Council of Governors Meeting

Schedule	Thursday 17 October 2019, 15:30 — 17:30 BST
Venue	Medium Training Room, Learning Centre, Calderdale Royal Hospital
Organiser	Amber Fox

Agenda

15:30	1. Welcome and Introductions: Andy Nelson, Non-Executive Director Richard Hopkin, Non-Executive Director To Note - Presented by Philip Lewer	1
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1. Welcome and Introductions:

Andy Nelson, Non-Executive Director

Richard Hopkin, Non-Executive Director

To Note

Presented by Philip Lewer

2. Apologies for absence: Sheila Taylor

To Note

Presented by Philip Lewer

3. Declaration of Interests

To Note

4. Minutes of the last meeting held: Thursday 18 July 2019

To Approve

Presented by Philip Lewer

Calderdale and Huddersfield NHS Foundation Trust

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 3:30 PM ON THURSDAY 18 JULY 2019 IN THE BOARDROOM, HUDDERSFIELD ROYAL INFIRMARY

PRESENT:

Philip Lewer	Chair

Publicly Elected Governors

Alison Schofield	Public Elected - North and Central Halifax / Lead Governor
Brian Moore	Public Elected - Lindley and the Valleys
Dianne Hughes	Public Elected - South Kirklees
Rosemary Hedges	Public Elected - Lindley and the Valleys (Reserve Register)
Stephen Baines	Public Elected - Skircoat and Lower Calder Valley
Lynn Moore	Public Elected - North and Central Halifax
Annette Bell	Public Elected – East Halifax and Bradford
John Richardson	Public Elected - South Kirklees
Paul Butterworth	Public Elected - East Halifax and Bradford
Nasim Banu Esmail	Public Elected – North Kirklees
Sheila Taylor	Public Elected - Huddersfield Central
Christine Mills	Public Elected - Huddersfield Central

Staff Governors

Linzi Smith	Staff Elected – Management / Admin / Clerical
Dr Peter Bamber	Staff Elected – Drs / Dentists
Sian Grbin	Staff Elected – Nurses/ Midwives

Stakeholder Governors

Felicity Astin	University of Huddersfield

IN ATTENDANCE:

Karen Heaton (KH)	Non-Executive Director
Linda Patterson (LP)	Non-Executive Director
Helen Barker	Chief Operating Officer
Gary Boothby	Executive Director of Finance
Suzanne Dunkley	Executive Director of Workforce and OD
Amber Fox	Corporate Governance Manager (minutes)
Ellen Armistead	Director of Nursing / Deputy Chief Executive

29/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Owen Williams	Chief Executive
Andrea McCourt	Company Secretary
Brian Richardson	Public Elected - Skircoat and Lower Calder Valley
Chris Reeve	Locala
Salma Yasmeen	South West Yorkshire Partnership NHS FT

David Birkenhead	Executive Medical Director
Jude Goddard	Public Elected - Calder and Ryburn Valleys
Veronica Woollin	Public Elected - North Kirklees
Anna Basford	Director of Partnerships and Transformation
Helen Hunter	Healthwatch Kirklees and Calderdale
Mandy Griffin	Managing Director – Digital Health
Cllr Megan Swift	Calderdale Metropolitan Council

30/19 WELCOME & INTRODUCTIONS

The Chair welcomed governors, colleagues from the Board of Directors and staff colleagues to the meeting and introductions were made around the table.

The Chair introduced Ellen Armistead, the new Director of Nursing / Deputy Chief Executive from 1st July 2019 and welcomed her to the meeting.

31/19 DECLARATIONS OF INTEREST

The Chair reminded the Council of Governors and staff colleagues to declare their interest at any point in the agenda.

32/19 MINUTES OF THE LAST MEETINGS HELD 11 APRIL 2019

The minutes of the previous minutes held 11 April 2019 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held 11 April 2019 were **APPROVED** as a correct record.

33/19 MATTERS ARISING / ACTION LOG

The action log was reviewed and updated accordingly.

Rosemary Hedges asked for feedback on ward 11, as it was reported at the last meeting there was a high level of falls. A written response from the Chief Nurse was provided after the last meeting for the minutes and this has been forwarded onto Rosemary Hedges. It was confirmed Ward 11 is a General Surgery ward.

Paul Butterworth re-iterated his concern that the complaints procedure doesn't match the policy. An update will be reported back at the next meeting.
Action: Update on complaints procedure and policy – Company Secretary

34/19 INTERACTIVE SESSION WITH NON-EXECUTIVE DIRECTORS

The Chair confirmed that two Non-Executive Directors are allocated to each of the Council of Governors meetings on a rotation going forward. An interactive session took place with the governors and Non-Executive Directors in attendance, Karen Heaton and Linda Patterson. This provided an opportunity for the governors to ask the Non-Executives questions and hold them to account.

35/19 UPDATE ON STAFF CONSULTATION (CAR PARKING)

The Executive Director of Finance provided an update following the engagement which has taken place with staff and visitors. The results of this engagement have been collated and common themes have been reviewed. A common theme is the number of car parking spaces that are available.

The purpose of the engagement was to review car parking charges and the Executive Director of Finance confirmed there are no proposals to increase staff car parking charges until the findings have been worked through. Once this process has concluded, a further update will be provided within a timeline of 2-3 months.

Paul Butterworth asked what income the Trust generate from staff parking. Alison Schofield asked if the Trust have consulted with Nikki Hosty, Freedom to Speak Up Guardian/Equality Diversity Manager regarding disability car parking.

Action: Executive Director of Finance to provide feedback once the consultation has ended and a way forward established

OUTCOME: The Council of Governors **RECEIVED** the update on staff consultation.

36/19 UPDATE FROM LEAD GOVERNOR

A video by the lead governor was shared which was presented at the Annual General Meeting on Wednesday 17 July 2019.

The Chair thanked Alison Schofield for all her support in her last day as lead governor and welcomed Brian Moore as the new lead governor from 19 July 2019.

OUTCOME: The Council of Governors **NOTED** the lead governor update and new lead governor appointment.

37/19 CHAIR'S APRAISAL OUTCOME

The Chair, Executives and Non-Executive Directors, apart from Karen Heaton left the room for this discussion. Karen Heaton provided the governors with the outcome of the Chair's appraisal.

OUTCOME: The Council of Governors **NOTED** the outcome of the Chair's appraisal.

38/19 CHAIR'S REPORT

The Chair reported that a stakeholder governor from Kirklees Council joined the Council of Governors, Cllr Lesley Warner.

<u>Nominations and Remuneration</u>

The Chair provided an update on the recruitment for the two upcoming Non-Executive Director vacancies.

Capital Non-Executive Director post - An appointment was not made following interviews for the capital Non-Executive Director post and this post has been re-advertised. This was a unanimous decision by all governors on the panel.

Clinical Non-Executive Director post - A shortlisting panel took place for the Clinical Non-Executive Director post where a selection of 4 applicants were made. The interviews for this post are taking place on Thursday 15 August 2019. The Non-Executive Directors have been invited to be involved in the interview panel.

The Chair announced that an appointment was made to the post of Managing Director of Calderdale and Huddersfield Solutions (CHS), Stuart Sugarman.

OUTCOME: The Council of Governors **NOTED** the Chair's report.

39/19 PERFORMANCE AND STRATEGY

a) Performance Report

The Chief Operating Officer reported a positive position for May 2019, the main highlights from the report were:

- Good solid month across all domains with general improvement
- May's performance score is 73.3%
- Challenges in diagnostic performance
- Workforce issues in echocardiogram and neurophysiology, Cardiology will be recovered this quarter; however, there needs to be a plan for neurophysiology
- Emergency care standard for May 2019 is good, there was a struggle in June where the Trust should've hit 90% and were just over 89%. This is currently at 92% in July 2019.
- Cancelled as many meetings as possible for clinical and operational managers to focus on back to the floor
- Good performance in cancer, CHFT are one of the best performing organisations across the cancer standards
- Radiology capacity – there should be over 20 radiologists in post and the Trust are currently sat with 11 in post, although the Trust have lower staffing levels, they are delivering the best cancer performance
- A focused piece of work is taking place to reduce length of stay of over 21 days, the senior clinical and operational team are reviewing each patient, this is time consuming but valuable - the feedback so far is the majority are internally generated delays

Alison Schofield asked if there are less people in for 21 days in the frailty service. The Chief Operating Officer confirmed there are less patients in for 21 days in the frailty service who are delivering an excellent service. The Chief Operating Officer suggested the frailty team are invited to a joint Board and Council of Governors workshop.

Action: Frailty Team invited to a Joint BOD/CoG Workshop – Company Secretary

Sian Grbin asked how Paediatrics and A&E are performing together. The Chief Operating Officer explained the teams are working on how to separate the two and this will be invested in as part of urgent care funding. The Trust will facilitate more rapid access clinics. There is a high volume of children attending ED at Calderdale that do not get admitted, this is being reviewed as a piece of work.

Peter Bamber asked for an update on stroke. The Chief Operating Officer reported stroke is being recovered in terms of length of stay and now records when a patient is discharged.

Paul Butterworth highlighted that alcohol and tobacco misuse is reported on and asked about substance misuse. The Chief Operating Officer explained the CQUIN element is focused on alcohol and tobacco.

Rosemary Hedges asked about the emergency care standard (ECS) target which is at 95%. The Chief Operating Officer explained the Trust submitted a plan for this year which was accepted by regulators to say that the Trust would not perform below 95%. CHFT are performing in the upper quartile nationally. This is currently being field tested in ED. The Chief Operating Officer added that the length of waiting hours for ED is reducing since the new standard has been brought in, following a consultation in April 2019.

The Chief Operating Officer reported that the Trust have been invited to field test the referral to treatment standard of 92% within 8 weeks. This starts on 1st August 2019.

Brian Moore asked if the ED standard is still four hours. The Chief Operating Officer confirmed the ED standard is still 95% within 4 hours. The Trust are currently sat at 92% this month. CHFT sit within the top 20 and 30 organisations and are one of the busiest Emergency Departments in the country.

b) Financial Position and Forecast – Month 2

The Executive Director of Finance summarised the key points from the Month 2 position;

- Capital estate has been revalued, the Executive Director of Finance confirmed this does not impact on reconfiguration as revalued assets include the CRH site and the land, the bulk of revaluation affected the HRI building
- Reduced value of assets generates less depreciation
- £69m deficit opposed to £43m deficit
- Revenue plan – planned to spend £3m on interest this year

RH asked for an update on the loans that are to be repaid in January. The Executive Director of Finance explained that a loan will be provided to the Trust and will need to be repaid. Part of the plan is to borrow additional cash. The Trust have a planned overspend of £10m this year and an additional £10m which is being borrowed. The Trust have accepted the control total and borrowing will be at 1.5% rate interest. Other Trusts are paying a 2.2% or 2.4% interest rate.

The Director of Finance explained the advantage of borrowing as all organisations pay into public dividend capital, which is 3% of net assets and borrowings are worth more than assets.

OUTCOME: The Council of Governors **NOTED** the Performance and Finance report.

40/19 COMPANY SECRETARY'S REPORT

a. Review Council of Governors Workplan 2019

The annual Council of Governors workplan for 2019 was attached, for information. This workplan will be updated for 2020.

b. Proposal of future Council of Governors dates 2020

The proposal of future Council of Governors dates was attached for approval. There will be four Council of Governors meetings per year, Annual General Meeting, two joint Board of Directors and Council of Governors workshops and three joint Non-Executive Directors and Council of Governors informal workshops.

In total there will be 10 meetings/workshops scheduled throughout the year.

OUTCOME: The Council of Governors **NOTED** the Council of Governors Workplan for 2019 and **APPROVED** the future Council of Governors dates for 2020.

41/19 UPDATES FROM SUB-COMMITTEES

Quality Committee

Christine Mills provided a verbal update following the last Quality Committee where she finds the staff compassionate and open. The key updates were:

- New stockings have reduced the number of falls taking place
- Health and Safety have corrected fridge temperatures
- Mental Health report is due at the next meeting
- Reviewed complaints and a big piece of work is taking place to reduce response times to complaints

Charitable Funds Committee

Sheila Taylor provided a verbal update from the last Charitable Funds Committee held 22 May 2019. The main item for discussion is the Todmorden Project and the need to engage with the community of Todmorden to find out why the Centre is not

being utilised. A new fundraising manager has been appointed to improve the charity status, she is very passionate with lots of ideas. Sheila suggested the Board and Council of Governors receive the strategy presentation after it has been to the Charitable Funds Committee. LP added that a large piece of work is ongoing to transform Outpatient Services and Todmorden is being fed into this group.

Organ Donation Committee

The Chair reported on the Organ Donation Committee which meets twice a year. The government have altered the rules where you must opt out rather than opt in. This will become active next year. The Chair is assured by the consultant and nurse in charge on the Committee that the Trust score well in having these difficult conversations with families.

Stephen Baines asked if the family can overrule this. The Chair explained that the new legislation will clarify this.

Audit and Risk Committee

The Chair reported the Audit and Risk Committee meetings are attended by internal and external auditors and counter fraud. The Committee is chaired by Richard Hopkin. This is a very rigorous meeting. The Executive Director of Finance explained there was a conversation about the profile of clinical audit at the last meeting held 17 July 2019 and whether clinical audit should attend the Committee.

Finance and Performance Committee

Sian Grbin reported on the last Finance and Performance Committee held 28 June 2019. The winter plan will stretch into April next year and will have a flexible approach. The Chief Operating Officer added that the Trust have learned from the last few winters and there will be investment this year to make what happens in winter recurrent. A market stall will take place during October to make it more interactive.

Workforce Committee

Alison Schofield reported on the last Workforce Committee held 7 June 2019. The focus has been on testing of the cupboard and reviewing the staff survey results. They are recognizing the groups that were not feeling valued. The Committee are working with Nikki Hosty, Freedom to Speak Up Guardian and Equality Diversity Manager on the first Disability Action Group meeting and BAME group.

OUTCOME: The Council of Governors **RECEIVED** the updates from the Sub-Committees.

42/19 INFORMATION TO RECEIVE

a. Council of Governors Calendar 2019

The updated Council of Governors calendar for 2019 was circulated for information.

b. Governors – Who to Contact List

An information sheet on who the governors should contact if they have any queries was circulated, for information.

OUTCOME: The Council of Governors **RECEIVED** the Council of Governors Calendar for 2019 and contact list for any queries.

43/19 ANY OTHER BUSINESS

Paul Butterworth commented on the Chair induction as part of the Chair's appraisal. Brian Moore suggested the Chair's appraisal process is reviewed as part of the constitution review to ensure there is a longer period of dual working.

Paul Butterworth asked if the annual report and accounts is proofread. He highlighted that the report quotes '7 complaints against the Trust, of these 11…'. The Executive Director of Finance responded that the timeframe to produce the annual report was shorter this year and the governors are welcome to proofread. The Audit and Risk Committee proofread the annual report and it is approved by the Board.

The Chair formally thanked Rosemary Hedges and Nasim Banu Esmail as this was their last Council of Governors meeting.

The Chair will be meeting with all new governors individually.

Brian Moore thanked Alison Schofield for her year as lead governor.

DATE AND TIME OF NEXT MEETING

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting. The Chair formally closed the meeting at 17:44 pm and invited members to the next meeting.

Council of Governors Meeting
Date: Thursday 17 October 2019
Time: 3:30 – 5:30 pm (private meeting 2:00 – 3:15 pm)
Venue: Medium Training Room, Learning & Development Centre, Calderdale Royal Hospital

5. Matters Arising / Action Log

To Note

Presented by Philip Lewer

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
18.7.19	**Matters Arising** Update to be provided on the complaints procedure and policy	Company Secretary		17.10.19		
18.7.19	**Staff Consultation (Car Parking)** Executive Director of Finance to provide feedback on other income received from staff and if the Trust are involving Nicki Hosty in disability car parking	Director of Finance	Verbal update to be provided by the Chair	17.10.19		
18.7.19	**Performance Report** Frailty Team invited to a Joint BOD/CoG Workshop – suggested by the Chief Operating Officer	Company Secretary	This is being reviewed for the December Governors/Non-Executive Director informal workshop on 17 December 2019	17.10.19		

6. Interactive Session with Non-Executive Directors

Andy Nelson, Non-Executive Director

Richard Hopkin, Non-Executive Director

For Assurance

Presented by Philip Lewer

UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

For Assurance

Presented by Philip Lewer

7. Nominations and Remuneration Committee (CoG)

1. Draft minutes of meeting held 15.8.19

To Approve

Presented by Philip Lewer

APP A

Calderdale and Huddersfield NHS Foundation Trust

Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) Held on Thursday 15 August 2019, 12:00 – 12:30 pm in Room 3, Acre Mills Outpatients

MEMBERS

Philip Lewer	Chair
Brian Moore	Public Elected Governor (Lindley and the Valleys)
Paul Butterworth	Public Elected Governor (East Halifax & Bradford)
Linzi Smith	Staff Elected Governor
Jude Goddard	Public Elected Governor (Calder & Ryburn Valleys)
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley)

IN ATTENDANCE

Suzanne Dunkley	Director of Workforce and Organisational Development (Observer)

Item

18/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Amber Fox, Corporate Governance Manager
Andrea McCourt, Company Secretary
Veronica Maher, Public Elected Governor (North Kirklees)

19/19 MINUTES OF THE MEETING HELD ON 25 MARCH 2019

The minutes of the last Nominations and Remuneration Committee (CoG) meeting held on the 25 March 2019 were approved as a correct record.

OUTCOME: The Nominations and Remuneration Committee **APPROVED** the previous minutes held on 25 March 2019.

20/19 DECLARATIONS OF INTEREST

There were no declarations of interest.

21/19 MATTERS ARISING

There were no matters arising.

22/19 DISCUSSION SESSION

6.1 AGREE NON-EXECUTIVE TENURES

The Chair presented the paper relating to the extension of two Non-Executive Directors whose tenures are coming to an end, Philip Oldfield and Linda Patterson. The request to extend is for a period of 3 months to ensure continuity of Non-Executive Director input within the Trust until December 2019 whilst the recruitment process continues to fill the two Non-Executive Director vacancies which have arisen due to the maximum lengths of tenure having been reached by two current non-Executive Directors.

The Nominations and Remuneration Sub-Committee is asked to consider and accept the recommendation that the following terms of office be extended for Non-Executive Directors for a period of three months:-

- Philip Oldfield – 23 September 2019 – 23 December 2019
- Linda Patterson – 30 September 2019 – 30 December 2019

The cost of this extension would come to a total of £6k.

The Chair expressed that no objections had been received.

The governors agreed to these extensions.

OUTCOME: The Council of Governors Nominations and Remuneration Committee **AGREED** to extend the terms of office for Philip Oldfield and Linda Patterson until the end of December 2019.

23/19 ANY OTHER BUSINESS

Linzi Smith said she had screenshotted an amount from the annual accounts that Richard Hopkin was paid more. The Chair confirmed that this was the case as Richard Hopkin chairs the Audit and Risk Committee. The Chair also confirmed that Philip Oldfield is paid more as he is a Senior Independent Non-Executive Director (SINED).

24/19 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The minutes from the Nominations and Remuneration Committee will be shared at the next meeting of the Nominations and Remuneration Committee and Council of Governors meeting on 17 October 2019. The outcome will be reported back to the Board of Directors.

The governors agreed to close the meeting and the Chair thanked the governors for attending.

CHAIR’S REPORT

To Note

Presented by Philip Lewer

8. a. Ratify decision at Nominations and Remuneration Committee on Non-Executive Director recruitment

To Approve

Presented by Philip Lewer

NON-EXECUTIVE DIRECTOR RECRUITMENT – COUNCIL OF GOVERNORS UPDATE

17 OCTOBER 2019

1. Update on Non-Executive Director Recruitment

The purpose of this paper is to share the outcome of the recruitment process for two Non-Executive Directors and seek ratification of the recommendation from the Council of Governors Nominations and Remuneration Committee.

The role of the Nominations and Remuneration Committee is to oversee the process for appointing the Chair and Non-Executive Directors.

The Council of Governors Nominations and Remuneration Committee (NRC) agreed to recruit to the two Non-Executive Director posts at its meeting on 25 March 2019 and this was ratified at the Council of Governors meeting on 11 April 2019.

The recruitment process was agreed, with the two Non-Executive Directors posts advertised between April and July 2019, seeking appointments to the following roles:

- ***Clinical –*** seeking a candidate with a clinical background, knowledge of the regulatory framework, a passion for patient care and to Chair the Quality Committee.

- ***Capital programme delivery*** – seeking a candidate with a capital programme background, preferably in Estates and ideally within the NHS, with strong financial and accounting skills and preferably experience of using digital innovation in a large-scale transformation programme to take on a lead for reconfiguration activity.

The outcomes of the two posts were as follows:

- **Clinical post** – no applicants were shortlisted for interview following a unanimous decision by the shortlisting panel on 21 May 2019. The post was re-advertised and four applicants were shortlisted on 18 July 2019 and interviews were held on 15 August 2019. A successful appointment was made and Denise Sterling was offered this post, which is for ratification by the Council of Governors on the recommendation of the Nominations and Remuneration Committee.

  Denise has in depth knowledge in a number of areas. She has 38 years experience working in the NHS prior to her recent retirement as Head of Occupational Therapy at Leeds Teaching Hospitals Trust. During this time Denise worked across professional boundaries, with community and social care services and has influenced service change and improvement.

  Denise is a Governor/Trustee at Bradford Diocesan Academies Trust (providing education in West Yorkshire), working with fellow trustees to drive and steer the strategic purpose and director of the Trust.

- **Capital post** – four applicants were shortlisted and interviews were held for three applicants on 1 July 2019. The interview panel was not able to make an appointment. The post was re-advertised and five applicants were shortlisted and interviews were held on 19 August 2019. A successful appointment was made and Peter Wilkinson was offered this post, which is for ratification by the Council of Governors on the recommendation of the Nominations and Remuneration Committee.

  Peter has in depth or working knowledge in a number of areas with several qualifactions, including building surveying, construction law and arbitration. Peter is a Founding Director of his own consultancy business, PW Advisory after retiring as an Equity Partner of Deliotte LLP. Peter's areas of specialism is Property, Real Estate and Construction with a specialist knowledge of Capital Programme Delivery in the Public Sector for over 30 years. He is currently an independent advisor and non-executive director across the property, infrastructure and capital projects industry.

In line with the terms of reference of the Nominations and Remuneration Committee (NRC), a maximum of four governors were involved in the recruitment process, four Governor members of the Nominations and Remuneration Committee received training in recruitment and training in the use of the recruitment online system, TRAC, to shortlist the applications received. The Governors involved in the interview process were Brian Moore, Alison Schofield, Linzi Smith, Stephen Baines, Veronica Woollin and Jude Goddard.

Both Non-Executive Directors will be non-voting Non-Executive Directors until January 2020.

2. Terms of Office

The Trust Constitution, section 27.1, details the tenure of Non-Executive Directors as three years, with a maximum of two three year terms, i.e. six years.

The terms of office for two existing Non-Executive Directors are due to end in December 2019. These are:

- Philip Oldfield, whose second tenure of three years is due to expire on 22 December 2019

- Linda Patterson, whose second tenure of three years is due to expire on 30 December 2019

There was a short term extension of tenure of three months from the end of September to December 2019 for Philip Oldfield and Linda Patterson to provide stability and allow for an induction period for the new appointees.

3. Recommendation

The Council of Governors is asked to:

i. ratify the recommendation from the governors Nominations and Remuneration Committee to appoint Denise Sterling and Peter Wilkinson as Non-Executive Directors for a period of three years

ii. note the end date of the terms of office for Philip Oldfield (22 December 2019) and Linda Patterson (30 December 2019).

PERFORMANCE AND STRATEGY

To Note

9. TRUST PERFORMANCE

a. Performance Report

b. Financial Position and Forecast

c. Q1 Update on Quality Account Priorities - Anne-Marie Henshaw

d. Membership and Engagement Strategy draft for review and 1 year action plan

To Note

Presented by Helen Barker, Kirsty Archer and Andrea McCourt

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	**17th October 2019**
Meeting:	**COUNCIL OF GOVERNORS**
Title of report:	**QUALITY & PERFORMANCE REPORT**
Author:	**Peter Keogh, Assistant Director of Performance**
Sponsor:	**Helen Barker, Chief Operating Officer**
Previous Forums:	**Executive Board, Finance & Performance Committee**

Actions Requested:

- To note

Purpose of the Report

To provide the Council of Governors with the performance position for the month of August 2019.

Key Points to Note

August's Performance Score is 72% with 3 green domains. The SAFE domain remains green although there was another RIDDOR in month. The CARING domain remains amber however further focus on both of the FFT A%E metrics could see this improve. The EFFECTIVE domain remains green. The RESPONSIVE domain has deteriorated although is still amber with cancer 62 day screening missing target for the first time since October 2018. 2 of the 4 stroke indicators have missed target again and the 6 weeks Diagnostics target remains a challenge. WORKFORCE remains green with sickness levels continuing their strong performance. Only Safeguarding out of the 9 EST areas is below 90%. EFFICIENCY & FINANCE is amber.

EQIA – Equality Impact Assessment

The Integrated Performance Report does not report performance with a breakdown of Protected Characteristics either for workforce or patient data. Workforce equality monitoring is conducted at Workforce Committee via WRES, WDES and Staff Survey. The Public Sector Equality Duty annual report is presented to Board annually, as well as our gender pay gap report.

Recommendation

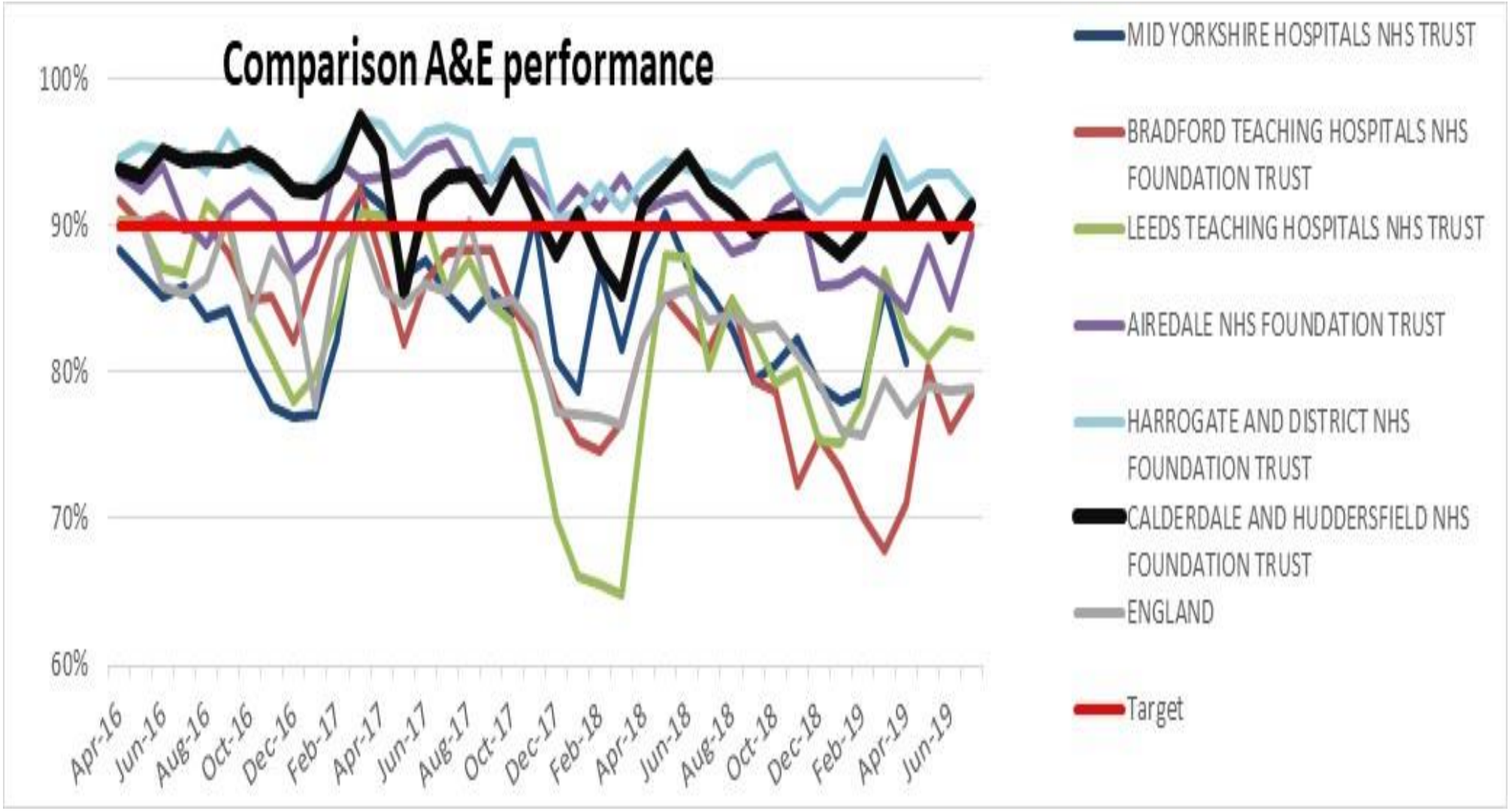
The Council of Governors is asked to note the contents of the report and the overall performance score for August 2019.

PERFORMANCE LATEST 2019/20

Appendix E

Calderdale and Huddersfield NHS Foundation Trust

compassionate care

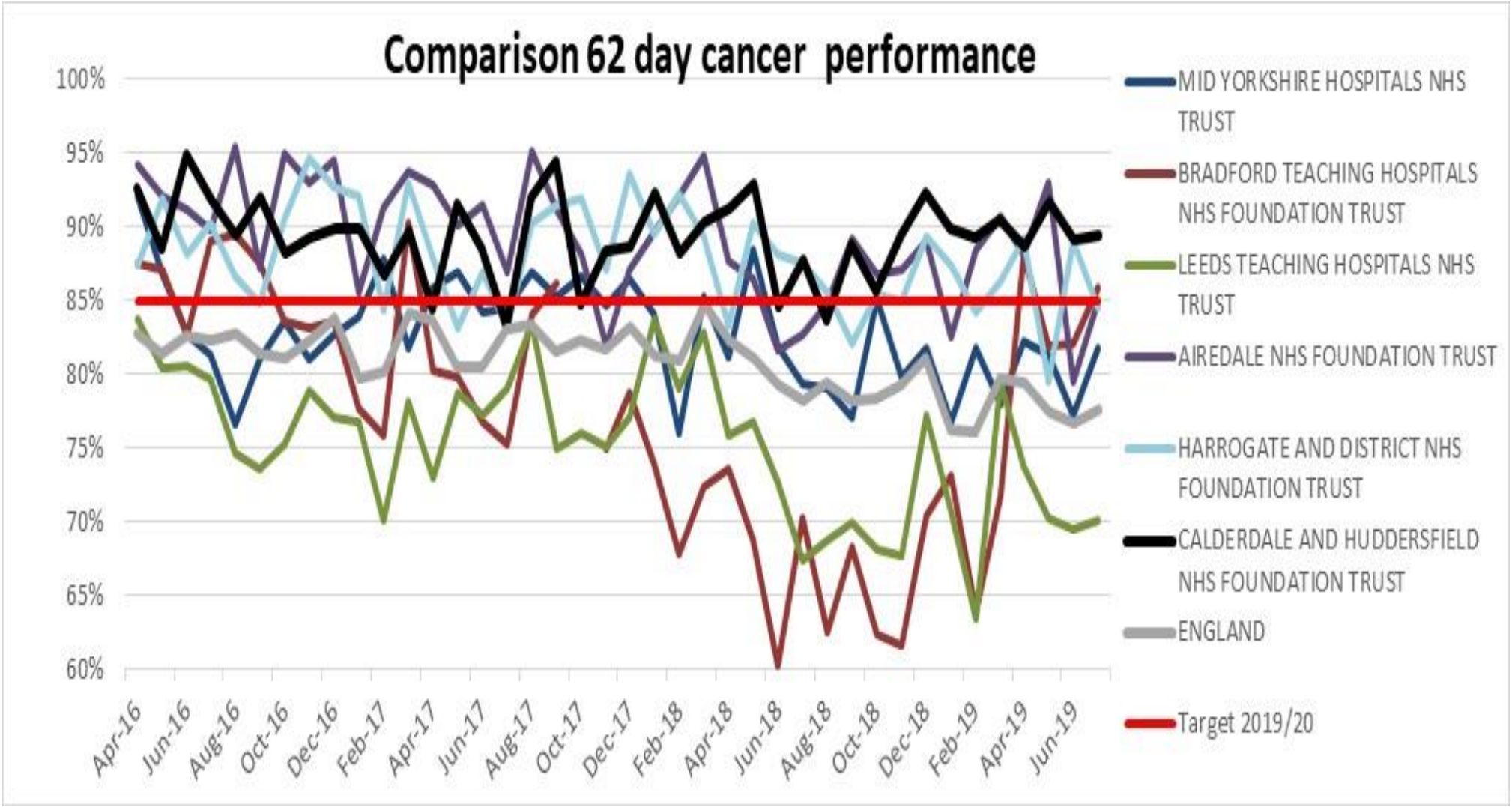


PERFORMANCE LATEST 2019/20

Appendix E

Calderdale and Huddersfield NHS Foundation Trust

compassionate care



PERFORMANCE LATEST 2019/20

Appendix E

Calderdale and Huddersfield NHS Foundation Trust

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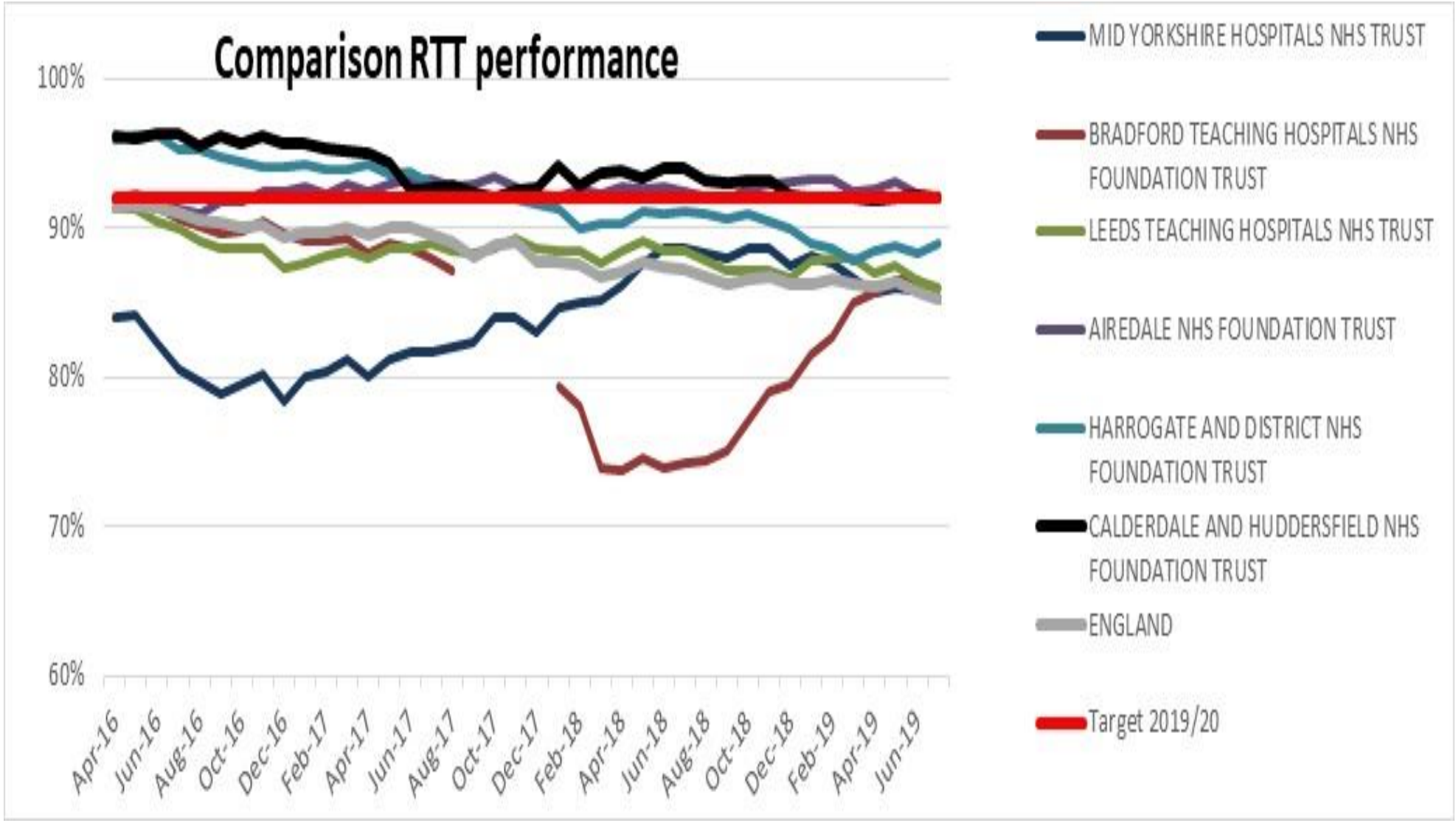

PERFORMANCE LATEST 2019/20

Appendix E

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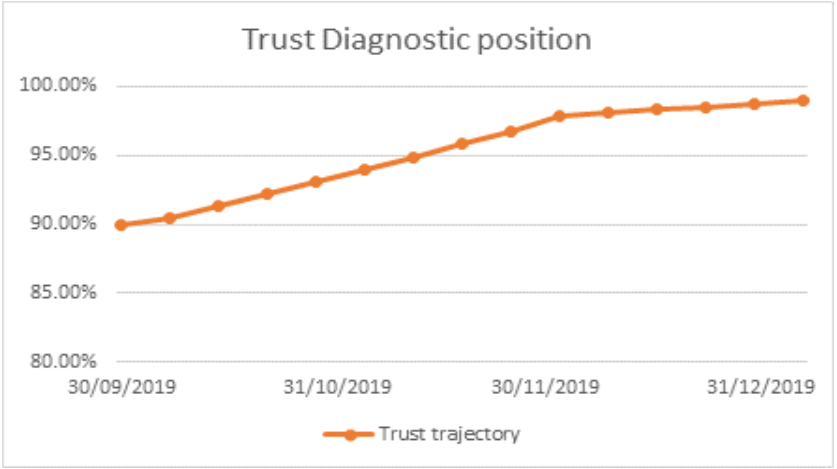
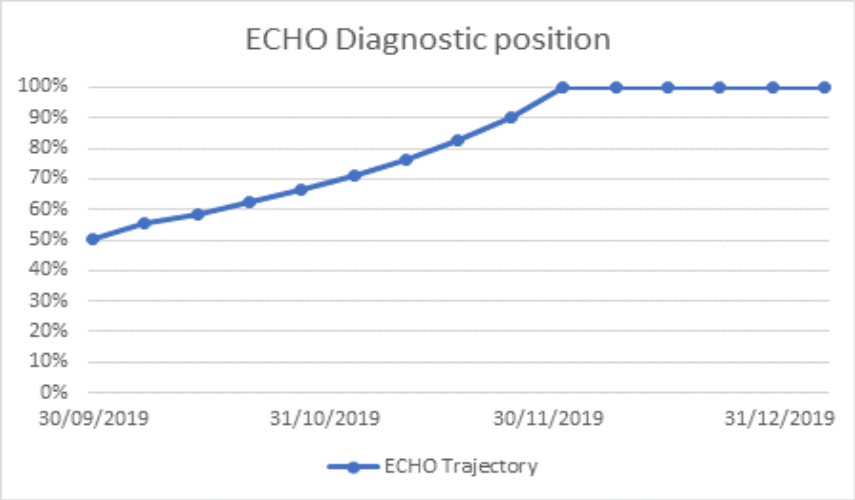
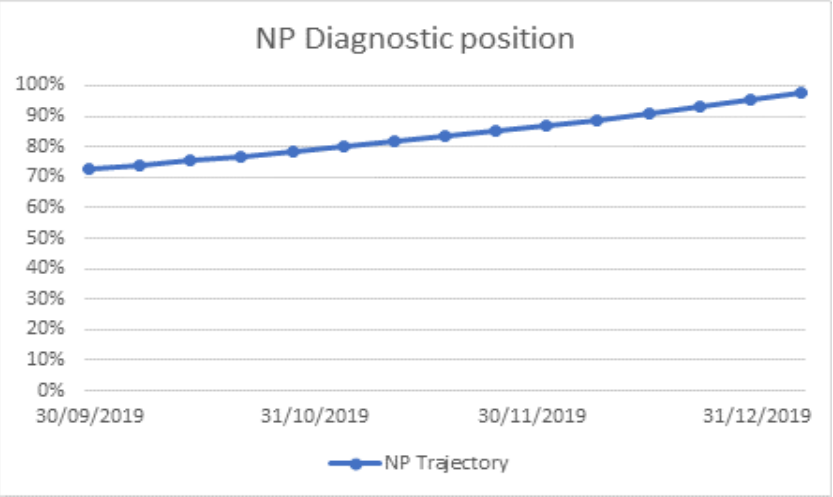
6 Weeks Diagnostics Test (target > 99%)







PERFORMANCE LATEST 2019

Appendix E

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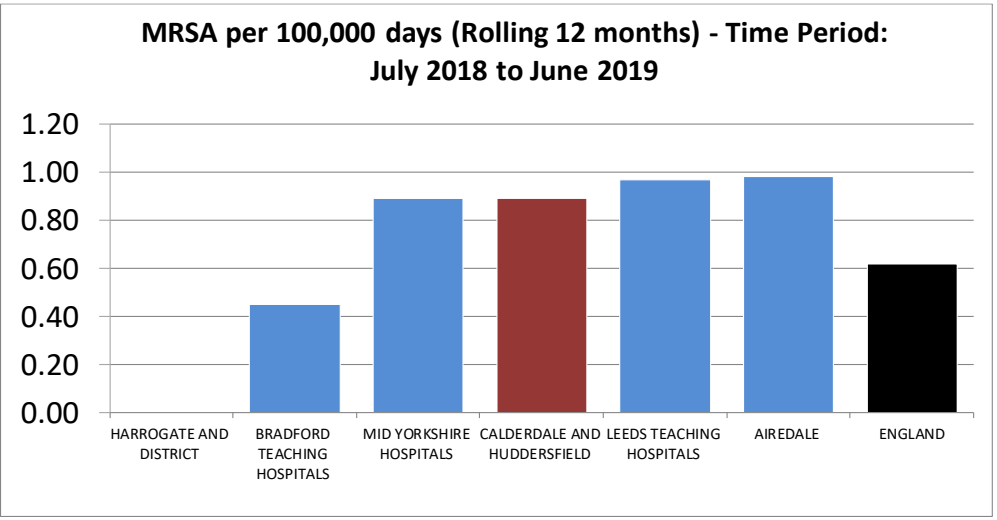

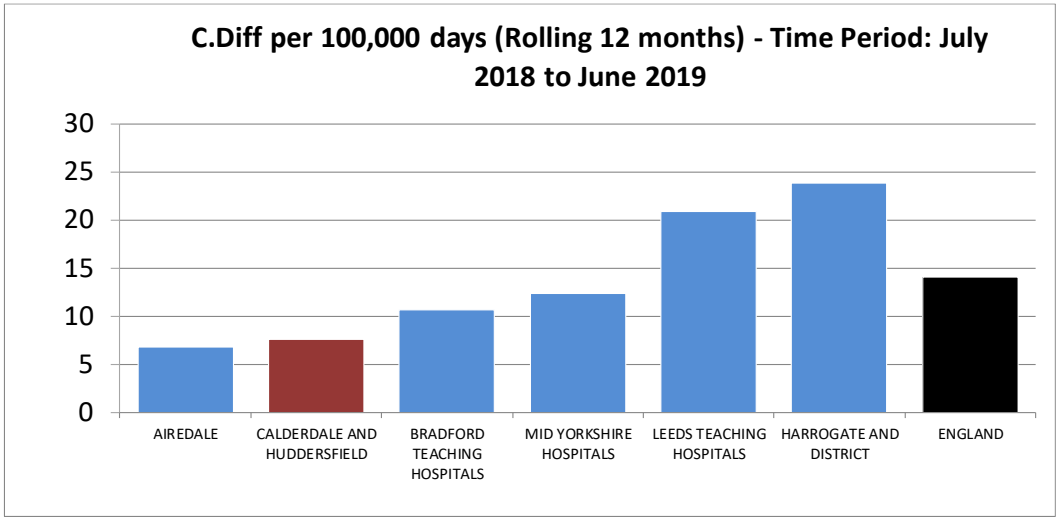

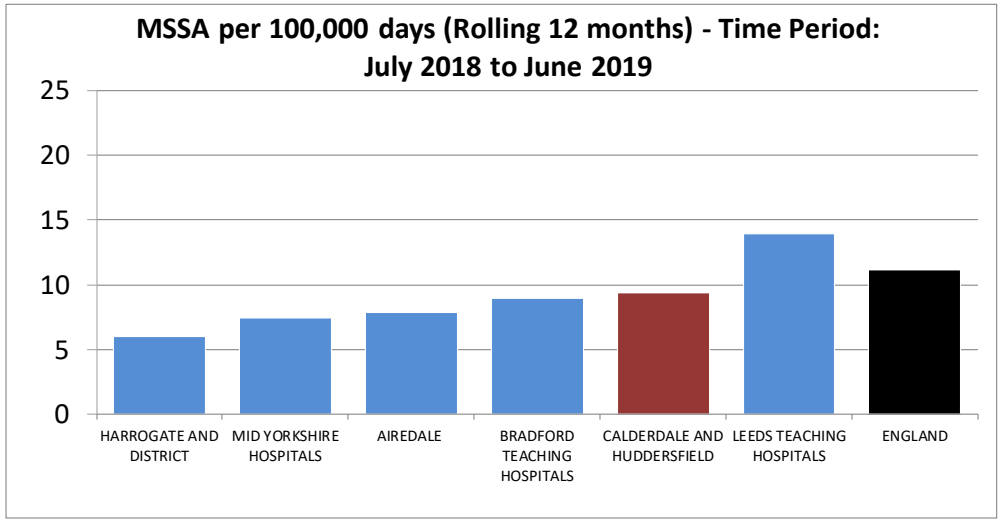

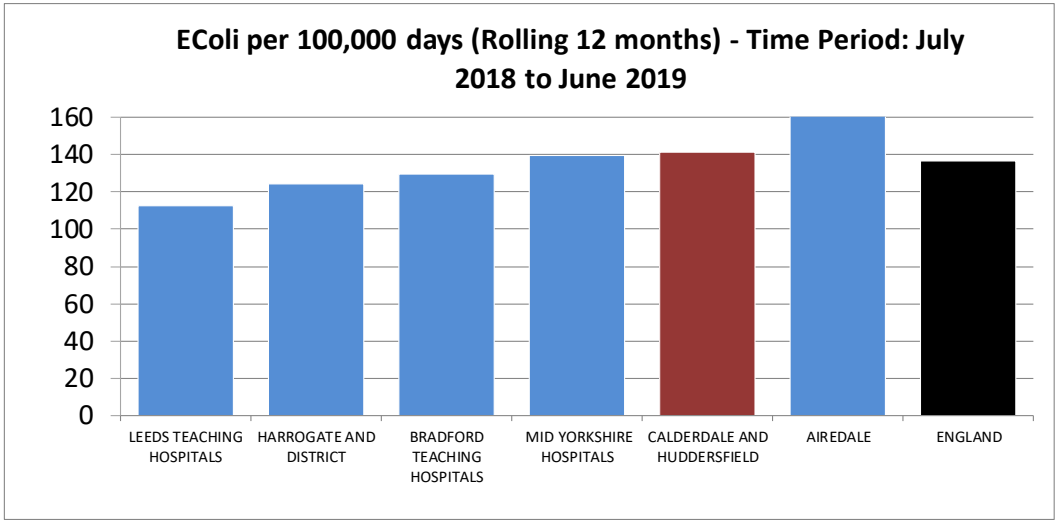

PERFORMANCE LATEST 2019/20

Appendix E

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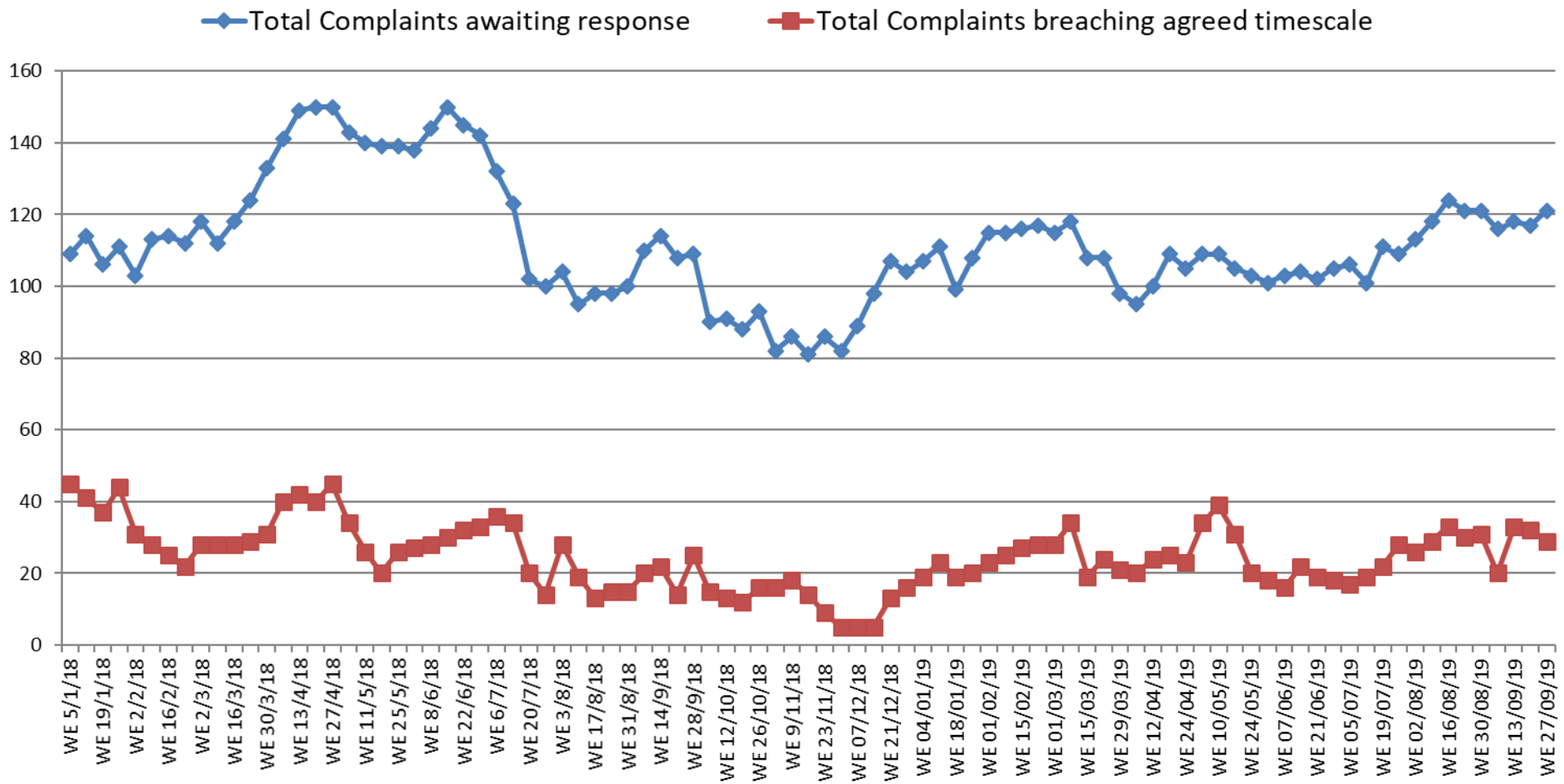
Complaints Received



Community Healthcare Division

Mel Langley and Mandy Stock are the first dietitians to qualify as Supplementary Prescribers at CHFT. They are part of a small but rapidly growing number of specialist dietitians choosing to extend their scope of practice in this way. Many other professions have been eligible to train as non-medical prescribers (both supplementary and independent) since the early 2000's, however dietitians have only had this opportunity since 2016. There is definitely appetite for acquiring prescribing rights within the dietetic profession, as dietitians see the benefit of being able to prescribe for their patients when they see them.

Medicine Division

- Acute Floor at CRH have been shortlisted for the HSJ Finals.
- Positive feedback received from the Tea Trolley rounds promoting the Unsung Hero awards (2 have taken place and 2 scheduled).
- Ward 15 received a Gold Exemplar award.
- New Cardiologist due to start in September.
- Ward 20 did some amazing work on August bank holiday Monday to ensure a patient was discharged back to their Nursing home – *involved going to the home as they weren't picking the phone up to advise that the patient was coming back, helping the ambulance crew to transfer the patient back into her bed and taking TTOs over the following day – truly above and beyond work.*
- Stroke Psychologist started in post 28/08/19.

Good News

FSS Division

Epilepsy clinic HRI& Neurophysiology CRH

I previously contacted you to thank you for the wonderful treatment I received from the Gynaecology department at CRH and I once again would like to let you know about the amazing treatment you have given my son. Leo is 7 and has recently been diagnosed with Childhood Absence Epilepsy. He has attended the Epilepsy clinic at Acre Mills and seen Dr Uka and met the two epilepsy nurses Judith and Lin who have also spoken to me on the telephone. Leo also had an EEG at CRH. Every single person who we have seen has been friendly and helpful and spoken to Leo and myself so kindly. Everything has been explained clearly and the support and advice has been brilliant. I was initially very upset and worried about Leo having Epilepsy but after speaking to Dr Uka and the nurses I feel reassured and know he is being treated and cared for so well plus they have given me lots of information. The lady who did Leo's EEG at CRH was lovely but unfortunately I did not get her name. We have been seen either on time or early at all our appointments and the Children's waiting area at Acre Mills is so pleasant as well.

I would just like to say a big thank you for how my son has been treated and how I have been given such good advice and reassurance.

Surgery Division

Learning from Incidents :

The team on ward 3 have demonstrated a proactive and multi disciplinary approach to learning from incidents.

Following a complaint regarding a poor discharge the Band 5 has been supported to develop a complex discharge checklist. This has been shared through the ward managers forum and discharge improvement group. A recent ward assurance visit triangulated this piece of work with positive patient experience feedback regarding discharge planning.

X3 C Diff RCAs – learning shared and changes made to Beyond the Basics training on the back of the learning

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Integrated Performance Report

August 2019

Report Produced by : The Health Informatics Service

Data Source : various data sources syndication by VISTA

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.

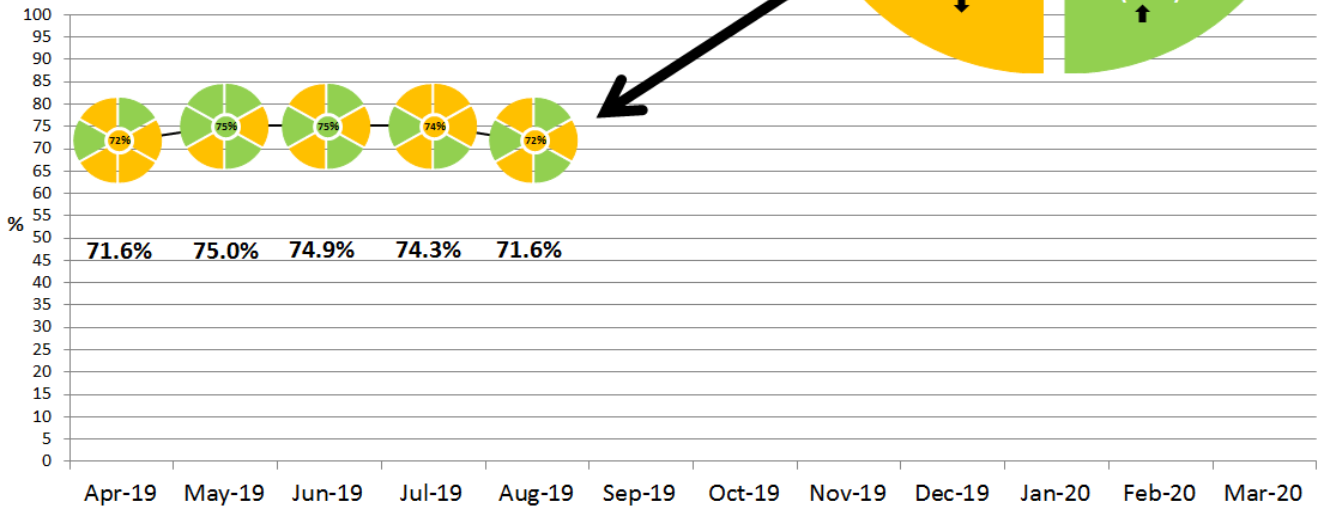
The only change to note is that as CHFT is one of the field test sites for the new Elective Care Standard, RTT indicators will no longer be included in the report however previous achievement of the target will still be recognised in the Trust's performance score to ensure consistency throughout the year.

Performance Summary

August

RAG Movement

August's Performance Score is 72% with 3 green domains. The SAFE domain remains green although there was another RIDDOR in month. The CARING domain remains amber however further focus on both of the FFT A%E metrics could see this improve. The EFFECTIVE domain remains green. The RESPONSIVE domain has deteriorated although is still amber with cancer 62 day screening missing target for the first time since October 2018. 2 of the 4 stroke indicators have missed target again and the 6 weeks Diagnostics target remains a challenge. WORKFORCE remains green with sickness levels continuing their strong performance. Only Safeguarding out of the 9 EST areas is below 90%. EFFICIENCY & FINANCE is amber.



SINGLE OVERSIGHT FRAMEWORK

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

Key Indicators

	18/19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	YTD
SAFE							
Never Events	4	0	0	0	0	0	**0**
CARING							
% Complaints closed within target timeframe	42.00%	29.0%	38.0%	58.0%	37.0%	**22.0%**	**36.0%**
Friends & Family Test (IP Survey) - Response Rate	36.39%	34.35%	36.50%	32.61%	33.58%	**26.59%**	**32.80%**
Friends & Family Test (IP Survey) - % would recommend the Service	97.46%	97.29%	97.56%	96.91%	97.40%	**96.40%**	**97.16%**
Friends and Family Test Outpatient - Response Rate	10.75%	7.93%	9.25%	9.93%	10.11%	**7.71%**	**9.32%**
Friends and Family Test Outpatients Survey - % would recommend the Service	90.92%	91.13%	90.36%	91.81%	92.11%	**92.31%**	**91.39%**
Friends and Family Test A & E Survey - Response Rate	13.03%	11.56%	11.48%	14.46%	11.37%	**11.10%**	**11.88%**
Friends and Family Test A & E Survey - % would recommend the Service	83.80%	83.88%	84.79%	85.60%	82.29%	**86.82%**	**84.65%**
Friends & Family Test (Maternity Survey) - Response Rate	36.51%	30.84%	41.78%	52.54%	38.29%	**34.61%**	**32.25%**
Friends & Family Test (Maternity) - % would recommend the Service	98.64%	100.00%	99.19%	99.43%	99.53%	**98.61%**	**99.34%**
Friends and Family Test Community - Response Rate	4.91%	3.38%	5.74%	2.15%	2.48%	**2.46%**	**3.34%**
Friends and Family Test Community Survey - % would recommend the Service	94.64%	96.69%	95.48%	97.96%	98.15%	**98.21%**	**96.88%**
EFFECTIVE							
Number of MRSA Bacteraemias – Trust assigned	2	1	0	0	0	**0**	**1**
Preventable number of Clostridium Difficile Cases	5	0	0	0	3	**1**	**4**
Local SHMI - Relative Risk (1 Yr Rolling Data)	100.25						**100.25**
Hospital Standardised Mortality Rate (1 yr Rolling Data)	84.51						**85.82**
RESPONSIVE							
Emergency Care Standard 4 hours	91.29%	90.19%	92.30%	89.32%	91.44%	**91.37%**	**90.93%**
% Stroke patients admitted directly to an acute stroke unit within 4 hours of arrival	64.00%	46.55%	50.88%	63.41%	55.36%	**58.21%**	**54.60%**
Two Week Wait From Referral to Date First Seen	98.46%	96.56%	96.92%	98.00%	98.76%	**98.47%**	**97.77%**
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.56%	98.34%	94.01%	93.56%	97.88%	**100.00%**	**96.68%**
31 Days From Diagnosis to First Treatment	99.63%	100.00%	99.40%	100.00%	99.39%	**100.00%**	**99.75%**
31 Day Subsequent Surgery Treatment	99.04%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**
38 Day Referral to Tertiary	52.42%	31.58%	31.58%	55.56%	84.21%	**42.86%**	**50.00%**
62 Day GP Referral to Treatment	88.37%	88.51%	91.76%	89.16%	89.36%	**94.53%**	**90.77%**
62 Day Referral From Screening to Treatment	94.42%	91.30%	96.30%	100.00%	96.15%	**87.50%**	**94.39%**
WORKFORCE							
Sickness Absence rate (%) - Rolling 12m	3.69%	3.67%	3.64%	3.61%	3.61%	*	-
Long Term Sickness Absence rate (%) -Rolling 12m	2.39%	2.37%	2.36%	2.33%	2.33%	*	-
Short Term Sickness Absence rate (%) -Rolling 12m	1.30%	1.29%	1.28%	1.28%	1.28%	*	-
Overall Essential Safety Compliance	94.45%	93.18%	93.40%	93.36%	94.68%	94.58%	-
Appraisal (1 Year Refresher) - Non-Medical Staff		16.52%	50.88%	96.43%	97.63%	96.97%	-
Appraisal (1 Year Refresher) - Medical Staff (Rolling 12mth)	92.85%	87.23%	86.89%	85.28%	86.21%	85.27%	-
FINANCE							
I&E: Surplus / (Deficit) Var £m YTD	0.01	**0.01**	**0.01**	**0.01**	**0.01**	**0.00**	**0.01**

Most Improved/Deteriorated

MOST IMPROVED	MOST DETERIORATED	ACTIONS
Overall Sickness absence - Sickness rolling 12 month total (3.61%) is at its best position since September 2018.	RTT Waits over 52 weeks - 4 cases have been identified at the end of August.	CHFT has in place an RTT Diagnostic Project which started in August. The purpose of the project is to have a clean RTT patient list through the development of robust data entry, validation and reporting mechanisms. 2 52 week waits were identified from Issue 2 (Incorrect Start Date when deferred to provider) and 2 were identified through issue 3 (6 Month removal from ASI worklist). There have been 3 key issues identified that have led to potential breaches of the 52 week target. The validation team is working to validate all incorrect pathways.
	6 week Diagnostics - Echocardiography has moved away from trajectory due to some capacity constraints in the outsourced provider.	Echocardiography ICS outsourcing company are providing scanning capacity but not the numbers they originally predicted. We are exploring additional weekend lists with ICS to increase their capacity. CHFT staff are also performing extra weekend lists through September/October to maximise the number of scans available. We are currently working to a revised trajectory which will see the over 6 week backlog cleared by the end of October. Neurophysiology - Plan to clear the backlog by December 2019.

Executive Summary

The report covers the period from August 2018 to allow comparison with historic performance. However the key messages and targets relate to August 2019 for the financial year 2019/20.

Domain	Area
Safe (80%)	• **Health & Safety Incidents (RIDDOR)** - 1 in month. Incident under investigation.
	• **% Complete EDS -** at 93.09% lowest performance in over 12 months.
Caring (59%)	• **Complaints closed within timeframe** - Complaints performance has dropped in August with only 22% responded to within time. Divisional Senior Management Teams and Corporate Complaints Team colleagues continue to work together to improve responsiveness. A number of strategies are in place including increased capacity to manage ED complaints twice weekly divisional meetings to review complaints and additional timetabled supervision meetings to improve the quality of complaint responses.
	• **Friends and Family Test Inpatients Survey - % would recommend the Service** - Performance at 96.4% against the 96.7% target. First time target has been missed. The Trust wide Patient Expereince and Caring group will review survey response rates and feedback to inform strategy for improvement.
	• **Friends and Family Test Outpatients Survey - % would recommend the Service** - Performance at 92% against the 96.2% target. Orthopaedics are trailing manual data collection of FFT rather then using the automated text messages. Response rates have started to improve. At the end of the trial will analyse the impact and if positive will look to roll out to other areas within the directorate, starting with ENT then Medicine and Surgery.
	• **Friends and Family Test A & E Survey - Response Rate**. At 11.17% lowest rate in over 12 months. Work is being carried out alongside the Information team to ensure all responses are captured as some cards are not being processed due to no encounter number.
	• **Friends and Family Test Community Survey - Response Rate**. Performance is still low at 2.46%. A volunteer has been identified to make follow-up FFT telephone calls for the district nursing service.
	• **% Dementia patients screened following emergency admission aged 75 and over** - performance has fallen to 45.69% lowest since January and is a long way from the 90% target. A breakthrough event has been planned in the Medicine division. Surgery have completed a piece of work to examine the % of patients who get the screen, regardless of timeframe and are due to discuss this at the next Dementia Operational Group in September. The analytical piece will allow the division to better track where improvements are needed with regards to the timeliness of the screen.
Effective (84%)	• **Preventable number of Clostridium Difficile Cases** - there has been a further preventable case in month. The investigation is currently ongoing and learning will be shared once this is complete.
	• **% Non-elective #NoF Patients With Admission to Procedure of < 36 Hours** - performance has improved to 81% just short of the 85% target. RCA undertaken for all organisational breaches with patient outcomes monitored. Joint working with Theatres to consider alternative options for planned trauma. Performance is still challenging as a result of previous trauma surges, as those patients were not fit for discharge in June and have featured in this month's performance figures.

Background Context

The field testing of the new Elective Care Standard using the ***average wait for all patients on incomplete pathways*** continues.

In the latest quarter SSNAP results (April – June 2019) CHFT scored an A for the third time which equates to the top 20% of trusts delivering excellence in stroke care.

We have seen an improvement in ECS performance following the interim 3 month action plan. 1 new consultant started in August, with 1 due to start in September. This will allow us to extend the hours covered from the October roster, with the 17:00-20:00 shift having 2 consultants Monday to Friday.

The ASI waiting list for Gastroenterology has now been reduced to 28 patients due to the successful CAS trial. The next stage of the project is to open the CAS up to GPs for them to select directly which is planned to go live in the coming months.

Gold Exemplar team accreditation received for ward 6C Cardiology, Ward 12 and Ward 15.
Acute Floor at CRH have been shortlisted for the HSJ Finals.

Matron for Operating services completed induction and now working with Theatre teams to improve start times and minimise theatre cancellations.

Complaints response times still proving challenging due to previous sickness absence of Patient Experience co-ordinator and co-ordination being undertaken by DOp and ADN. Longest complaints concluded in August/September and improved and sustained position anticipated.

Long term sickness continues to have an impact upon the already challenged Ophthalmology capacity although some additional capacity is being undertaken through WLI.

T&O DC/IP activity plan to include LLP work following reopening of theatres at CRH mid-September.

Failsafe co-ordinators for Ophthalmology have been appointed and should provide a smoother transition of patients through their pathway for complex/long term conditions.

Executive Summary

The report covers the period from August 2018 to allow comparison with historic performance. However the key messages and targets relate to August 2019 for the financial year 2019/20.

Domain	Area
Responsive (58%)	• **Emergency Care Standard 4 hours** - deteriorated to 90.56% in August, (91.86% all types) - We have developed an interim 3 month improvement plan, recognising that a number of our long term improvements will not commence until September. This includes support from corporate teams to release the lead nurses and matron to be supernumerary for a larger proportion of their time. Short term we are putting a rota for senior cover in for the next 3 months. Long term we are looking how we could maintain this with Lead nurses, Matron and central ops nurses. • **Stroke targets** - % Stroke patients spending 90% of their stay on a stroke unit has improved to 81% against the 90% target. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival has also improved to 58% against the 90% target. Reviewed escalation protocol Reviewed escalation protocol as in hours we found the escalation was happening too close to the 4 hour – Bed team to escalate as soon as patient is identified as query stroke rather than when a bed is requested. We will be undertaking an analysis of the number of strokes that attend in unsocial hours to decide if we will be best to outlie patients when there are no ASU beds going into the night to ensure the 4 hour target is met or whether this will have a detrimental effect of the 90% stay. We plan to do a real-time audit in September of all the query strokes that are admitted to the Acute Floor to understand what proportion are diagnosed with stroke and if all these patients were admitted directly to stroke, what the impact would be on the 90% stay vs 4 hour target. • **RTT Waits over 52 weeks** - 4 cases have been identified at the end of August. CHFT has in place an RTT Diagnostic Project which started in August. The purpose of the project is to have a clean RTT patient list through the development of robust data entry, validation and reporting mechanisms. 2 52 week waits were identified from Issue 2 (Incorrect Start Date when deferred to provider) and 2 were identified through issue 3 (6 Month removal from ASI worklist). There have been 3 key issues identified that have led to potential breaches of the 52 week target. The validation team is working to validate all incorrect pathways. • **% Diagnostic Waiting List Within 6 Weeks** - now at 88.68%. Echocardiography ICS outsourcing company are providing scanning capacity but not the numbers they originally predicted. We are exploring additional weekend lists with ICS to increase their capacity. CHFT staff are also performing extra weekend lists through September/October to maximise the number of scans available. We are currently working to a revised trajectory which will see the over 6 week backlog cleared by the end of October. Neurophysiology - Plan to clear the backlog by December 2019. • **Cancer 38 Day Referral to Tertiary** - performance was 42.86% in August. Small numbers make the target difficult to achieve. • **Cancer 62 Day Referral From Screening to Treatment** - performance just missed target at 87.5% as a result of 1 breach. • **Appointment Slot Issues on Choose & Book** - performance is now 35.4% against the 20% target. Action plans in place including Specialty Level Plans, Advice & Guidance, Reviewing of Referrals, Development of Straight to Test Services and DNA management. CAS has had a significant impact in the specialties where it has been implemented. Plans to introduce to a wider number of specialties.
Workforce (86%)	• **Overall Sickness absence/Return to Work Interviews -** Sickness rolling 12 month total (3.61%) is at its lowest position since September 2018. RTWI performance has dropped slightly to 73% and remains below the 90% target. • **Essential Safety Training -** overall at 95% with only Safeguarding < 90%.
Finance (72%)	• **Year to Date Summary** The year to date deficit is £8.20m, a £0.01m favourable variance from plan. • There is some pressure year to date due to lower than planned clinical income and higher than planned non-pay expenditure including outsourced services, utilities, printing and maintenance contracts. • These pressures have been offset in the reported position by lower than planned pay expenditure. • Clinical income performance (contract and other) is below plan by £2.82m. The Aligned Incentive Contract (AIC) protects the income position by £2.25m in the year to date leaving a residual pressure of £0.57m, a worsening compared to the position in Month 4. • CIP achieved year to date is £3.55m, £0.15m more than planned. • Agency expenditure year to date is £3.68m, £1.32m below the planned level. **Key Variances** • Clinical income is below plan overall despite £2.25m protection offered by the Aligned Incentive Contract and indicating lower than planned activity levels across all points of delivery with the exception of A&E. • Overall, clinical divisions continue to show favourable variances to plan, reflective of lower expenditure linked to lower activity levels across Divisions; and vacancy levels in Community. However, the Medicine division is over budget on pay expenditure compounded by lower than planned activity from commissioners outside the AIC in month. • Some non-clinical areas are experiencing pressure with higher than planned costs for the Health Informatics Service and higher than planned cross-charge for services from CHS due to pressure on maintenance contracts and utilities. • There is a favourable variance on Medical staffing expenditure of £0.22m, with lower than planned activity in some specialties resulting in a reduction in the requirement for agency / bank premium. • Nursing pay expenditure is also lower than planned by £0.30m year to date and saw a slight reduction in agency costs in month. **Forecast** There is a worsening of the divisional forecasts this month alongside a new pressure recognised following recent confirmation of the medical staff pay awards for 2019/20. Confirmed medical pay awards are £0.82m higher than the planned level (offset partially by receipt of £0.27m central funding), with the key factor being the backdating of the award to April 2019. Achieving the planned deficit will now require recovery plans to the scale of £1.20m. This recovery requirement assumes that £0.50m earmarked for reconfiguration is fully committed in year; the winter planning reserve is spent in full; and that contingency reserves are exhausted. The majority of these reserves are already committed.

Background Context

The Community Healthcare division has now completed the 2019 expansion plan to its services providing care closer to home. Enhancing patient pathways within these services to provide seamless care will be the next step in developing and enabling opportunities that were described as part of the expansion plan.

Key challenges continue to be seen around workforce both in terms of sickness and recruiting to vacancies, specifically in District Nursing, Out of Hours Team and the MSK service. Strategies to manage these issues both short and long term have been established but a further review with Executive support and guidance is being completed.

The Senior Leadership team has now been joined by the new Associate Director of Therapies.

Within FSS Womens model hospital presentation to TE with agreement to take forward whole scale transformation, considering alternative models of care in line with Better Births. Staffing continues to challenge with bank shift fill to mitigate until new starters in October/November. Added to framework of providers for TOP following successful tender submission

HSIB reports for maternity triangulated with SI and complaints to consider themes and audit trail to ensure lessons learned and embedded. Supported by GM for Radiology to provide transparency.
Pending Neonatal network visit - October 2019
Middle grade cover in Paediatrics continues to be a challenge. Agreement with Paediatric consultants and CD to consider alternative workforce model to create a more sustainable infrastructure. Deteriorating financial position with projected year end overspend of £250k.
Deep dive in progress to understand and mitigate.

Meeting pending with DCS, police and CCG Executive nurse re CAMHS and development of cross- organisation escalation process re: appropriate and safe care for young people requiring bed.

Radiology - appointment to CD role and positive impact upon IR Consultant staffing and opportunity for development of skills in existing Consultant body. MR business case pending board approval (November).

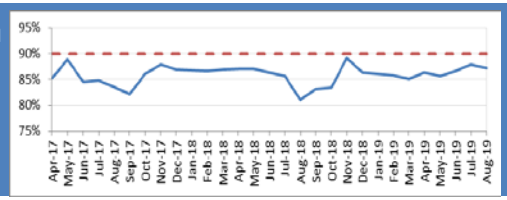
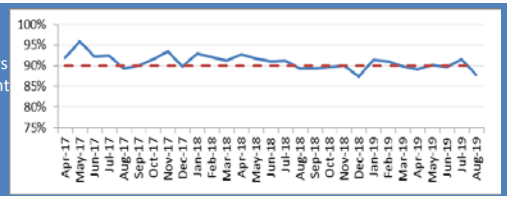
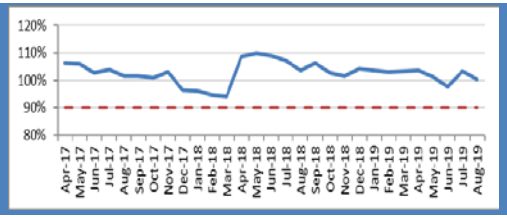
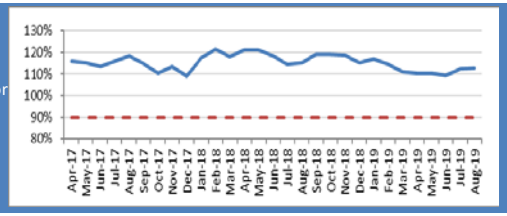
Pathology - new risk added re transfusion staffing.
Outpatient - transformation work related to WTGR continues with focused meetings in each of the divisions to take forward complexity of issues.

Outpatient staff listening event taken place and role competencies in development. Positive recruitment to nursing vacancies and opportunity to recreate departmental expectations and leadership culture. CQC preparation continues.

Pharmacy - discussions continue re well pharmacy reprovision and associated contractual issues (including potential financial penalties). Aseptics business case continues to progress and workforce redesign in pharmacy pending. Pre work for pending anticoagulant tender continues.

FSS Division - Business processes in development and refresh of governance architecture pending.

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.	87.21% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - Ward 15 70.4% - ward 5 70.4%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates are attributed to a level of vacancy . CHPPD has been maintained by using skill mix opportunities and supported by acuity data on safe care live.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	87.77% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - 7a/d 69.1%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to a level of vacancy . CHPPD has been maintained by using skill mix opportunities and supported by acuity data on safe care live.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	100.31% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - LDRP 71%% - NICU 42.1%	The low HCA fill rates in August are attributed to a level of HCA sickness and vacancy within the FSS division. This is managed on a daily basis against the acuity of the workload. 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.	112.73% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - NICU 74.2%	The low fill rate of unqualified staff on night shift on NICU is due to some current vacancy however this has not impacted on care as these staff provide care for lower intensity babies alongside a registered B5 nurse. Intensive and High dependency care is provided specifically by qualified in neonatal speciality registered nurses.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	Main Specialty on Each Ward	DAY						NIGHT						Care Hours Per Patient Day		MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies
		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					
		Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual									
CRH ACUTE FLOOR	GENERAL MEDICINE	2,820.50	2,756.45	2,294.67	2,248.83	97.7%	98.0%	2,512.50	2,316.00	2,046.00	2,200.00	92.2%	107.5%	8.6	8.4		6	8	3.27	3.35
HRI ACUTE FLOOR	GENERAL MEDICINE	3,111.67	2,814.92	2,698.30	2,560.42	90.5%	94.9%	2,728.00	2,460.75	2,046.00	2,140.00	90.2%	104.6%	9.4	8.8		0	15	11.84	0.02
WARD 5	GERIATRIC MEDICINE	1,550.42	1,090.85	1,141.83	1,525.27	70.4%	133.6%	1,012.00	935.00	1,023.00	1,132.00	92.4%	110.7%	6.1	6.1		1	12	2.15	-4.36
WARD 15	GENERAL SURGERY	1,794.00	1,263.17	1,561.83	2,010.92	70.4%	128.8%	1,364.00	1,089.00	1,364.00	1,617.00	79.8%	118.5%	7.3	7.1		0	8	3.79	-3.47
RESPIRATORY FLOOR	GENERAL MEDICINE	3,429.50	2,874.67	2,427.83	2,253.00	83.8%	92.8%	2,728.00	2,285.00	1,023.00	1,364.00	83.8%	133.3%	6.8	6.2		2	5	9.88	-1.17
WARD 6	GENERAL MEDICINE	774.75	772.17	1,191.33	1,111.33	99.7%	93.3%	682.00	683.00	682.00	704.00	100.1%	103.2%	5.9	5.8		0	0	3.73	-5.47
WARD 6C	GENERAL MEDICINE	1,051.67	846.67	762.47	645.50	80.5%	84.7%	671.00	682.00	341.00	341.00	101.6%	100.0%	6.0	5.3		0	2	1.88	-1.83
WARD 6AB	GENERAL MEDICINE	1,352.60	1,169.17	1,116.00	1,239.50	86.4%	111.1%	1,023.00	1,023.00	1,023.00	1,298.50	100.0%	126.9%	6.2	6.4		1	10	-0.10	3.41
WARD CCU	GENERAL MEDICINE	1,404.67	1,368.83	372.00	367.00	97.4%	98.7%	1,023.00	1,023.00	0.00	0.00	100.0%	-	10.1	10.0		0	1	2.99	0.13
WARD 7AD	STROKE MEDICINE	1,308.00	1,265.00	1,203.80	1,128.33	96.7%	93.7%	1,034.00	715.00	682.00	957.00	69.1%	140.3%	8.3	8.0		0	8	-2.37	-2.25
WARD 7BC	STROKE MEDICINE	2,447.18	1,929.60	1,680.90	1,664.15	78.8%	99.0%	2,046.00	1,804.22	682.00	836.00	88.2%	122.6%	10.1	9.1		0	3	3.65	0.07
WARD 12	MEDICAL ONCOLOGY	1,528.00	1,185.50	772.50	1,098.00	77.6%	142.1%	1,023.00	925.50	341.00	473.00	90.5%	138.7%	6.1	6.1		1	4	1.62	-1.95
WARD 17	GASTROENTEROLOGY	1,882.50	1,522.33	1,138.17	1,199.50	80.9%	105.4%	1,364.00	1,034.00	682.00	682.00	75.8%	100.0%	7.0	6.1		0	5	6.80	-4.67
WARD 20	GERIATRIC MEDICINE	1,650.67	1,338.92	1,541.50	1,803.42	81.1%	117.0%	1,364.00	1,055.50	1,364.00	1,793.00	77.4%	131.5%	9.3	9.4		1	3	3.02	-0.76
WARD 21	TRAUMA & ORTHOPAEDICS	1,528.78	1,227.00	1,408.33	1,347.65	80.3%	95.7%	1,069.50	862.50	945.50	937.00	80.6%	99.1%	8.2	7.2		1	2		
ICU	CRITICAL CARE MEDICINE	4,016.00	3,625.50	818.00	703.50	90.3%	86.0%	4,278.00	3,589.50	0.00	0.00	83.9%	-	33.0	28.7		1	0	2.51	0.20
WARD 3	GENERAL SURGERY	946.17	945.25	588.92	589.17	99.9%	100.0%	713.00	690.00	521.50	521.50	96.8%	100.0%	6.2	6.1		2	5	0.80	0.37
WARD 8A	TRAUMA & ORTHOPAEDICS	908.17	717.67	728.50	649.00	79.0%	89.1%	713.00	563.50	356.50	322.00	79.0%	90.3%	10.2	8.5		0	0		
WARD 8D	ENT	792.92	766.67	582.00	578.00	96.7%	99.3%	713.00	713.00	165.00	166.00	100.0%	100.6%	8.3	8.2		0	0	2.34	-0.05
WARD 10	GENERAL SURGERY	1,346.00	1,182.58	804.00	808.00	87.9%	100.5%	1,069.50	885.50	713.00	805.00	82.8%	112.9%	10.9	10.2		0	2	6.82	3.18
WARD 11	CARDIOLOGY	1,684.50	1,425.75	1,125.67	1,106.50	84.6%	98.3%	1,234.50	1,060.50	712.50	745.00	85.9%	104.6%	7.5	6.9		0	3	5.10	0.29
WARD 19	TRAUMA & ORTHOPAEDICS	1,601.00	1,366.17	1,165.00	1,262.33	85.3%	108.4%	1,069.50	1,033.00	1,069.50	1,321.00	96.6%	123.5%	7.4	7.5		1	7		
WARD 22	UROLOGY	1,180.25	1,099.92	1,126.00	1,105.67	93.2%	98.2%	712.50	674.50	713.00	720.50	94.7%	101.1%	6.0	5.8		1	1	1.58	0.08
SAU HRI	GENERAL SURGERY	1,362.50	1,266.33	713.00	694.50	92.9%	97.4%	1,652.50	1,557.50	356.50	402.50	94.3%	112.9%	8.5	8.2		0	2	1.66	-1.53
WARD LDRP	OBSTETRICS	4,114.00	3,612.05	947.25	672.50	87.8%	71.0%	3,890.83	3,338.58	698.00	623.00	85.8%	89.3%	28.4	24.3		0	0		
WARD NICU	PAEDIATRICS	2,281.50	2,028.42	833.67	350.67	88.9%	42.1%	2,139.00	1,831.00	713.00	529.00	85.6%	74.2%	14.7	11.7		0	0	1.75	2.15
WARD 3ABCD	PAEDIATRICS	3,476.00	3,114.50	713.00	910.25	89.6%	127.7%	3,628.50	3,048.00	356.50	805.00	84.0%	225.8%	14.0	13.5		0	0	0.47	1.82
WARD 4ABD	OBSTETRICS	2,403.00	2,213.38	710.50	665.50	92.1%	93.7%	1,782.50	1,742.50	708.25	664.25	97.8%	93.8%	5.0	4.7		0	0	5.02	4.26
WARD 4C	GYNAECOLOGY	1,235.00	1,159.58	377.50	347.50	93.9%	92.1%	713.00	713.00	356.50	345.00	100.0%	96.8%	9.7	9.3		0	2	1.02	0.76
TRUST		**54,981.90**	**47949**	**32544.47**	**32645.9**	**87.21%**	**100.31%**	**45953.33**	**40333.6**	**21684.25**	**24444.3**	**87.77%**	**112.73%**	**8.7**	**8.1**					

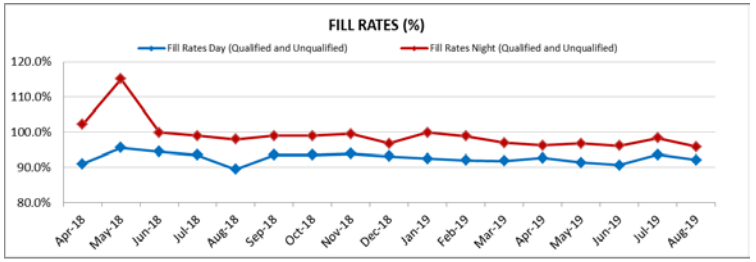
Hard Truths: Safe Staffing Levels (3)

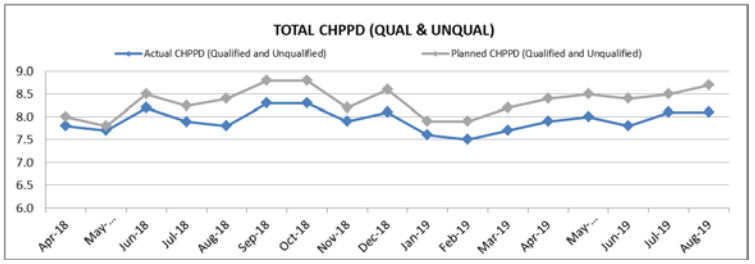
Care Hours per Patient Day

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

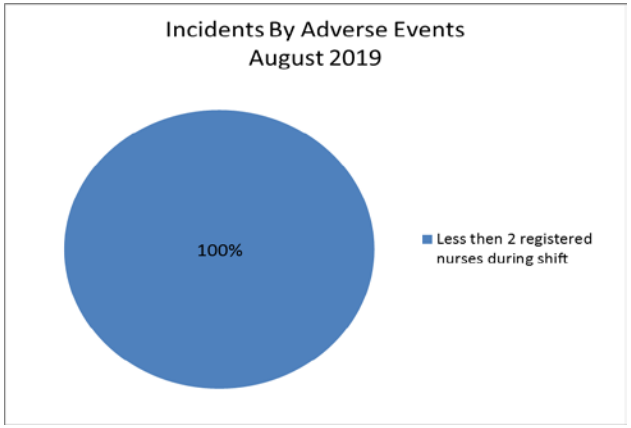
	Jun-19	Jul-19	Aug-19
Fill Rates Day (Qualified and Unqualified)	90.6%	93.6%	92.1%
Fill Rates Night (Qualified and Unqualified)	96.1%	98.3%	95.8%
Planned CHPPD (Qualified and Unqualified)	8.4	8.5	8.7
Actual CHPPD (Qualified and Unqualified)	7.8	8.1	8.1

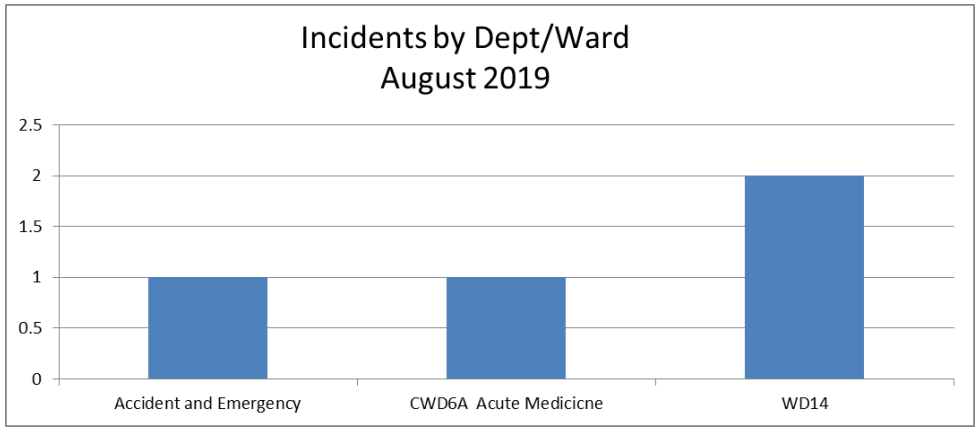
A review of August data indicates that the combined (RN and care staff matrix) resulted in 21 clinical areas of the 28 reviewed having CHPPD less than planned. Six departments reported CHPPD slightly in excess of those planned and two have CHPPD at planned levels. Areas with CHPPD greater than planned is attributed to 1-1 enhanced care requirements.





RED FLAG INCIDENTS





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 review monthly through the Nursing workforce strategy group.
There were 4 Trust Wide Red shifts declared in August.
No datix's reported in August have resulted in patient harm.
A further review of August's staffing position is being undertaken to review impact of skillmix across our Inpatient wards and a review of red flag incidents and reporting framework.

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. Monthly recruitment initiatives continue
3. Applications from international recruitment projects are progressing well and the first 30 nurses have arrived in Trust, with a further 4 planned for deployment in late September.
4. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 6 NA who started in post in April 2017. A further 60 trainees are on programme and will graduate in 2020. The programme will next run in December 2019 with 20 recruits.
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce.
7. 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.

CQUINS - Key messages

Area	Reality	Response	Result

Data available at quarter end

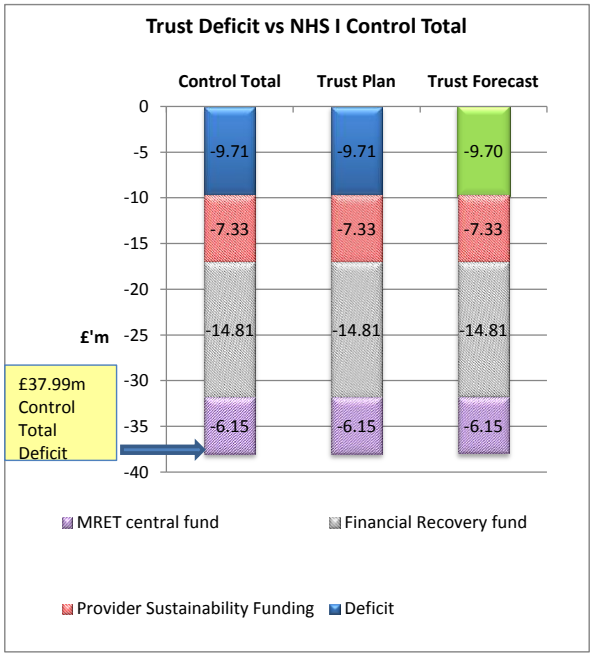
CQUIN - Key Measures

	Services in Scope	Indicator Name		Target	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
Prevention of Ill Health	Acute	CCG1: Antimicrobial Resistance	CCG1a: Antimicrobial resitance - Lower urinary tract infections in older people	90%	Data available at quarter end			8%	Data available at quarter end											
			CCG1b: Antimicrobial resistance - Antibiotic prophylaxis in colorectal surgery	90%	Data available at quarter end			85.40%	Data available at quarter end											
	Acute & Community	CCG2: Staff Flu Vaccinations	CCG2: Staff Flu Vaccinations	80%	Data collection starts 1st September 2019				Data collection starts 1st September 2019											
	Acute & Community	CCG3: Alcohol and Tobacco	CCG3a: Alcohol and Tobacco - Screening ACUTE	80%	Data available at quarter end			64.5%	Data available at quarter end											
			CCG3a: Alcohol and Tobacco - Screening COMMUNITY		Data available at quarter end			25.3%	Data available at quarter end											
			CCG3a: Alcohol and Tobacco - Screening TRUST (combined)		Data available at quarter end			57.8%	Data available at quarter end											
			CCG3b: Alcohol and Tobacco - Tobacco Brief Advice ACUTE	90%	Data available at quarter end			13.8%	Data available at quarter end											
			CCG3b: Alcohol and Tobacco - Tobacco Brief Advice COMMUNITY		Data available at quarter end			92.0%	Data available at quarter end											
			CCG3b: Alcohol and Tobacco - Tobacco Brief Advice TRUST (combined)		Data available at quarter end			25.1%	Data available at quarter end											
			CCG3c: Alcohol and Tobacco - Alcohol Brief Advice ACUTE	90%	Data available at quarter end			29.0%	Data available at quarter end											
			CCG3c: Alcohol and Tobacco - Alcohol Brief Advice COMMUNITY		Data available at quarter end			22.2%	Data available at quarter end											
			CCG3c: Alcohol and Tobacco - Alcohol Brief Advice TRUST (Combined)		Data available at quarter end			28.7%	Data available at quarter end											
Patient Safety	Acute & Community	CCG7: Three high impact actions to prevent Hospital Falls	CCG7: Three high impact actions to prevent Hospital Falls	80%	Data available at quarter end			12%	Data available at quarter end											
Best Practice Pathways	Acute with type 1 emergency department	CCG11: Same Day Emergency Care	CCG11a: SDEC - Pulmonary Embolus	75%	100.0%	100.0%	100.0%	100.0%	Data available at quarter end											
			CCG11b: SDEC - Tachycardia with Atrial Fibrillation	75%	100.0%	70.0%	100.0%	91.4%	Data available at quarter end											
			CCG11c: SDEC - Community Acquired Pneumonia	75%	100.0%	97.1%	96.2%	97.7%	Data available at quarter end											

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st Aug 2019 - Month 5

KEY METRICS

	M5 Plan £m	M5 Actual £m	M5 Var £m		YTD (AUG 2019) Plan £m	YTD (AUG 2019) Actual £m	YTD (AUG 2019) Var £m		Forecast 19/20 Plan £m	Forecast 19/20 Forecast £m	Forecast 19/20 Var £m	
I&E: Surplus / (Deficit)	(£1.51)	(£1.51)	(£0.00)		(£8.21)	(£8.20)	£0.01		(£9.71)	(£9.70)	£0.01	
Agency Expenditure	(£0.92)	(£0.73)	£0.19		(£5.00)	(£3.68)	£1.32		(£11.56)	(£7.46)	£4.10	
Capital	£1.23	£0.49	£0.74		£3.98	£2.51	£1.47		£20.21	£14.31	£5.91	
Cash	£1.91	£1.91	£0.00		£1.91	£1.91	£0.00		£1.91	£1.90	(£0.01)	
Borrowing (Cumulative)	£154.21	£157.53	£3.32		£154.21	£157.53	£3.32		£168.40	£163.20	(£5.20)	
CIP	£0.74	£0.70	(£0.04)		£3.40	£3.55	£0.15		£11.00	£11.00	(£0.00)	
Use of Resource Metric	3	3			3	3			3	3		



Year to Date Summary

The year to date deficit is £8.20m, a £0.01m favourable variance from plan.

- There is some pressure year to date due to lower than planned clinical income and higher than planned non pay expenditure including outsourced services, utilities, printing and maintenance contracts.
- These pressures have been offset in the reported position by lower than planned pay expenditure.
- Clinical income performance (contract and other) is below plan by £2.82m. The Aligned Incentive Contract (AIC) protects the income position by £2.25m in the year to date leaving a residual pressure of £0.57m, a worsening compared to the position in Month 4.
- CIP achieved year to date is £3.55m, £0.15m more than planned.
- Agency expenditure year to date is £3.68m, £1.32m below the planned level.

Key Variances

- Clinical income is below plan overall despite £2.25m protection offered by the Aligned Incentive Contract and indicating lower than planned activity levels across all points of delivery with the exception of A&E.
- Overall, clinical divisions continue to show favourable variances to plan, reflective of lower expenditure linked to lower activity levels across Divisions; and vacancy levels in Community. However, Medicine division are over budget on pay expenditure compounded by lower than planned activity from commissioners outside the AIC in month.
- Some non clinical areas are experiencing pressure with higher than planned costs for the Health Informatics Service and higher than planned cross charge for services from CHS due to pressure on maintenance contracts and utilities.
- There is a favourable variance on Medical staffing expenditure of £0.22m, with lower than planned activity in some specialities resulting in a reduction in the requirement for agency / bank premium.
- Nursing pay expenditure is also lower than planned by £0.30m year to date and saw a slight reduction in agency costs in month.

Forecast

There is a worsening of the divisional forecasts this month alongside a new pressure recognised following recent confirmation of the medical staff pay awards for 2019/20. Confirmed medical pay awards are £0.82m higher than the planned level (offset partially by receipt of £0.27m central funding), with the key factor being the backdating of the award to April 2019.

Achieving the planned deficit will now require recovery plans to the scale of £1.20m. This recovery requirement assumes that, £0.50m earmarked for reconfiguration is fully committed in year; the winter planning reserve is spent in full; and that contingency reserves are exhausted. The majority of these reserves are already

Total Group Financial Overview as at 31st Aug 2019 - 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	2,265	2,236	(29)
Non-Elective	24,973	24,207	(766)
Daycase	17,265	17,028	(237)
Outpatient	150,259	145,293	(4,966)
A&E	65,226	65,927	701
Other NHS Non-Tariff	745,603	746,767	1,164
Other NHS Tariff	53,994	53,429	(565)
Total	**1,059,587**	**1,054,888**	**(4,699)**

TOTAL GROUP: INCOME AND EXPENDITURE

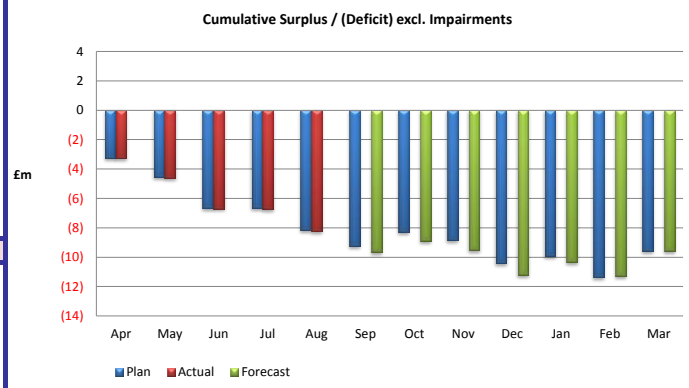
	M5 Plan	M5 Actual	Var
	£m	£m	£m
Elective	£7.32	£7.10	(£0.22)
Non Elective	£45.90	£44.69	(£1.21)
Daycase	£12.22	£11.63	(£0.59)
Outpatients	£19.90	£19.50	(£0.40)
A & E	£9.43	£9.52	£0.09
Other-NHS Clinical	£41.42	£43.08	£1.66
CQUIN	£1.51	£1.48	(£0.03)
Other Income	£19.82	£19.90	£0.09
Total Income	**£157.51**	**£156.91**	**(£0.60)**
Pay	(£109.60)	(£108.17)	£1.43
Drug Costs	(£15.23)	(£15.70)	(£0.47)
Clinical Support	(£12.41)	(£12.32)	£0.09
Other Costs	(£22.58)	(£23.12)	(£0.53)
PFI Costs	(£4.36)	(£4.36)	£0.00
Total Expenditure	**(£164.18)**	**(£163.66)**	**£0.52**
EBITDA	**(£6.67)**	**(£6.76)**	**(£0.08)**
Non Operating Expenditure	(£10.37)	(£10.28)	£0.09
Surplus / (Deficit) Control Total basis*	**(£17.04)**	**(£17.04)**	**£0.01**
Conditional Funding (MRET/PSF/FRF)	£8.83	£8.83	£0.00
Surplus / Deficit*	**(£8.21)**	**(£8.20)**	**£0.01**

* 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	£5.61	£6.43	£0.82
Medical	£17.09	£16.65	(£0.44)
Families & Specialist Services	(£2.47)	(£2.49)	(£0.02)
Community	(£1.19)	(£0.85)	£0.34
Estates & Facilities	(£0.00)	£0.01	£0.01
Corporate	(£18.02)	(£17.73)	£0.29
THIS	£1.01	£0.60	(£0.41)
PMU	£1.27	£1.36	£0.09
CHS LTD	£0.19	£0.12	(£0.07)
Central Inc/Technical Accounts	(£10.30)	(£10.86)	(£0.57)
Reserves	(£1.50)	(£1.45)	£0.04
Unallocated CIP	£0.09	£0.00	(£0.09)
Surplus / (Deficit)	**(£8.21)**	**(£8.20)**	**£0.01**

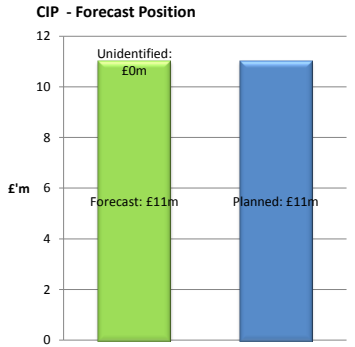
TOTAL GROUP SURPLUS / (DEFICIT)

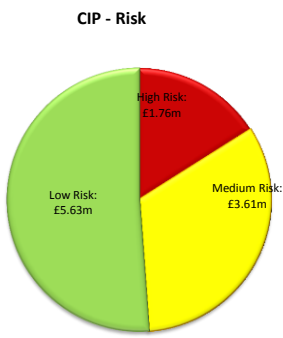


KEY METRICS

	Year To Date			Year End: Forecast		
	M5 Plan	M5 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£8.21)	(£8.20)	£0.01	(£9.71)	(£9.70)	£0.01
Capital	£3.98	£2.51	£1.47	£20.21	£14.31	£5.91
Cash	£1.91	£1.91	£0.00	£1.91	£1.90	(£0.01)
Loans	£154.21	£157.53	£3.32	£168.40	£163.20	(£5.20)
CIP	£3.40	£3.55	£0.15	£11.00	£11.00	(£0.00)
	Plan	Actual		Plan	Forecast	
Use of Resource Metric	3	3		3	3	

COST IMPROVEMENT PROGRAMME (CIP)





Total Planned: £11m **Total Forecast £11m**

YEAR END 19/20

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	5,459	5,618	159
Non-Elective	60,256	59,783	(473)
Daycase	41,813	41,029	(784)
Outpatient	362,551	354,122	(8,429)
A&E	153,542	154,313	771
Other NHS Non- Tariff	1,798,704	1,800,707	2,003
Other NHS Tariff	129,454	128,477	(977)
Total	**2,551,779**	**2,544,048**	**(7,731)**

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£17.64	£17.55	(£0.09)
Non Elective	£110.17	£109.15	(£1.02)
Daycase	£29.65	£28.54	(£1.11)
Outpatients	£50.52	£43.91	(£6.61)
A & E	£22.21	£22.40	£0.19
Other-NHS Clinical	£97.06	£105.29	£8.24
CQUIN	£3.63	£3.60	(£0.03)
Other Income	£48.55	£48.93	£0.39
Total Income	**£379.42**	**£379.38**	**(£0.05)**
Pay	(£262.18)	(£260.85)	£1.34
Drug Costs	(£36.42)	(£37.58)	(£1.17)
Clinical Support	(£29.62)	(£29.69)	(£0.07)
Other Costs	(£51.31)	(£51.59)	(£0.28)
PFI Costs	(£13.07)	(£13.17)	(£0.09)
Total Expenditure	**(£392.61)**	**(£392.88)**	**(£0.26)**
EBITDA	**(£13.19)**	**(£13.50)**	**(£0.31)**
Non Operating Expenditure	(£24.80)	(£24.48)	£0.32
Surplus / (Deficit) Control Total basis*	**(£37.99)**	**(£37.99)**	**£0.01**
Conditional Funding (MRET/PSF/FRF)	£28.28	£28.28	£0.00
Surplus / Deficit*	**(£9.71)**	**(£9.70)**	**£0.01**

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

DIVISIONS: INCOME AND EXPENDITURE

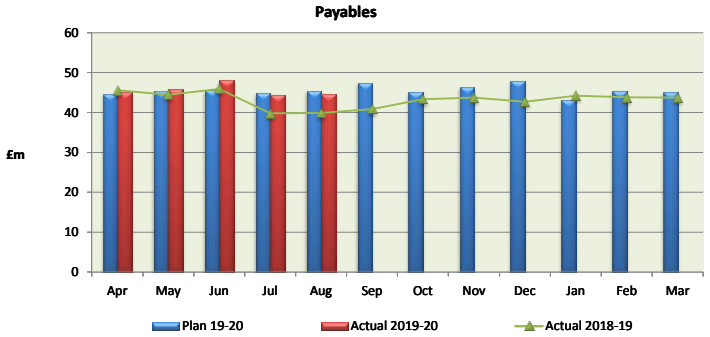
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£13.77	£14.76	£0.99
Medical	£41.37	£40.68	(£0.69)
Families & Specialist Services	(£4.96)	(£5.18)	(£0.21)
Community	(£2.87)	(£2.56)	£0.31
Estates & Facilities	(£0.00)	£0.01	£0.01
Corporate	(£43.03)	(£42.99)	£0.04
THIS	£2.48	£1.76	(£0.72)
PMU	£2.99	£2.99	£0.00
CHS LTD	£0.77	£0.63	(£0.14)
Central Inc/Technical Accounts	(£16.30)	(£16.62)	(£0.32)
Reserves	(£4.44)	(£3.69)	£0.74
Unallocated CIP	£0.51	£0.51	£0.00
Surplus / (Deficit)	**(£9.71)**	**(£9.70)**	**£0.01**

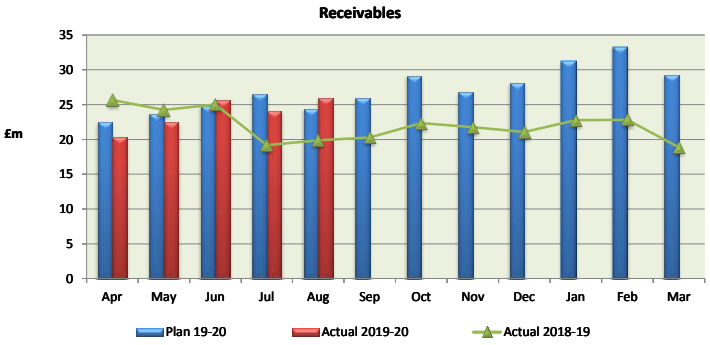
Total Group Financial Overview as at 31st Aug 2019 - Month 5

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

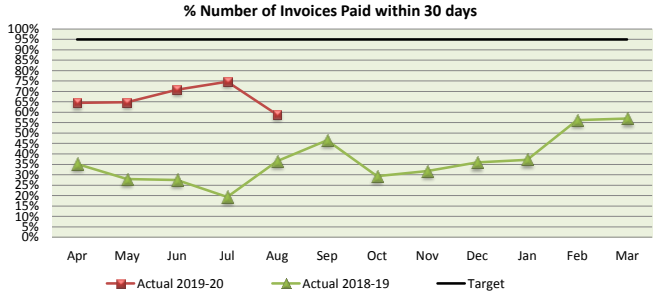
WORKING CAPITAL

	M5 Plan £m	M5 Actual £m	Var £m	M5
Payables (excl. Current Loans)	(£45.29)	(£44.59)	(£0.70)	
Receivables	£24.42	£25.92	(£1.50)	



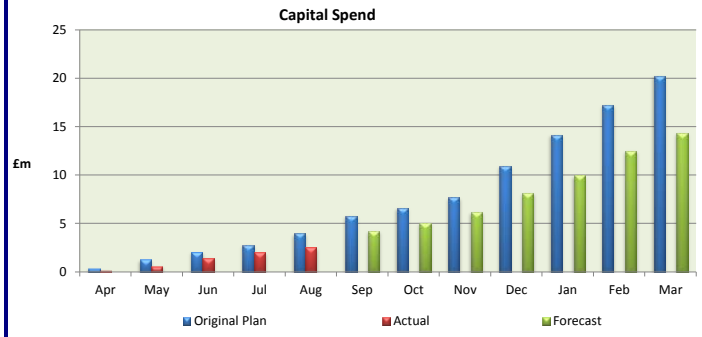


BETTER PAYMENT PRACTICE CODE



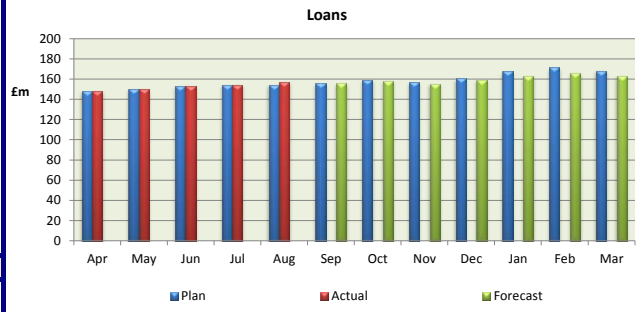
CAPITAL

	M5 Plan £m	M5 Actual £m	Var £m	M5
Capital	£3.98	£2.51	£1.47	

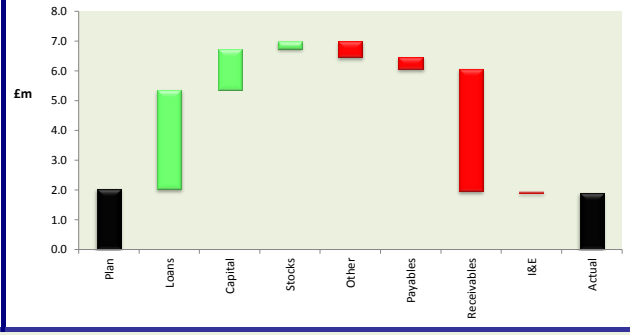


CASH

	M5 Plan £m	M5 Actual £m	Var £m	M5
Cash	£1.91	£1.91	£0.00	
Loans (Cumulative)	£154.21	£157.53	£3.32	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £8.20m, a favourable variance from plan of £0.01m. This position excludes the I&E impact of donated assets (£0.06m adverse variance) which is excluded for control total purposes.
- Income position assumes that the Trust will be eligible to receive full year to date allocation of Provider Sustainability Funding (PSF) and Financial Recovery Fund (FRF) totalling £6.27m year to date, which will be paid if the Quarter 2 Control Total is achieved as planned.
- Year to date activity is below plan for all points of delivery with the exception of A&E and overall Clinical Contract Income is below plan by £0.36m, a worsening compared to Month 4.
- Year to date Capital expenditure was lower than planned at £2.51m against a planned £3.98m.
- Cash balance is £1.91m, as planned.
- Year to date the Trust has borrowed £14.48m to support the deficit and PSF / FRF funding that will be paid in arrears.
- Year to date CIP schemes have delivered £3.55m of savings, £0.15m more than planned.
- 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 I&E Margin Variance from Plan which is a level 2 rather than the planned level 1.

NOTES

- The Trust is forecasting to achieve Control Total as planned with a £9.71m forecast deficit.
- The Forecast position includes conditional funding of £28.28m, (£6.147m MRET central funding, £7.33m Provider Sustainability Funding and £14.807m Financial Recovery Fund). 15% of the Trust's Provider Sustainability Funding (£1.10m) is reliant on the Integrated Care System (ICS) delivering Control Total overall and this is also currently forecast to deliver.
- The Trust is forecasting Agency expenditure of £7.46m, considerably below the NHSI ceiling of £14.96m.
- The Trust is forecasting full delivery of the £11.00m 19/20 CIP target.
- The Trust planned to borrow £26.46m in 19/20 to support Capital and Revenue plans; £9.71m deficit funding, £7.75m advance to cover PSF & FRF funding that will not be paid until next year and £9m Emergency Capital loan. Forecast loan requirements have now reduced by £5.20m due to slippage on emergency capital plans
- The total loan balance at year end is forecast to be £163.2m, £5.20m lower than planned. Two Revenue loans are due for repayment this year: £12.9m loan due for repayment in February 19 has been extended for one year and a further loan for £26.9m is due for repayment in January 20. For planning purposes it has been assumed that these loans will be extended.
- Capital expenditure is forecast at £14.31m, £5.91m lower than planned. The latest plan submitted to NHSI on 15th July detailed forecast expenditure of £15.01m. This has reduced further following confirmation of a revised profile for the 2 year PDC funded Energy Efficiency Scheme. Other amendments have been made to the capital forecast since that last submission, but whilst these impact on the make-up of the forecast, total forecast remains within the agreed envelope.

RAG KEY:		Actual / Forecast is on plan or an improvement on plan
(Excl: UOR)		Actual / Forecast is worse than planned by <2%
		Actual / Forecast is worse than planned by >2%

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

RAG KEY: UOR		All UOR metrics are at the planned level
		Overall UOR as planned, but one or more component metrics are worse than planned
		Overall UOR worse than planned

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	17 October 2019
Meeting:	Council of Governors
Title:	Update on progress with Quality Priorities Quarter 1 2019-2020
Author:	Anne-Marie Henshaw, Assistant Director of Quality and Safety
Sponsoring Director:	Ellen Armistead, Deputy Chief Executive and Director of Nursing
Previous Forums:	Board of Directors, Thursday 5 September 2019

Actions Requested:
To note the content of the report.

Purpose of the Report

The purpose of the report is to provide the Council of Governors with an overview of progress against the three Trust Quality Account Priorities for quarter 1.

Key Points to Note

Last year the Trust identified three projects to be highlighted as key priorities for 2019-2020:

Priority One: Clinical outcomes linked to waiting times in the Emergency Department (SAFE).
Priority Two: Deteriorating Patients - ensuring that the new national guidance around observations for deteriorating patients (NEWS2), National Early Warning Scores, is implemented and understood by frontline staff to ensure effective and reliable care is given at all times.

Priority Three: Mental Health in the Emergency Department - Improving psychological and social support for mental health patients in the Emergency Department.

Progress has been made against all three quality account priorities during Quarter 1; a BRAG [1] rated update on progress with each quality priority at the end of quarter 1 is provided within the report.

Priorities have further improvement actions identified for quarter 2-4.

[1] BRAG Rating explained:
Blue – action complete and evidence action./ improvement embedded
Green – action complete, embeddedness to be tested
Orange – work ongoing, in line with timescales
Red – work failing or faltered// not within timescales

EQIA – Equality Impact Assessment
An equality impact assessment has been undertaken to assess the possible adverse impact of work undertaken to address the 19-20 Quality Account Priorities against any minority group. Whilst the work should not have a negative impact on community relations, further consideration must be given to ensuring no communities or groups are excluded. This will be an area of further focus for Quarter 2-4.
Recommendation
The Council of Governors are asked to: − **NOTE** the content of the report and quality improvement actions being taken.

1. Introduction

Each year the Trust works on a number of quality priorities. Last year the Trust identified three projects to be highlighted as key priorities for 2019-2020:

Priority One: Clinical outcomes linked to waiting times in the Emergency Department (SAFE).

Priority Two: Deteriorating Patients - ensuring that the new national guidance around observations for deteriorating patients (NEWS2), National Early Warning Scores, is implemented and understood by frontline staff to ensure effective and reliable care is given at all times.

Priority Three: Mental Health in the Emergency Department - Improving psychological and social support for mental health patients in the Emergency Department.

A BRAG[2] rated update on progress with each quality priority at the end of quarter 1 is provided below.

2. Priority One: Clinical outcomes linked to waiting times in the Emergency Department (SAFE).

Table 8: Priority One: Clinical outcomes linked to waiting times in the Emergency Department (SAFE).

What did we plan to do during 19/20?	Quarter 1 Update- BRAG Rated
To reduce the number of patients waiting over 8 and 10 hours we will review all the clinical rotas to ensure we have the right number of appropriately trained staff to meet the demand.	All clinical rotas and workforce models have been reviewed. All nursing vacancies have been recruited to with staff coming into post during Quarter 2. 2 new Consultants have been appointed which means that from October 2019 the enhanced Consultant rota will 'go live' providing additional senior decision making and clinical supervision in the evening. Housekeeper vacancies have been filled, and colleagues are in the process of completing their induction programme.
As part of this we will have clear escalation protocols for the teams, explaining how to request support when patients are experiencing delays in their pathways.	Escalation protocols have been reviewed and strengthened.
We will work to embed the Trust action cards, which are Trust agreed rules to ensure patients receive timely specialty reviews, transfer to the ward and are treated in the most appropriate environment for their care, to ensure patients are transferred to the next location in their journey (e.g. the ward) as soon as possible.	There is some variability between speciality to speciality about how the action cards are used and so the Emergency Department General Manager is leading work to ensure consistent application across all areas.

Summary of progress at the end of Quarter 1:

Waiting times for patients in Quarter 1 are worse than those experienced in 2018-2019; improvement actions have been implemented and progress continues to be very closely monitored.

A and E 4 hour target - No patients waiting over 6 hours	National Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	QTR 1	QTR 2
2018/19		562.00	408.00	302.00	534.00	469.00	629.00	632.00	602.00	733.00	792.00	574.00	335.00	6572.00	1272.00	1632.00
2019/20		638.00	395.00	529.00										1562.00	1562.00	0.00
A and E 4 hour target - No patients waiting over 8 hours		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**YTD**	**QTR 1**	**QTR 2**
2018/19		238.00	159.00	82.00	224.00	173.00	230.00	215.00	212.00	273.00	314.00	226.00	127.00	2473.00	479.00	627.00
2019/20		249.00	129.00	229.00										607.00	607.00	0.00
A and E 4 hour target - No patients waiting over 10 hours		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**YTD**	**QTR 1**	**QTR 2**
2018/19		103.00	61.00	26.00	104.00	61.00	79.00	59.00	62.00	109.00	127.00	59.00	48.00	898.00	190.00	244.00
2019/20		125.00	53.00	94.00										272.00	272.00	0.00

3. Priority Two: Deteriorating Patients - ensuring that the new national guidance around observations for deteriorating patients (NEWS2), National Early Warning Scores, is implemented and understood by frontline staff to ensure effective and reliable care is given at all times.

Table 9: Priority Two: Deteriorating Patients

What did we plan to do during 19/20?	Quarter 1 Update – BRAG Rated
Embed the changes needed within Nervecentre and the electronic record, EPR, to allow the NEWS2 score to be recorded.	Action complete, changes needed within Nervecentre and EPR have been made and NEWS 2 is embedded
Support all clinical colleagues to access the online e-learning training for NEWS2.	Action complete and ongoing with new members of staff.
Revise the escalation policy with respect to raised NEWS.	Action complete
Facilitate additional training of nursing staff to ensure that physiological observations are timely and of high quality.	Action complete.
Review and evaluate the use of the Confusion score and support any training required.	Action continues, supported by the Dementia Task and Finish Group.
Analyse outcome data from patients with raised NEWS.	Action continues, with reports due from Q3.

Summary of progress:
All areas that record patient physiological observations through Nervecentre continue to do so with all NEWS2 results visible within the EPR. Implementation was without any particular difficulties once the technologies were realigned. All adult physiological observations now include a Confusion score as part of their routine set of observations. In line with this the escalation policy has been revised, agreed and published on the intranet. There will need to be further evaluation of NEWS2 and outcome data from patients with raised NEWS (including the Confusion score) in 2019/20.

[2] BRAG Rating explained:
Blue – action complete and evidence action./ improvement embedded
Green – action complete, embeddedness to be tested
Orange – work ongoing, in line with timescales
Red – work failing or faltered// not within timescales

4. Priority Three: Mental Health in the Emergency Department - Improving psychological and social support for mental health patients in the Emergency Department.

Table 10: Priority Three: Mental Health in the Emergency Department - Improving psychological and social support for mental health patients in the Emergency Department.

What did we plan to do during 19/20?	Quarter 1 Update – BRAG Rated
Improve the environment for high risk patients in the Emergency Department, requiring a ligature free environment, by now having a ligature free room on both sites.	A ligature free room has been created in both Emergency Departments. SWYFT have assisted the Trust to review environmental risks and all straightforward changes recommended have been made. A further review has been completed by SWYFT and the report is awaited.
We will ensure staff have access to the best guidance on how to appropriately support and manage the patients requiring access to these rooms by using a clear standard operating procedure to guide staff on using these rooms with patients.	Staff training and education programme being developed. New SOP available on intranet to support care assessment and decision making.
Funding support received from commissioners to have a mental health nurse on site 24/7 to provide 1:1 support to mental health patients in the emergency department.	Funding has not continued as the scheme had limited success; cover was ad hoc as in reality it was not possible to fill the post or vacant shifts via Bank so shift fill was low and there was minimal impact on patient experience.
Continue to work with the mental health liaison team to ensure timely review and care planning for mental health patients.	Work continues; the mental health liaison team is a core member of the trust Mental Health Strategy and Operations group.

Summary of progress:

Progress is being made across all four actions, led by the Emergency Department Quality Improvement Group.

5. Conclusion

Progress with planned actions in line with expected timescales has been made across all three quality account priorities during quarter 1.

Working relationships with mental health partners is effective at local level, but a national capacity issues with the number of available mental health in-patient beds can lead to a poor experience and delays.

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NHS Foundation Trust

Q1 Quality Account Priorities Update to Council of Governors

October 2019

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NHS Foundation Trust

Quality Account Priorities

- Priority One: Clinical outcomes linked to waiting times in the Emergency Department (SAFE).

- Priority Two: Deteriorating Patients - ensuring that the new national guidance around observations for deteriorating patients (NEWS2), National Early Warning Scores, is implemented and understood by frontline staff to ensure effective and reliable care is given at all times.

- Priority Three: Mental Health in the Emergency Department - Improving psychological and social support for mental health patients in the Emergency Department.

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Priority 1: Clinical outcomes linked to waiting times in the Emergency Department (SAFE).

What did we plan to do during 19/20?	Quarter 1 Update- BRAG Rated
To reduce the number of patients waiting over 8 and 10 hours we will review all the clinical rotas to ensure we have the right number of appropriately trained staff to meet the demand.	All clinical rotas and workforce models have been reviewed. All nursing vacancies have been recruited to with staff coming into post during Quarter 2. 2 new Consultants have been appointed which means that from October 2019 the enhanced Consultant rota will 'go live' providing additional senior decision making and clinical supervision in the evening. Housekeeper vacancies have been filled, and colleagues are in the process of completing their induction programme.
As part of this we will have clear escalation protocols for the teams, explaining how to request support when patients are experiencing delays in their pathways.	Escalation protocols have been reviewed and strengthened.
We will work to embed the Trust action cards, which are Trust agreed rules to ensure patients receive timely specialty reviews, transfer to the ward and are treated in the most appropriate environment for their care, to ensure patients are transferred to the next location in their journey (e.g. the ward) as soon as possible.	There is some variability between speciality to speciality about how the action cards are used and so the Emergency Department General Manager is leading work to ensure consistent application across all areas.

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Priority Two: Deteriorating Patients - ensuring that the new national guidance around observations for deteriorating patients (NEWS2), National Early Warning Scores, is implemented and understood by frontline staff to ensure effective and reliable care is given at all times.

What did we plan to do during 19/20?	Quarter 1 Update – BRAG Rated
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Support all clinical colleagues to access the online e-learning training for NEWS2.	Action complete and ongoing with new members of staff.
Revise the escalation policy with respect to raised NEWS.	Action complete
Facilitate additional training of nursing staff to ensure that physiological observations are timely and of high quality.	Action complete.
Review and evaluate the use of the Confusion score and support any training required.	Action continues, supported by the Dementia Task and Finish Group.
Analyse outcome data from patients with raised NEWS.	Action continues, with reports due from Q3.

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NHS Foundation Trust

Priority Three: Mental Health in the Emergency Department - Improving psychological and social support for mental health patients in the Emergency Department.

What did we plan to do during 19/20?	Quarter 1 Update – BRAG Rated
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We will ensure staff have access to the best guidance on how to appropriately support and manage the patients requiring access to these rooms by using a clear standard operating procedure to guide staff on using these rooms with patients.	Staff training and education programme being developed. New SOP available on intranet to support care assessment and decision making.
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Continue to work with the mental health liaison team to ensure timely review and care planning for mental health patients.	Work continues; the mental health liaison team is a core member of the trust Mental Health Strategy and Operations group.

Date of Meeting:	**17th October 2019**
Meeting:	**COUNCIL OF GOVERNORS**
Title of report:	**MEMBERSHIP AND ENGAGEMENT STRATEGY**
Author:	**Andrea McCourt, Company Secretary**
Previous Forums:	**N/A**

Actions Requested:

- To review and comment (see recommendation)

Purpose of the Report

The Trust, in discussion with the Council of Governors, has identified the need to increase its engagement with members. Work has therefore taken place, to review and develop a revised Membership and Engagement Strategy.

The purpose of this paper is to share the draft Membership and Engagement Strategy with governors and seek their input to the strategy, particularly seeking views on the top three priorities within the current draft strategy.

The strategy aims to take forward the membership activities of the Trust focussing on recruitment and engagement, governor engagement with members and membership involvement.

Enclosed with this paper is:

- Appendix H1: Membership and Engagement Strategy (draft)
- Appendix H2: Year 1 action plan for membership and engagement

Key Points to Note

Current Trust membership

Foundation Trusts have a duty to engage with their local communities and encourage local people to become members. This enables the Trust to be more accountable to local people and deliver its vision of delivering outstanding compassionate care to the communities we serve.

Current membership activities within the Trust:

- provides a twice-yearly electronic newsletter to members, called, Foundation News
- communication with members re: public governor vacancies and voting in the election of public governors
- invited to attend the Annual General Meeting
- participate in user panels for Consultant interviews and other senior posts
- Involvement in annual PLACE inspection, the Patient Led Assessment fo the care environment e.g. food, hygiene, cleanliness
- Mystery shopping – e.g. endoscopy prior to JAG accreditation
- Maintaining an up to date database of members

- Trust Membership and Engagement Manager who oversees all aspects of membership, including membership applications and engagement activities

Membership Profile

All Foundation Trusts have both staff and public members.

Staff members – employees of the Trust are automatically members of the Trust on appointment, unless they opt out or are appointed within Calderdale and Huddersfield Solutions under new terms and conditions.

The current membership profile is:

Public Members	7,665
Staff Members	4693

Equality Impact Assessment - at present there is limited information on protected characteristics however we have a breakdown of the public members by ethnicity – see below to inform areas of under or over representation.

The ethnicity of our membership, compared with our population of the Trust is given below:

	Members	**%age of members**	**Eligible members ***	**%age of eligible members**
White	6562	85.7%	529668	83.6%
Mixed	155	2.0%	9659	1.5%
Asian or Asian British	694	9.1%	79829	12.6%
Black or Black British	212	2.8%	10162	1.6%
Other	36	0.5%	3935	0.6%

* from 2011 Census

Recommendation

The Council of Governors is asked to:

i. Identify their top three priorities from the Membership and Engagement Strategy
ii. Review and comment on the draft Membership and Engagement Strategy
iii. To review the draft action plan to support delivery of the strategy
iv. To note the final strategy will be presented to the Council of Governors meeting in January 2020.

Calderdale and Huddersfield
NHS Foundation Trust

Our Membership and Engagement Strategy

This strategy outlines what we will do over the next three years to support the Trust vision in delivering outstanding compassionate care to the communities we serve and achieve our vision for membership and engagement, which is that we will be directly accountable to local people by making the best use of our membership communities.

The strategy describes the methods we intend to use to create and maintain a representative membership and strengthen engagement and communication with members over the three-year period.

Our Membership Community

CHFT became a Foundation Trust in 2006, and as such, we are required to have a membership community. A fundamental part of being a NHS Foundation Trust is the way the organisation is structured, based upon the involvement of local people, patients, carers, partner organisations and staff employed by the Trust.

There are three main components to the way a NHS Foundation Trust is structured:

- A membership community made up of local people, patients, carers and staff employed by the Trust
- A Council of Governors consisting of public and staff governors elected from the membership community and also appointed representatives from the Trust's key partners in health and social care
- A Board of Directors made up of a chair and non-executive directors

One of the greatest benefits of being a NHS Foundation Trust is that the structure helps us to work much more closely with local people and service users to help us respond to the needs of our communities.

We encourage membership applications from all sectors of our communities, to develop a wide and diverse membership, and we try to provide different ways for the people we serve to contribute to the success of our organisation. Through this strategy we aim to build on our existing membership to develop an active and engaged membership community that helps us with our forward plans.

The core benefit of becoming a member is that members have a voice and can be involved in shaping the way services are provided and contribute to the future direction of the organisation. Our strategy describes a number of ways in which we will develop in this area.

You can find out more about membership and how you can become a member via our website at the following address: https://www.cht.nhs.uk/about-us/membership-and-the-council-of-governors/membership/

Our governors are the link between members and the Trust. It is the role of the Council of Governors to represent the interests of members and hold the non-executive directors to account for the performance of the Board. It is crucial that governors have the skills and opportunities to engage with members, and our strategy has a particular focus on this area also.

NHS
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NHS Foundation Trust

Three Year Membership & Engagement Strategy

Our vision	**Together we will deliver outstanding compassionate care to the communities we serve**		
Our overall membership objective	**We will be directly accountable to local people by making the best use of our membership communities**		
Our goals (the result)	**Our membership community will be active and engaged; be representative of our local communities and increase year on year**	**Our governors will have regular, meaningful, two-way engagement with our membership community and members of the public**	**Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future**
Our response	We will have a recruitment and engagement plan for the next three years with annual targets for increasing membership numbers	We will have a recruitment and engagement plan for the next three years outlining all our engagement activities	We will have a series of regular events for members
	We will analyse our membership on a regular basis, and have targeted campaigns to recruit members from any group that is under-represented	We will actively promote membership and raise the profile of our governors and the Council of Governors in a variety of settings and forums	Members will have more opportunities to get involved in service changes and improvement projects
	Within our public membership body we will have a youth membership constituency	Our governors will have opportunities, and the necessary skills, to actively seek out the views of members and the public on material issues or changes being discussed at the Trust	Members will have more opportunities to express their views on service changes and improvement projects
	We will have a number of incentives to attract new members		
	We will have an accurate, up-to-date membership database which allows us to target members who wish to be actively engaged	Our governors will have opportunities to feed back to members and the public information about the trust, its vision, performance and material strategic proposals made by the trust board	Members will have the opportunity to comment on any forward plans
	We will have established links with local organisations through whom we can recruit members	We will have new methods of communicating/engaging with our members, including making more use of social media channels	We will have a Patient Panel through which members and members of the public can feed back on service changes and forward plans

Membership and Engagement: Objectives: Year 1 Action Plan

Goal 1: A membership community that is active and engaged; is representative of our local communities and increases year on year

Response	Action	By (who)*	By (when)	Success Measure	RAG red=at risk amber=on target green=achieved
We will have a recruitment and engagement plan for the next three years with annual targets for increasing membership numbers	Agree annual targets for increasing membership numbers, by demographic groups	MEM/CS/ CoG	End October 2019	Annual targets included in recruitment and engagement plan	
	Identify recruitment methods to be used	MEM	Mid November 2019	Recruitment methods described in recruitment and engagement plan	
	Refresh membership recruitment material	MEM	Mid November 2019	Recruitment material up-to-date and fit for purpose	
	Review and redesign membership application form	MEM	End January 2020	Refreshed application form available for recruitment activities and on-line	
	Draft recruitment and engagement plan	MEM	Mid December 2019	Draft recruitment and engagement plan submitted to CoG meeting in January 2020	
We will analyse our membership on a regular basis, and have targeted campaigns to recruit members from any group that is under-represented (URG)	Produce report/analysis showing how representative current membership is compared with local communities	MEM	End October 2019 and quarterly thereafter	Under-represented groups (URGs) identified	
	Set up working group consisting of MEM, governors and BAME network representative to focus on member recruitment from URGs	MEM/CS	End November 2019	First meeting of working group held and actions identified	
	Develop campaign of activities to recruit members from URGs	Working group	End January 2020	Recruitment campaign produced and included in recruitment and engagement plan	
	Investigate feasibility of requesting more demographic data from members, ie around nine protected characteristics	MEM	End December 2020	Decision can be taken on whether to request more data from members on application	

Response	Action	By (who)*	By (when)	Success Measure	RAG red=at risk amber=on target green=achieved
	Evaluate success of recruitment activities by repeating analysis	MEM	Quarterly from end January 2020 onwards	Membership numbers increased in URGs	
Within our public membership body we will have a youth membership constituency	Reduce age limit for membership from 16 to 14 in the Trust's Constitution	CS/CoG	CoG meeting October 2019	Constitution amended	
	Agree nature of youth member representation on CoG	CS/CoG	CoG meeting October 2019	Youth representation on CoG agreed and included in constitution	
	Establish link with Trust's newly-established Youth Forum as a source of youth members	MEM	End December 2019	Initial cohort of 20 members recruited from within Youth Forum	
We will have a number of incentives to attract new members	Explore with Workforce Benefits service possibility of extending staff benefits to public members	MEM	End February 2020	Benefits identified	
	Introduce and advertise any new benefits	MEM	End March 2020	Details of benefits publicised on Trust website	
We will have established links with local organisations through whom we can actively recruit members	Explore with Staff Engagement Team ways of using existing volunteers to recruit members	MEM	End November 2019	Volunteer involvement recorded in recruitment plan	
	Create directory of local schools and colleges	MEM	Mid December 2019	Directory available on shared drive	
	Contact agreed proportion of schools and colleges to identify opportunities for recruitment	MEM	Mid December 2019	Recruitment activities in schools and colleges included in recruitment and engagement plan	
	Contact University of Huddersfield to identify recruitment opportunities	MEM	Mid December 2019	Recruitment opportunities at university included in recruitment plan	
We will have an accurate, up-to-date membership database which allows us to target members who wish to be actively engaged	Establish cost and feasibility of carrying out an annual data cleanse of the membership database	MEM/CS	Mid November 2019	Decision can be taken on whether annual data cleanse can take place	
	Undertake review of current database to ensure data is meaningful, accurate and compliant with GDPR	MEM	End October 2019	Database up-to-date and compliant	

Response	Action	By (who)*	By (when)	Success Measure	RAG red=at risk amber=on target green=achieved
	Undertake survey of members to establish interest levels	MEM	End January 2020	50% of members will have their interest level recorded on the database	
	Record interest levels on membership database	MEM	End April 2020	Members can be categorised by “level of interest” and targeted accordingly	

*

MEM = Membership Engagement Manager
CS = Company Secretary
QIM – Quality Improvement Manager

Goal 2: Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public

Response	Action	By (who)	By (when)	Success Measure	RAG red=at risk amber=on target green=achieved
We will have a recruitment and engagement plan for the next three years outlining all our engagement activities	Agree engagement activities to be undertaken	MEM/CoG	Mid December 2019	Engagement activities incorporated into draft recruitment and engagement plan	
	Produce draft recruitment and engagement plan	MEM	End December 2019	Draft recruitment and engagement plan submitted to CoG meeting in January 2020	
We will actively promote membership and raise the profile of our governors and the Council of Governors in a variety of settings and forums	Introduce quarterly slot in CHFT Weekly newsletter featuring a staff governor	MEM	End November 2019	More interest in staff governor role during governor elections process	
	Produce leaflets promoting role for staff governors to hand out to colleagues	MEM/staff governors	End December 2019		
	Agree with engagement team distribution of leaflets by volunteers in areas with heavy patient footfall	MEM	End December 2019	Increase in number of membership applications More interest in public governor role during governor elections process Governors report increase in engagement with members and members of the public	
	Produce leaflets promoting role for public governors to hand out to members and members of the public	MEM/public govs	End December 2019		
	Introduce quarterly e-newsletter featuring governor activities on Trust website	MEM	End January 2020		
	Work with Comms Team to develop plan to increase awareness of membership and governor role via social media	MEM	End February 2020		
	Work with Webteam to create an “Ask Your Governor” section on the Trust website	MEM	End March 2020		
	Introduce a monthly “Meet the governor” stand at main entrances to hospitals hosted by MEM/CS and governors	MEM	End April 2020		

Response	Action	By (who)	By (when)	Success Measure	RAG red=at risk amber=on target green=achieved
Our governors will have opportunities, and the necessary skills, to actively seek out the views of members and the public on material issues or changes being discussed AND Our governors will have opportunities to feed back to members and the public information about the trust, its vision, performance and material strategic proposals made by the trust board	Work with Healthwatch to involve governors in regular engagement activities across Kirklees and Calderdale	MEM/CS	End December 2019	Governors report increased levels of engagement with members/the public	
	Agree processes for governors to feed views back to the Trust	MEM/CS/ CoG	End December 2019	Governors know how to feed views back to Trust	
	Work with Staff Engagement Team to regularly include governors in "Tea trolley rounds"	MEM	End January 2020	Two-way engagement occurs between governors, staff, members and the public	
	Work with Associate Director of OD to create a training session for governors on how to successfully engage	MEM	End January 2020	Training session available	
			End February 2020	First session held	
	Identify forums that staff governors can attend to seek out views and feed back to colleagues	MEM/staff governors	End March 2020	Two-way engagement occurs between staff governors and staff members	
	Set up bi-annual meetings between staff governors and CEO	MEM	End October 2019	Colleagues' views fed back Information fed back to colleagues	
	Create closed Facebook page for members	MEM	End November 2019	Engagement levels increase between governors and members	
	Create directory of groups and organisations that governors are involved with which could present engagement opportunities	MEM/public governors	End January 2020	Directory included in recruitment and engagement plan	
	Create engagement register (database) to record activities	MEM	End January 2020	Register available on shared drive	
We will have new channels to communicate/engage with our members, with more emphasis on social media channels	Agree channels to be used with Comms team and develop comms plan for the year	MEM	End December 2019	Comms plan available on shared drive	

Goal 3: A membership community with a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future

Response	Action	By (who)	By (when)	Success Measure	RAG red=at risk amber=on target green=achieved
We will increase opportunities for members to be involved with the Trust	Investigate feasibility of resurrecting "Medicine for Members" events	MEM	End March 2020	Information available to make decision about events	
	Set up process to routinely e-mail members notifying them of public CoG meetings	MEM	End December 2019	Member attendance at CoG meetings	
Members will have more opportunities to get involved in service changes and improvement projects	Set up process for involving members with an interest in service changes routinely	MEM	End January 2020	Members more involved with service changes	
We will have an established "Patient Panel" through which members, members of the public and patients can feed back on service changes, forward plans	Establish a Patient Panel made up of governors, members and members of the public (including existing volunteers)	MEM/CS/ QIM	End January 2020	Patient Panel set up with draft ToR, first meeting date and agenda	
	Agree programme of work for remainder of year	Patient Panel	End February 2020	Work programme for Patient Panel available on shared drive	
Members will have more opportunities to express their views, via focus groups and surveys	Survey members to establish interest levels in focus groups	MEM	End February 2020		
Our members will have the opportunity to comment on any forward plans	Set up "Talkback" style survey process for members	MEM	End March 2020	Members' comments routinely sought on forward plans	

COMPANY SECRETARY REPORT

To Approve

Presented by Andrea McCourt

10. a. Review of Constitution - TO FOLLOW

b. Appointment of Lead Governor

c. Council of Governors Self-Effectiveness Feedback and Action Plan

d. Review Council of Governors Declarations of Interest Register

e. Review Annual Council of Governors Business Cycle 2020

f. Receive allocations of governors on Board sub-committees and Divisional Reference Groups

g. Senior Independent Non-Executive Director (SINED) / Deputy Chair Appointment

To Approve

Presented by Andrea McCourt

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	**17th October 2019**
Meeting:	**COUNCIL OF GOVERNORS**
Title of report:	**COMPANY SECRETARY REPORT**
Author:	**Andrea McCourt, Company Secretary**
Previous Forums:	**N/A**

Actions Requested:

- To approve, note

Purpose of the Report

This report brings together several items for approval, receipt and noting by the Council of Governors.

Key Points to Note

a. Review of Constitution

A review of the constitution has been taking place during October 2019 with the aim to have a current and clear constitution for the Council of Governors and Board of Directors which is understood to ensure we are a well-led organisation. Two workshops were held in October 2019 with the governors to review the constitution, ask for feedback and input recommended changes. The changes that were discussed in these sessions are captured in Appendix I1 and the Council of Governors is asked to **APPROVE** the recommended changes. The changes will then go to the Board of Directors for approval on 7 November 2019.

b. Appointment of Lead Governor

The Council of Governors' are asked to approve the process for the election of the Lead Governor.

The papers attached includes:

- Procedure for the appointment of Lead Governor
- Proposed timeline for 2019
- Role of lead governor with NHS Improvement

Subject to approval, the process will begin from 17 October 2019 after the Council of Governors' meeting. The voting process closes on 19 November 2019 and a formal announcement will be made at an extra-ordinary Council of Governors meeting on Friday 22 November 2019, between 4:00 – 4:30 pm after the joint Board of Directors and Council of Governors workshop. The appointment will become effective from 22 November 2019 until the Annual General Meeting on 15 July 2019.

The Council of Governors is asked to **APPROVE** the process for the election of the lead governor for the period up to 15 July 2020.

c. Council of Governors Self-Effectiveness Feedback and Action Plan

As part of the Council of Governors cycle of business it periodically undertakes a review of its own effectiveness to ensure that it continues to fulfil its role and discharge its responsibilities in an appropriate way and to strive for continuous improvement in the way it operates.

This paper describes the findings from the review from the summer of 2019 and identifies areas for continual improvement. The Council of Governors is asked to **NOTE** the findings of the 2019 Council of Governors Self-Effectiveness questionnaire and **APPROVE** the actions identified.

d. Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached for review. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to the Corporate Governance Manager, including requesting a form to submit a declaration.

The Council of Governors is asked to **APPROVE** the Council of Governors Declarations of Interest Register.

e. Review Annual Council of Governors Business Cycle 2020

The Council of Governors is asked to review and approve the annual workplan for the Council of Governors at Appendix I5. Comments are to be sent to the Corporate Governance Manager.

f. Receive allocations of Governors on Board Sub-Committees and Divisional Reference Groups (DRGs)

During September 2019, governors were asked to submit their preferences for Divisional Reference Groups and Board Sub-Committees. The allocation of governors to Divisional Reference Groups and Board Sub-Committees has now taken place. The Council of Governors is asked to **RECEIVE** and **NOTE** Appendix I6 which confirms the Divisional Reference Groups and Board Sub-Committee allocations and upcoming dates of meetings. The allocations will be effective from November 2019. Governors who are unable to attend any of Board Sub-Committee dates are asked to contact the Deputy allocated to that meeting, to attend in their absence.

g. Senior Independent Non-Executive Director (SINED)/ Deputy Chair Appointment

NHS Foundation Trusts are strongly encouraged to take full account of the best practice provision in the Code of Governance. NHS Foundation Trusts must either comply with the Code or explain non-compliance.

The Code states that:
"The Board of Directors should appoint one of the Non-Executive Directors to be the Senior Independent Director, in consultation with the Council of Governors. The Senior Independent Director should be available to members and Council members if they have concerns which contact through the normal channels of the Chair, Chief Executive or Director of Finance, has failed to resolve or for which such contact is inappropriate. The Senior Independent Director could be the Deputy Chair".

Phil Oldfield's tenure as a Non-Executive Director ends at the end of December 2019. Phil's contribution as the Deputy Chair and Senior Independent Non-Executive Director is noted. It is recommended that Richard Hopkin takes on the role as Deputy Chair and Senior Independent Non-Executive Director from January 2020.

The Council of Governors is asked to **NOTE** the appointment of Senior Independent Non-Executive Director from January 2020.

Recommendation

The Council of Governors is asked to **APPROVE** the:

a. Constitution Changes
b. Appointment process of Lead Governor
c. Council of Governors Self-Effectiveness Action Plan
d. Council of Governors Declarations of Interest Register
e. Council of Governors Workplan 2020

The Council of Governors is asked to **NOTE** the:

c. Council of Governors Self-Effectiveness questionnaire 2019 findings
f. Allocations of Governors on Board Sub-Committees and Divisional Reference Groups (DRGs)
g. Senior Independent Non-Executive Director (SINED)/Deputy Chair Appointment from January 2020

APPENDIX I1

Update to the Trust's Constitution and Council of Governors Standing Orders

Purpose:
This report summarises recommended changes made to the Trust's Constitution, following two workshops held with the governors during October 2019 with the Company Secretary.

Background/Overview:
The proposed changes to the Trust's Constitution are described in the table below.

Changes to the Constitution, Council of Governors Standing Orders and Board Standing Orders

Document	Section	Current Version	Recommendation
Constitution	All	The document currently refers to the following titles throughout the document: • Company Secretary • Board Secretary • Trust Secretary	Use of Secretary throughout the document, with the exception of cover sheets. Definition of Secretary confirms this means Company Secretary.
Constitution / Council of Governors Standing Orders	All	Currently refers to Council Member	Remove any remaining references to Council Member and change to Governor.
Constitution	All	Throughout the document, three terms are used for appointed governor: • Stakeholder • Partnership • Appointed Code of Governance uses term appointed governor.	Agreed to name **appointed** governor (this can include stakeholders or partnerships)

Constitution	Addition of a version control history table at the start of document	There was no version control history on the constitution.	Addition of a version control table has been added at the start of the constitution for a clear audit trail of changes.
Constitution	7.2.1 **Minimum age of members and governors**	Age of Members - Currently age **16** or over Governors – Currently age **18** or over	Agreed to retain at age **16** or over for members and consider this in 12 months' time once a Youth Forum has been in place. Agreed to retain at age **18** or over for governors.
Constitution	7.5 **Defining staff constituency roles**	7.5. There is one staff constituency for staff membership. It is to divide into four classes as follows with five seats: 7.5.1. doctors or dentists (x1); 7.5.2. Allied Health Professionals, Health Care Scientists or Pharmacists (x1); 7.5.3. Management, administration and clerical (x1); 7.5.4. Nurses and midwives (x2).	7.5.1 Doctors or dentists – fully registered with General Medical or Dental Council 7.5.2 Allied Health Professionals, Health Care Scientists or Pharmacists - regulatory body Council for Regulation of Healthcare Professionals 7.5.4 Nurses / midwives – registered with Nursing and Midwifery Council
Constitution	7.11 **Restriction on** M**embership**	**Additions regarding:** **-** no dual membership	Additions to include: An individual who is a member of a constituency, or a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency class.

		- 12 month gap between a staff member leaving Trust employment and applying to be a public member (this follows discussion at the workshop with governors on moving between staff and public member roles and confirms the current procedure) - if a member moves to an address outside of the constituency area they are no longer a member of the constituency	Addition to Annexe 3 – Further Provisions termination of membership Where a staff member leaves the employment of the Trust and wishes to become a public member, there should be a period of 12 months from the date of ceasing their employment before they apply to be a public member If a public member moves address within the Trust boundaries but outside of their previous constituency area and notifies the membership office, they will be re-allocated to the new constituency in which they reside. Where a public member moves out of the Trust boundaries and notifies the Trust they are no longer eligible for membership and will be removed as a public member.
Constitution	9.1 / 17.2 **Termination of membership**	A Member shall cease to be a Member if: 9.1.1 they resign in writing by notice to the Company Secretary; 9.1.2 they die; 9.1.3 they are disqualified from Membership by paragraph 7; 9.1.4 they cease to be entitled under this Constitution to be a Member of any of the public constituencies or the staff constituency.	A Member shall cease to be a Member if: 9.1.1 they resign ~~in writing~~ by informing the Membership Office ~~notice to the Company Secretary;~~ 9.1.2 they die; 9.1.3 they are disqualified from Membership by paragraph 7; 9.1.4 they cease to be entitled under this Constitution to be a Member of any of

			the public constituencies or the staff constituency 9.1.5 they are expelled pursuant to paragraph 17.2.
Constitution	11. **Council of Governors - composition**		Addition 11.3.3. The Council of Governors shall at all times be constituted so that governors elected from the public constituency are in the simple majority.
Constitution	17. **Council of Governors - termination of office and removal of Governors**	17.1. A person holding office as a Council Member shall immediately cease to do so if: 17.1.2. they fail to attend two meetings in any 12 month period Clarity on which two meetings this means needed. 17.2 Alignment with Nomination and Remuneration Committee terms of reference	Governors to cease in office if they fail to attend: • two public Council of Governor meetings (this includes the Annual Members Meeting) • two Board Committee or one Divisional Reference Group meetings, based on allocations in a 12 month period from the date the governor is eligible to start attending such meetings (i.e. appointment confirmed in July, next meeting is October). 17.2.2 the Nomination and Remuneration Committee makes a recommendation about the conduct of a governor
Constitution	18. **Council of Governors –**	18.2. The Trust must take steps to secure that the Governors are equipped with the	18.2. The Trust must take steps to secure that the Governors are equipped with the skills and knowledge and the opportunity to hold

	duties of Governors	skills and knowledge they require in their capacity as such.	the Non-Executive Directors to account which they require in their capacity as such.
Constitution	18. **Council of Governors – duties of Governors**	18.3 Lead Governor Currently states the Council of Governors appoints one of its **public** members to be lead governor.	Broaden to include all governors eligible to propose themselves as lead governor, this includes public, staff, appointed governors. Brings in line with Code of Governance.
Constitution	**19.2 Council of Governors meetings – public / press**	Clarification of why an exclusion may occur	19.2 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons, for example consideration of confidential business by resolution of the Council of Governors.
Constitution	24 **Board of Directors - Composition**	Board Composition 24.1 Addition re: Non-Executive majority (reduced from 7 NEDS) 24.2 • Up to 7 Non-Executive Directors (excluding Chair) • Up to 7 Executive Directors	24.1 and shall at all times be constituted so that the number of Non-Executive Directors (excluding the Chair) equals or exceeds the number of Executive Directors. 24.2 In the Board Composition to reduce 7 Non-Executive Directors to 6: • Up to 6 other Non-Executive Directors (excluding Chair) • Up to 6 Executive Directors
Constitution	30 **Board of Directors - meetings**	Governor attendance at public Board meetings	Addition 30.4 The Lead Governor (or nominated deputy) and an elected/appointed governor are invited to attend the public Board meeting on a rotation basis.

Constitution	33 **Board of Directors - Remuneration**	33.2 Chair and Non-Executive Director remuneration decided by the Council of Governors	33.2 Chair and Non-Executive Director remuneration decided by the Council of Governors – addition: "on the recommendation of and ratification by the Council of Governors Nomination and Remuneration Committee"
Constitution	**37.1 Auditors**	37.1. The Trust is to have an auditor and is to provide the auditor. Completed the sentence.	The Trust is to have an auditor and is to provide the auditor with every facility and all information which they may reasonably require for the purposes of their functions under Chapter 5 of part 2 of the 2006 Act.
Constitution	**44. Amendment of the constitution**	Addition of 44.6 for clarity on dealing with constitution related queries	44.6 Questions of interpretation of constitution determined by Chair, taking into account view of the Senior Independent Non-Executive Director / Chief Executive and Lead Governor.
Constitution Annexe 4	**Annual Members Meeting (AGM)**	Currently states the Council of Governors presents to members the annual accounts, auditor reports, forward planning	Agreed change to the Board of Directors presents to members the approved annual accounts etc. The Council of Governors presents elections and members.
Constitution Annexe 6	**Composition of the Council of Governors**	1.2. up to six Staff Governors from Staff Constituencies from the following classes: 1.2.1. doctors and dentists (1 member); 1.2.2. Allied Health Professionals, Health Care Scientists and Pharmacists (1 member);	Discussion on removing reference to 1.2.4 ancillary staff given estates now managed by Calderdale Huddersfield Solutions which has an appointed governor. Governors advised the ancillary staff group is broader than CHS and includes healthcare assistants. Reference to remain and Company Secretary to review which staff

		1.2.3. Management, Administration and Clerical (1 member); 1.2.4. Ancillary Staff (1 member); 1.2.5. Nurses and Midwives (up to 2 members)	groups are covered by the ancillary staff reference prior to elections in 2020. Addition of a summary table which details governor composition showing 16 public, 5 staff and 7 appointed governors.
Council of Governors Standing Orders	**SECTION A Conduct of Meetings**	Addition Admission of Public and Press	1.1 The right of attendance referred to in para 1.1. of these standing orders carries no right to ask questions or to otherwise participate in the meeting.
Council of Governors Standing Orders	**3 Quorum**	3.1. Ten Council of Governors members (including not less than six Public Council Members, not less than two Staff Council Members and not less than two Appointed Council Members – in line with the Constitution)	3.1 Any 10 Council of Governors members – but a minimum of **4** public governors. Addition 3.2 Quorum if conflict of interest declared If a governor has been disqualified from participating in the discussion on any matter and / or from voting on any resolution by reason of the declaration of a conflict of interest in according with paragraph 21 of these Standing Orders they shall no longer count towards the quorum. If a quorum is then not available for the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. The meeting must then proceed to the next business on the agenda.

Council of Governors Standing Orders	**5. Chairing Meetings** **11. Voting** **Casting vote**	Minor revision to para 5.2 and addition of paras 5.3 and 5.4 to make standing orders explicit about the Chair or Deputy Chair having a casting vote.	5.2 At any meeting of the Council of Governors, the Chair, if present, shall preside and shall exercise the right to a casting vote where the number of votes for and against a motion is equal. 5.3 – Being explicit about Deputy Chair having casting vote if Chair absent – as above – Where votes are equal, Deputy Chair has casting vote 5.4 – Any Non-Executive Director chairing due to absence/conflict of interest of chair or deputy chair has casting vote. 11.6 In the case of an equality of votes, the Chair of the meeting shall have a second or casting vote, refer to 5.2 11.7 – Removal of Chair / Non-Executive Director shall require the approval of three-quarters of governors (staff, public or appointed) – Section 25 of the Constitution
Council of Governors Standing Orders	**12 Minutes**	Clarification reflecting current practice	Addition 12.4 The minutes should record the chair, governors' names present, and Trust staff present

Council of Governors Standing Orders	**SECTION B** **13 Appointment of Committees**	Addition	Addition to state 13.2 the Nominations and Remuneration Committee of the Council of Governors is a standing committee of Council of Governors. 13.3 Confirm Council of Governors Chair is the Board Chair.
Council of Governors Standing Orders	**SECTION C** **16.1 Register and Interests**	16.1. If Council Members have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or the Secretary.	Add details of paragraph 21 of the constitution which gives context for this section.
Council of Governors Standing Orders	**SECTION D** **18 Removal of a governor**	Addition re: Nomination and Remuneration Committee	18.1 d – addition that recommendation from Nominations and Remuneration Committee about the conduct of a governor is grounds for removal. (in addition to existing grounds of serious breach, not acting in interest of Trust)
Council of Governors Standing Orders	**Lead Governor definition**	Addition SECTION H: on the responsibilities of the lead governor	The Lead Governor responsibilities should be included in the standing orders as an appendix / annexe and reference the role of all governors in shaping the lead governor role. Section H added with responsibilities of the lead governor
Board Standing Orders	**1.2 Composition of the Board of Directors**	Alignment with Constitution	1.2 amended to show up to 6 Non-Executive Directors rather than 7 (excluding Chair)

	7.1 Standards of Business Conduct	Standards of Business Conduct	Updated reference to 2017 Conflicts of Interest guidance

Recommendation

The Council of Governors is asked to **APPROVE** the above changes to the Trust's constitution. Once approved, these changes will be presented to the Board of Directors on 7 November 2019 for approval.

Calderdale and Huddersfield NHS Foundation Trust

Appendix I2

PROCEDURE FOR THE APPOINTMENT OF LEAD GOVERNOR OF THE COUNCIL OF GOVERNORS'

1. Purpose

1.1 To provide the Council of Governors' with the timetable (Appendix 1), appointment criteria and process for election to the post of lead governor which will be effective until 15 July 2020.

1.2 As the lead governor post became vacant from noon on 1 October 2019 a lead governor election process will take place as outlined below.

1.3 The lead governor is appointed at a general meeting. Given that the next scheduled Council of Governors meeting is in January 2020, an extra-ordinary meeting of the Council of Governors will be held on 22 November 2019 to ratify the appointment of the lead governor.

2. Constitutional Context

2.1 Under the Constitution, the Council of Governors is required to nominate a lead governor to facilitate direct communication between NHS Improvement (formerly Monitor) and the Council of Governors in limited circumstances where it may not be appropriate to communicate through the normal channels. Further information on this is provided in Appendix 2.

2.2 In accordance with the Constitution, the lead governor will act as Vice Chair of the Council of Governors' when the Chair and the Deputy Chair of the Board of Directors are not available or have a declaration of interest in an agenda item.

2.3 Section 18.3 of the Trust Constitution has previously stated that the lead governor post may only be filled by governors elected in the public constituencies (i.e. not staff or appointed governors). The Constitution has been reviewed with governors during October 2019 and an updated constitution is being presented to this meeting for ratification, prior to presentation to the Board on 7 November 2019. One of the revised proposals is that all governors, public, staff and appointed governors are eligible to fill the lead governor role. This is in line with the NHS Foundation Trust Code of Governance which states:

"The lead governor may be any of the governors."

It is therefore proposed that for this election process all governors are eligible for the lead governor post.

2.4 The lead governor will start their office from 22 November 2019 until the date of the Annual General Meeting, 15 July 2020, or until the expiry of their Council of Governor tenure, whichever is the sooner. The usual length of tenure of a lead governor is 12 months. The decision to reduce the period of office to less than 12 months is due to the resignation of the lead governor in year, necessitating an election and the desire to allow those governors whose tenure expires in July 2020 to consider whether they wish to nominate themselves for election.

2.5 The Council of Governors re-elects the lead governor on an annual basis. Any governor can serve as lead governor for three terms i.e. three years, again linked to their Council of Governor tenure and the same arrangements as outlined in paragraph 2.4 will apply.

2.6 There is no requirement for an interim lead governor until this appointment process is complete.

3. Responsibilities of the Lead Governor

An indicative outline of the responsibilities of the lead governor is provided below.

3.1 To act as the point of contact with NHS Improvement and the Council of Governors where it is decided by the governors or NHS Improvement that the usual channel (through the Chair) is not warranted.

3.2 To act as a point of contact for the Governors with the Care Quality Commission (CQC).

3.3 To chair any parts of Council of Governors meetings in circumstances where is may not be considered appropriate for the Chair, Deputy Chair or another one of the Non-Executive Directors to lead (e.g. chairing a meeting to discuss the appointment of a new Chair or a conflict of interest in relation to the business being discussed).

3.4 To assist the Chair in facilitating the flow of information between the Trust Board and the Council of Governors.

3.5 To liaise with the Trust / Council of Governors Chair and/or the Senior Independent Non-Executive Director.

3.6 To provide support dealing with governor conduct issues

3.7 To contribute to the agenda setting of the Council of Governors meetings.

3.8 To be a member of the Nomination and Remuneration Committee of the Council of Governors and involved in the process for appointing the Chair and Non-Executive Directors.

3.9 To attend the Annual General Meeting (AGM) of the Trust and provide an annual account of governor activities.

Time Commitment
In addition to Council of Governors meetings, held quarterly the lead governor will be required to:

- Attend one-to-one meetings with the Chair of the Trust
- Act as chair for items at Council of Governors meetings where the Chair of the Trust has a conflict of interest
- Be a member of the Nomination and Remuneration Committee of the Council of Governors
- Take part in any Chair or Non-Executive Director recruitment processes (none are anticipated for the period up to 15 July 2020)
- Attend and represent the governors at the Annual General Meeting (AGM) held annually in different Trust locations'
- Be actively involved in governor engagement activities, e.g. Divisional Reference Groups (DRGs)

4. Criteria

4.1 Governors wishing to undertake the role of lead governor should be confident they can undertake the duties outlined above to undertake this role. They should also:

- have the confidence of the governors and Trust Board;
- be able to commit the time necessary for the role, to attend meetings and for any other matters should the need arise, which may be at short notice;
- have excellent communication skills, including the ability to influence and negotiate;
- be committed to the values and behaviours of the Foundation Trust and support its goals and objectives;
- be able to act as an ambassador for the Council of Governors and the Trust;
- be able to work with others as a team and encourage participation from less-experienced governors;
- have effective time management skills;
- demonstrate an understanding of the Trust's Constitution.

4.2 Desirable personal qualities for a lead governor include:

- Previous experience of chairing meetings within a formal setting i.e. local authority, education, independent sector businesses, preferably involving participants from a variety of backgrounds;
- the ability to deal with potential conflicts;
- the ability to command the respect, confidence and support of their governor colleagues;
- the ability to represent the views of governor colleagues.

5. Process for the appointment to the role of lead governor

5.1 An election of the role of lead governor needs to be held due to the resignation of the current post holder effective from noon 1 October 2019.

5.2 Any governor will need to demonstrate, by way of written expression of interest, experience in all areas of the person specification. In the event that there is no evidence of experience in two or more categories, the expression of interest will not be able to proceed to voting stage. Letters of support from **four** existing governors will be required.

5.3 Candidates will also need to provide a paragraph by way of a supporting statement which can be circulated to the Council of Governors' as part of the lead governor voting paper.

5.4 Governors may not vote for more than one candidate.

5.5 In the event of a tie the Chair will have casting vote.

5.6 The timescale for the process is detailed in Appendix 1.

5.7 The appointment of the lead governor will take place at a meeting of the Council of Governors on 22 November 2019.

Recommendation:
The Council of Governors is asked to approve the process for the election of the lead governor for the period up to 15 July 2020.

Enclosed Appendix 1 - Draft Timeline for the Appointment of Lead Governor'
Appendix 2 - 'The role of the nominated lead governor'

References:
Constitution of Calderdale and Huddersfield NHS Foundation Trust
Monitor – NHS Foundation Trust Code of Governance
Standing Orders – Council of Governors'

Appendix 1

DRAFT TIMELINE FOR THE APPOINTMENT OF LEAD GOVERNOR 2019/20

TIMELINE

DATE	ACTION
17 October 2019	Procedure approved at the Council of Governors meeting.
24 October 2019	Deadline for governors to email the Corporate Governance Manager (Amber.Fox@cht.nhs.uk) to self-nominate and express an interest in the post of lead governor.
1 November 2019	Deadline for receipt of Candidate Supporting Statements (no more than 250 words) to Amber Fox on their suitability for the post and why they wish to become lead governor with letters of support from **four** governors.
4 November – 19 November 2019	Voting takes place – voting papers and Candidate Supporting Statements sent to all governors.
19 November 2019	Voting closes for lead governor appointment.
22 November 2019	Extra-ordinary meeting of the Council of Governors to ratify the lead governor appointment which will be effective from this date until the Annual General Meeting on 15 July 2020.

Appendix 2

The role of the nominated lead governor with NHS Improvement

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

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

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

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

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

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

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

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

Governors' Effectiveness Questionnaire – 2019
Findings and Action Plan

1. Executive Summary

As part of the Council of Governors cycle of business it periodically undertakes a review of its own effectiveness to ensure that it continues to fulfil its role and discharge its responsibilities in an appropriate way and to strive for continuous improvement in the way it operates.

This paper describes the findings from the review from the summer of 2019 and identifies areas for continual improvement for approval by the Council of Governors.

2. Process of Effectiveness Review

The annual governors' effectiveness questionnaire took place over summer 2019.

The questionnaire was designed to seek more detailed feedback from governors than in previous years and therefore included a higher number of questions.

2.1 Questionnaire structure

The questionnaire was split into the following three sections:

- Statutory responsibilities
- Council of Governors/Board sub-committee meetings
- Working Together.

2.2 Response Rate

The overall response rate was lower compared with previous years, at 68%, mainly due to none of our appointed governors fully completing the questionnaire.

2.3 Findings

The responses were overwhelmingly positive this year. The majority of governors who responded told us that:

- they understand the Trust's vision and values;
- they have the opportunity to ask questions;
- they understand their role and responsibilities;
- the presentations at the Council of Governors meetings are useful;
- they know who the Non-Executive Directors (NEDs) are and how to contact them;
- they have had enough information and opportunities to ask questions about the chair's appraisal, the annual report and accounts and the appointment of the chair;
- they understand the role of the lead governor; the NEDs; the Chief Executive and other directors;
- at Council of Governors meetings, their views are listened to and governors act in accordance with the Trust's Code of Conduct;

- Council of Governors meetings are effective.

3. Areas for Improvement

A handful of issues did emerge, however, and the response and actions to address these are shown in the action plan below.

Issue	Action/Response	Timeframe
Appointed governor response rate to questionnaire is low	Company Secretary/Chair to have targeted discussion with appointed governors before next questionnaire is issued	Summer 2020
Two responses of 'strongly disagree' that Council of Governors is effective in holding NEDs to account	Additional Holding to Account training session arranged	October 2019
Clarity needed on role of Lead Governor	(1) Description of role is routinely issued as part of Lead Governor election process (2) Outline of duties to be included as an annexe to the constitution	October 2019
Improvements needed to governor/member relationship and engagement	Membership and Engagement Strategy being developed in conjunction with Council of Governors	Draft strategy to October 2019 Council of Governors meeting with view to approval at January 2020 Council of Governors meeting.

4. Recommendation

The Council of Governors is asked to:

i. **NOTE** the findings of the 2019 effectiveness questionnaire;
ii. **APPROVE** the actions identified to address the issues in section three.

APPENDIX

Calderdale and Huddersfield NHS Foundation Trust

DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT OCTOBER 2019

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

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
5.8.18	Dianne HUGHES	Public-elected Constituency 4 - North Kirklees Reserve Register)	-	-	-	Chairman of Skelmanthorpe Cottage Homes	-	Marie Curie Nursing Services Royal College of Nursing
29.9.14	Lynn MOORE	Public-elected Constituency 7- North and Central Halifax	-	-	-	-	-	-
1.11.14	Brian RICHARDSON	Public-elected Constituency 5 - Skircoat and Lower Calder Valley	-	-	-	-	Locala Members' Council Healthwatch Calderdale Programme Board. Practice Health Champion PRG member at Beechwood Medical Centre	-
29.9.15	Annette BELL	Public-elected Constituency 6 - East Halifax and Bradford	-	-	-	-	-	-

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
8.10.19	Veronica WOOLLIN	Public-elected Constituency 4 from 15.11.17	-	-	-	-	-	-
7.8.18	Stephen BAINES	Public-elected Constituency 5 - Skircoat and Lower Calder Valley	-	-	-	Councillor Calderdale MBC Calderdale Health & Well-being Board member	-	Councillor Calderdale MBC
21.7.17	John RICHARDSON	Public-elected Constituency 3 - South Kirklees	-	-	-	-	-	Club Steward
11.8.17	Alison SCHOFIELD	Public-elected Constituency 7 - North and Central Halifax	-	Owner and founder of Disability Roadmap.co. uk	-	Soon to be Trustee of Imagineer Foundation	Member of Steering Group – Leonard Cheshire Disability Charity	-
30.8.17	Paul BUTTERWORTH	Public-elected Constituency 6 - East Halifax and Bradford	Chairman Bradford Bulls Supporters Trust	-	-	-	-	-
29.11.17	Chris REEVE	Nominated Stakeholder, Locala	Locala Community Partnership				Chair of Honley High School Cooperative Trust (school but school nursing service)	
4.12.17	Salma YASMEEN	Nominated Stakeholder - SWYPFT	Director – South West Yorkshire Partnerships NHS FT					

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
8.10.19	Dr Peter BAMBER	Staff elected – Drs/Dentists	-	-	-	-	-	- Registered with the General Medical Council (GMC) - Member of the British Medical Association (BMA) - Fellow of the Royal College of Anaesthetists - Member of the Association of Anaesthetists - Member of the Obstetric Anaesthetists Association - Member of the Association of Dental Anaesthetists
1.8.18	Linzi SMITH	Staff elected – Admin/ Clerical	-	-	-	-	-	-
9.1.18	Sian GRBIN	Staff elected – Nurses/ Midwives	-	-	-	-	-	- Royal College of Nursing - Nursing and Midwifery Council
17.1.18	Chris REEVE	Nominated Stakeholder - Locala	Company Secretary – Locala Community Partnerships CIC	Stakeholder for Locala CIC	-	-	-	As before
29.1.18	Felicity ASTIN	Nominated Stakeholder – University of Huddersfield	-	-	-	-	-	Joint clinical academic post undertaking work at both CHFT and the University of Huddersfield
28.3.18	Megan SWIFT	Nominated Stakeholder – Calderdale Metropolitan Council	-	-	-	Trustee - Health Trust Trustee – Mixenden Parents Resource Centre	-	Councillor – Calderdale MBC

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
7.10.19	Christine MILLS	Public elected - Constituency 2 (Huddersfield Central	-	-	-	-	-	-
18.07.18	Jude GODDARD	Public elected – Constituency 2 - Calder and Ryburn Valleys	Director Imagine Results Limited	Director of Imagine Results Limited	Director of Imagine Results Limited	-	Associate work for HealthSkills Associate NHS Elect	Member of the Q Community Health Foundation Director of Imagine Results that carried out work for and with NHS England
24.7.18	Sheila TAYLOR	Public elected - Constituency 2 – Huddersfield Central	-	-	-	Secretary to Huddersfield NHSRF	-	Huddersfield NHSRF
19.8.19	Chris OWEN	Public elected – Constituency – South Huddersfield	-	-	-	-	-	-
9.7.19	Cllr Lesley WARNER	Nominated Stakeholder – Kirklees Council						Councillor – Kirklees Metropolitan Council
30.7.19	John B GLEDHILL	Public elected governor – Constituency – Lindley and the Valleys	Chairman and Director of Yorks WR Masonic Activities Limited Director of Interaction and Community Academy Trust at Castle Hill School, Newsome, Huddersfield	-	-	-	-	

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
7.10.19	Jayne TAYLOR	Nominated Stakeholder – Calderdale & Hudderfield Solutions Ltd.	-	-	-	-	-	Employee of Calderdale and Huddersfield Solutions Limited, wholly owned subsidiary of Calderdale & Huddersfield NHS Foundation Trust
8.10.19	Rosemary HOGGART	Staff Elected – Nurses / Midwives	-	-	-	-	-	Nursing and Midwifery Council Royal College of Midwives

Please notify Amber Fox, Corporate Governance Manager immediately of any changes to the above declaration: - 01484 355933 or Amber.Fox@cht.nhs.uk or return the attached with amendments.

Declaration to be received from:

Sally ROBERTSHAW, Staff Elected, Allied Healthcare Professionals (AHPs)

Calderdale and Huddersfield NHS Foundation Trust

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2020 – LATEST UPDATE – OCTOBER 2019

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS	
Under National Health Service Act 2006: • To appoint and, if appropriate, remove the Chair • To appoint and, if appropriate, remove the other non-executive directors • To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs • To approve the appointment of the Chief Executive • To appoint and, if appropriate, remove the NHS Foundation Trust's external auditor • To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report In preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.	**Under Health and Social Care Act 2012:** • To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors • To represent the interests of the members of the Trust as a whole and of the public • To approve "significant transactions" as defined within the constitution • To approve any applications by the Trust to enter into a merger, acquisition, separation or dissolution • To decide whether the FT's private patient work would significantly interfere with its principal purpose, i.e. the provision of goods and services for the health service in England or the performance of its other functions • To approve any proposed increase in private patient income of 5% or more in any financial year • Jointly with the Board of Directors, to approve amendments to the FT's constitution

	23 Jan 2020	23 April 2020	9 July 2020	15 July 2020 (AGM)	22 Oct 2020	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest with new governors	
Minutes of previous meeting	✓	✓	✓		✓	Upload approved minutes to public website
Matters arising	✓	✓	✓		✓	

	23 JAN 2020	23 APRIL 2020	9 JULY 2020	15 JULY 2020 (AGM)	22 OCT 2020	COMMENTS
Chair's Report	✓	✓	✓		✓	
Lead Governor Update	✓	✓	✓	✓ (Annual update)	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - – **Audit & Risk Committee** – **Finance & Performance Committee** – **Quality Committee** – **Workforce Committee** – **Nomination & Remuneration Committee** – **Charitable Funds Committee** – **Organ Donation Committee**	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	<u>Private meetings:</u> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	
Quarterly Quality Report Extract (Complaints)	✓	✓	✓		✓	
Updated Council of Governors Calendar	✓ Receive	✓ Receive	✓ Receive		✓ Receive	

	23 JAN 2020	23 APRIL 2020	9 JULY 2020	15 JULY 2020 (AGM)	22 OCT 2020	COMMENTS
REGULAR ITEMS						
Election Process	✓Agree proposed timetable for election	✓ Progress on elections report		✓ Ratify appointment of newly elected members		
Nominations and Remuneration of Chair and Non-Executive Directors	✓Receive update on tenures	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom & Rem Committee Meeting	
Strategic Plan & Quality Priorities	Receive update: • Notes from BOD/COG Workshop • Quality Accounts	✓ Receive update on progress		✓Receive updated plan and priorities	✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission		✓ Receive Annual Plan (GB, AB)				**SUBMISSION DATE TO BE CONFIRMED** Receive draft submission and agree delegated sign off (Extra-ordinary COG Meeting or COG workshop)
Appointment of Lead Governor		✓ Paper to be presented to discuss election process **(if required)**		✓ Appointment confirmed		

	23 JAN 2020	23 APRIL 2020	9 JULY 2020	15 JULY 2020 (AGM)	22 OCT 2020	COMMENTS
Chair/Non-Executive Director Appraisal		✓ Approve process		✓Receive informal report		April – Approve process July – Receive report
Constitutional Amendments		✓ Review amendments				Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts				✓ Receive presentation from audit on Accounts and Quality Accounts		
Future Council of Governors Meeting Dates			✓ Draft – meeting dates agreed		✓ Venues confirmed	
Council of Governors Sub Committees					✓ Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
Council of Governors Self Appraisal of Effectiveness					✓ Self-Appraisal feedback / outcome	✓ Self-Appraisal process to commence July / August 2020
Review Annual Council of Governors Meetings Workplan (this document)		✓ Review			✓ Review any amendments / additions	Review as required
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				
Quality Accounts	✓ Receive update on Quality Account Priorities					Approval of local indicator for QA agreed at December COG Workshop

	23 JAN 2020	23 APRIL 2020	9 JULY 2020	15 JULY 2020 (AGM)	22 OCT 2020	COMMENTS
Review details of 2020 Annual General Meeting		✓ Review April				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						Tender due for review April 2020
Appointment of Auditors						As required – appointment made 2017 – 2020
Review Membership Strategy					✓ Review	Review as required and no less than every 3 years
Review of Standing Orders – Council of Governors		✓ Review	✓ Review			Bi-annually
Risk Register	✓					

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

DIVISIONAL REFERENCE GROUPS

Families & Specialist Services (FSS) Divisional Reference Group	
Allocated:	Dr Peter Bamber Stephen Baines Annette Bell Lynn Moore Sally Robertshaw Veronica Woollin
Dates of meetings: **Thursday 14 November 2019** 2.15 pm – 3.00 pm 3.00 pm – 4.30 pm Visit to Simulation Suite, HRI then Meeting Room 3, Learning Centre, Huddersfield Royal Infirmary **Monday 10 February 2020** 11.00 am – 1.00 pm Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary **Monday 8 June 2020** 11.00 am – 1.00 pm Board Room, Huddersfield Royal Infirmary **Monday 9 November 2020** 11.00 am – 1.00 pm Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary	

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

Surgery & Anaesthetics (S&A) Divisional Reference Group	
Allocated:	Jude Goddard Rosie Hoggart Christine Mills Brian Richardson John Richardson Chris Owen

Dates of meetings:

Tuesday 12 November 2019
2.15 pm – 3.00 pm
3.00 pm – 4.30 pm
Tour around Ward 11, Huddersfield Royal Infirmary then
Meeting Room 4, 3rd floor, Acre Mills

Thursday 13 February 2020
1.00 pm – 3.00 pm
Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary

Tuesday 9 June 2020
9.30 am – 11.30 am
Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary

Tuesday 10 November 2020
1.30 pm – 3.30 pm
Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

Medicine Divisional Reference Group

Allocated:	John Gledhill Sian Grbin Dianne Hughes Alison Schofield Linzi Smith

Dates of meetings:

Wednesday 13 November 2019
1.30 pm – 2.00 pm
2.00 pm – 3.30 pm
Visit to Frailty Team, Huddersfield Royal Infirmary then
Meeting Room 2, Learning Centre, Huddersfield Royal Infirmary

Tuesday 11 February 2020
9.30 am – 11.30 am
Meeting Room 1, Learning Centre, Huddersfield Royal Infirmary

Monday 8 June 2020
1.00 pm – 3.00 pm
Board Room, Huddersfield Royal Infirmary

Wednesday 4 November 2020
1.30 pm – 3.30 pm
Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary

Community Healthcare Divisional Reference Group

Allocated:	Stephen Baines Annette Bell Lynn Moore Brian Richardson Sheila Taylor Chris Owen

Dates of meetings:

Tuesday 26 November 2019
1.45 pm – 2.30 pm
2.30 pm – 4.00 pm
Beechwood Medical Centre, 60A Keighley Road, Halifax HX2 8AL

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

Meet the Support and Independence Team
then DRG meeting

Monday 10 February 2020
2.00 pm – 4.00 pm
Meeting Room 2, 1st floor, Broad Street Plaza

Wednesday 10 June 2020
9.30 am – 11.30 am
Meeting Room 4, 3rd floor, Acre Mills

Monday 9 November 2020
1.30 pm – 3.30 pm
Meeting Room 4, 3rd floor, Acre Mills

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

Estates and Facilities Group	
Allocated:	Paul Butterworth Annette Bell John Gledhill John Richardson Alison Schofield Sheila Taylor

Dates of meetings:

Friday 15 November 2019
9.30 am – 10.00 am
10.00 am – 11.30 am
Tour around Theatres, Calderdale Royal Hospital then
ICU Seminar Room, Calderdale Royal Hospital

Wednesday 26 February 2020
1.30 pm – 3.30 pm
Room 4, 3rd floor, Acre Mills OPD

Wednesday 10 June 2020
1.30 pm – 3.30 pm
Medium Training Room, Learning Centre, Calderdale Royal Hospital

Thursday 12 November 2020
1.30 pm – 3.30 pm
Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

BOARD SUB-COMMITTEES

Only the allocated rep should attend the meeting. The Deputy can attend in the absence of the allocated rep

Quality Committee	
Allocated:	Christine Mills (Rep) Dr Peter Bamber (Deputy)
Dates of meetings: **Monday 4 November 2019** 3:00 – 5:30 pm Meeting Room 3, Acre Mills Outpatients (3rd floor) **Monday 2 December 2019** 3:00 – 5:00 pm Meeting Room 3, Acre Mills Outpatients (3rd floor) **Dates for 2020 to be determined**	

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

Charitable Funds Committee (Quarterly)	
Allocated:	Sheila Taylor (Rep) John Gledhill (Deputy)
Dates of meetings: **Quarterly – Dates TBC (Carol Harrison)**	

Organ Donation Committee (Bi-annually)	
Allocated:	Annette Bell (Rep) Sally Robertshaw (Deputy)
Dates of meetings: **Wednesday 15 January 2020** 10:30 – 12:00 pm ICU Seminar Room, Calderdale Royal Hospital **Wednesday 15th July 2020** 10:30 – 12:00 pm ICU Seminar Room, Huddersfield Royal Infirmary	

Audit & Risk Committee (Quarterly)	
Allocated:	John Richardson (Rep) John Gledhill (Deputy)
Dates of meetings: **Wednesday 29th January 2020** 10:00 – 12:00 pm Room 3, Acre Mills Outpatients, Huddersfield Royal Infirmary **Tuesday 7th April 2020** 1:00 – 3:00 pm Room 4, Acre Mills Outpatients, Huddersfield Royal Infirmary May 2020 – ***TBC***	

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

Wednesday 22nd July 2020
10:00 – 12:00 pm
Large Training Room, Learning Centre, Calderdale Royal Hospital

Wednesday 21st October 2020
10:00 – 12:00 pm
Room 3, Acre Mills Outpatients, Huddersfield Royal Infirmary

Finance & Performance Committee	
Allocated:	Sian Grbin (Rep) Rosie Hoggart (Deputy)

Dates of meetings:

Friday 1 November 2019
9.30 – 12.30 pm
Meeting Room 4, 3rd Floor, Acre Mills Outpatients

Friday 29 November 2019
9.30 – 12.30 pm
Meeting Room 4, 3rd Floor, Acre Mills Outpatients

Monday 6 January 2020
11.00 – 2.00 pm
Meeting Room 4, 3rd Floor, Acre Mills Outpatients

Monday 3 February 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

Monday 2 March 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

Monday 30 March 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

Monday 4 May 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

Monday 1 June 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

Monday 29 June 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

Monday 3 August 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

Tuesday 1 September 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

Monday 28 September 2020
11.00am – 2.00 pm
Boardroom, Huddersfield Royal Infirmary

Workforce Committee	
Allocated:	Jude Goddard (Rep) Linzi Smith (Deputy)

Dates of meetings:

Tuesday 5 November 2019
9:30 am – 11.30 am
Meeting Room 3, Acre Mills Outpatients (3rd floor) or Boardroom, Calderdale Royal Hospital (VC facilities)

Tuesday 10 December 2019
2:00 – 4:00 pm

COUNCIL OF GOVERNORS ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM NOVEMBER 2019

Discussion Rooms 1 & 3, Learning Centre, Huddersfield Royal Infirmary **Tuesday 10 December 2019** 4:00 – 5:00 pm Discussion Room 2, Learning Centre, Huddersfield Royal Infirmary **Dates for 2020 to be determined**

Council of Governors Nomination & Remuneration Committee (As / when required)	
Allocated:	Lead Governor* Alison Schofield Stephen Baines Lynn Moore Veronica Woollin Paul Butterworth Christine Mills
Dates of meetings: When and as required ** Declaration of non-interest in Non-Executive Director post required. A quorum will be three members, two of whom must be publicly elected Governors.	

VERBAL UPDATE FROM BOARD SUB COMMITTEES

For Assurance

11. a. Quality Committee

b. Charitable Funds Committee - Christine Mills

c. Organ Donation Committee - Philip Lewer

d. Audit & Risk Committee - Richard Hopkin

e. Finance & Performance Committee - Sian Grbin

f. Workforce Committee - Alison Schofield

To Note

Presented by Philip Lewer and Richard Hopkin

INFORMATION TO RECEIVE

To Note

Presented by Andrea McCourt

12. a. Council of Governors Register 2019
b. Council of Governors Calendar 2019-2020

To Note

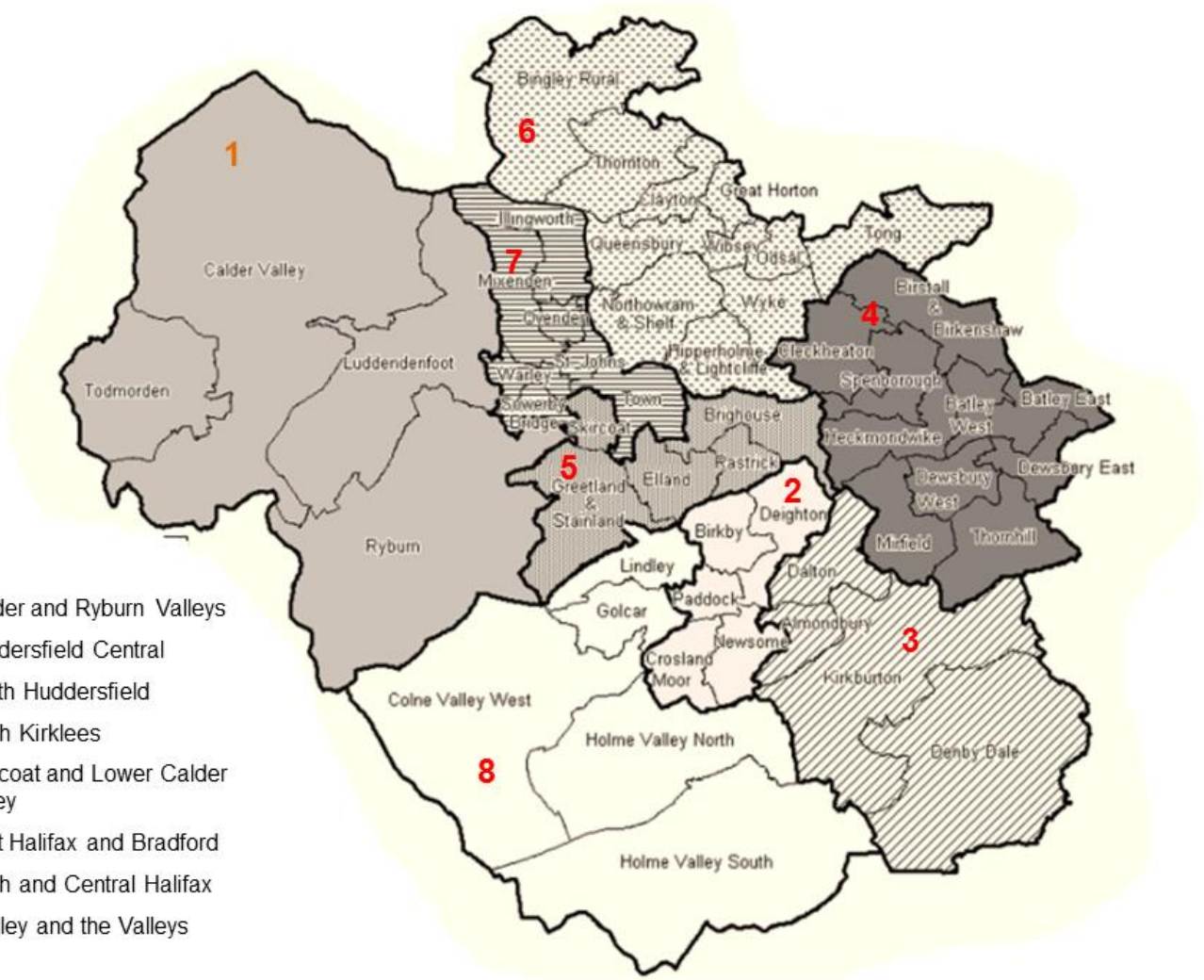
Presented by Andrea McCourt

Calderdale and Huddersfield NHS Foundation Trust

COUNCIL OF GOVERNORS REGISTER
AS AT 5 OCTOBER 2019

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1 – Calder and Ryburn Valleys	Jude Goddard	19.7.18	3 years	2021
1 – Calder and Ryburn Valleys	**VACANT SEAT**			
2 – Huddersfield Central	Sheila Taylor	19.7.18	3 years	2021
2 – Huddersfield Central	Christine Mills	19.7.18	3 years	2021
3 – South Kirklees	Chris Owen	17.7.19	3 years	2022
3 – South Kirklees	John Richardson	15.9.17	**3 years**	**2020**
4 – North Kirklees (Cons. 4 from 15.11.17)	Veronica Woollin	15.9.16 17.7.19	3 years 3 years	2019 2022
4 – North Kirklees (Reserve Register from 17.7.19)	Dianne Hughes	19.9.13 15.9.16 17.7.19	3 years 3 years 1 year	2016 2019 **2020**
5 – Skircoat and Lower Calder Valley	Stephen Baines	15.9.16 17.7.19	3 years 3 years	2019 2022
5 – Skircoat and Lower Calder Valley	Brian Richardson	18.9.14 15.9.17	3 years **3 years**	2017 **2020**
6 – East Halifax and Bradford	Annette Bell	19.7.18	3 years 3 years	2018 2021
6 – East Halifax and Bradford	Paul Butterworth	15.9.17	3 years	**2020**
7 – North and Central Halifax	Lynn Moore	18.9.14	3 years **3 years**	2017 **2020**
7 – North and Central Halifax	Alison Schofield	15.9.17	**3 years**	**2020**
8 – Lindley and the Valleys	**VACANT SEAT**			
8 - Lindley and the Valleys	John Gledhill	17.7.19	3 years	2022

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Dr Peter Bamber	15.9.17	**3 years**	**2020**
10 - AHPs/HCS/ Pharmacists	Sally Robertshaw	17.7.19	3 years	2022
11 - Mgmt/Admin/ Clerical	Linzi Jane Smith	15.9.17	**3 years**	**2020**
13 – Nurses/Midwives	Sian Grbin	15.9.17	**3 years**	**2020**
13 – Nurses/Midwives	Rosemary Hoggart	17.7.19	3 years	2022
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**
Calderdale Huddersfield Solutions Ltd (CHS)	Jayne Taylor	17.7.19	3 years	2022
Kirklees Metropolitan Council	Cllr Lesley Warner	14.6.19	3 years	2022
Healthwatch Kirklees	Helen Hunter	2.10.17	**3 years**	**2020**
Locala	Chris Reeve	21.11.17	**3 years**	**2020**
South West Yorkshire Partnership NHS FT	Salma Yasmeen	18.10.17	**3 years**	**2020**



1 Calder and Ryburn Valleys
2 Huddersfield Central
3 South Huddersfield
4 North Kirklees
5 Skircoat and Lower Calder Valley
6 East Halifax and Bradford
7 North and Central Halifax
8 Lindley and the Valleys

2019 MEETING SCHEDULE FOR GOVERNORS

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Meeting Type	Date	Time	Venue
Governor Induction Day 1 Attend: New Governors	Wednesday 21 August 2019	9:00 – 4:00 pm	Huddersfield Royal Infirmary, Discussion Room 2, Learning Centre
Governor Induction Day 2 Attend: New Governors	Wednesday 28 August 2019	9:00 – 4:00 pm	Calderdale Royal Hospital, Large Training Room, Learning & Development Centre
Council of Governors Training Session: Working Together to Get Results Attend: Any	Thursday 29 August 2019	11:00 – 1:00 pm	Calderdale Royal Hospital, Boardroom, Trust Headquarters
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 26 September 2019	4:00 – 6:00 pm	Calderdale Royal Hospital Medium Training Room, Learning & Development Centre
Council of Governors Meeting Attend: All	Thursday 17 October 2019	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Calderdale Royal Hospital, Large Training Room, Learning & Development Centre
Surgery Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Tuesday 12 November 2019	3:00 – 4:30 pm	Acre Mills Outpatients (3rd Floor), Room 3
Estates & Facilities Services Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Wednesday 13 November 2019	10:00 – 11:30 am	Huddersfield Royal Infirmary, Forum B, Sub-Basement
Medical Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Wednesday 13 November 2019	2:00 – 3:30 pm	Huddersfield Royal Infirmary, Meeting Room 2, Learning Centre
FSS Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Thursday 14 November 2019	3:00 – 4:30 pm	Huddersfield Royal Infirmary, Meeting Room 3, Learning Centre
Council of Governors Training Session – Quality and Improving the Patient Experience Attend: Any	Monday 18 November 2019	9:30 – 11:30 am	Acre Mills Outpatients (3rd Floor), Room 4

2019 MEETING SCHEDULE FOR GOVERNORS

Calderdale and Huddersfield NHS Foundation Trust

Joint Board of Directors / Council of Governors Workshop Attend: All	Friday 22 November 2019	12:30 – 4:00 pm	Huddersfield Royal Infirmary Boardroom, Sub-Basement
Extra-ordinary Council of Governors Meeting Attend: All	Friday 22 November 2019	4:00 – 4:30 pm	Huddersfield Royal Infirmary Boardroom, Sub-Basement
Community Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Tuesday 26 November 2019	10:00 – 11:30 am	Beechwood Medical Centre, 60A Keighley Road, Halifax, HX2 8AL
Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 17 December 2019	12:30 – 4:30 pm	Huddersfield Royal Infirmary Boardroom, Sub-Basement

2020 MEETING SCHEDULE FOR GOVERNORS

Calderdale and Huddersfield NHS Foundation Trust

Dates for 2020

Council of Governors Meeting Attend: All	Thursday 23 January 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary
FSS Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Monday 10 February 2020	11.00 – 1.00 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Community Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Monday 10 February 2020	2.00 – 4.00 pm	Meeting Room 2, 1st floor, Broad Street Plaza
Medical Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Tuesday 11 February 2020	9.30 – 11.30 am	Meeting Room 1, Learning Centre, Huddersfield Royal Infirmary
Surgery Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Thursday 13 February 2020	1:00 – 3:00 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 13 February 2020	3:00 – 5:00 pm	Boardroom, Huddersfield Royal Infirmary
Estates & Facilities Services Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Wednesday 26 February 2020	1.30 pm – 3.30 pm	Medium Training Room, Learning Centre, Calderdale Royal Hospital
Council of Governors Meeting Attend: All	Thursday 23 April 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 12 May 2020	1:00 – 4:00 pm	Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary
FSS Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Monday 8 June 2020	11:00 – 1:00 pm	Boardroom, Huddersfield Royal Infirmary

2020 MEETING SCHEDULE FOR GOVERNORS

Calderdale and Huddersfield NHS Foundation Trust

Medical Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Monday 8 June 2020	1.00 – 3.00 pm	Boardroom, Huddersfield Royal Infirmary
Surgery Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Tuesday 9 June 2020	9.30 – 11.30 am	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Community Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Wednesday 10 June 2020	9:30 – 11:30 am	Meeting Room 4, 3rd floor, Acre Mills
Estates & Facilities Services Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Wednesday 10 June 2020	1:30 – 3:30 pm	Medium Training Room, Learning Centre, Calderdale Royal Hospital
Council of Governors Meeting Attend: All	Thursday 9 July 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
Joint Board of Directors / Council of Governors Annual General Meeting (AGM)	Wednesday 15 July 2020	Arrival from 5:00 pm (tea/coffee) 6:00 pm – 8:00 pm	Large Training Room, Learning Centre, Calderdale Royal Hospital
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 17 September 2020	3:00 – 5:00 pm	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
Council of Governors Meeting Attend: All	Thursday 22 October 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Boardroom, Huddersfield Royal Infirmary
Medical Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Wednesday 4 November 2020	1.30 – 3.30 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
FSS Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Monday 9 November 2020	11.00 am – 1.00 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Community Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Monday 9 November 2020	1.30 – 3.30 pm	Meeting Room 4, 3rd floor, Acre Mills

2020 MEETING SCHEDULE FOR GOVERNORS

Calderdale and Huddersfield NHS Foundation Trust

Surgery Divisional Reference Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Tuesday 10 November 2020	1.30 – 3.30 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Estates & Facilities Services Group Meeting Attend: Allocated Governors (this will be confirmed at the Council of Governors meeting in October 2019)	Thursday 12 November 2020	1.30 – 3.30 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Joint Board of Directors / Council of Governors Workshop Attend: All	Friday 20 November 2020	1:00 – 4:00 pm	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 15 December 2020	12:30 – 4:30 pm	Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary

13. Any Other Business

To Note

14. DATE AND TIME OF NEXT MEETINGS:

Council of Governors meeting
Date: Thursday 23 January 2020
Time: 3:30 – 5:30 pm (Private meeting 2:00 – 3:15 pm)
Venue: Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary

To Note

Presented by Philip Lewer