 reviewed having CHPPD less than planned. 11 areas reported CHPPD slightly in excess of those planned and 3 areas having CHPPD as 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 August 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 **21 Trust Wide Red shifts** declared in **August 2018**.

As illustrated above the most frequently recorded red flagged incident is related to "unit in escalation". No datix reported in August 2018 have resulted in patient harm.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

The Trust remains committed to achieving its nurse staffing establishments.

On-going activity:

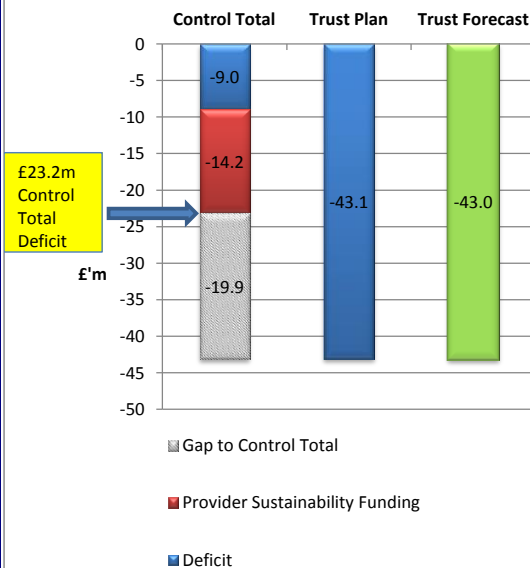
1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Further recruitment event planned for September 2018.
3. Applications from international recruitment projects are progressing well and the first 10 nurses have arrived in Trust, with a further 10r planned for deployment in July 2018
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.
57 candidates have now been transferred onto the OET programme.
5. The Trust is working with the recruitment agent to appraise its potential to recruit IELTS/OET compliant nurses. This work stream is progressing well with x2 nurses now deployed
6. 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 being developed to up-scale the project in line with the national & regional workforce plans. A second cohort of 20 trainees commenced training on the 4th of June 2018. A further cohort are planned for training in December 2018
7. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment & retention of the graduate workforce
8. A new module of E roster called safe care has been introduced across the clinical divisions. Benefits will include, better reporting of red flag event and , real-time data of staffing position against acuity

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st Aug 2018 - Month 5

KEY METRICS

	M5			YTD (AUG 2018)						Forecast 18/19			
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m			Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£4.03)	(£3.78)	£0.26	●	(£20.55)	(£20.29)	£0.27	●	1	(£43.05)	(£43.04)	£0.01	●
Agency Expenditure	(£1.16)	(£1.42)	(£0.26)	●	(£6.47)	(£6.60)	(£0.13)	●	1	(£14.63)	(£14.44)	£0.19	●
Capital	£0.59	£0.44	£0.15	●	£2.93	£1.71	£1.22	●		£9.14	£9.50	(£0.36)	●
Cash	£1.91	£1.91	£0.00	●	£1.91	£1.91	£0.00	●		£1.91	£1.90	(£0.01)	●
Borrowing (Cumulative)	£123.31	£123.31	£0.00	●	£123.31	£123.31	£0.00	●		£144.83	£144.83	£0.00	●
CIP	£1.23	£1.15	(£0.07)	●	£5.01	£4.68	(£0.32)	●		£18.00	£18.00	(£0.00)	●
Use of Resource Metric	3	3		●	3	3		●		3	3		●

Trust Deficit vs NHS I Control Total



Year to Date Summary

The year to date deficit is £20.29m, a £0.27m favourable variance from plan.

- The variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference and is not expected to impact on the forecast. Aside from this the position is in line with plan.
- Clinical contract income is below plan by £1.01m. The Aligned Incentive Contract (AIC) is now protecting the income position by £0.85m in the year to date (£0.51m at Month 3), leaving a residual income variance of £0.16m.
- CIP achieved in the year to date is £4.68m against a plan of £5.01m, a £0.32m shortfall.
- The underlying operational position is a £1.01m adverse variance from plan, mitigated by the release of £0.83m of contingency reserves in the year to date. In addition the winter element of the reserve has been released in the short term to offset the shortfall on CIP and will need to be reinstated as CIP is achieved per the re-profiled forecast.
- Agency expenditure is £0.13m above the year to date agency trajectory, although £0.29m of these agency costs relate to 17/18 invoices.

Key Variances

- The required £18m CIP for the full year has now been identified in full. However, the monthly profile of CIP delivery differs from the fixed original plan, driving a £0.32m pressure in the year to date.
- AIC protection has increased in month, although this includes positive changes such as £0.13m related to rehab bed days and the activity impact of decisions to release medical agency cost.
- Medical pay expenditure continues above plan with a year to date adverse variance to plan of £1.03m. Against the agency trajectory the ongoing pressure comes from Medical agency, offset by lower spend in other staff groups.
- Nursing pay expenditure is above plan by £0.35m (excluding the impact of pay awards which is funded as income). However, nursing agency costs are £0.50m lower than plan year to date, with a significant reduction in the use of the very highest cost agencies.

Forecast

- The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes.
- The forecast will also require an improvement in the underlying run rate to contain expenditure within budgeted levels.

Trust Financial Overview as at 31st Aug 2018 - Month 5

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M5

CLINICAL ACTIVITY

	M5 Plan	M5 Actual	Var	
Elective	2,655	2,428	(227)	●
Non-Elective	23,328	23,929	601	●
Daycase	15,310	15,164	(146)	●
Outpatient	153,137	155,114	1,977	●
A&E	64,678	63,980	(698)	●
Other NHS Non-Tariff	711,378	719,173	7,795	●
Other NHS Tariff	53,366	53,808	442	●
Total	1,023,851	1,033,595	9,744	

TRUST: INCOME AND EXPENDITURE

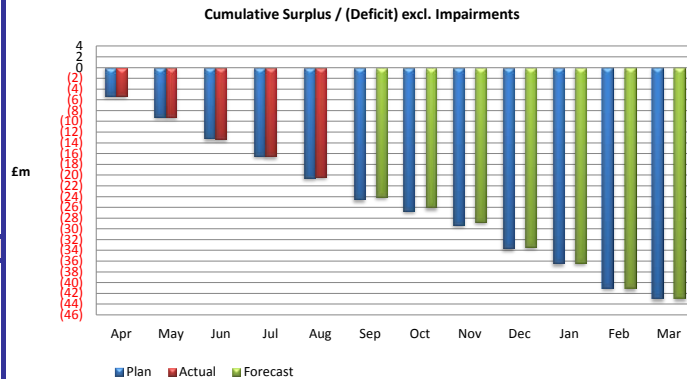
	M5 Plan	M5 Actual	Var	
	£m	£m	£m	
Elective	£8.38	£7.59	(£0.79)	●
Non Elective	£42.02	£41.88	(£0.14)	●
Daycase	£11.02	£10.99	(£0.03)	●
Outpatients	£15.75	£15.71	(£0.05)	●
A & E	£7.84	£8.06	£0.22	●
Other-NHS Clinical	£44.13	£45.42	£1.29	●
CQUIN	£2.86	£2.84	(£0.02)	●
Other Income	£16.90	£18.64	£1.74	●
Total Income	£148.89	£151.11	£2.22	●
Pay	(£104.91)	(£105.67)	(£0.76)	●
Drug Costs	(£14.93)	(£15.44)	(£0.51)	●
Clinical Support	(£12.61)	(£12.62)	(£0.01)	●
Other Costs	(£21.12)	(£21.90)	(£0.79)	●
PFI Costs	(£5.35)	(£5.35)	£0.00	●
Total Expenditure	(£158.91)	(£160.98)	(£2.07)	●
EBITDA	(£10.02)	(£9.86)	£0.15	●
Non Operating Expenditure	(£10.54)	(£10.42)	£0.12	●
Surplus / (Deficit)*	(£20.55)	(£20.29)	£0.27	●

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

DIVISIONS: INCOME AND EXPENDITURE

	M5 Plan	M5 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£4.70	£4.07	(£0.63)	●
Medical	£10.53	£10.66	£0.13	●
Families & Specialist Services	(£1.92)	(£2.27)	(£0.35)	●
Community	£1.21	£1.18	(£0.03)	●
Estates & Facilities	(£11.60)	(£11.70)	(£0.09)	●
Corporate	(£13.44)	(£13.45)	(£0.01)	●
THIS	(£0.02)	(£0.08)	(£0.07)	●
PMU	£1.15	£1.19	£0.05	●
Central Inc/Technical Accounts	(£10.20)	(£9.41)	£0.79	●
Reserves	(£1.46)	(£0.48)	£0.98	●
Unallocated CIP	£0.49	£0.00	(£0.49)	●
Surplus / (Deficit)	(£20.55)	(£20.29)	£0.27	●

TRUST SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M5 Plan	M5 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
A&E: Surplus / (Deficit)	(£20.55)	(£20.29)	£0.27	(£43.05)	(£43.04)	£0.01	●
Capital	£2.93	£1.71	£1.22	£9.14	£9.50	(£0.36)	●
Cash	£1.91	£1.91	£0.00	£1.91	£1.90	(£0.01)	●
Loans	£123.31	£123.31	£0.00	£144.83	£144.83	£0.00	●
CIP	£5.01	£4.68	(£0.32)	£18.00	£18.00	(£0.00)	●
	Plan	Actual		Plan	Forecast		
Use of Resource Metric	3	3		3	3		●

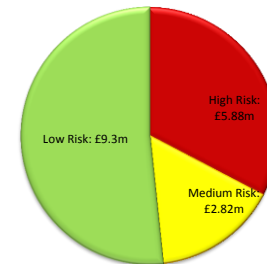
COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



Total Planned: £18m

CIP - Risk



Total Forecast

£18m

YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	6,164	5,679	(485)	●
Non-Elective	56,753	58,383	1,630	●
Daycase	36,488	36,528	40	●
Outpatient	365,497	369,893	4,397	●
A&E	153,339	151,683	(1,656)	●
Other NHS Non- Tariff	1,721,594	1,738,576	16,981	●
Other NHS Tariff	127,242	128,431	1,190	●
Total	2,467,076	2,489,173	22,096	

TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£19.51	£17.91	(£1.60)	●
Non Elective	£101.38	£101.50	£0.12	●
Daycase	£26.27	£26.56	£0.29	●
Outpatients	£37.57	£37.47	(£0.10)	●
A & E	£18.58	£19.10	£0.53	●
Other-NHS Clinical	£106.72	£109.03	£2.31	●
CQUIN	£6.85	£6.81	(£0.03)	●
Other Income	£40.73	£45.27	£4.54	●
Total Income	£357.60	£363.65	£6.05	●
Pay	(£247.81)	(£253.22)	(£5.41)	●
Drug Costs	(£36.10)	(£36.85)	(£0.76)	●
Clinical Support	(£28.67)	(£29.18)	(£0.51)	●
Other Costs	(£49.33)	(£50.41)	(£1.08)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
Total Expenditure	(£374.75)	(£382.49)	(£7.73)	●
EBITDA	(£17.16)	(£18.84)	(£1.68)	●
Non Operating Expenditure	(£25.89)	(£24.20)	£1.69	●
Surplus / (Deficit)*	(£43.05)	(£43.04)	£0.01	●

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

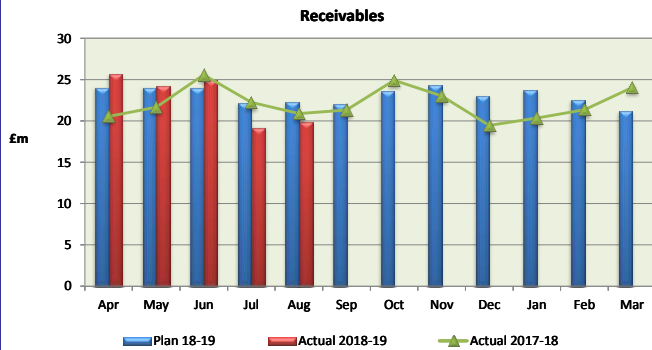
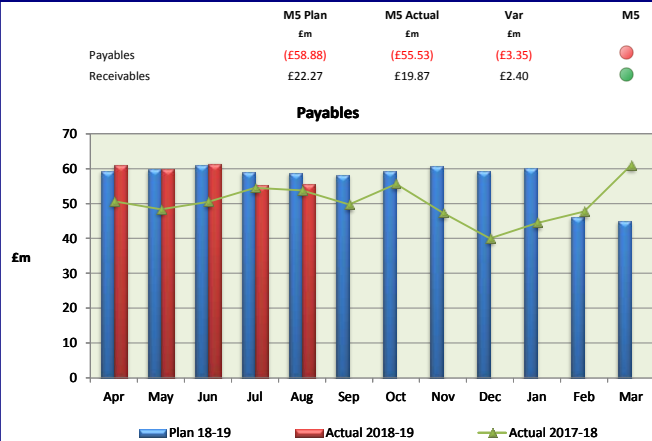
DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£12.23	£12.23	(£0.00)	●
Medical	£27.96	£27.97	£0.02	●
Families & Specialist Services	(£3.98)	(£3.98)	£0.00	●
Community	£2.94	£2.94	(£0.00)	●
Estates & Facilities	(£27.29)	(£27.30)	(£0.01)	●
Corporate	(£32.05)	(£32.05)	£0.00	●
THIS	£0.26	£0.26	£0.00	●
PMU	£2.76	£2.76	£0.00	●
Central Inc/Technical Accounts	(£25.26)	(£24.23)	£1.03	●
Reserves	(£1.77)	(£2.79)	(£1.03)	●
Unallocated CIP	£1.15	£1.15	£0.00	●
Surplus / (Deficit)	(£43.05)	(£43.04)	£0.01	●

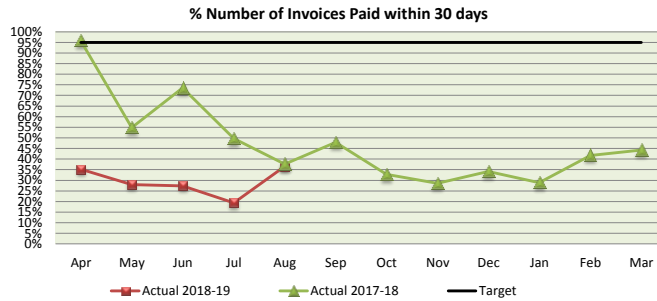
Trust Financial Overview as at 31st Aug 2018 - Month 5

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

WORKING CAPITAL



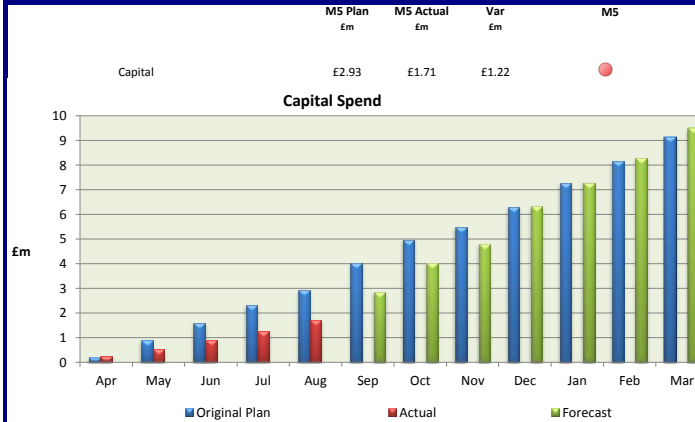
BETTER PAYMENT PRACTICE CODE



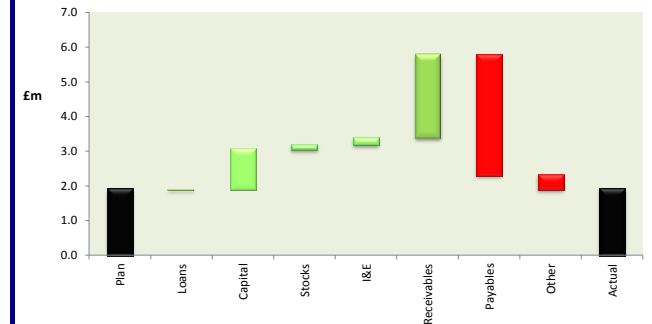
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £20.29m a favourable variance from plan of £0.27m. This position excludes the I&E impact of donated assets (£0.06m adverse variance) which are excluded for control total purposes.
- The variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference and is not expected to impact on the forecast deficit.
- Outpatient and Non-Elective activity remain above plan year to date. This over performance has been offset by lower than planned Elective, Daycase and A&E activity and overall Clinical Income is below plan by £0.51m, (excluding pay award funding received year to date of £1.53m).
- Capital expenditure year to date is lower than planned at £1.71m against a planned £2.93m.
- Cash balance is £1.91m as planned.
- Year to date the Trust has borrowed £20.56m to support the deficit as planned.
- CIP schemes have delivered £4.68m, £0.32m below the year to date target of £5.01m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned with the exception of the Agency Trajectory which stands at a 2 (planned at 1).

NOTES

- The total forecast deficit is £43.04m in line with plan.
- The Trust is forecasting to deliver to planned Agency trajectory.
- The forecast assumes that current activity trends will continue, with the exception of daycase activity which is forecast to come back up to the planned level.
- The forecast assumes expenditure will be within budgeted levels.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £5.88m is classified as high risk. Any slippage on CIP will need to be mitigated in order to achieve the planned deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £56.6m in this financial year to support Capital and Revenue, plans; £40.1m deficit funding, £12.9m refinancing of existing Distressed Funding Loan and £0.7m interest free loan for Capital. The total loan balance by year end is forecast to be £144.8m,
- Capital expenditure is forecast at £8.96m, £0.36m higher than planned. This forecast includes additional capital expenditure of £0.54 for an Integrated Cardiology System following a successful funding bid.

RAG KEY:

(Exc: 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 NHS 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

Quarterly Quality Report Q1 2018-19

Council of Governors
18 October 2018



Quality Account Priorities

Care of the Acutely Ill Patient: Improving outcomes through recognition, response and prevention of deterioration in patients

Recognition

- Recording of NEWS of 5 or more – some improvement in May with 70% of observations being recorded on time.
- Task and finish group being established to respond to NPSA Alert (NEWS2) received in Q1 requiring Trusts to implement NEWS2 by March 2019, which improves the detection of clinical deterioration due to sepsis in adults.

Response – Audit shown most escalation of NEWS 5+ scores is for patients with a plan in place (only 20% occurs for first time), ongoing work to escalate the right patients and avoid alert fatigue

Prevention - extending safety huddles to include patients with NEWS 5+



Quality Account Priorities

Patient Flow – Improving Timely & Safe Discharge (right patient, right place, right time)

- MADE (Multi-disciplinary accelerated discharge event) held in April with local partners and NHS I.
- Visited 17 wards and teams to understand patient pathways to reduce delays, expedite discharge and challenges,
- Stranded patient metric now part of SAFER Programme measures and weekly MADE introduced.
- Stranded patient metric shows a holding of improvement at CRH after March 2018 (current number 135) and a stabilisation of the HRI position at 218 patients, significantly more than at CRH.
- Length of stay (LOS) for unplanned care is 4.7 days over the last three weeks (June 2018) - amongst the lowest recorded and maintains a statistically significant reduction in this metric after June 2017 – increase in number of admissions may reduce the mean.

Experience — End of Life, Learning from Deaths

- Bereavement survey – 6 month pilot audit on 4 stroke wards at CRH for next of kin for patients who died between January and June 2018 being sent bereavement card and then a survey to obtain meaningful feedback on care (option to opt out)
- At June 2018, 25 surveys sent out, 9 returned (36%) – positive feedback on the whole

Well Led

Quality Improvement

- Development of Quality Strategy and engagement with colleagues continues - current focus on linking Quality Strategy with organisational development and Trust strategies
- Developing quality improvement (QI) capacity and capability:
 - 4 staff completed NHS Improvement Quality, service improvement and re-design (QSIR) practitioner programme on QI methodology
 - Quality Improvement Manager undertaking further programme to deliver in-house training, with training plan being developed by end of September for delivery from November 2018
 - Exploring Life QI project management platform for Trust online home for QI projects and QI resources

6. Car Parking

Presented by Lesley Hill and Suzanne Dunkley

MEETING TITLE AND TYPE: Council of Governors	REPORTING AUTHOR: Alison Wilson
DATE OF MEETING: 18 th October 2018	SPONSORING DIRECTORS: Lesley Hill, CHS Managing Director, Suzanne Dunkley, CHFT WOD Executive Director
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"> • To approve
PREVIOUS FORUMS: Weekly Executive Board – 10 th May 2018, Governors Meeting – 4 th July 2018, Staff Management Partnership Forum – 24 th July 2018, Executive Board – 18 th Oct 2018.	

EXECUTIVE SUMMARY:

Purpose - Propose a fair, open and transparent engagement plan relating to car-parking arrangements and increased charges to public and staff. The demand for car-parking far outweighs the availability of spaces at CRH in particular and whilst it is important to address the balance of parking for staff, patients and visitors it is important the Trust continues to deliver compassionate care to its patients courtesy of our dedicated colleagues. There is a common agreement that further improvements are required regarding the car parking situation and to do nothing is not an option.

CHFT colleagues recognise the need to review parking permits to provide a fair balance between supply and demand. In order to provide more spaces for patients and visitors we must look to providing alternative and greener travel arrangements for our staff where possible. Alternative travel arrangements have been suggested which include car share schemes, park and ride opportunities, and increase internal transport journeys between sites; in addition the Trust are working closely with West Yorkshire Combined Authority to ensure travel between hospital sites are incorporated into their future plans. Whilst these ideas are supported by staff each and every initiative requires funding to implement. It is recommended that introducing the following changes will provide funding to support such initiatives.

Background - Car-Parking increases were implemented in 2015/2016 for both public and staff. A number of improvements have since been introduced and further considerations have been made regarding further car-parking increases. Improvements include:-

- Removal of ANPR at Acre Mill resulting in a reduction of 80% of the Divisions complaints from initial installation up until removal. A barrier system is now in place which aligns with CRH and HRI.
- Created an additional 20 spaces at HRI and 15 spaces at CRH
- Installation of chip and pin payment machines across HRI, Acre Mill and CRH
- Introduction of specific parking permits for staff groups
- Travel and car-parking survey with over 1200 responses and suggestions
- Closer partnership working with Calderdale Council regarding the potential for off-site and subsidised parking for colleagues
- Quicker responses and fault finding regarding break-downs (barriers)
- Engagement with independent British Parking Association to help provide safe car-parking solutions

Significant engagement has taken place with colleagues who recognise the need for change. Colleague support has enabled the development of renewed online car-parking permit criteria for staff which will be available for launch in December 2018.

Consultation has taken place with Trust Governors and Staff Management Partnership Forum with expected opposition for increases.

Impact on colleagues - It is felt that further engagement events with colleagues should be explored prior to the introduction of increased parking charges. However, early consideration should be given to changing the Learning and Development car-park at CRH to “public use only”. The car park is situated off Godfrey Road and nearby the Women and Children’s car-park providing 40 spaces for public use. Whilst this can be introduced quickly timing is essential as both HRI and CRH have lost *parking spaces on a temporary basis due to shipping containers being used to manage healthcare waste (CRH 17 spaces and HRI 19 spaces). Early indication from the Waste and Energy Manager is that shipping containers are a very short term measure. An additional 50 spaces could be released at Acre Mill tarmac area for CRH staff living in the Huddersfield area that would be willing to shuttle to CRH.

**Any lost car-parking income is being calculated along with other costs associated with the healthcare waste business continuity plans and will be submitted to NHS England*

Whilst increased staff charges are likely consideration is being given to alternative ways of generating income from car-parking or other ideas. The proposal is that any increases will continue to be aligned to Agenda for Change pay bands with the majority of increases at £1 per month. It is expected that once all other options have been exhausted the increase would be introduced in the new financial year; this would deliver approximately £4k per month and £48k full year effect. We will also review permit allocation overall to improve the supply and demand ratio.

The proposal also recommends an increase in the number of spaces at Broad-Street to 50. Apcoa, the provider, is considering moving the current NHS spaces to a preferred floor level and improving signage to prevent public from using these spaces. Parking income generated equates to the cost of the additional spaces at an additional £10k p.a. This outcome will alleviate ongoing concerns for community colleagues alongside work around agile working thus negating the need to park on site.

Public –The Trust proposed increases of 20p (£2.80 to £3.00 for 2 hours) and increase of £1 (£7.00 to £8.00 for 24 hours) which are in line with other Trusts in the region. The introduction of this change on 2nd January would deliver approximately £7k per month and £84k full year effect. In response to requests from patients and their families the Trust also proposes to introduce a weekly charge of £35 for those visiting on a regular basis. These charges fall in the range of other Trusts and are detailed in Appendix 1.

The Trust receives regular concerns from patients who attend for out-patient appointments and expect to park and pay for 2 hours. On occasions clinics run over resulting in patients paying a higher charge of up to 4 hours which is £5. An agreed solution is to ensure those patients whose appointments have overrun pay the standard 2 hour fee.

Concessions remain in place along with free parking for those who are in receipt of a number of benefits; the detail is attached in Appendix 2.

A phased engagement plan is recommended and colleague engagement is essential to ensure the successes are achieved.

OVERVIEW**Phase 1 (Oct – Dec 18)**

- Begin engagement with colleagues
- Revisit Calderdale Council re parking in residential areas & reduced cost permits
- Allow use of priority car-park for colleagues (5:30pm to 7am)
- Implement BSP changes at £10kpa

Phase 2 (Jan - Mar 19)

- Introduce public parking increase - £21k (Q4), £86k FYE
- Change CRH L&D to public use only - £18k (Q4) & £73k FYE (once shipping containers off sites)
- Acre Mill tarmac area for 50+ CRH users

Phase 3 (April – June 19)

- Introduce staff parking increase - £4k/mth and £48k FYE (recognition that parking initiatives will require funding)
- Introduce waiting list for permits
- Assuming parking initiatives deliver a positive outcome a complete review of parking permits must be undertaken to balance out supply & demand.
- Capital funding available to CHS to improve parking at Acre Mill hard-core area (improved parking arrangements will deliver more parking spaces)

Phase 4 (July – Dec 19)

- CHS discussions with West Yorkshire Combined Authority Vs Transport

NEXT STEPS

Support required from Council of Governors to understand the challenge, opportunities and support progress with phased plan.

Paper to Staff Side – 27th November 2018

Paper to Board – 6th December 2018

RECOMMENDATION:

The Council of Governors are asked to approve the plan.

APPENDIX ATTACHED: YES -

Appendix 1 – Other Trusts Public Parking Charges

Appendix 2 – Concessions and Free Parking

Alison Wilson

10th Oct 2018

V2

APPENDIX 1

CHFT proposed increases to public car-parking charges:-

- Up to 2 hours £2.80 increased to £3.00
- Up to 4 hours No Change
- Up to 6 hours No Change
- Up to 24 hours £7.00 increased to £8.00
- Weekly charge £35.00 new charge at the request of patients and families



Calderdale and Huddersfield

HOSPITAL	FREE	NHS Foundation Trust								
		Up to 1 Hr	Up to 2 Hrs	Up to 3 Hrs	Up to 4Hrs	Up to 5 Hrs	Up to 6Hrs	Up to 7Hrs	Up to 8 Hrs	Up to 24 Hrs
CHFT – As Is	Up to 30 mins	N/A	£2.80	N/A	£5.00	N/A	£6.00	N/A	N/A	£7.00
CHFT – Proposal	Up to 30 mins	N/A	£3.00	N/A	£5.00	N/A	£6.00	N/A	N/A	£8.00
										£35 / week
Airedale	Up to 20 mins	N/A	£3.00	N/A	£5.00	N/A	N/A	N/A	N/A	£8.00
Bradford	No Free parking	N/A	£2.50	£3.50	£4.50	£5.50	N/A	N/A	N/A	5 – 10 Hrs = £8.00 No 24 Hr parking If visitors >10 hrs they are expected to pay for the hours
Mid York's	Up to 20 mins	£2.00	£2.80	N/A	2 – 4 Hrs £5.00	N/A	N/A	N/A	N/A	4 – 24 Hrs £6.90
LGI	Drop off & Pick Up Only	N/A	£2.90	N/A	£5.70		Up to 6 Hrs £11.00	N/A		£16.40
Chapel Allerton	Drop off & Pick Up Only	N/A	£2.80	N/A	£5.50		Up to 6 Hrs £8.60	N/A		£12.70
Seacroft	Drop off & Pick Up Only	N/A	£2.10	N/A	£4.20		Up to 6 Hrs £8.40	N/A		£11.00
St James	Drop off & Pick Up Only	N/A	£2.90	£4.30	£5.70	£8.40	Up to 6 Hrs £11.00	Up to 7 Hrs £14.00		£16.40
Harrogate	Up to 30 mins	30 – 90 mins £2.60	1.5 – 2.5 Hrs £3.80	2.5 – 3.5 Hrs £5.00	3.5 – 4.5 Hrs £6.10	4.5 – 5.5 Hrs £7.00	5.5 – 6.5 Hrs £8.10	6.5 Hrs + £9.10		£34.00 Weekly Ticket
Rotherham	Up to 30 mins	30mins – 1 Hr £2.00	1 -2 Hrs £3.00	2 – 4 Hrs £4.40	4 – 6 Hrs £5.50					6 – 24 Hrs £6.80
Doncaster	Up to 30 mins	1 – 2 Hrs £2.80	2 – 4 Hrs £4.10		4 – 6 Hrs £5.00		More than 6 Hrs £8.50			
Barnsley	Up to 15 mins	£1.30	£2.80	2 – 4 Hrs £4.10	4 – 24 Hrs £6.90					Patient & Visitors Weekly Pass £10
Sheffield Teaching	N/A		£2.50		£3.70	Over 4 Hrs £8.40				
Sheffield Children's	N/A		£3.50	2 – 4 Hrs £6.00	4 – 6 Hrs £8.00		More than 6 Hrs £14.00			
Hull Royal	N/A	£2.00	£3.00	2 – 24 Hrs £5.00						£10 per week £20 per month

CONCESSIONS AND FREE PARKING

The validation of car parking tickets is available on a concessionary basis to support patients and visitors in circumstances of particular sensitivity and it is essential that their use be governed in a controlled and auditable way.

Tickets validated may be issued to patients, family members or carers strictly in accordance with the criteria below

The validation of car park tickets will be for the following:

- In-patients (those who have attended Clinic or A&E and are unexpectedly kept in hospital).
- Staff from nursing/care homes or next of kin who have been asked to attend the ward to help with the care of their client/patient/relative whilst on the ward.
- Terminally ill patients on any area, the next of kin should be issued with an authorisation form allowing them free parking for a maximum of 4 days then the situation should be re-addressed by the senior nurse.
- In critical care areas such as ICU/HDU, CCU, NICU, Paediatric High Dependency, one authorisation form will be issued to the next of kin only. SCBU at the senior nurse's discretion.
- Visiting Consultants from other Trusts who are on Trust business.
- Cancer and Renal patients will be issued with an authorisation card which must be presented to the main reception to enable them to validate their parking ticket.

Validations are at the discretion of the Site Coordinator / Matron / Ward Manager and the patient / visitor should present the form to the Car Park Validator based on the Main Reception Desk to gain free parking.

FREE PARKING

Those in receipt of the following benefits obtain free parking which conforms to the Healthcare Travel Cost Scheme.

- Income Support
- Employment and Support Allowance
- Income based Job Seekers Allowance
- Child Tax Credit
- Working Families Tax Credit
- HC2/HC3 Certificate
- Pension Credit

7. Calderdale & Huddersfield Solutions Update

Presented by Gary Boothby

8. GOVERNANCE

Proposed amendments to the Constitution

Presented by Victoria Pickles

9. VERBAL UPDATES FROM BOARD SUB COMMITTEES

- a. Quality Committee (J Murphy)
- b. Charitable Funds Committee (P Lewer)
- c. Organ Donation Group (P Lewer)
- d. Audit & Risk Committee (P Bamber)
- e. Finance & Performance Committee (B Moore)

Presented by Jackie Murphy and Philip Lewer

10. INFORMATION TO RECEIVE

- a. Future Council of Governors meetings and meeting timetable
- b. Review Sub-Committee Allocations

Council of Governors Calendar of Activity 2018

Month	Day-date	Meeting	Time	Venue	Please attend
October	Thursday 18 October	Council of Governors Private meeting	3 pm – 4.15 pm	Board Room, Huddersfield Royal Infirmary	All
		Council of Governors Public meeting	4.30 pm – 6.30 pm	Board Room, Huddersfield Royal Infirmary	All
November	Monday 5 November	Medicine DRG meeting followed by familiarisation tour	2 pm – 3.30 pm	Medium Training Room, LC, Calderdale Royal Hospital	Brian Richardson Alison Schofield Diane Hughes Donald Rodgers-Walker Linzi Smith
	Tuesday 6 November	Community DRG meeting FOLLOWING meet the MSK Team	12:30 – 1:30 pm – meet the team 1:30 pm – 3.00 pm	Meeting Room 2, Broad Street Plaza (CHANGE)	Annette Bell Sheila Taylor Sian Grbin Lynn Moore Stephen Baines
	Wednesday 7 November	Families & Specialist Services DRG meeting followed by familiarisation tour	12 noon – 1.30 pm	Meeting Room 3, LC, Huddersfield Royal Infirmary	Rosemary Hedges Peter Bamber Christine Mills Paul Butterworth Veronica Maher Annette Bell
	Friday 16 November	Joint CoG/Board workshop	9 am – 12.30 pm	Board Room, Huddersfield Royal Infirmary	Any
	Wednesday 21 November	Estates & Facilities DRG meeting followed by familiarisation tour	10 am – 11.30 am	Discussion Room 2, LC, Huddersfield Royal Infirmary	Brian Moore Alison Schofield Stephen Baines John Richardson Sheila Taylor Annette Bell

Council of Governors Calendar of Activity 2018

Month	Day-date	Meeting	Time	Venue	Please attend
November	Wednesday 21 November	Surgery & Anaesthetics DRG meeting followed by familiarisation tour	2 pm – 3.30 pm	Meeting Room 3, LC, Huddersfield Royal Infirmary	Brian Richardson John Richardson Jude Goddard Nasim Esmail Brian Moore Donald Rodgers-Walker Christine Mills
December	Tuesday 18 December	Chairs' Information Exchange meeting part 1 CANCELLED	10 am – 11 am	Board Room, Huddersfield Royal Infirmary	
		Chairs' Information Exchange meeting part 2 CANCELLED	11 am – 12 noon	Board Room, Huddersfield Royal Infirmary	
		CoG Development and Holding NEDs to Account Session (inc festive buffet)	12.30 pm – 4.30 pm	Board Room, Huddersfield Royal Infirmary	Any

COUNCIL OF GOVERNORS

PAPER TITLE: COUNCIL OF GOVERNOR MEETINGS	REPORTING AUTHOR: Victoria Pickles
DATE OF MEETING: THURSDAY 18 OCTOBER 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: Council of Governors 4 th July 2018	
EXECUTIVE SUMMARY: <p>The attached paper described the changes to Council of Governors meetings which were approved at the meeting on 4th July 2018.</p> <p>The following has been extracted from the minutes of the meeting held 4th July:</p> <p>The Company Secretary presented the proposal for future meetings with the purpose to give governors more opportunity to hold the NEDs to account for the performance of the Board. Feedback was requested on the proposal in advance of the meeting and so far has been in agreement.</p> <p>The recommendation for ‘Holding to Account’ training was following the last training event and this will include training on induction and a full course every 2 years. There was general support for this element.</p> <p>There was general support for a private Council of Governors meeting. The Trust will provide a room for an agreed date and location.</p> <p>There was a difference of opinion around Divisional Reference Groups allocation for three years. The Company Secretary explained that any governor can raise a concern if they don’t believe it is working or if they would like to change and this would be accommodated where possible.</p> <p>The Chairs Information Exchange meeting was discussed. The Company Secretary highlighted that only the Chairs of the Divisional Reference Group currently attend this meeting and therefore are privy to information that is not open to all. By circulating the Summaries on a Page from each DRG and extending the private session with the Chair it is hoped that this will give greater opportunity for all governors to have access to information. As a result it was agreed to cease the Chairs Information Exchange meeting.</p> <p>The Company Secretary provided re-assurance the feedback has been received from some of the governors</p>	

not in attendance.

OUTCOME: The Council of Governors **APPROVED** the proposal for future Council of Governors meetings

RECOMMENDATION:

The Council of Governors' are asked to comment on the approved meeting changes.

APPENDIX ATTACHED: **YES** / **NO**

Proposed changes to governor meetings/training sessions

- 1) Change the format of the three CoG development sessions in February, September and December.

Rationale:

To give governors more opportunity to hold the NEDs to account for the performance of the Board.

Proposed new format:

The first hour of the session will involve two NEDs each giving a 10-minute presentation to governors on performance in a specific area (finance, HR etc). Governors will then have the opportunity (20 minutes per presentation) to ask the NEDs questions based on the presentations.

The second hour of the session will be “white space” for presentations on current issues from any invited guests, plus discussion between the Chair and the governors.

- 2) ‘Holding to Account’ training:

- i) Incorporate a shortened version of the existing training into the governors’ induction course and invite new NEDs to attend the induction course routinely.
- ii) Continue to deliver the current Holding to Account training, but only every two years, for governors and NEDs.

Rationale:

To ensure that newly-elected governors and NEDs have a good understanding of their role in holding the NEDs and the Board to account, and how to do this, at the start of their term of office.

Proposed new format:

The main messages from the existing training session will be incorporated into the first session on day one of the induction course, delivered jointly by the Chair and the Company Secretary.

- 3) Allocate governors to Divisional Reference Groups for the duration of their three-year term of office.

Rationale:

This will:

- i) Allow governors to develop a thorough understanding of a division and to see through changes and developments;
- ii) Result in more consistency for the divisional management teams

Proposed new format:

Governors will be asked each year to specify which, and how many, DRGs they would like to sit on. They will then be allocated accordingly and will remain on that DRG for the duration of their term of office. If a governor is re-elected after three years, they will be allocated to a different DRG for their second term of office.

As governor vacancies arise on a staggered basis, there will still be some changes to the make-up of the DRGs each year, allowing there to be “fresh pairs of eyes”.

- 4) Introduce a forum for governors to meet and discuss issues without Trust representatives present.

Rationale:

To give governors an opportunity to share their views and discuss any issues in private.

Proposed format:

The Trust will book a room for one hour following a pre-existing meeting on alternate sites, four times per year. All governors will be given the dates and will be able to attend. Any significant issues, or suggested agenda items for the next CoG meeting, can then be fed back by the Lead Governor, to either the Chair or the Company Secretary.

- 5) Discontinue the Chairs’ Information Exchange meetings

Rationale:

The SOAPs from the DRG meetings do not need to be discussed at a meeting. The information given by the Chair during the second hour of the Chairs’ Information Exchange meeting is, effectively, the same as the information provided at the private meeting prior to the CoG meeting.

Proposed format:

The SOAPs will continue to be drafted by the Membership Office, will be sent to the Chair of the DRG meeting for approval, and then circulated to all governors (irrespective of which DRG they sit on) shortly after the DRG meetings.

The private meeting before the CoG meeting will be extended to make it 1 hour 15 minutes long. There will then be a 15 minute break before the CoG meeting.

**COUNCIL OF GOVERNORS ALLOCATION TO DIVISIONAL
REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE
FROM 1.11.19**

DIVISIONAL REFERENCE GROUPS

Families & Specialist Services (FSS) Divisional Reference Group	
Allocated:	Rosemary Hedges Peter Bamber Christine Mills Paul Butterworth Veronica Maher Annette Bell
Dates of meetings: Wednesday 7 November 2018 12 noon to 1.30 pm (followed by familiarisation tour), Meeting Room 3, Learning Centre, HRI Dates of meetings in 2019 TBC	

Surgery & Anaesthetics (S&A) Divisional Reference Group	
Allocated:	Brian Richardson John Richardson Jude Goddard Nasim Esmail Brian Moore Donald Rogers-Walker Christine Mills
Dates of meetings: Wednesday 21 November 2018 2 pm – 3.30 pm (followed by familiarisation tour), Meeting Room 3, Learning Centre, HRI Dates of meetings in 2019 TBC	

**COUNCIL OF GOVERNORS ALLOCATION TO DIVISIONAL
REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE
FROM 1.11.19**

Medicine Divisional Reference Group	
Allocated:	Brian Richardson Alison Schofield Dianne Hughes Donald Rogers-Walker Linzi Smith
Dates of meetings: Monday 5 November 2018 2 pm – 3.30 pm (followed by familiarisation tour), Medium Training Room, Learning Centre, CRH Dates of meetings in 2019 TBC	

Community Divisional Reference Group	
Allocated:	Annette Bell Sheila Taylor Sian Grbin Lynn Moore Stephen Baines
Dates of meetings: Tuesday 6 November 2018 12.30 pm – 1.30 pm for familiarisation tour followed by meeting 1.30 pm – 3 pm, Meeting Room 2, Broad Street Plaza Dates of meetings in 2019 TBC	

**COUNCIL OF GOVERNORS ALLOCATION TO DIVISIONAL
REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE
FROM 1.11.19**

Estates & Facilities Divisional Reference Group	
Allocated:	Brian Moore Alison Schofield Stephen Baines John Richardson Sheila Taylor Annette Bell
Dates of meetings: Wednesday 21 November 2018 10 am – 11.30 am (followed by familiarisation tour), Discussion Room 2, Learning Centre, HRI Dates of meetings in 2019 TBC	

**COUNCIL OF GOVERNORS ALLOCATION TO DIVISIONAL
REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE
FROM 1.11.19**

SUB-COMMITTEES

Quality Committee	
Allocated:	Christine Mills (Rep) Linzi Smith (Deputy)
<p>Dates of meetings: Wednesday 2 January 2019 3 pm – 5.30 pm Meeting Room 3, Acre Mills Outpatients (3rd floor)</p> <p>Tuesday 5 February 2019 9 am – 11.30 am Meeting Room 4, Acre Mills Outpatients (3rd floor)</p> <p>Meetings for the remainder of the year will take place at the same time and in the same venue:</p> <p>9 am – 11.30 am, Meeting Room 3, Acre Mills Outpatients (3rd floor) on</p> <p>Tuesday 5 March 2019 Tuesday 2 April 2019 Tuesday 30 April 2019 Tuesday 4 June 2019 Tuesday 2 July 2019 Tuesday 30 July 2019 Tuesday 3 September 2019 Tuesday 1 October 2019 Tuesday 5 November 2019 Tuesday 3 December 2019</p>	

COUNCIL OF GOVERNORS ALLOCATION TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM 1.11.19

Charitable Funds Committee

Allocated:	Sheila Taylor (Rep) Nasim Banu Esmail (Deputy)
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Dates of meetings:

Thursday 29 November

2:00 pm – 3:30 pm

Meeting Room 4, Acre Mills Outpatients (3rd Floor)

Dates of meetings in 2019 TBC

Organ Donation Committee

Allocated:	Annette Bell (Rep) Rosemary Hedges (Deputy)
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Dates of meetings:

Dates of meetings in 2019 TBC

Audit & Risk Committee

Allocated:	Brian Moore (Rep) John Richardson (Deputy)
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Dates of meetings:

Wednesday 23 January 2019

10:00 – 12:00 pm

CRH – Medium Training Room, Learning Centre

Wednesday 17 April 2019

10:00 – 12:00 pm

CRH – Medium Training Room, Learning Centre

Meeting date for **May 2019** to be confirmed.

Wednesday 17 July 2019

10:00 – 12:00 pm

CRH – Medium Training Room, Learning Centre

Wednesday 16 October 2019

10:00 – 12:00 pm

CRH – Medium Training Room, Learning Centre

COUNCIL OF GOVERNORS ALLOCATION TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM 1.11.19

Finance & Performance Committee

Allocated:	Sian Grbin (Rep) Brian Moore (Deputy)
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Dates of meetings:

Friday 30 November 2018

10:00 - 1:00 pm

Meeting Room 4, 3rd Floor, Acre Mill Outpatients

Wednesday 2 January 2019

11:00 – 2:00 pm

Meeting Room 4, 3rd Floor, Acre Mills Outpatients

All of the meetings below take place at the same time and venue.

Friday 1 February 2019

Friday 1 March 2019

Friday 29 March 2019

Friday 26 April 2019

Friday 31 May 2019

Friday 28 June 2019

Friday 26 July 2019

Friday 30 August 2019

Friday 27 September 2019

Time: 9:30 – 12:30 pm

Venue: Meeting Room 4, 3rd Floor, Acre Mills Outpatients

COUNCIL OF GOVERNORS ALLOCATION TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM 1.11.19

Workforce Committee

Allocated:	Alison Schofield (Rep) Jude Goddard (Deputy)
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Dates of meetings:

Workforce Committee Hot House Topic - Recruitment and Retention

Friday 7 December 2018

9:30 – 11:30 am

Large Training Room, Learning Centre, Calderdale Royal Hospital

Workforce Committee - Deep Dive

Friday 18 January 2019

2:00 – 4:00 pm

Room 3, 3rd Floor Acre Mill Outpatients

Nomination & Remuneration Committee (Chair & Non-Executive Directors)

Allocated:	Linzi Smith Paul Butterworth Jude Goddard Stephen Baines Veronica Maher
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Dates of meetings: When and as required

**** Declaration of non-interest in NED post required**

A quorum will be three members, two of whom must be publicly elected Governors.

11. Any Other Business

a. Appraisals and Increments (Suzanne Dunkley)

b. Private meetings and Facebook Group (Alison Schofield)

c. Management of Complaints (Jackie Murphy)

12. DATE AND TIME OF NEXT MEETINGS:

BOD/CoG Workshop

Date: Friday 16th November 2018

Time: 9:00 – 12:30 pm

Venue: Boardroom, Sub Basement, HRI

CoG Development Session

Date: Tuesday 18 December 2018

Time: 12:30 – 4:30 pm

Venue: Boardroom, Sub Basement, HRI

Presented by Philip Lewer