Council of Governors

Schedule	Wednesday 04 July 2018, 04:00 PM — 06:00 PM BST
Venue	HRI - Boardroom
Organiser	Amber Fox

Agenda

1. Welcome and introductions: Alastair Graham, Non-Executive Director Dr David Anderson, Non-Executive Director/ SINED

To Note

Presented by Philip Lewer

2. Apologies for absence:
Jackie Murphy
Anna Basford
Veronica Maher
David Birkenhead
Suzanne Dunkley
Mandy Griffin

To Note

Presented by Philip Lewer

3. Declaration of Interests

To Note

4. Minutes of the meeting held:
Thursday 4 April 2018
Thursday 8 May 2018 (Extra meeting)

To Approve

Presented by Philip Lewer

APPENDIX A

Calderdale and Huddersfield NHS Foundation Trust

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

PRESENT:

Andrew Haigh	Outgoing Chair
Philip Lewer	Chair
Dianne Hughes	Public elected – Constituency 3
Kate Wileman	Public elected – Constituency 2
Veronica Maher	Public elected – Constituency 4
Stephen Baines	Public elected – Constituency 5
Brian Richardson	Public elected – Constituency 5
Annette Bell	Public elected – Constituency 6
Paul Butterworth	Public elected – Constituency 6
Lynn Moore	Public elected – Constituency 7
Brian Moore	Public elected – Constituency 8 /Lead Governor
Dr Peter Bamber	Staff Elected – Constituency 9
Linzi Smith	Staff Elected – Constituency 11
Sian Grbin	Staff-elected – Constituency 13
Megan Swift	Nominated Stakeholder – Calderdale Metropolitan Council
Felicity Astin	Nominated Stakeholder - University of Huddersfield
Rory Deighton	HealthWatch Kirklees

IN ATTENDANCE:	**(*For part of the meeting due to CQC inspection feedback)**
David Anderson	Non-Executive Director/SINED
Helen Barker	Chief Operating Officer *
Anna Basford	Director of Transformation and Partnerships *
David Birkenhead	Executive Medical Director *
Gary Boothby	Executive Director of Finance *
Kathy Bray	Board Secretary
Suzanne Dunkley	Executive Director of Workforce and OD *
Mandy Griffin	Managing Director – Digital Health *
Lesley Hill	Executive Director of Planning, Estates & Facilities *
Richard Hopkin	Non-Executive Director
Ruth Mason	Associate Director of OD and Training (item 9)
Amanda McKie	Matron – Complex Care Needs Co-ordinator (item 4)
Andy Nelson	Non-Executive Director
Victoria Pickles	Company Secretary
Owen Williams	Chief Executive

APOLOGIES FOR ABSENCE WERE RECEIVED FROM:

Rosemary Hedges	Public elected – Constituency 1
Di Wharmby	Public elected – Constituency 1
Alison Schofield	Public elected – Constituency 7
Katy Reiter	Public elected – Constituency 2
John Richardson	Public elected – Constituency 3
Nasim Banu Esmail	Public elected – Constituency 4
Michelle Rich	Public elected – Constituency 8

Theodora Nwaeze	Staff-elected – Constituency 12
Chris Reeve	Nominated Stakeholder – Locala
Salma Yasmeen	Nominated Stakeholder – South West Yorkshire Partnership FT
Brendan Brown	Executive Director of Nursing/Deputy Chief Executive

The Chair opened the meeting by thanking everyone for attending and introducing Philip Lewer who had taken over the role of Chair for the Trust with effect from 1 April 2018. It was noted that due to a Care Quality Commission (CQC) Feedback session the Executive Directors would leave the meeting at 5.30 pm.

He advised those present that discussion had taken place during the private Governors session held prior to the meeting regarding the financial pressures/reforecast, Judicial Review and issues discussed at recent private meetings of the Board of Directors meetings.

14/17 DECLARATION OF INTERESTS

There were no declarations of interest at the meeting.

15/18 DENNIS' STORY

Amanda McKie, Matron – Complex Care Needs attended the meeting to give a presentation entitled 'Dennis' Story' which highlighted the awareness of caring for patients with a learning disability, Do Not Attempt Cardiac Pulmonary Resuscitation (DNA CPR) and the Mental Health Capacity Act.

Amanda gave a brief background to the work undertaken in recent years to raise the profile of people with learning disabilities and the national strategy changes which had been put in place to acknowledge the different needs of these patients. Nationally this was a big agenda which had led to changes in practice including an external review of all deaths to identify any cases/actions which could have been avoided and a review of the DNA CPR process for these patients. It was noted that the Trust was a trail blazer in this field.

The video, which had been made by the Trust and was used in training, told the story of Dennis, a very independent man who had learning disabilities and cerebral palsy who was being cared for in a home. He had been admitted to the Trust through A/E Department and responded well to treatment. On his return to the home, the staff and family were upset to find that Dennis had been put on a DNA CRP plan without their knowledge. It was noted that this was a medical decision but best practice states that this is communicated with the patient and their family so they have a better understanding of what this means.

The Governors thanked Amanda for the informative presentation.

OUTCOME: The Council of Governors **RECEIVED AND NOTED** the information presented by Amanda McKie

16/18 MINUTES OF THE LAST MEETING – 17 JANUARY 2018

The minutes of the last meeting held on 17 January 2018 were approved as an accurate record.

17/18 MATTERS ARISING

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

The Chair confirmed that he had now had discussions and sent an email to Governors who had not regularly attended formal meetings.

Brian Moore asked that the Governors present vote on whether members who had not attended two formal meetings, as specified in the Constitution should be asked to stand

down. This was in line with the Constitution and allowed the seats to go forward for election in the next round of elections. Those present felt that this was the right thing to do as it was not fair to Trust staff or the public if seats are not represented.

ACTION: CHAIRMAN / LEAD GOVERNOR

OUTCOME: All present **AGREED** that two Governors be asked to stand down from the Council of Governors with effect from 19 July 2018.

76/17 – RAISING IT ISSUES

It was noted that the Managing Director, Digital Health had actioned this outside the meeting.

OUTCOME: Completed

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

Further feedback on the two mandated indicators was requested and the Company Secretary agreed to circulate this to Governors. (Following the meeting an email was circulated to Governors advising on the mandated indicators which were: 4 hour emergency care standard and the 18 weeks referral to treatment standard).

ACTION: COMPANY SECRETARY (COMPLETED 4.4.18)

18/18 CHAIR'S REPORT

a. UPDATE FROM CHAIRS INFORMATION EXCHANGE MEETING – 26.3.18

The Chair reported on the minutes from the meeting held on the 26 March 2018 which had been included with the agenda (Appendix B). The next meeting was scheduled to be held on the 25 June 2018.

OUTCOME: The Council of Governors **RECEIVED AND NOTED** the Chairs Information Exchange Minutes – 26.3.18

PERFORMANCE AND STRATEGY

19/18 19/18a - FINANCIAL POSITION AND FORECAST

The Executive Director of Finance presented the Month 10 finance report, as at 31 January 2018.

The key points were:-

19/18b - PERFORMANCE & QUALITY (Including Good News Stories)

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

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

- The good news stories paper was received and noted.

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

20/18 STRATEGIC PLAN & QUALITY PRIORITIES UPDATE

The Chairman reported that as agreed in the Annual Workplan, the Executive Directors had been requested to give an update on the following areas at this meeting:

20/18a - WORKFORCE & OD UPDATE

Suzanne Dunkley, Executive Director of Workforce and OD advised that progress continued on the action plan for the workforce strategy which had been circulated in November 2017. She updated those present on the key areas of performance.

Paul Butterworth asked if a spreadsheet with a breakdown of timescales for training could be prepared but it was pointed out that the 112,000 training requirements identified were dependant on the role and included mandatory training.

20/18b - LEADERSHIP DEVELOPMENT

Ruth Mason, Associate Director of Training & OD reported on the various offerings developed within the Trust to meet the leadership development needs. This included an update around:

- Apprenticeship Schemes
- Nursing development courses
- Suite of courses around essential management skills
- CLIP programme
- Work Together to Get Results focus
- Monthly Star Awards

20/18c - CARE OF THE ACUTELY ILL PATIENT

The Executive Medical Director updated on the continuing work of the workstreams to improve patient outcomes. The key areas included:

- Hospital Mortality – positive outcomes and expected mortality rates to continue to fall.
- EPR – metrics continue to fall i.e. identification of patient deterioration and early intervention.
- Care Bundles - improved standardisation of care implemented to support early discharge and avoidance of hospital admissions.
- Falls and Pressure Sores – improvements in outcomes being seen.

Discussion took place regarding admission avoidance and the Chief Executive explained the work which was being undertaken both within and outside the trust, working with CCGs, Locala and GPs to replicate a community model as seen in Calderdale.

20/18d - SAFER PATIENT PROGRAMME

The Chief Operating Officer updated on the progress with the Safer Patient Programme. The key issues included:

- Increase in ambulatory care – good patient experience feedback
- Medical Day Cases at CRH – moved into Ambulatory Unit
- Frailty Team – work continues
- Community Place – more work was being done with Commissioners and LA to look at a rehabilitation model outside hospital, with care closer to home, rather than a community model in hospital.
- Electronic Digital Data – The Chief Executive updated on a pilot being undertaken with Calderdale Council to have shared electronic information. The benefits that this would bring in the future to the whole health and social care system were noted.

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

20/18e – FULL BUSINESS CASE

The Director of Transformation and Partnerships reported that no further updates were

available. The judicial review had been requested and it was therefore unlikely to hear from the Secretary of State until this process had been finalised later in the summer.

21/18 UPDATE ON WHOLLY OWNED SUBSIDIARY

The Director of Planning, Estates and Facilities updated the Governors on the discussion held at the public Board of Directors meeting held on 1 March 2018.

It was reported that a company had been set up with Companies House and the initial name of the company was "Calderdale and Huddersfield Solutions". This would enable employees to become members of the NHS Pension Scheme, use of the NHS logo and set up bank accounts and tax arrangements.

The following Board members had been appointed to serve on the shadow board for this company:
Alastair Graham, Interim Chair
Suzanne Dunkley, Interim Non-Executive Director
Lesley Hill, Interim Managing Director

The Director of Workforce and OD advised that meetings continued with staff and staff side representatives to explore different TUPE models and that the relationship to date had been positive.

It was noted that a letter had been received both by the Board and Governors from "999 Call the NHS" and it was agreed that once a response had been formulated this would be shared with the Governors.

Following discussion the Governors present felt that an extra-ordinary meeting of the Governors should be convened to discuss this in more detail. It was agreed that the Board Secretary should arrange a date and notified Governors of the details, along with the response to "999 Call the NHS".

ACTION: Board Secretary (this was subsequently arranged for 8 May 2018)

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

22/18 ANNUAL PLAN 2018-19

The Executive Director of Finance summarised the Trusts' draft Annual Plan. It was noted that the final document required submission to NHS Improvement by 30 April 2018 following agreement by the Board of Directors on the 5 April 2018.

The key points from the draft Annual Plan were noted:

- Agree seasonal profiling of operational plans and final bed plans to allow full triangulation with workforce and finance
- Conclude contract terms with commissioners
- Finalise CIP plans and allocation to close gap to £18m
- Agree agency trajectory at divisional level
- NHSI on site review of operational and financial plan 25 April
- Progress discussions with NHSI on national capital support for essential investments
- Submit final 2018/19 plans to NHSI for 30 April deadline

GOVERNANCE

23/18 COUNCIL OF GOVERNORS REGISTER

The updated register of members as at 1 April 2018 was received for information. It was noted that there had been no changes to the Register since it was tabled at the last meeting on the 17 January 2018.

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

24/18 REGISTER OF INTERESTS/DECLARATION OF INTERESTS

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

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

25/18 NON-EXECUTIVE DIRECTOR APPRAISALS FEEDBACK

The Chairman presented a paper reporting on the appraisals of the Non-Executive Directors (NEDs) carried out between January and March 2018 by the Chair with input from the Executive team.

It was noted that all the Non-Executive Directors were assessed to be carrying out their duties to a satisfactory standard and fulfilling their time commitment to the Trust.

OUTCOME: The Council of Governors **APPROVED** the Chairman's Appraisal of the Non-Executive Directors.

26/18 PROCESS FOR ELECTION OF LEAD GOVERNOR

The process and timeline for the appointment of Lead Governor had been circulated for approval. All present noted the contents of the paper and supported the process which would commence week commencing 9 April 2018 and conclude with the formal announcement at the AGM on the 19 July 2018. The appointment would be effective from 20 July 2018.

OUTCOME: The Council of Governors **APPROVED** the process for the election process for the appointment of Deputy Chair/Lead Governor process.

27/18 SELF-ASSESSMENT PROCESS

The Company Secretary reported that the Membership Office will circulate information to the Governors to complete the annual self-appraisal and the results will be feedback to the Governors' meeting in July 2018.

ACTION: Company Secretary/Membership Office

28/18 REVIEW OF COUNCIL OF GOVERNORS' FORMAL MEETING ATTENDANCES

The Company Secretary requested all Governors to check their attendance and advise of any discrepancies before the information is published in the Annual Report in May 2018.

ACTION: All Governors

As discussed earlier in the meeting it was agreed that two Governors would be asked to stand down to allow their seats to go forward in the next round of elections.

ACTION: Chair/Board Secretary

29/18 REVIEW DETAILS FOR JOINT BOD/COG ANNUAL GENERAL MEETING

The Council of Governors' are aware that the Joint Board/Council of Governors' Annual General Meeting will be held on Thursday 19 July 2018. It is expected that the meeting will take place in the Large Training Room, Learning Centre, Calderdale Royal Hospital commencing at 6.00 pm.

30/18 UPDATE FROM BOARD SUB COMMITTEES

30/18a - QUALITY COMMITTEE

Lynn Moore highlighted the discussions which had taken place at the last Quality Committee. These included:

- Serious Incident Reporting – never event – work on going
- EPR - Appointment letters discussed and work on going

30/18b - ORGAN DONATION COMMITTEE

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

- Year to date 6 donations had been received, 5 family declines and 1 coroner decline.
- Funding secured to promote organ donation advertisement on lease vehicles with banner 'wraps'

30/18c - CHARITABLE FUNDS COMMITTEE

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

- Agreement to have corporate trustee training for Board
- Work by Huddersfield University Students on public views on donation fedback to Board
- Todmorden – sub committee funded benches, food bank and support for mental health initiatives for the people of Todmorden.

30/18d - PATIENT EXPERIENCE AND CARING GROUP

Lynn More highlighted the discussions which had taken place at the Patient Experience and Caring Group and these included:

- Noise at night reviewed
- Fire brigade involvement in preventing falls
- New privacy curtains process implemented 'daisy'
- My name is…. reminder to staff to use this required.

30/18e - NOMINATION AND REMUNERATION COMMITTEE (CoG)

Brian Moore reported that as the Council of Governors were aware the Nominations and Remuneration Committee (COG) held interviews for the post of Chair on Friday 2 February 2018 and Philip Lewer had been offered the post subject to ratification by the Council of Governors.

Those present formally welcomed Philip to the Trust and approved the appointment which had commenced on the 1 April 2018.

OUTCOME: The Council of Governors **RECEIVED** the Sub Committees/Groups updates and **APPROVED** the ratification of the appointment of Philip Lewer to the position of Chair.

31/18 CHAIR'S APPRAISAL

Dr David Anderson, Senior Independent Non-Executive Director/Non-Executive Director gave feedback on the Chair Appraisal Process. It was noted that this was Andrew's seventh and appraisal and had been his final year in office.

Overall the appraisal had identified positive feedback from the Board and Council of Governors and a reflection of his seven years in post were summaried:

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

Brian Moore, Lead Governor thanked everyone for their help in assisting with the smooth running of this process.

OUTCOME: The Council of Governors **APPROVED** the Chair Appraisal

32/18 INFORMATION TO RECEIVE

The following information was received and noted:

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

33/18 ANY OTHER BUSINESS

33/18a – Thanks to Andrew Haigh

Owen Williams and Brian Moore formally thanked Andrew Haigh on behalf of the Board and Governors for his commitment and work over the past 7 years as Chairman of the Calderdale and Huddersfield Trust and wished his every success in the future.

33/18b – Wi-Fi

Stephen Baines reported that he had been unable to connect to the Wi-Fi in the Boardroom. It was agreed that this would be reported to Mandy Griffin, Managing Director – Digital Health.

ACTION: Board Secretary

There was no other business to note.

DATE AND TIME OF NEXT MEETING

Wednesday 4 July 2018 commencing at 4.00 pm in the Boardroom, Sub-Basement, Huddersfield Royal Infirmary

The Chair thanked everyone for their contribution and closed the meeting at 6.30 pm.

APPENDIX A

Calderdale and Huddersfield NHS Foundation Trust

MINUTES OF THE SPECIAL MEETING OF THE COUNCIL OF GOVERNORS HELD ON TUESDAY 8 MAY 2018 IN THE BOARDROOM, SUB-BASEMENT, HUDDERSFIELD ROYAL INFIRMARY

PRESENT:

Philip Lewer	Chair
Rosemary Hedges	Public elected – Constituency 1
Dianne Hughes	Public elected – Constituency 3
Veronica Maher	Public elected – Constituency 4
Nasim Banu Esmail	Public elected – Constituency 4
Stephen Baines	Public elected – Constituency 5
Annette Bell	Public elected – Constituency 6
Paul Butterworth	Public elected – Constituency 6
Lynn Moore	Public elected – Constituency 7
Brian Moore	Public elected – Constituency 8 /Lead Governor
Dr Peter Bamber	Staff Elected – Constituency 9
Linzi Smith	Staff Elected – Constituency 11
Sian Grbin	Staff-elected – Constituency 13
Chris Reeve	Nominated Stakeholder – Locala Community Interest Partnership
Megan Swift	Nominated Stakeholder – Calderdale Metropolitan Council
Felicity Astin	Nominated Stakeholder - University of Huddersfield
Rory Deighton	Nominated Stakeholder - HealthWatch Kirklees

IN ATTENDANCE:

Jenny Allen	Human Resources Business Partner
Stuart Baron	Assistant Director of Finance
Sue Burton	Project Manager
Lesley Hill	Executive Director of Planning, Estates & Facilities
Alistair Graham	Non-Executive Director
Andy Nelson	Non-Executive Director
Victoria Pickles	Company Secretary
Owen Williams	Chief Executive

APOLOGIES FOR ABSENCE WERE RECEIVED FROM:

Di Wharmby	Public elected – Constituency 1
Alison Schofield	Public elected – Constituency 7
Kate Wileman	Public elected – Constituency 2
Katy Reiter	Public elected – Constituency 2
John Richardson	Public elected – Constituency 3
Brian Richardson	Public elected – Constituency 4
Michelle Rich	Public elected – Constituency 8
Theodora Nwaeze	Staff-elected – Constituency 12
Salma Yasmeen	Nominated Stakeholder – South West Yorkshire Partnership FT

SM1/18	**Introduction to the meeting and clarification of the role and responsibilities of the Council of Governors** The Chair opened the meeting by thanking everyone for attending. He clarified that the meeting had been set up at the request of the Governors to focus on the Board of Director's decision to set up a wholly owned subsidiary company for the delivery of estates, facilities and procurement. The meeting was intended to provide Governors

	with an opportunity to ask questions. The Company Secretary added that the answers would also form part of the response to the letter from 999 Call for the NHS which had been sent to both the Board of the Directors and the Council of Governors.
SM2/18	**Presentation on the Wholly Owned Subsidiary** The Executive Director of Planning, Estates and Facilities (PEF) gave a presentation setting out: - Case for change and Board approval - Outline of the wholly owned subsidiary and how it will work - Key principles - Consultation and staffing implications - Financial implications - Answers to questions already received from governors - Overall benefits In response to a question from the governors the Executive Director of PEF clarified that the decision to set up the wholly owned subsidiary (WOS) had been made by the Board at its public meeting in March with both staff and union representatives in attendance. The start date for the new company was delayed to 1 September 2018 in response to the Unions' request for a longer period of engagement and consultation with staff. The Executive Director of PEF confirmed that the trade unions are opposed to the concept of wholly owned subsidiaries and that this was a difficult issue, but that a lot of work had been done to maintain a positive and constructive working relationship with local union colleagues. Discussion took place about the engagement with the Council of Governors. The Chief Executive agreed to clarify the discussions that had been held previously with governors. **[Note following the meeting** Subsequent to the meeting, the Company Secretary shared the timeline of discussion below with the governors.]

Date	Meeting	Activity
21.03.17	Chairs Information Exchange	AH informed those present that the Board had received a presentation on the WOS business case and he had asked for it to go to a CoG development session
03.04.17	CoG Development Session	LH gave same WOS presentation she had given to Board
05.04.17	CoG Full Meeting	Feedback from AH on both Board and CoG sessions
18.07.17	CoG Board Workshop	WOS discussed as part of the plan on a page
15.11.17	CoG Board Workshop	WOS discussed as part of the plan on a page
13.12.17	CoG Development Session	LH gave detailed WOS presentation

A question was asked about the Huddersfield Royal Infirmary Building and the relationship to the WOS. The Executive Director of PEF confirmed that the building would be leased to the WOS for 15 years with a peppercorn rent and that the Trust would retain legal ownership of the building. The value of the building would be subject to an assessment by the district valuer

The governors raised a question on how efficiency savings would be made and why

	benefits were not already being delivered. The Executive Director of PEF explained that the estates and facilities division is required to make cost improvement savings now and that this would continue. These savings would go straight into the Trust. She explained that the services already benchmark well when compared to other trusts on the model hospital dashboard. She added that being a WOS presented new opportunities such as the ability to bid for new contracts which the Trust is not able to do. Examples of the Acre Mills facilities contract and the PFI facilities contracts were given. In response to a question about whether the company would be limited to providing services to NHS organisations, the Executive Director of PEF responded that the company could bid for other work but that 80% of its activity has to be with the Trust. The Executive Director of PEF explained that the company would be held to high standards of quality and safety. She highlighted that governors are currently involved in PLACE (patient led assessment of the care environment) inspections which show good results and that these would continue. The governors asked about the risks associated with the creation of the new company. The Executive Director of PEF explained that there is a detailed risk register which is monitored closely and presented to the Board of Directors. This risk register includes risks such as: - Ensuring there is good engagement with staff and trade unions so that staff don't become disengaged and disillusioned. She added that at Airedale, there has been an improvement in the staff survey scores across estates and facilities teams since they moved to a wholly owned subsidiary due to the increased levels of engagement with staff. - Financial risks which are mitigated through legal and financial advice. - Lifetime of contract HR issues and responses - VAT legislation changes as this would align the company to a commercial entity. VAT advice has been sought to mitigate this risk as well as looking at learning on a national level from other areas where similar companies have been set up. A governor asked if written approval had been received from HMRC. The Executive Director of PEF responded that this was not required. A question was also asked about the costs associated with setting up the WOS. The Executive Director of PEF said that she believed this was in the region of £300,000. [**Note following the meeting:** this figure was clarified and it was confirmed that this was the estimated figure for all of the West Yorkshire trusts. At the time of the meeting the cost to the Trust was around £50,000] A detailed discussion took place on staffing. The Executive Director of PEF set out the terms and conditions being offered to existing staff who transfer into the company. The HR Business Partner added that being able to be more flexible on terms and conditions for new starters would help the trusts to recruit to posts that have been historically difficult to fill and help to ensure that the right workforce is in place. Clarity was sought on the proposal in relation to the recruitment of apprentices. The Executive Director of PEF explained that the plan would be to recruit apprentices into trades that develop skills for the future. This would be supported by the current apprenticeship team and local educational establishments. Chris Reeve described the similarities with the Locala model and the need to try to attract staff from commercial

	markets who may be interested in a different terms and benefits model. A question was asked as to why outsourcing had to be considered. The Executive Director of PEF explained that the proposed reconfiguration may mean that there is a PFI2 building on the HRI site and if this was the case, the staff employed by the Trust would be at risk of outsourcing as part of this arrangement. The WOS would provide an alternative that staff would prefer as a wholly owned company within the NHS. There would be an argument that the Trust has a WOS that does all of the things that a PFI can do and therefore resist outsourcing to a third party company. The Chief Executive added that there had been some analysis done of what happened when the staff at Calderdale TUPE transferred into the PFI and their T&Cs had not been eroded. A governor asked which staff were being paid by the WOS now and whether the salaries of board members would be reviewed given the move of a significant number of staff into the WOS. The Executive Director of PEF confirmed that there were currently no staff employed by the WOS. The Company Secretary added that the accountability for the WOS would remain with the Board. There was a question in relation to the ownership of other buildings. The Executive Director of PEF explained that NHS Property services own all the buildings out in the community and that work would need to be done to consider the impact of the WOS on any of these.
SM3/18	**Questions arising from '999 Call the NHS' letter** The Company Secretary explained that the answers to the questions raised during the meeting would be incorporated into the response letter to 999 Call for the NHS. She confirmed that the letter from 999 Call for the NHS does not ask for the views of the Council of Governors on the creation of a WOS. It asks specific questions in relation to the creation of a WOS which are very much management responsibility to respond to. An updated version would be circulated to all members of the Board of Directors and the Council of Governors who would be asked to confirm that the responses were a true and fair reflection. Discussion took place as to whether a positive or nil response should be given however it was agreed that the Company Secretary would take the response given.
SM4/18	**Closing comments** The Chair thanked everyone for their contribution during the meeting and closed the meeting at 6.20pm
DATE AND TIME OF NEXT MEETING Wednesday 4 July 2018 commencing at 4.00 pm in the Boardroom, Sub-Basement, Huddersfield Royal Infirmary	

5. Matters Arising

To Note

Presented by Philip Lewer

6. CHAIR'S REPORT
a. Update from Chairs Information Exchange Meeting – 25.6.18

To Note

Presented by Philip Lewer

COUNCIL OF GOVERNORS
CHAIRS' INFORMATION EXCHANGE MEETING

Monday 25 June 2018

NOTES

Present:

Full meeting:	
Philip Lewer	Chair
Brian Moore	Lead Governor/Chair of Surgical DRG
Kate Wileman	Deputy Chair of Medical DRG
Lynn Moore	Chair of FSS DRG
Annette Bell	Chair of Community DRG
Stephen Baines	Chair of Estates & Facilities DRG
Vicky Pickles	Company Secretary
Vanessa Henderson	Membership and Engagement Manager
Part meeting:	
Sian Grbin	Staff Governor

1 Apologies

Di Wharmby

2 To receive the SOAPs from DRG meetings

(i) Medical DRG

The SOAP from the Medical DRG meeting was received.

Kate referred to the work going on on the EDs to ensure facilities were available for mental health patients and it was acknowledged that progress on the issue had been slow.

She congratulated the division on the work of the frailty service which the governors heard about on the visit following the DRG meeting.

(ii) Community DRG

The SOAP from the Community DRG meeting was received.

Annette referred to concerns that had been raised during the meet the teams event with the podiatry service and the paediatric speech therapists after the DRG meeting. It was agreed that the issues would be brought to the attention of the divisional managers and Vanessa would facilitate this.

(iii) Surgical & Anaesthetics DRG

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

(iv) Families & Specialist Services DRG

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

(v) Estates & Facilities DRG

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

Brian raised the issue of the transport review work which he had been involved with but that seemed to have come to an end. Vicky explained that the work had been transferred to the Medical Division to progress.

3 Membership Office SOAP

Vanessa presented the Membership Office SOAP.

4 Notes of the last meeting held on approved

The notes of the meeting held on 26 March 2018 were approved as a correct record.

5 7 Adults with complex needs – transitioning from paediatric care
It was agreed that as this is a national issue that affects not just CHFT, it could not be progressed/resolved through the Chairs' Information Exchange forum.

8 Cardiac Ward
The issues that had been raised by staff stemmed from them readjusting to a new environment following the transfer. Vicky assured the group that the facilities were appropriate for the ward's needs.

9 Equipment Loan Stores
The issues had been raised by Sian on behalf of Alison Schofield and related to there not being a booking system for delivery of equipment. Vanessa agreed to pursue this with the division outside the meeting.

11 Staff attitude
Lynn advised that she was waiting for a response from Mark Davies in relation to her concerns. Vicky agreed to chase this up.

6 Update from the Chair

(i) CQC report

Philip confirmed that the report had been issued to the governors, and advised that the Trust is in the process of drafting an action plan for submission to the CQC. Following the inspection, the Board has started to focus on organisational development rather than just HR.

Lynn expressed her concern that the controlled drug issue had arisen during the inspection.

(ii) Reconfiguration

Philip reported that the Trust has a specific period of time to respond to the letter from the Secretary of State and work is ongoing to establish what resources will be available to us and the best use of those resources. Philip said he was hopeful that there would be a resolution by Christmas.

(iii) Financial position

Philip reported that finance colleagues were working very hard to improve the Trust's financial position.

(iv) Wholly Owned Subsidiary (WOS)

Philip advised that the plans to establish a WOS will be going ahead as there was not sufficient turnout for a strike.

In response to a question from Brian, Vicky explained the action the Trust had taken when union representatives attended and spoke to staff at times that had not been agreed.

The WOS will be formally signed off by the Board in August and will come into being on 1 September.

(v) Car parking

Some issues were raised around car parking charges. This issue was to be on the agenda for the CoG meeting in July.

In response to a question from Sian, Vicky explained the mechanism for agreeing car parking charge increases for staff.

7 Date and time of next meeting

The date and time of the next meeting had been set for Tuesday 18 December, from 10 am to 12 noon, Board Room, HRI. However, there was a discussion about whether the meeting should continue in its current format. Vicky advised that all the governor meetings are being reviewed to ensure they remain relevant and efficient.

7. Care Quality Commission report

To Note

Presented by Owen Williams

8. Reconfiguration update - Letter from the Secretary of State for Health and Social Care

To Note

Presented by Owen Williams

9. Outpatient Transformation Programme

To Note

Transforming Outpatient Care

1. Purpose of the Paper

The purpose of this paper is to describe the work being undertaken in relation to Transforming Outpatient Care. The paper provides an overview of both the national and local intention towards future models of outpatient care, and details the project groups approach to creating a system wide model that challenges traditional boundaries through changing roles and maximising the opportunities of technology.

2. Background

Like many areas in the country, health and social care services in Calderdale and Greater Huddersfield are subject to a growing demand, through population growth and increasingly complex needs. The current models of outpatient care across the health economy are unsustainable financially and inefficient for patients who need fast access to elective care, or support with their ongoing treatment or surveillance due to a long term condition.

In 2017/18 CHFT recorded 351,400 physical attendances at outpatient clinics across the sites, a third of which were new patients and two thirds patients returning for one or more follow up appointments (first app 115,800, follow-up app 235,600 including procedures).

3. National Context

NHSI has recently launched an Outpatients Improvement Programme with over 100 Trusts benchmarking at specialty level enabling Trusts to work together regionally and nationally to optimise digital solutions as an alternative. CHFT has been invited to participate in this programme.

The approach is also supported by the CQC who have reported from their inspections nationally, that outpatient care is one of the main areas that need improvement.

Further to this, NHS Improvement and NHS England intend to launch an engagement process in July this year to explore options to reduce tariff payments for systems operating traditional hospital based models.

4. West Yorkshire Context

The West Yorkshire and Harrogate Health Care Partnership (WYHCP) has clearly stated their ambition to reduce unnecessary follow-up appointments by 20%, by ensuring a ‘needs based’ approach and embracing new technologies. The view of the CCG Joint Committee is that face-to-face follow-ups will no longer be the norm, and the concept of the traditional outpatient model is outdated.

The West Yorkshire wide emerging ideas are based on a principle that outpatient’s attendances at secondary care centres should be preserved for those for whom clinical need relies on the technology or skill of the secondary care environment. Adoption of communication technology and sharing of information and images will be a critical success factor. The programme will therefore explore models of direct access, viewing all outpatients differently.

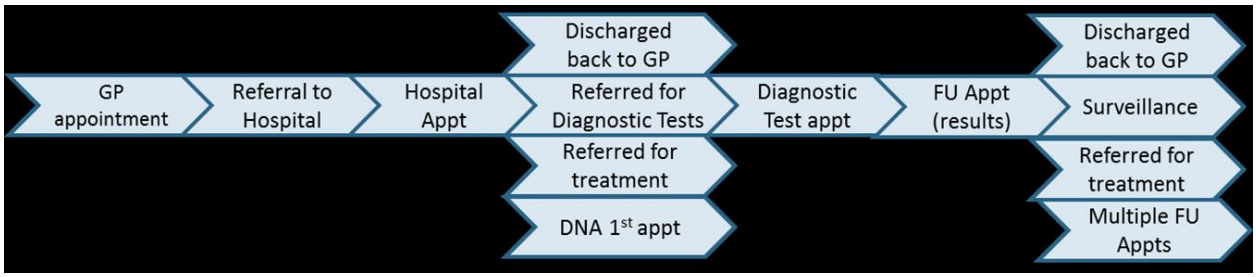
5. Patient Experience Feedback

Our communities have told us through Healthwatch surveys, RCRTPP engagement events that they want to see a different model that encompasses:

- Technology used to reduce travel time and unnecessary journeys
- As many services as possible close to home in local settings such as GP practices, with improved access
- Services co-ordinated and wrapped around the person's needs, involving a range of partners
- Travel and transport and parking issues addressed
- More information about health conditions and what is available to ensure people can make choices and have support to self-management
- Multi-agency single point of access

6. Current Model

CHFT and local private providers, operate a tradition model of outpatients delivered in a secondary care setting.



7. Work to date

In 2017/18 several specialties performed pilot/ trial periods of new ways of working to test different concepts, and provide data to determine the quality and cost benefits associated with the change in pathway. This included robust clinical triage, pending list reviews, one stop clinics, straight to test guidelines, discharge at diagnostics, and alternative models for follow-up care.

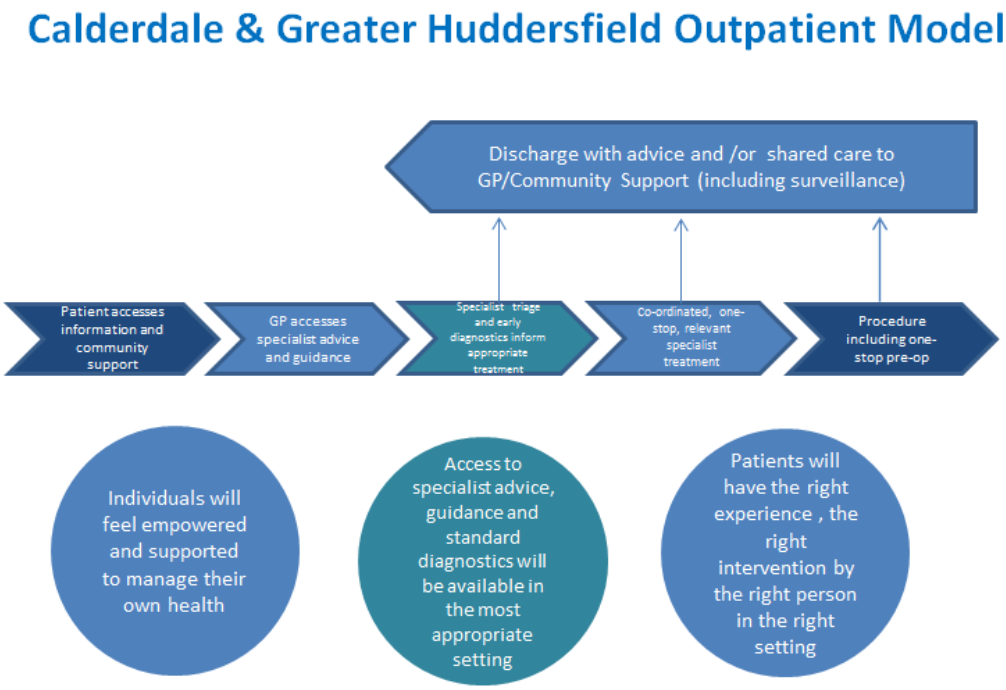
Following an internal review in February, the team has expanded the ambition for change with an aim to reduce 20% of physical attendances within a secondary care setting by 2020, and has agreed a system wide governance structure/ project team to ensure people receive the right care, from the right person, at the right time, in the right place, and teams to work together with patients to understand and diagnose system issues.

8. Proposed Model

The aim of the programme is to change the outpatient offer from a traditional approach where patients are referred into secondary care and follow up through a consultant pathway or hospital based surveillance programme, to one where individuals are empowered with fast

access to advice and support, self-management information, and where needed are able to see the right clinician as quickly as possible.

The diagram below provides an overview of the proposed future outpatient offer for Calderdale and Huddersfield across the system.



The team has undertaken 'Go See's' and is further exploring schemes in areas such as Wales, Stockport, Morecambe Bay, Airedale, and learning from programmes evaluated by the Nuffield Institute in both England and the USA. Appendix 1 provides a suite of principles and interventions developed from our learning and also ideas generated internally from our clinical teams.

Whilst our partners in the CCG are already engaged from a clinical and commissioning level, we recognise the scale of change required to deliver this ambitious programme, and have therefore engaged colleagues from the GP Federations in both Calderdale and Greater Huddersfield and invited members to participate in the OPT Board and speciality groups.

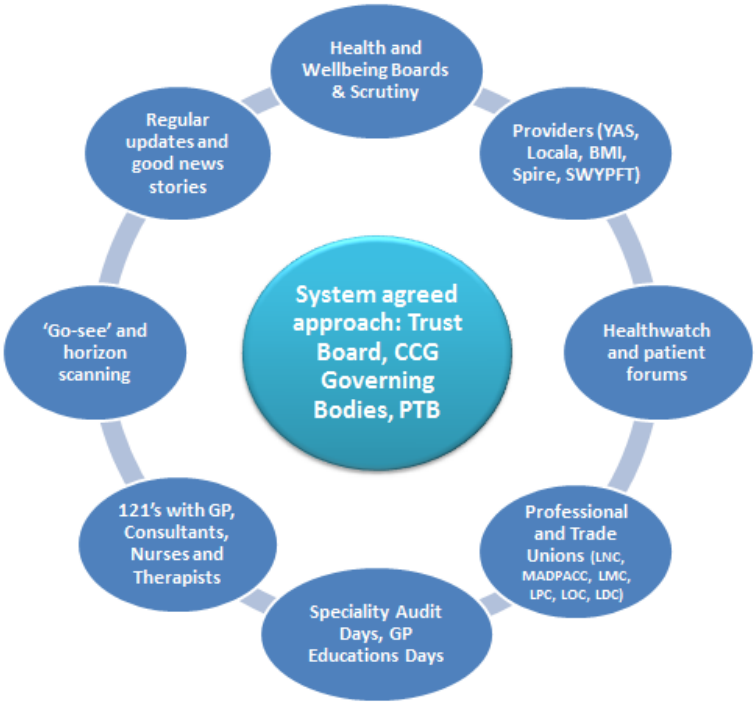
9. System-wide Engagement Plan

Significant change across the system requires engagement with a broad and diverse range of stakeholders, employing a combination of processes both formal and informal. The team has therefore commenced a system wide engagement plan with the aim of working with partners to enable:

- High quality patient safety and outcomes
- Services wrapped around the patient and not the organisation
- Improved patient experience
- Improved working lives

- Efficiency and value for money
- Optimised use of digital technology

Key Stakeholders include:



*Please note: *PTB - Partnership Transformation Board*
MADPACC – Medical and Dental Pay and Conditions Committee
LMC – Local Medical Committee
LNC – Local Negotiating Committee
LOC – Local Optical Committee
LDC – Local Dental Committee

The key deliverables of the engagement plan are:

- Target stakeholders and use variety of engagement methods (121s, groups etc.)
- Identify and agree opportunity and case for change by service (3Rs – Reality, Response & Result methodology)
- Co-produce and agree new pathways
- Joint clinical and management leadership to implement
- Joint governance, monitoring and stakeholder feedback

A series of clinical forums have been undertaken within the Trust throughout May with further events planned in June/ July.

10. Next Steps

1. The OPT Board has been established including senior clinical and non-clinical members from CHFT, Calderdale and Greater Huddersfield CCG's, Pennine GP Alliance, My Health Huddersfield Federation of GP's, Heathwatch, and CHFT's Council of Governors.

2. System wide engagement plan developed with internal sessions planned throughout June/ July/ August.

3. Further Go See's planned to Trusts implementing new pathways.

4. Timetable agreed for consistent communication to system leaders through organisational boards.

5. Speciality development programme to be confirmed based upon ideas generated through engagement and feedback.

6. Terms of Reference for the Elective Care Improvement Board to be amended to facilitate a forum to drive local provider change and implementation (forum includes Locala, BMI and Spire).

11. Recommendation

The Board are asked to:

1. Note the contents of this report and support the next steps

Appendix 1

Driver	Intervention
A service that our patients want	- Increased use of technology - Ease of access when needed - No unnecessary appointments - No delays – quick tests - More control/ empowerment - Rapid response
Changing behaviours	- Clinical engagement - Strong clinical leaders in each speciality - Secondary/ primary care clinical collaboration - Support and drive - Clinical champions - Proof of concept
Avoid unnecessary referrals	- Increase advice & guidance use (digital capability) - Review of legacy patients/ waiting list - Clinical triage Advice & guidance Straight to test Telephone triage OPD - Straight to test Direct access for GPs Clinical pathways (colonoscopy) - Telephone triage Consultant Nurse led/ middle grade - Retrospective referral peer review
Deliver care in the most appropriate setting	- Maximise the use of multi-disciplinary skills - Clear pathways of care - Shared care - Peer support and review
Reducing the number of appointments	- One stop clinics (cardiology, urology, breast) - Discharge at diagnostics (results by letter) - Nurse led follow up - Telephone follow up - Digital consultant to consultant referrals - Virtual clinics Virtual MDT Telephone/ skype - Community pathway (headaches) - Patient initiated follow up (PIFU)
Increased use of technology	- Maximise opportunities for virtual care - Shared records - Remote MDT's - Work with THIS to identify the 'art of the possible'

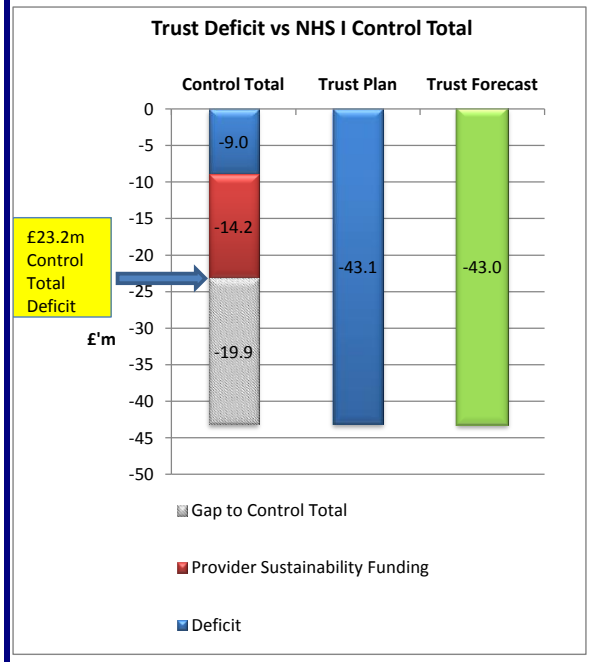
10. TRUST PERFORMANCE
a.Financial Position and Forecast
b.Performance Report (including Good News Stories)
c.Update against the Quality Priorities

To Note

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st May 2018 - Month 2

KEY METRICS

	M2				YTD (MAY 2018)				Forecast 17/18			
	Plan	Actual	Var		Plan	Actual	Var		Plan	Forecast	Var	
	£m	£m	£m		£m	£m	£m		£m	£m	£m	
I&E: Surplus / (Deficit)	(£4.02)	(£4.02)	(£0.00)		(£9.24)	(£9.24)	£0.01		(£43.05)	(£43.04)	£0.01	
Agency Expenditure	(£1.39)	(£1.34)	£0.06		(£2.80)	(£2.68)	£0.13		(£14.63)	(£14.63)	£0.00	
Capital	£0.67	£0.28	£0.39		£0.90	£0.56	£0.34		£9.14	£8.96	£0.18	
Cash	£1.91	£2.35	£0.44		£1.91	£2.35	£0.44		£1.91	£1.90	(£0.01)	
Borrowing (Cumulative)	£113.26	£113.26	£0.00		£113.26	£113.26	£0.00		£144.83	£144.83	£0.00	
CIP	£0.79	£0.68	(£0.11)		£1.67	£1.54	(£0.13)		£18.00	£16.85	(£1.15)	
Use of Resource Metric	3	3			3	3			3	3		



Year to Date Summary

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

- Clinical income is just above plan by £0.02m. In month activity increased slightly so that the Aligned Incentive Contract is now only protecting the income position by £0.01m.
- There remains an underlying adverse variance from plan which has had to be mitigated by the release of £0.51m (a quarter) of the Trust's £2m full year reserves of which £1m is earmarked for winter.
- CIP achieved in the year to date is £1.54m against a plan of £1.67m, a £0.13m shortfall.
- Agency expenditure was beneath the agency trajectory set by NHSI.

Key Variances

- Medical pay expenditure is showing an adverse variance to plan of £0.48m year to date. This is in part due to slippage on CIP schemes which have resulted in an adverse variance of £0.13m and there are prior year costs of £0.04m relating to back pay, the remaining £0.31m is due to operational pressures particularly in Obs & Gynae, Urology, ENT, Medical Specialties and A&E.
- Nursing pay expenditure reduced in Month 2, but remained above plan with a year to date adverse variance of £0.15m. However, Nursing agency costs reduced by £0.15m compared to the previous month with no further increase in bank expenditure.
- The shortfall in CIP delivery was primarily linked to slippage in schemes within the Medical Staffing portfolio . These schemes are forecast to be delivered in full by year end.
- These adverse variances have been offset by the release of contingency reserves of £0.50m.

Forecast

- The Trust has not accepted the 18/19 NHS Improvement Control Total of a £23.2m deficit and is therefore not eligible to receive any of the £14.2m Provider Sustainability Funding allocated for this financial year, (previously Sustainability and Transformation Funding).
- The control total value has been adjusted by £0.61m (increased deficit) compared to the value reported in Month 1. This is to reflect the control total flexibility that was originally described by NHS Improvement as only being accessible to Trusts that achieved their 17/18 control total, but has now been agreed for all Trusts in our region. This reduces the gap to control total from £20.5m to £19.9m.
- At this early stage the forecast is to achieve the £43.1m deficit, £19.9m adverse variance from control total as planned.

Trust Financial Overview as at 31st May 2018 - Month 2

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M2

CLINICAL ACTIVITY

	M2 Plan	M2 Actual	Var
Elective	1,000	911	(89)
Non-Elective	9,333	9,595	262
Daycase	5,929	5,900	(29)
Outpatient	59,509	62,500	2,991
A&E	26,098	25,322	(776)
Other NHS Non-Tariff	274,540	288,552	14,011
Other NHS Tariff	21,015	21,264	249
Total	**397,424**	**414,043**	**16,619**

TRUST: INCOME AND EXPENDITURE

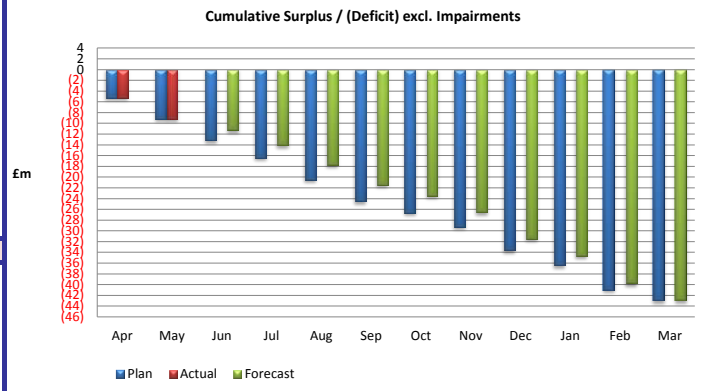
	M2 Plan	M2 Actual	Var
	£m	£m	£m
Elective	£3.17	£2.83	(£0.34)
Non Elective	£16.70	£16.72	£0.02
Daycase	£4.26	£4.33	£0.07
Outpatients	£6.12	£6.32	£0.20
A & E	£3.16	£3.18	£0.02
Other-NHS Clinical	£17.44	£17.35	(£0.09)
CQUIN	£1.13	£1.13	(£0.00)
Other Income	£6.77	£7.09	£0.33
Total Income	**£58.75**	**£58.95**	**£0.20**
Pay	(£42.23)	(£42.01)	£0.22
Drug Costs	(£5.86)	(£6.16)	(£0.30)
Clinical Support	(£5.00)	(£4.99)	£0.01
Other Costs	(£8.56)	(£8.74)	(£0.18)
PFI Costs	(£2.14)	(£2.14)	£0.00
Total Expenditure	**(£63.79)**	**(£64.04)**	**(£0.25)**
EBITDA	**(£5.04)**	**(£5.09)**	**(£0.05)**
Non Operating Expenditure	(£4.20)	(£4.15)	£0.05
Surplus / (Deficit)*	**(£9.24)**	**(£9.24)**	**£0.01**

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

DIVISIONS: INCOME AND EXPENDITURE

	M2 Plan	M2 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£1.73	£1.62	(£0.11)
Medical	£4.24	£3.83	(£0.40)
Families & Specialist Services	(£0.81)	(£0.89)	(£0.08)
Community	£0.52	£0.54	£0.02
Estates & Facilities	(£4.60)	(£4.58)	£0.01
Corporate	(£5.29)	(£5.34)	(£0.05)
THIS	£0.02	(£0.11)	(£0.12)
PMU	£0.46	£0.42	(£0.04)
Central Inc/Technical Accounts	(£4.83)	(£4.72)	£0.12
Reserves	(£0.67)	(£0.00)	£0.67
Unallocated CIP	£0.00	£0.00	(£0.00)
Surplus / (Deficit)	**(£9.24)**	**(£9.24)**	**£0.01**

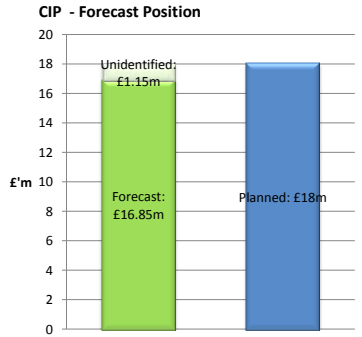
TRUST SURPLUS / (DEFICIT)

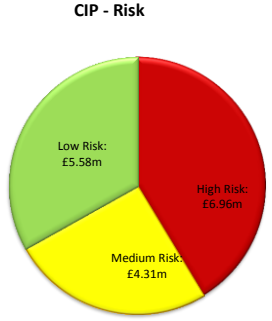


KEY METRICS

	Year To Date			Year End: Forecast			
	M2 Plan	M2 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£9.24)	(£9.24)	£0.01	(£43.05)	(£43.04)	£0.01	
Capital	£0.90	£0.56	£0.34	£9.14	£8.96	£0.18	
Cash	£1.91	£2.35	£0.44	£1.91	£1.90	(£0.01)	
Loans	£113.26	£113.26	£0.00	£144.83	£144.83	£0.00	
CIP	£1.67	£1.54	(£0.13)	£18.00	£16.85	(£1.15)	
	Plan	Actual		Plan	Forecast		
Use of Resource Metric	3	3		3	3		

COST IMPROVEMENT PROGRAMME (CIP)





Total Planned: £18m

Total Forecast £16.85m

YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	6,164	5,724	(439)
Non-Elective	56,753	58,608	1,855
Daycase	36,488	36,527	39
Outpatient	365,497	377,661	12,165
A&E	153,339	148,778	(4,561)
Other NHS Non- Tariff	1,721,594	1,804,544	82,950
Other NHS Tariff	127,242	128,421	1,179
Total	**2,467,076**	**2,560,264**	**93,187**

TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£19.51	£18.11	(£1.40)
Non Elective	£101.38	£102.24	£0.85
Daycase	£26.27	£26.49	£0.22
Outpatients	£37.57	£38.29	£0.73
A & E	£18.58	£18.70	£0.13
Other-NHS Clinical	£106.72	£106.18	(£0.54)
CQUIN	£6.85	£6.84	(£0.01)
Other Income	£40.73	£41.97	£1.24
Total Income	**£357.60**	**£358.81**	**£1.22**
Pay	(£247.81)	(£248.26)	(£0.45)
Drug Costs	(£36.10)	(£37.33)	(£1.23)
Clinical Support	(£28.67)	(£29.02)	(£0.36)
Other Costs	(£49.33)	(£48.90)	£0.43
PFI Costs	(£12.84)	(£12.83)	£0.01
Total Expenditure	**(£374.75)**	**(£376.34)**	**(£1.59)**
EBITDA	**(£17.16)**	**(£17.53)**	**(£0.37)**
Non Operating Expenditure	(£25.89)	(£25.51)	£0.38
Surplus / (Deficit)*	**(£43.05)**	**(£43.04)**	**£0.01**

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

DIVISIONS: INCOME AND EXPENDITURE

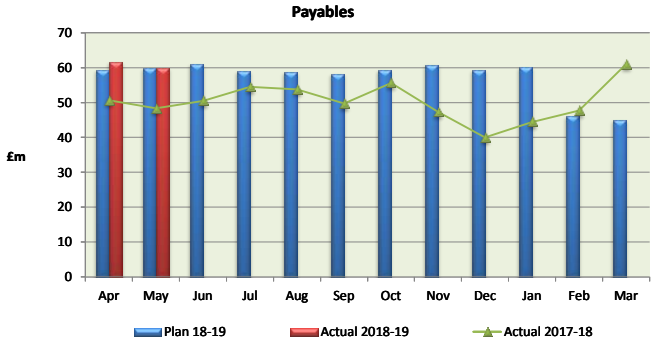
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£13.29	£13.29	(£0.00)
Medical	£28.98	£28.99	£0.00
Families & Specialist Services	(£3.12)	(£3.12)	£0.00
Community	£3.22	£3.22	£0.00
Estates & Facilities	(£26.89)	(£26.86)	£0.04
Corporate	(£31.49)	(£31.49)	(£0.00)
THIS	£0.35	£0.35	(£0.00)
PMU	£2.81	£2.81	(£0.00)
Central Inc/Technical Accounts	(£29.50)	(£29.10)	£0.40
Reserves	(£2.02)	(£1.13)	£0.89
Unallocated CIP	£1.31	£0.00	(£1.31)
Surplus / (Deficit)	**(£43.05)**	**(£43.04)**	**£0.01**

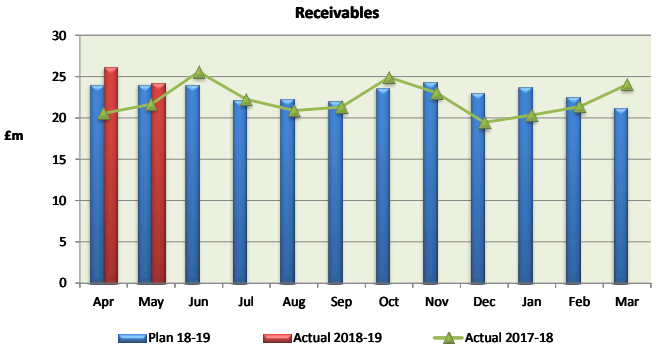
Trust Financial Overview as at 31st May 2018 - Month 2

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

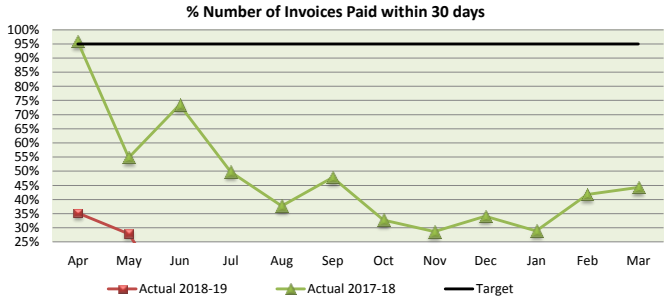
WORKING CAPITAL

	M2 Plan £m	M2 Actual £m	Var £m	M2
Payables	(£59.96)	(£60.07)	£0.11	
Receivables	£24.05	£24.23	(£0.18)	



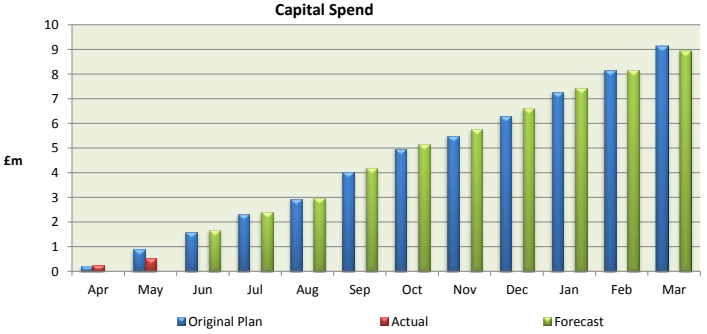


BETTER PAYMENT PRACTICE CODE



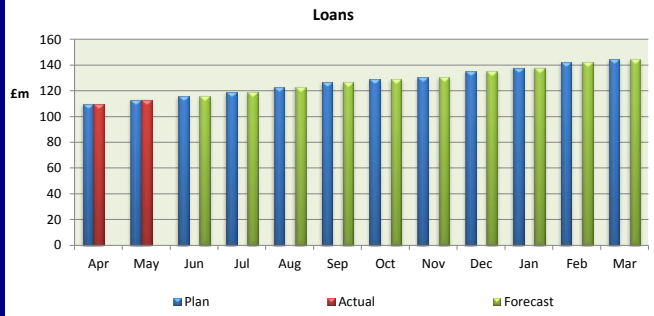
CAPITAL

	M2 Plan £m	M2 Actual £m	Var £m	M2
Capital	£0.90	£0.56	£0.34	

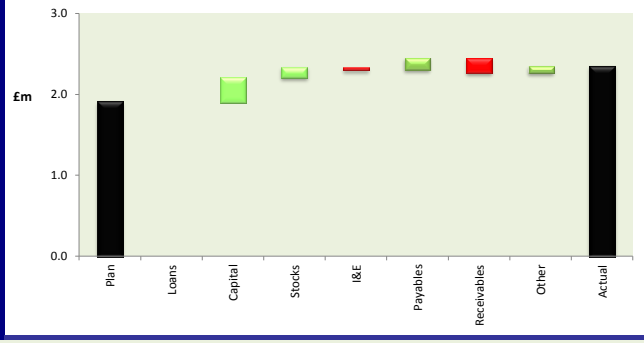


CASH

	M2 Plan £m	M2 Actual £m	Var £m	M2
Cash	£1.91	£2.35	£0.44	
Loans (Cumulative)	£113.26	£113.26	£0.00	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £9.24m as planned. This position excludes the I&E impact of donated assets (£0.03m adverse variance) which are excluded for control total purposes.
- The Trust has not accepted the 18/19 Control Total and is therefore not eligible to receive any Provider Sustainability Funding, (previously known as Sustainability and Transformation Funding).
- Activity is above plan year to date, with increased Outpatient and Non-Elective activity. This over performance has been offset to some extent by lower than planned Elective, Daycase and A&E activity.
- Capital expenditure year to date is lower than planned at £0.56m against a planned £0.90m.
- Cash balance is £2.35m, above the planned level of £1.91m.
- Year to date the Trust has borrowed £10.5m to support the deficit as planned.
- CIP schemes have delivered £1.54m, £0.13m below the year to date target of £1.67m.
- 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.

NOTES

- The total forecast deficit is £43.04m, just within plan.
- The forecast assumes that current activity trends will continue, but that overall activity will be delivered as planned.
- The forecast assumes expenditure will be within budgeted levels.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £1.15m is unidentified. Any slippage on CIP will need to be mitigated in order to achieve the planned deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £56.6m in this financial year to support Capital and Revenue, plans; £40.1m deficit funding, £12.9m refinancing of existing Distressed Funding Loan and £0.7m interest free loan for Capital. The total loan balance by year end is forecast to be £144.8m,
- Capital expenditure is forecast at £8.96m, £0.18m lower than planned. This reduction is due to a forecast reduction in internally generated funds; depreciation is forecast to reduce by £0.18m which reduces the availability of capital funds.

RAG KEY: (Excl: UOR)

- Actual / Forecast is on plan or an improvement on plan
- Actual / Forecast is worse than planned by <2%
- Actual / Forecast is worse than planned by >2%

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

RAG KEY: UOR

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

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COUNCIL OF GOVERNORS	
PAPER TITLE: **QUALITY & PERFORMANCE REPORT/PERFORMANCE ACHIEVEMENT SLIDES**	**REPORTING AUTHOR: P Keogh**
DATE OF MEETING: 4th July 2018	**SPONSORING DIRECTOR: H Barker**
STRATEGIC DIRECTION – AREA: • Keeping the base safe • A workforce for the future • Financial Sustainability	**ACTIONS REQUESTED:** • To note
PREVIOUS FORUMS: Executive Board, Finance and Performance Committee, Quality Committee	
IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below: **For guidance click on this link:** http://nww.cht.nhs.uk/index.php?id=12474	
EXECUTIVE SUMMARY: May's Performance Score has improved to 69%. All domains have improved in-month. The SAFE domain is now green following improvements in Harm Free Care including pressure ulcers. CARING domain has improved in FFT (Outpatients and A&E). Small improvement in #NoF means EFFECTIVE domain is now green. The RESPONSIVE domain has improved with all key Cancer targets back on track although Diagnostics 6 weeks missed target again due to Cystoscopy performance. All FINANCE indicators maintained April's performance. Activity is above target for Day Cases, Non-elective and Outpatient levels. In WORKFORCE appraisals for Medical staff achieved target and sickness/absence performance has improved.	
FINANCIAL IMPLICATIONS OF THIS REPORT: N/A	
RECOMMENDATION: To note the contents of the report and the overall performance score for May.	
APPENDIX ATTACHED: YES	

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

Significant Improvements

% Harm Free Care - Performance has improved significantly to 94.41%, just below the 95% target.

Long Term Sickness Absence rate (%) - in month - best performance at 2.37% in over 12 months.

% Last Minute Cancellations to Elective Surgery has maintained its lowest 2 months in 2 years.

Community Division

- COPD national audit – 6th in the country.
- Falls Prevention Team has been selected to be involved in Manchester University research project as one of four areas nationally to develop Postural Stability Instructor provision locally. Will involve multi-stakeholder workshop involving a range of other local agencies, including leisure services and sports teams.
- Progressing well through the stages of Calderdale framework – recruited a number of champions and identified some key work streams.

Medicine Division

- Closure of ward 8C ahead of schedule
- Excellent month for recruitment with the following substantive posts appointed to;

Emergency Medicine Consultant

Respiratory Consultant

Diabetes Consultant

Lead Nutritional Specialist Nurse

Ward Manager for 6BC

Acute Matron

FSS Division

- Significant improvement across all CQC domains for three core services
- CHKS Accreditation – exemplary report received, working through few actions on action plan with expected completion timeframe September 2018
- Sexual health team – the team's excellent work on prevention and treatment continues to be recognised by patients, commissioners and of the service.
- CHFT joined wave 2 of the Maternal and Neonatal Safety Collaborative in May –

Project: Optimisation and Stabilisation of the Pre-Term Infant

'Away' team of 4 attended 3 day Improvement Workshop in May, plans being developed in line with NHSI timescales

Good News

Surgery Division

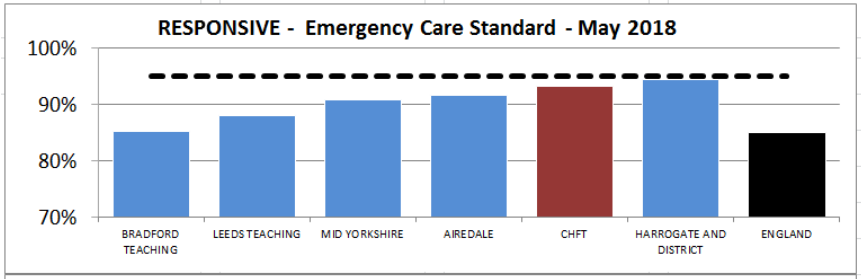
Ward 19 have a long term patient whose wife had sadly passed away whilst he was in hospital Staff wanted to do what they could to help facilitate his attendance at the funeral as they felt that this was in his best interests. However the patient did have some risks to him attending due to his cognitive condition so they arranged support from George Spencer from the chaplaincy team and HCA Stephanie Nuttall who works within the orthopaedic wards.

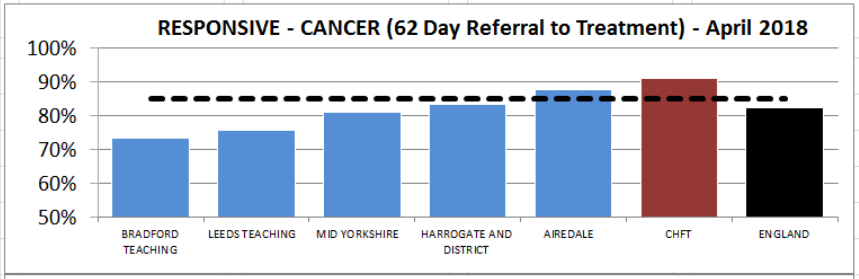
In addition Kate Broadhurst who is the ward sister was still concerned regarding his safety so she made the decision to come into work on her day off to support the patient and staff to ensure that the actual funeral could be as smooth a transition as was possible under the obviously distressing circumstances.

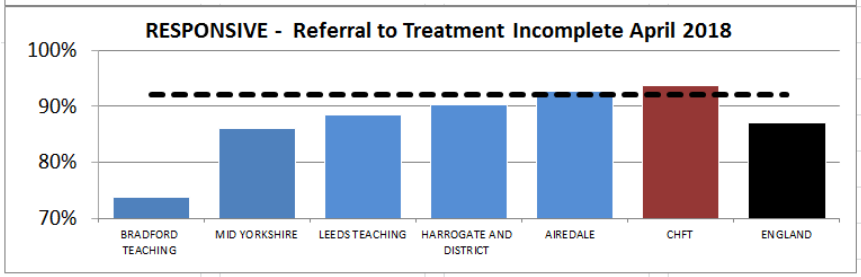
This is a very clear example of staff and especially Kate going the extra mile for the patient. Staff worked collaboratively to ensure that the patient was supported and I feel sure that he would have found some comfort been supported by staff who have been involved in caring for him during recent weeks.

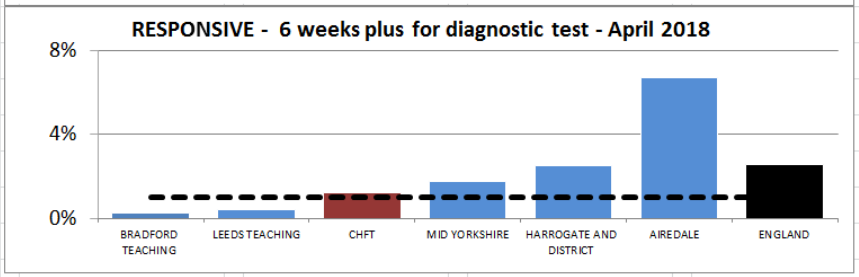
We are very proud of Kate for facilitating this and caring for her patient when actually she should have been on her own much needed time off. This is a true example of putting a patient first and shows great care and compassion and we are very happy to recognise what a selfless and lovely act she has undertaken on behalf of her patient. Very well done Kate.

Benchmarking Selected Measures









compassionate care

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Integrated Performance Report

May 2018

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.

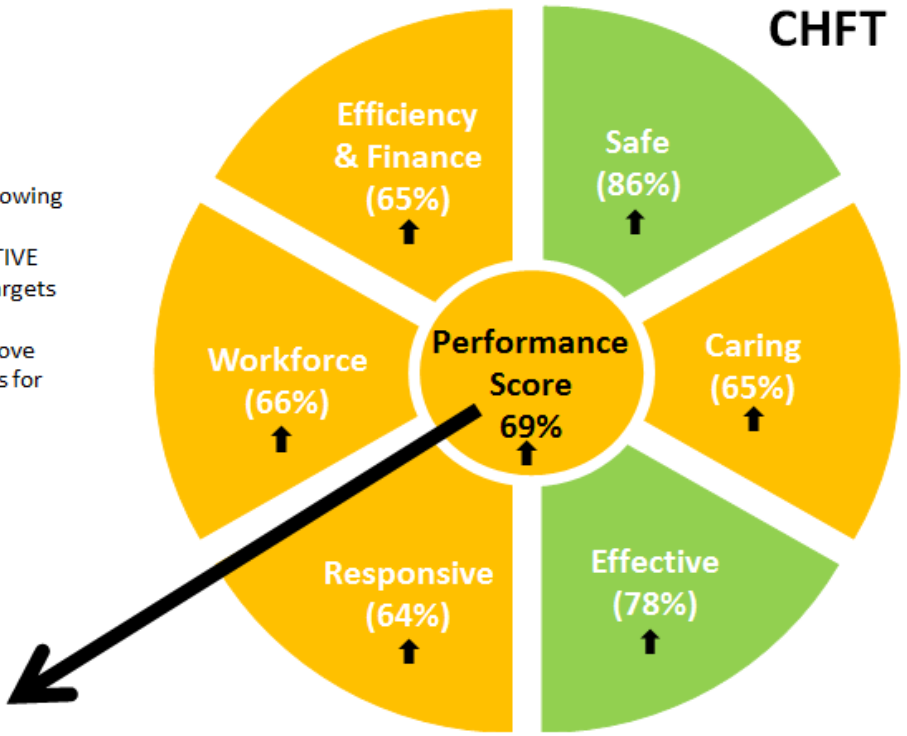
We have now included monthly sickness/absence rates and return to work interviews which were excluded in last month's performance summary. This has resulted in April's performance improving from 62% to 64% due to good performance in month for long term sickness.

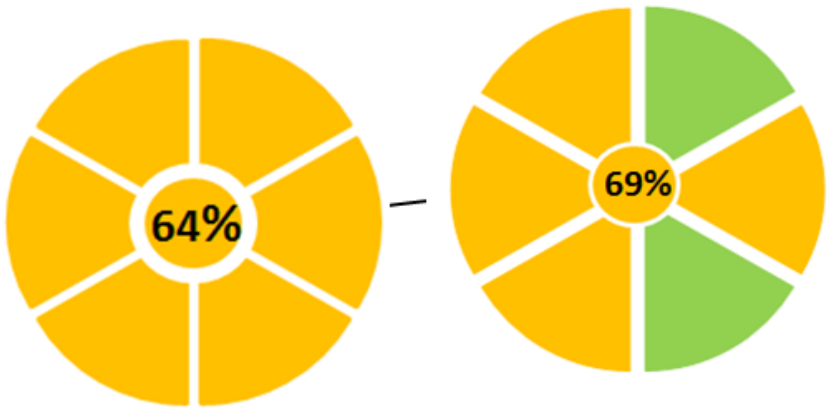
Performance Summary

May

RAG Movement

May's Performance Score has improved to 69%. The SAFE domain is now green following improvements in Harm Free Care including pressure ulcers. CARING domain has improved in FFT (Outpatients and A&E). Small improvement in #NoF means EFFECTIVE domain is now green. The RESPONSIVE domain has improved with all key Cancer targets back on track although Diagnostics 6 weeks missed target again due to Cystoscopy performance. All FINANCE indicators maintained April's performance. Activity is above target for Day Cases, Non-elective and Outpatient levels. In WORKFORCE appraisals for Medical staff achieved target and sickness/absence performance has improved.





SINGLE OVERSIGHT FRAMEWORK

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

RESPONSIVE	Diagnostics 6 weeks
RTT Incomplete Pathways	ECS 4 hours
Cancer 62 day Screening to Treatment	Cancer 62 day Referral to Treatment
FINANCE	
Variance from Plan	Use of Resources
WORKFORCE	
Proportion of Temporary Staff	Sickness
Staff turnover	Executive Turnover

Model Hospital

Performance	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
A&E performance	May 2018	93.23%	88.73%	95.00%			
RTT - max 18 weeks incomplete wait	Apr 2018	93.77%	89.16%	92.00%			
Diagnostics - max 6 weeks wait	Apr 2018	98.80%	99.02%	99.00%			
Cancer - 62-day wait from urgent GP referral	Mar 2018	90.32%	87.62%	85.00%			
Cancer 62-day waits - NHS cancer screening service referral	Mar 2018	88.89%	92.50%	90.00%			

Safe	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Clostridium Difficile - variance from plan	May 2018	3.0	0.0	0.0			

Effective	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Summary Hospital Mortality Indicator (SHMI)	31/07/2017	1.01	-	0.00			

Temporary staff	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Proportion of Temporary Staff	Feb 2018	6.65%	5.73%	4.97%			

Staff sickness	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff sickness	Feb 2018	4.45%	4.35%	4.38%			

Staff turnover	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff turnover	Apr 2018	0.59%	1.06%	1.02%			

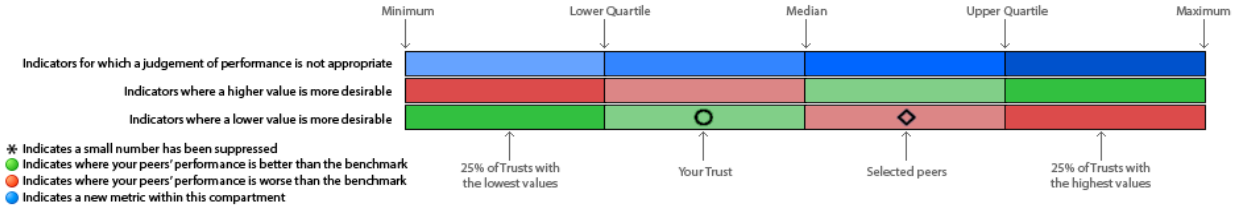
The Finance Score	Period	Trust Actual
The finance score	Feb 2018	Score: 3
Financial Sustainability	**Period**	**Trust Actual**
Capital service capacity - value	Feb 2018	-0.65
Capital service capacity - SOF Score	Feb 2018	Score: 4
Liquidity (days) - value	Feb 2018	-24.21
Liquidity (days) - SOF Score	Feb 2018	Score: 4
Financial Efficiency	**Period**	**Trust Actual**
Income and expenditure (I&E) margin - value	Feb 2018	-10.85%
Income and expenditure (I&E) margin - SOF score	Feb 2018	Score: 4
Financial Controls	**Period**	**Trust Actual**
Distance from financial plan - value	Feb 2018	-5.42%
Distance from financial plan - SOF score	Feb 2018	Score: 4
Distance from agency spend cap - value	Feb 2018	-4.40%
Distance from agency spend cap - score	Feb 2018	Score: 1

Friends and Family Test scores	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff Friends and Family Test % Recommended - Care	Q4 2017/18	79.4%	-	-		No variation available	
A&E Scores from Friends and Family Test - % positive	Apr 2018	84.7%	87.6%	88.0%			
Inpatient Scores from Friends and Family Test - % positive	Apr 2018	96.8%	96.3%	96.3%			
Community Scores from Friends and Family Test - % positive	Apr 2018	93.9%	95.7%	96.5%			
Maternity Scores from Friends and Family Test -question 2 Birth % positive	Apr 2018	98.3%	98.4%	98.4%			

Organisational health	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
CQC Inpatient Survey	Sep 2015/16	9	-	-		No variation available	No trendline available

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Written Complaints Rate	31/03/2018	30.76	27.73	24.93			

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Never events	31/03/2018	1	2	1			
Emergency c-section rate	Mar 2018	13.65%	16.24%	16.17%			
VTE Risk Assessment	Q4 2017/18	96.94%	95.70%	95.71%			
Clostridium Difficile - infection rate	To May 2018	19.58	13.47	12.92			
MRSA bacteraemias	To Mar 2018	2.11	0.88	0.63			
Potential under-reporting of patient safety incidents	31/01/2018	43.88	43.39	-		No variation available	No trendline available
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)	May 2018	143	136	127			
Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators	May 2018	7	9	9			



* Indicates a small number has been suppressed
Indicates where your peers' performance is better than the benchmark
Indicates where your peers' performance is worse than the benchmark
Indicates a new metric within this compartment

Most Improved/Deteriorated

MOST IMPROVED	MOST DETERIORATED	ACTIONS
% Harm Free Care - Performance has improved significantly to 94.41%, just below the 95% target.	Friends and Family Test Community Survey - % would recommend the Service results for May show that 92.6% of respondents would recommend our services.	When analysed, the decrease in 'would recommend %' relates to intermediate care and community therapies. The division are investigating the reasons.
Long Term Sickness Absence rate (%) - in month - best performance at 2.37% in over 12 months.	38 Day Referral to Tertiary - at 31% lowest performance since July last year.	Targeted work to commence with H&N services to improve pathway performance. In particular need to improve initial diagnostic tests to ensure that earlier results achieved to enable more timely discussion at Specialist MDT. Improving capacity for Lower GI patients to be seen within 7 days. For Urology pathway capacity at Tertiary centre means that the numbers of patients treated within 62 days is reducing. Escalation has occurred and Cancer Alliance aware of challenges. The Red2Green methodology in Urology, Head and Neck and Lower GI pathways will now commence in Q2.
% Last Minute Cancellations to Elective Surgery has maintained its lowest 2 months in 2 years.	% PPH ≥ 1500ml - all deliveries Performance is at worst level in over 12 months.	Analysis to be done of all 25 PPH cases in-month. Early Analysis shows that a significant number of women who had a PPH had several risk factors with 72% of PPH being either Forceps/Caesarean Sections in Month. Caesarean Section review under way which will be fed back in July (Correlation between high caesarean section rate and high PPH rate).

Executive Summary

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

Area	Domain
Safe	• **% Harm Free Care** - Performance has improved significantly to 94.41%, just below the 95% target. The Medicine division has carried out focussed work on auditing standards specifically related to UTIs with catheter, VTE and falls, and ensuring senior nursing staff are involved in safety thermometer audits. • **% PPH ≥ 1500ml - all deliveries** - Performance is at worst level in over 12 months. Analysis to be done of all 25 PPH cases in-month. Early Analysis shows that a significant number of women who had a PPH had several risk factors with 72% of PPH being either Forceps/Caesarean Sections in Month. Caesarean Section review under way which will be fed back in July (Correlatetion between high caesarean section rate and high PPH rate).
Caring	• **Complaints closed within timeframe** - Of the 63 complaints closed in May, 48% were closed within target timeframe. The backlog of breaching complaints was still 27 at the end of May with plans to clear in June. A deep-dive was presented at WEB identifiying further improvements that can be made. Escalation of backlog of complaints to Quality Committee. • **Friends and Family Test Outpatients Survey - % would recommend the Service** - Performance at 90.7% still below 95.7% target. General Manager Outpatients has completed a 12 month review of trends from April 2017 and comments. Main themes both positive and negative in relation to staff attitude and waiting. Positive feedback from families in OPD received in recent Healthwatch OPD survey in March and associated action plan in progress. Positive feedback re. OPD services from CHKS accreditation visit in April. • **Friends and Family Test A & E Survey -** Response Rate has fallen to lowest position (9.6%) since May last year whereas % would recommend is only just below target. The negative comments from FFT have been shared on the public "you said, we did" board. A band 7 member of staff has been employed with the specific aims of leading on patient experience including concerns, compliments and FFT. On analysing the FFT forms some tick boxes have been left blank and upon investigation these omissions score negatively against the • **Friends and Family Test Community** - results for May show that 92.6% of respondents would recommend our services. When analysed, the decrease in 'would recommend %' relates to intermediate care and community therapies. The division are investigating the reasons. • **% Dementia patients following emergency admission aged 75 and over** - current performance at 31% is showing some improvement but still some distance from 90% target. Improvement focus within weekly performance meetings.
Effective	• **E.Coli - Post 48 Hours** - There were 4 cases in May. E.Coli reduction is being addressed as a health economy issue with the majority of cases admitted septic from the community. A Trust action plan is in development with the aim to reduce the incidence associated with the urinary tract. • **Mortality Reviews** - 18.5% again is the lowest performance since July 2017. Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel. • **% Sign and Symptom as a Primary Diagnosis** - Performance has improved in month and is almost at target. The audit work continues within specialties and S&S cohorts. The new 3wte trainee coders will all be in post by mid-July. A Clinical Coding Action plan has been drafted for 2018/19 which looks to address some of the key issues affecting the quality of the coding. This will be finalised in July and progress monitored via Clinical Coding Improvement Steering Group. • **Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours** - Performance has improved and is just below the 85% target. Expect performance to be back on track by July following the Trauma surge in May.

Background Context

Weekly performance meetings have been reviewed and a revised, Divisionally focused forum is now in place. Several Data Quality issues have been identified in the weekly information which led to weekly over-reporting of concerns and is currently under review.

Elective care data quality has been self-assessed using the NHSI toolkit and the Trust is awaiting feedback from the regulators on any required actions.

We have seen a further significant improvement in the ECS which is now at 93.23%, 8 percentage points above the March position of 85.29%.

Performance fluctuation has reduced with a more stable position however there continues to be very differential ECS performance levels between the 2 sites with CRH delivering a solid level of performance significantly better than 95% but HRI running up to 10% lower and actions to improve this are being discussed as a focus for the teams.

Bed numbers are within funded bed plan however there is a differential site pressure currently with fewer beds than plan at CRH but more beds than plan at HRI.

This has allowed teams to redistribute the workforce and retract the use of 2 locum consultants. The medical day case unit continues to amalgamate into ambulatory care at HRI and as a result e-prescribing has become easier and systems are now working well.

Maternity has had an increased complexity in casemix with higher volumes of greater risk deliveries. There is a high number of Midwifery staff on maternity leave leading to high levels of escalation for staffing during the month with mitigations enacted.

An IPC action plan has been implemented with Divisonal specific plans also in place monitored through a re-launched Infection Control Committee.

Demand through 2ww pathways continues to be high and increasing in some specialties. Within Endoscopy this has caused pressures compounded by the current phase of the Decontamination programme (scopes are being processed on one site only and have to be transported back to base) at various times of day. There have been delays in returning scopes and patients have been delayed and this has impacted upon patient experience rather than clinical care but explanations and regular updates are provided to patients to minimise their anxiety and concerns. This will continue until the scheme is completed in September.

Executive Summary

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

Area	Domain
Responsive	• **Emergency Care Standard 4 hours** 93.23% in May, (94.3% all types) - an improvement of 8 percentage points since the March position. The improvement is partly due to the revision of LCD streaming criteria. The ED team continues to turn around the patients that can be seen in a GP setting. ED co-ordinator training is scheduled for July for all band 7 and band 6 qualified nurses. The team is working with the Acute Directorate to review how admission avoidance is implemented on the HRI site. ED is also working with the frailty team to review the current pathway and impact on CDU and ED. • **Stroke** - we have seen a deterioration in patients spending 90% of their stay on the stroke unit and patients admitted to the stroke unit within 4 hours. Analysis of the four hour breaches shows that a significant proportion of these are due to delays in diagnosis. The directorate has continued to work with the ED team to agree a solution for the stroke assessment beds. • **Breach of Patient Charter (rebooked within 28 days of cancellation)** - Patient scheduled for a joint procedure involving Consultant Urologist and Interventional Radiologist 30th April. For this date and subsequent date 1 of the 2 clinicians was unavailable due to unforeseen circumstances. In addition limited Radiologist availability means that only 2 sessions per month are accessible for these procedures. The patient finally had successful procedure 5th June completed jointly by the 2 specialities. Reviewing this situation and limited Radiology support, the specialty, in future will consider exploring options external to the Trust to minimise impact on patients. • **% Diagnostic Waiting List Within 6 Weeks** - just missed target at 98.81% due to a small volume of Cystoscopy patients who had not been included in the month's waiting list for the Unit. This has been rectified and a wider review conducted with no further issues highlighted . • **38 Day Referral to Tertiary** - 31% for May. Targeted work to commence with H&N services to improve pathway performance. In particular need to improve initial diagnostic tests to ensure that earlier results achieved to enable more timely discussion at Specialist MDT. Improving capacity for Lower GI patients to be seen within 7 days. For Urology pathway capacity at Tertiary centre means that the numbers of patients treated within 62 days is reducing. Escalation has occurred and Cancer Alliance aware of challenges. The Red2Green methodology in Urology, Head and Neck and Lower GI pathways will now commence in Q2. Within the Medical division teams are continuing to focus on reducing the time to diagnosis and a traffic light system will be in place from 1st July to reduce the time waiting for MDT discussion. • **Appointment Slot Issues on Choose & Book** - deteriorated to 38%. Worsening position over recent months in part driven by two key themes: Significant pressure in a small number of challenged specialities (e.g. Dermatology, Cardiology and Gastro), 2WW pathways (where patients go straight to test). The development of a referral management sytem for 2WW straight to test pathways (to prevent deferral to provider) will improve performance over the coming months. National Line now directs ASIs to provider, Single point of contact in place for GP queries.
Workforce	• **Overall Sickness absence/Return to Work Interviews -** Sickness has improved further in-month however Return to Work Interviews have fallen in the same period. Only Community deteriorated from the 4 clinical divisions. An attendance management session has been arranged for 11th July in the division. • **Essential Safety Training** compliance has fallen slightly and is now amber. Following discussions with the Executive Team, analysis has been undertaken to understand the number of colleagues whose training is due to expire in Q4 2018/2019 and review the possibility of encouraging colleagues to complete this before Q4 due to the winter pressures that will impact the availability of colleagues.
Finance	• **Finance**: **Year to Date Summary** The year to date deficit is £9.24m, in line with the plan submitted to NHSI. • Clinical contract income is above plan by £0.02m. In month activity increased slightly so that the Aligned Incentive Contract is now only protecting the income position by £0.01m. • There remains an underlying adverse variance from plan which has had to be mitigated by the release of £0.51m (a quarter) of the Trust's £2m full year reserves of which £1m was earmarked for winter. • CIP achieved in the year to date is £1.54m against a plan of £1.67m, a £0.13m shortfall. • Agency expenditure was beneath the agency trajectory set by NHSI. **Key Variances** • Medical pay expenditure is showing an adverse variance to plan of £0.48m year to date. This is in part due to slippage on CIP schemes which have resulted in an adverse variance of £0.13m and there are prior year costs of £0.04m relating to back pay, the remaining £0.31m is due to operational pressures particularly in Obs & Gynae, Urology, ENT, Medical Specialties and A&E. • Nursing pay expenditure reduced in Month 2, but remained above plan with a year to date adverse variance of £0.15m. However, Nursing agency costs reduced by £0.15m compared to the previous month with no further increase in bank expenditure. • The shortfall in CIP delivery was primarily linked to slippage in schemes within the Medical Staffing portfolio . These schemes are forecast to be delivered in full by year end. • These adverse variances have been offset by the release of contingency reserves of £0.50m. **Forecast** • The Trust has not accepted the 18/19 NHS Improvement Control Total of a £23.2m deficit and is therefore not eligible to receive any of the £14.2m Provider Sustainability Funding allocated for this financial year, (previously Sustainability and Transformation Funding). • The control total value has been adjusted by £0.61m (increased deficit) compared to the value reported in Month 1. This is to reflect the control total flexibility that was originally described by NHS Improvement as only being accessible to Trusts that achieved their 17/18 control total, but has now been agreed for all Trusts in our region. This reduces the gap to control total from £20.5m to £19.9m. • At this early stage the forecast is to achieve the £43.1m deficit, £19.9m adverse variance from control total as planned.

Background Context

Thornbury agency reductions started in-month and the bank uplift for qualified staff has been continued. Weekly nurse staffing meetings are in place in addition to confirm and challenge meetings at Divisional level.

Twice daily matron reports provide assurance around safe satffing levels

Meetings have taken place between medical specialties to agree options to improve the outstanding stroke metrics and agreement reached on a pilot pathway.

The proposal for the stroke assessment bed in ED received sign-off at DMB on 25th May and the pilot is due to commence on Monday 25th June.

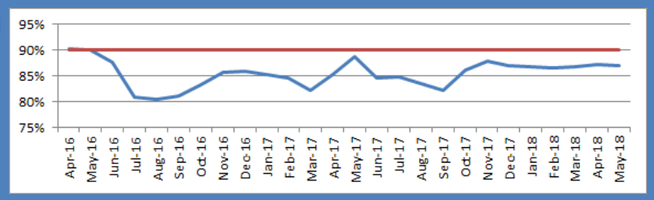
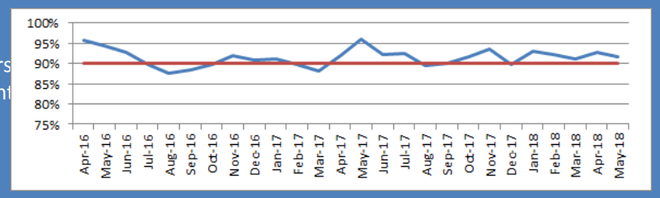
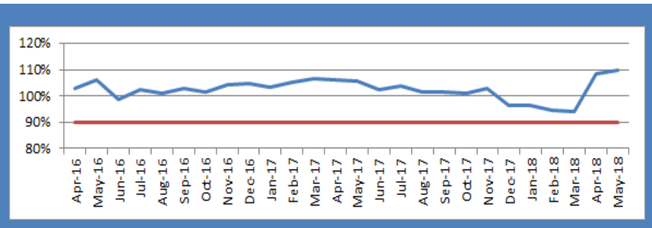
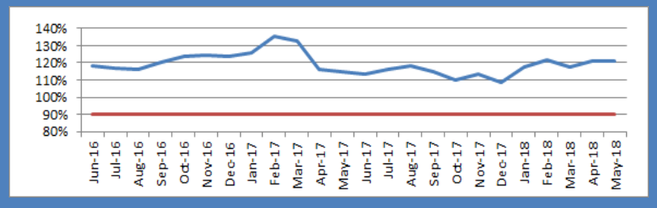
Within Community services the management team is focusing on the response to the CQC report and establishing priorities for the next two years.

There has been a review of the Performance Management Framework and changes to weekly performance monitoring including greater emphasis on productivity and efficiency metrics alongside a more detailed forward look at activity - actual and booked.

There is weekly focus on Mandatory training and appraisal activity

CIP planning continues with focus on movement to Gateway 2 for all schemes by 24th June. In addition the team has been contributing to the development of System Recovery Plans.

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.	87.06% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - 8c 43.3%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates reported on 8c are due to the unit closing mid-month.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	91.76% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - 7b/c 69% - 8c 53.2% - ward 10 63.4%	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 and ward closure.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	109.75% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - ICU 64.9% - NICU 53.4% - LDRP 74.7% - ward 3 65.8%	The low HCA fill rates in May are attributed to fluctuating bed capacity and a level of HCA vacancy within the FSS division. This is managed on a daily basis against the acuity of the work load. Recruitment plans are in place for all vacant posts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	121.22% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	No HCA shifts during in May 2018 had fill rates less than 75%

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	DAY						NIGHT						Care Hours Per Patient Day							
	Registered Nurses		Care Staff		Average Fill Rate - Registed Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registed Nurses(%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MSSA (post cases)	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies	Ward Assurance
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual											
CRH ACUTE FLOOR	3,099.00	2,999.42	1,935.83	2,161.42	96.8%	111.7%	2,711.50	2,501.00	1,705.00	1,922.50	92.2%	112.8%	9.1	9.2			1	1	11.9	0.42	84.4%
HRI MAU	2,009.27	1,951.23	1,801.00	2,003.83	97.1%	111.3%	1,584.00	1,559.92	1,363.52	1,324.25	98.5%	97.1%	8.1	8.2			2	16	3.8	2.95	91.3%
HRI Ward 5 (previously ward 4)	1,563.67	1,325.83	1,139.75	1,510.42	84.8%	132.5%	1023	1,021.75	1023	1,297.83	99.9%	126.9%	5.8	6.2			0	7	4.35	0	95.6%
WARD 15	1,729.33	1,471.50	1,480.17	2,043.43	85.1%	138.1%	1,364.00	1,286.25	1,364.00	1,719.00	94.3%	126.0%	6.8	7.5			1	11	7.03	0	95.4%
WARD 5C	1037	970.7	810	1,167.67	93.6%	144.2%	682	671.00	341	705	98.4%	206.7%	5.2	6.4			0	2	3.4	0	92.0%
WARD 6	1,598.30	1,498.97	889.4167	1,250.67	93.8%	140.6%	1023	1001	682	806.5	97.8%	118.3%	7.8	8.5			1	3	2.13	0.72	79.0%
WARD 6BC	1,649.42	1,548.25	1,586.58	1,485.58	93.9%	93.6%	1,364.00	1,298.00	682	766.5	95.2%	112.4%	5.0	4.8			4	4	5.19	3.23	94.3%
WARD 5B	1,017.67	1,317.83	825	882.5	129.5%	107.0%	1,364.00	1,056.00	341	660	77.4%	193.5%	6.4	7.0			1	0	0	0	94.8%
WARD 6A	973.00	791.5	750.5333	811.5	81.3%	108.1%	682	649.00	682	572.00	95.2%	83.9%	5.5	5.1			0	2	3.66	0	95.4%
WARD CCU	1,697.33	1,278.42	387	361.5	75.3%	93.4%	1023	1023	0	22	100.0%	-	10.8	9.3			0	0	2.14	0.77	96.8%
WARD 7AD	1,691.33	1,306.17	1,672.50	2,165.33	77.2%	129.5%	1023	1001	1023	1,177.00	97.8%	115.1%	6.9	7.2			0	4	1.54	2.19	88.8%
WARD 7BC	1,076.92	969.08	957.25	1,124.83	90.0%	117.5%	1,133.00	781.5	385	584	69.0%	151.7%	5.4	5.2			0	8	3.89	0	95.8%
WARD 8	1,390.17	1,155.17	1,277.33	1,574.67	83.1%	123.3%	1023	893.00	1012	1,267.50	87.3%	125.2%	6.7	7.0			2	4	4.17	1.63	81.7%
WARD 12	1,566.50	1,335.50	802.75	1,041.83	85.3%	129.8%	979	737	385	858	75.3%	222.9%	5.5	5.9			3	6	2.32	3.36	93.2%
WARD 17	1,963.17	1,524.00	1,136.00	1,241.00	77.6%	109.2%	1023	1,001.00	682	898.50	97.8%	131.7%	6.0	5.9			1	3	3.26	0	96.9%
WARD 8C	868.8333	376.83333	387.6667	432.5	43.4%	111.6%	682	363.00	341	364.50	53.2%	106.9%	18.2	12.3			1	1	2	0.92	93.6%
WARD 20	1,799.18	1,523.00	1,756.75	2,248.75	84.6%	128.0%	1,362.75	1,319.25	1,364.00	1,650.50	`	121.0%	6.3	6.8			2	7	8.47	1.32	88.4%
WARD 21	1,545.00	1,180.50	1,498.17	1,507.00	76.4%	100.6%	1,057.50	989	1,069.50	1,071.50	93.5%	100.2%	8.5	7.8			2	7	5.73	0	89.1%
ICU	4,070.08	3,519.58	778.5	505.5	86.5%	64.9%	4,278.00	3,509.50	0	11.5	82.0%	-	54.0	44.7			0	1	0.43	0	97.9%
WARD 3	953.1667	923.33333	761.5	766.3333	96.9%	100.6%	711.5	711.5	356.5	380.8333	100.0%	106.8%	6.9	6.9			0	2	0.14	0.37	92.9%
WARD 8AB	951.3333	780.53333	388.5	658	82.0%	169.4%	713	632.5	356.5	575	88.7%	161.3%	8.0	8.8			0	3	1.52	0	97.8%
WARD 8D	807.65	819.98333	819	718.3333	101.5%	87.7%	690	736.00	0	287.5	106.7%	-	6.3	6.9			0	1	1.87	0.23	91.1%
WARD 10	1,367.08	1,125.08	833	1026.417	82.3%	123.2%	1,069.50	678.50	713	1,054.00	63.4%	147.8%	7.6	7.4			0	1	7.07	1.5	90.0%
WARD 11	1,542.95	1,522.20	1,214.92	1,290.42	98.7%	106.2%	1,068.50	1,056.75	690	805	98.9%	116.7%	6.2	6.4			0	2	1.07	2.16	95.1%
WARD 19	1,696.47	1,344.13	1,224.58	1,503.65	79.2%	122.8%	1,069.50	1,068.50	1,069.50	1,362.17	99.9%	127.4%	7.4	7.7			7	10	0.13	0	96.8%
WARD 22	1,161.50	1,154.08	1,172.50	1,224.58	99.4%	104.4%	713	703.50	713	837.75	98.7%	117.5%	5.4	5.6	1		0	3	0.03	1.12	85.1%
SAU HRI	1,828.25	1,704.25	1011.5	1074.3	93.2%	106.2%	1,426.00	1,426.00	356.5	380	100.0%	106.6%	11.1	11.0			0	0	6.85	0	87.7%
WARD LDRP	4,699.93	3,754.48	1001.5	748.1667	79.9%	74.7%	4,278.00	3,509.67	713	692.1667	82.0%	97.1%	20.6	16.8			0	0	0	5.08	94.4%
WARD NICU	2,620.83	2,100.18	818.1667	436.6667	80.1%	53.4%	2,139.00	1,925.50	713	576	90.0%	80.8%	12.1	9.7			0	0	0.15	2.06	99.3%
WARD 1D	1,323.00	1,204.50	359.5	344.5	91.0%	95.8%	713	694.6667	356	379.5	97.4%	106.6%	4.9	4.6			0	0	0	0.19	99.2%
WARD 3ABCD	3,767.17	3,329.33	1,531.50	1008	88.4%	65.8%	2,495.00	3,047.50	356	414	122.1%	116.3%	10.3	9.8			0	2	0	2.61	94.6%
WARD 4C	1,268.00	1,159.42	366.5	374.3333	91.4%	102.1%	713	713	356	345	100.0%	96.9%	9.1	8.7			0	1	0	2.21	85.7%
WARD 9	717.4167	703.41667	367	337	98.0%	91.8%	713	713	356	356.5	100.0%	100.1%	4.7	4.6			0	0	0.67	2.71	97.9%
Trust	**57049.92**	**49668.42**	**33741.87**	**37030.6**	**87.06%**	**109.75%**	**43893.75**	**40277.8**	**21550.02**	**26124**	**91.76%**	**121.22%**	**7.80**	**7.70**							

Hard Truths: Safe Staffing Levels (3)

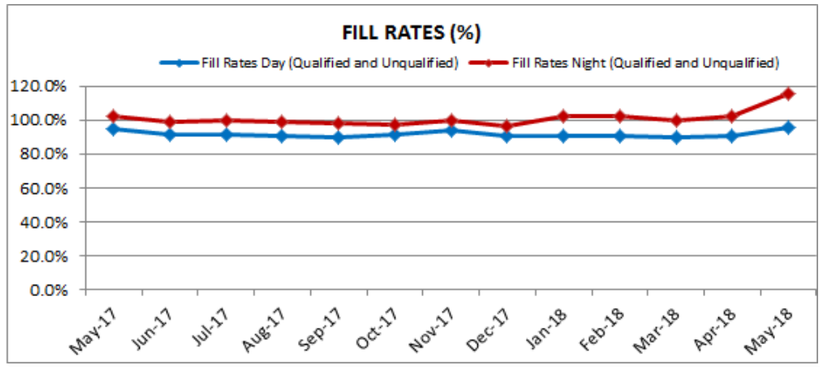
Care Hours per Patient Day

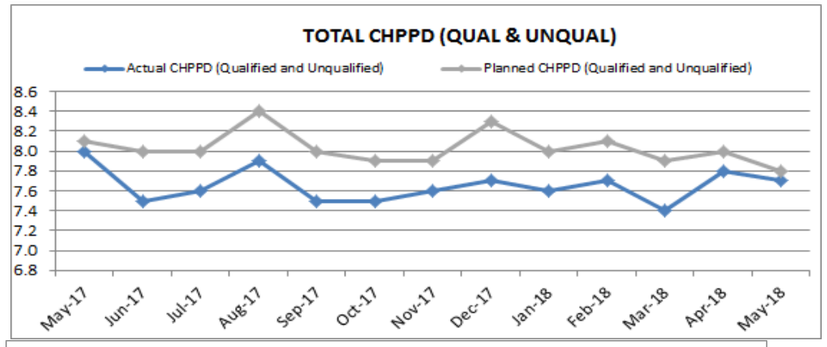
STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)

	Mar-18	Apr-18	**May-18**
Fill Rates Day (Qualified and Unqualified)	89.70%	91.00%	95.49%
Fill Rates Night (Qualified and Unqualified)	99.70%	102.20%	115.19%

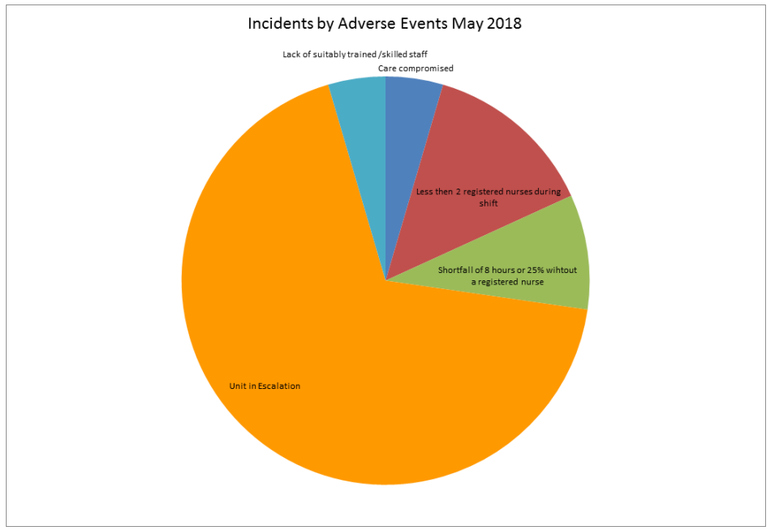
Planned CHPPD (Qualified and Unqualified)	7.9	8.0	7.8
Actual CHPPD (Qualified and Unqualified)	7.4	7.8	7.7

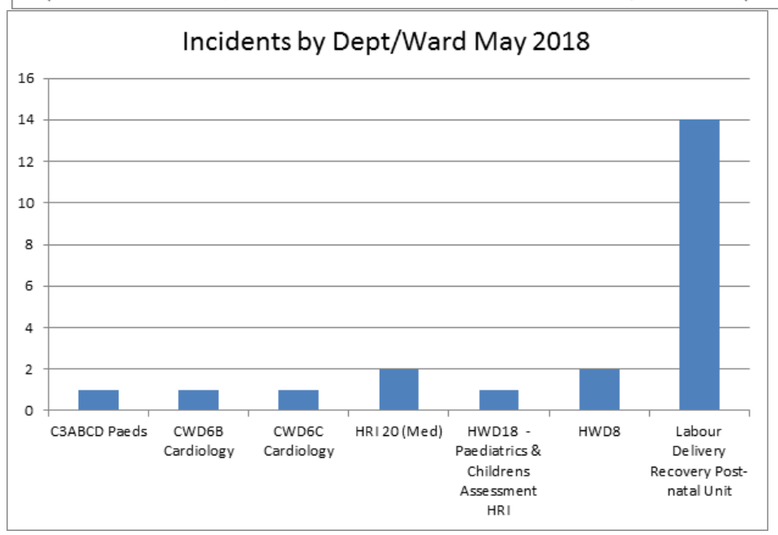
A review of May CHPPD data indicates that the combined (RN and carer staff) metric resulted in 16 clinical areas of the 33 reviewed having CHPPD less than planned. 15 areas reported CHPPD slightly in excess of those planned and 2 areas having CHPPD as planned. Areas with CHPPD more than planned were due to additional 1-1's requested throughout the month due to patient acuity in the departments.





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 reviewed monthly through the Nursing workforce strategy group.
There were **22 Trust Wide Red shifts** declared in **May.**
As illustrated above the most frequently recorded red flagged incident is related to "unit in escalation".
No datix's reported in May 2018 have resulted in patient harm.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

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

On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Further recruitment event planned for September 2018.
3. Applications from international recruitment projects are progressing well and the first 8 nurses have arrived in Trust, with a further 8 planned for deployment in June/July 2018
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. 57 candidates have now been transferred onto the OET programme.
5. The Trust is working with the recruitment agent to appraise its potential to recruit ILETS/OET compliant nurses. This work stream is progressing well with x2 nurses identified for deployment in July 2018.
6. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has being developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees commenced training on 4th June.
7. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce. This has been further enhanced by the development of a new module of E roster called safe care. This is currently being introduced across the divisions, benefits will be better reporting of red flag events, real-time data of staffing position against acuity

11. STRATEGIC PLAN & QUALITY PRIORITIES UPDATE

•Receive updated plan and priorities

To Note

Presented by Victoria Pickles

Calderdale and Huddersfield NHS Foundation Trust

COUNCIL OF GOVERNORS

PAPER TITLE: STRATEGIC PLAN AND QUALITY PRIORITIES UPDATE	**REPORTING AUTHOR:** Victoria Pickles
DATE OF MEETING: Wednesday 4 July 2018	**SPONSORING DIRECTOR:** Victoria Pickles
STRATEGIC DIRECTION – AREA: • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability	**ACTIONS REQUESTED:** • For comment • To approve • To note • As indicated below
PREVIOUS FORUMS: **N/A**	

EXECUTIVE SUMMARY:
(inc. Purpose/Background/Overview/Issue/Next Steps)

During 2017/18 the Council of Governors has received regular updates on the progress made against the objectives described in the one year plan. At the end of 2017/18 good progress had been made against all areas of the plan; nine had been fully completed and three required further work.

The one year view for 2018/19 was developed in a workshop between the Board of Directors and the Governors on 25 May 2018. The final draft was approved by the Board of Directors at its meeting on 7 June 2018. The plan is now being shared across the Trust. A report on progress against the plan will be brought to the Council of Governor meetings.

A programme of workshops and engagement is being pulled together to develop a plan for the next five to ten years and Governors will be invited to participate in this work.

RECOMMENDATION:
The Council of Governors' are asked to receive, and note the plan for 2018/19.

APPENDIX ATTACHED: YES / NO

NHS
Calderdale and Huddersfield
NHS Foundation Trust

5 Year Strategy on a Page and objectives year ending March 2019

compassionate care

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Calderdale and Huddersfield
NHS Foundation Trust

5 Year Strategy on a Page

Our Vision	***Together we will deliver outstanding compassionate care to the communities we serve***			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Financial sustainability
Our response	Our patients and the public will be involved in their treatment and we will use their feedback to develop services for the future	We will have achieved a CQC rating of outstanding	We will have a workforce of the right shape and size with the capability and capacity to deliver safe, high quality services	We will have implemented the five year plan
	We will have commenced implementation of an agreed reconfiguration of integrated hospital and community services	We will be compliant with NHS Improvement standards	We will be widely recognised as an employer of choice through growing our own and attracting talented people to join our team	We will be financially sustainable with the ability to invest for the future
	We will meet all relevant 7 day working standards and our SHMI will be 100 or less	We will consistently achieve all national and local patient performance targets	Engaging our people and involving them in decisions that affect the Trust will be the norm	We will understand our markets and have a clear plan of how we grow our business
	We will have a robust interoperable electronic patient record which is used by patients and clinicians alike	We will be fully compliant with health and safety standards		

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Objectives for the Year Ending 2019

Our Vision	***Together we will deliver outstanding compassionate care to the communities we serve***			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Financial sustainability
Our response	Achieve a regulatory approved proposal for the reconfiguration of hospital and care closer to home services that puts the patient at the centre of care	Deliver a Single Oversight Framework rating of 2 for the agreed quality and operational performance metrics	Achieve a retention rate of 90% and reduce vacancies by 10% to address recruitment and retention of key roles in CHFT	Deliver a regulatory compliant financial plan for 2018/19 including CIP
	Deliver all GIRFT actions in selected pathways of care to reduce variation and deliver agreed out comes	Achieve a BRAG rating of blue for all actions resulting from the findings of the CQC and Use of Resources inspection	Baseline / assess staff and patient equality & diversity experience and develop a plan of action to improve	Develop a regulatory and Integrated Care System compliant capital plan to meet the organisation's requirements
	Continue to meet 7 day NHS England standards (2,5,6 and 8) in agreed specialties	Launch the Quality Improvement Strategy and deliver the 18/19 agreed quality KPIs (including the 3 selected by the Council of Governors see separate page).	Create a health & wellbeing strategy to achieve 96% attendance and improve our overall engagement score	Maintain a Single Oversight Framework rating of 3 or better for financial and Use of Resources performance metrics
	Implement the agreed digital health next step proposal whilst deploying the technical infrastructure to create a shared care record across local health and social care community	Implement year 3 of the health & safety action plan; with specific focus on ensuring each service has tested their business continuity plan, has a COSHH super user (where required) and identified staff have completed risk assessment training	Create an OD Strategy to co-ordinate all workforce activities and develop an action plan to achieve our workforce key performance indicators and improve our overall engagement score	Progress key WYAAT work streams and capital bids including vascular; pharmacy; imaging; pathology; wholly owned subsidiary and elective procedures.
	Improve patient flow and achieve a 10% reduction in stranded (over 7 days) and super stranded (over 21 days) patients.	Develop & ensure delivery of the KPIs for the WOS to provide a safe environment that is efficient and supports effective patient care		

A Framework for Quality Improvement 2018-19

Calderdale and Huddersfield NHS Foundation Trust

12. Update on Wholly Owned Subsidiary -Update on implementation of Wholly Owned Subsidiary -Final response sent to 999 Call for the NHS -Proposed changes to the Trust’s Constitution to the staff m...

To Note

Presented by Lesley Hill

Calderdale and Huddersfield NHS Foundation Trust

COUNCIL OF GOVERNORS

PAPER TITLE: WHOLLY OWNED SUBSIDIARY – Letter of response to 999 Call for the NHS	**REPORTING AUTHOR:** Victoria Pickles
DATE OF MEETING: Wednesday 4 July 2018	**SPONSORING DIRECTOR:** Victoria Pickles
STRATEGIC DIRECTION – AREA: • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability	**ACTIONS REQUESTED:** • For comment • To approve • To note • As indicated below
PREVIOUS FORUMS: **N/A**	

EXECUTIVE SUMMARY:

At its meeting on 4 April 2018, the Council of Governors requested a special meeting be convened to discuss the Board's decision to create a Wholly Owned Subsidiary for estates, facilities and procurement. The draft minutes of that meeting are attached to this report. The meeting also considered the responses to the letter from 999 Call for the NHS which had asked a number of questions about the creation of the subsidiary company. It was clarified at the meeting, that the letter had been addressed to the Board of Directors and the Council of Governors and asked for responses to specific questions; it did not ask whether or not the Governors supported the decision to create the subsidiary.

Following this meeting, the Company Secretary circulated the proposed response to the letter to the Board and Governors and asked for comments. An updated version was then circulated for final agreement. Four Governors were missed from this circulation in error. This error was explained to the letter author and a request made to extend the deadline for response as a result to give these Governors time to respond.

Not all Governors responded either positively or negatively. There was also specific requests made to make clear to the letter author in some instances, although the answers were honest and true, it did not mean that the governors were all in support of the wholly owned subsidiary. I confirmed this to the letter author when the letter was sent on 23 May 2018. A copy of the final letter is attached for information.

RECOMMENDATION:

The Council of Governors' are asked to comment on the minutes and receive the final letter of response.

APPENDIX ATTACHED: YES / NO

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Trust Headquarters
Huddersfield Royal Infirmary
Acre Street
Huddersfield
HD3 3EA

999 Call for the NHS (Calderdale and Kirklees)
c/o 19 Unity Street
Hebden Bridge
HX7 8HQ

18 May 2018

Dear 999 Call for the NHS

Re: SubCo – urgent outstanding questions

Following your letter dated 27th March 2018, setting out questions on five areas – assets, financial assumptions, tax, staff, and governance – regarding the estates, facilities and procurement Wholly Owned Subsidiary, the Council of Governors and Board of Directors asked the management team to provide answers to each of the questions raised.

The responses to each of the questions are set out below and were discussed at a special meeting of the Council of Governors on 8 May 2018.

Assets

1. *What property will be transferred under lease (as specified on slide 6 of WOS presentation to the 1st March 2018 Board meeting), including, but not limited to, buildings and equipment, and what is their value?*

   Huddersfield Royal Infirmary, Acre Mills Block 1 & 2 and Acre Mill Unit 18 are to be transferred under lease at a value of @ £73m. Equipment and the value of equipment has yet to be identified

2. *What proportion of liabilities relating to those assets will also be transferred?*

   The transfer of HRI under a lease arrangement will allow the WOS to provide a fully managed estates and facilities service to CHFT. The WOS will have responsibility for maintaining HRI as part of the fully managed estates and facilities services. Contracts with suppliers to provide goods and services will also novate into the WOS.

3. *What are the projected VAT savings from transferring the Trust's legal rights over its assets in some way to the SubCo?*

   The legal rights of assets remain with the Trust as the Trust retains the freehold interest in the asset. VAT savings will be realised from recovery of VAT on products used in delivering a fully managed service back to the Trust. In addition VAT will be recoverable

on capital spend. Tax efficiencies are estimates at this stage and are provided as high level assumptions of around £3 million per annum.

4. *If transferring assets, is the Trust going to select an organisational form for the SubCo that is, by law, subject to an asset lock? If not, why not?*

   The ownership of freehold assets will be retained by the Trust. Other assets required to provide the services to the Trust will be transferred to the Subsidiary for book value. The organisational form of the Subsidiary does not include an asset lock as it was felt that this would obstruct any transfer of assets back to the Trust, should this be necessary.

5. *We note that slide 10 includes a restriction that the Trust has placed on the WOS selling any services transferred to it from the Trust, to a third party outside the NHS. Does that "guarantee" cover the whole gamut of assets that will be transferred to the WOS?*

   Yes that is correct. The assets cannot be sold onto a third party and will remain with the WOS. The WOS itself can also not be sold on to a third party outside of the NHS.

6. *Have any of the assets being disposed of/transferred, been on the asset register and identified as relevant to the provision of Commissioner Requested Services at any point? If so, has consent been sought and obtained from both the CCG and from NHSI for the disposal/transfer of assets to a third party (i.e. the company)? If not, why not?*

   No they are not Commissioner Requested Services (CRS). CRS relates to the provision of clinical services

Robustness of other financial assumptions

1. *If assets are transferred, will the WOS have to pay the 3.5% capital charge to government on those assets, as, for example, Gloucestershire Hospitals NHSFT currently does?*

   No. The Trust retains the assets on its financial statements and will therefore incur the public dividend capital charge.

2. *Does the Trust know **for definite** whether the WOS will be able to borrow money for capital investment without being prevented by Treasury limits on government expenditure/ capital expenditure (bearing in mind that NHS borrowing / investment from the private sector currently still hits up against these limits)? If it does know, what is the answer?*

   The WOS will be responsible for delivering the capital programme for maintenance of assets as set out by the Trust. This capital programme will be set based on the resources available to the Trust not the WOS. Capital investment will not be dependent on the WOS borrowing money as resources for that investment will be made available by the Trust to the WOS for the maintenance of assets as set out by the Trust. The WOS will not be able to borrow money independently outside of the Trust limits.

3. *Does the Trust/Company expect to receive any loan financing from NHSI contingent on this arrangement?*

   No the Trust is not expecting to receive any loan financing from NHSI contingent on this arrangement.

4. *What assessment has the Trust made of the impact of the WOS on its financial risk rating and net surplus?*

   The WOS will be consolidated as part of the Trust's Group financial statements and returns and therefore has been assessed as having minimal impact on risk ratings and will contribute to the Trust in delivering financial efficiencies to improve the financial health of the Trust. There is a financial risk in relation to the proposed efficiency savings identified on the risk register with appropriate actions and mitigations.

5. *Does the Trust expect to raise private patient income from any of these arrangements?*

   The Trust is not expecting to raise any private patient income from any of these arrangements.

6. *How does the WOS sit with the current CHFT PFI facilities and estates management arrangements?*

   The WOS will be established as a separate company to the PFI and as such will not cover any of the estates and facilities services covered by the PFI at Calderdale Royal Hospital.

Robustness of projected tax savings

1. *Has the Trust a) requested and b) received confirmation that VAT saving arrangements are permissible and robust? If not, can the Trust confirm when it expects an answer, and if it expects to agree the deal before the answer?*

   The Trust has been working with independent legal and tax advisors who have confirmed that the arrangements in place for the WOS are permissible and robust. We are not required to request approval from HMRC. There have been concerns that trusts are setting up WOS to avoid paying VAT. In the case of CHFT the company is not being set up primarily for VAT purposes.

   NHS trusts have long argued that VAT rules in certain key areas of their operations disadvantage them compared to similar organisations operating in the private sector. So, in some areas the use of a wholly owned subsidiary will enable a trust to make VAT savings and enable these savings to be reinvested in frontline care.

2. *Is the Trust aware that the largest public in-sourcing to date, Uniting Care in Cambridgeshire, collapsed and the National Audit Office and NHSE investigations both noted that one of the major reasons for the collapse was a significant misunderstanding of its VAT position which increased annual costs, post-contract signing, by £5m/year? Does the Trust consider there is any risk of a similar situation here?*

The Trust has considered the setting up of a WOS against a number of options with clear benefits focussing on the following key themes:

- **Focus, leadership and governance**: NHS trusts are highly complex organisations; they deliver a wide range of services, employ tens of thousands of staff and can manage billion pound budgets. In setting up a wholly owned subsidiary and separating the management of a subsidiary from the trust board, change can be achieved much faster through a focus on a specific service

- **Supporting patient care**: Establishing a wholly owned subsidiary can support the development of responsive and high quality services. The WOS will be held to account through detailed contract specifications and quality KPIs - this provides greater scrutiny, accountability and continuous improvement in the delivery of these services.

- **Reinvestment of income into NHS**: The WOS will be 100% owned by CHFT ensuring that profits created through new contracts or efficiencies etc. are reinvested back into the NHS. Profits will be from efficiency savings, which we are required to make now as a division of the Trust, and our ability to bid for additional contracts.

- **Employment flexibility:** The WOS will offer a range of opportunities, employment flexibilities and benefits for both CHFT and staff. Within the existing Agenda for Change contracts, many trusts struggle to recruit staff with the necessary experience and expertise for roles in areas such as estates and facilities. Where existing trust staff on Agenda for Change terms and conditions move to the subsidiary via the TUPE process, CHFT will ensure that there is meaningful engagement and dialogue with staff and unions in place. It is also important to note that the terms and conditions upon which these staff TUPE transfer will be protected.

- **Alternative to outsourcing:** The WOS will provide an opportunity for CHFT to access, develop and retain specialist expertise. This means they can improve efficiency in-house and run a service or function more effectively as it is solely focused on providing high quality services to meet the needs of the Trust. The alternative may be to outsource to the private sector. Creating a WOS also provides an opportunity to bring previously outsourced services back into the trust, which some trusts refer to as ‘in-sourcing’. At the moment, the Trust as an NHS foundation trust cannot bid for private facilities management contracts. The WOS will be able to bid for these types of contracts as long as they don’t constitute more than 20% of the total business of the WOS. This brings benefits for the trust and also the staff who then feel part of the trust.

- **Operational productivity:** The setting up a WOS must be seen in the wider financial context of the current NHS funding squeeze. In setting up the WOS, CHFT is acting on all the recent reviews that recommended significant service reconfigurations needed to maximise quality and value for money.

Wholly owned subsidiaries deliver a variety of benefits to the NHS. They can be an alternative to outsourcing services to the private sector. A risk relating to the VAT savings has been identified and included on the WOS risk register.

3. *What's the breakdown in projected tax savings between VAT and other forms of taxes (including local taxes?)*

   As the NHS financial regime expects delivery of cost improvements and service efficiencies year on year the WOS development has assumed for planning purposes Service efficiencies at £0.3m, Income generation at £0.3m and Procurement efficiencies £0.1m. Tax efficiencies are estimates at this stage and are provided as high level assumptions by our external advisors for estates (£580K) and procurement (£2.5M). There are other potential VAT efficiencies on capital spend estimated at £1.9M.

4. *Are these projected savings, net of increases in tax liabilities that may be incurred by the WOS arrangements e.g. corporation tax, capital gains and stamp duty?*

   Savings are net of tax liabilities for the Trust and Company.

Staff terms and conditions

1. *Has the Trust conducted an Equalities Impact Assessment, given that this is recognised in court as the best way to ensure its General Duty under the 2010Equalities Act is met, and particularly given the substantial equal pay claims that have arisen as a result of other WOS where increased pay flexibility/shift to so-called market rates appears to have given rise to gender and other inequalities in pay?*

   The Trust recognises the legal duty it has as well as the importance of undertaking an Equality Impact Assessment as a means by which to consider the impact of changes and alternatives in service provision on the different groups protected from discrimination under the Equality Act. This impact should be assessed in terms of both the public and the implications for them as well as on staff.

   An EIA is underway for the Wholly Owned Subsidiary in the domains of both public and staff. Early indications are that there is likely to be little impact on the public in terms of the way in which the services are provided and therefore accessed by protected groups.

   In respect of workforce, it is recognised that existing staff will be protected on their current terms and conditions of employment under TUPE. This is in context of the intention to employ new staff on alternate terms and conditions in order to leverage some of the employment flexibilities available to the WOS in response to a number of market challenges and as set out earlier in this letter. Whilst the Trust will carry out a comprehensive EIA in terms of staff, it is at this stage difficult to discern if or how any individuals or groups with particular protected characteristics may be adversely impacted until such a time as a full list of staff transferring to the WOS has been agreed. We have taken time to consider alternative models that our TU colleagues have shared with us.

   We will of course be happy to share the outcome of the full EIA with you but in the interim if you were able to point us to the examples you refer to where gender and other

pay inequalities have arisen that would be enormously helpful in terms of us adding to the evidence and information we are required to provide for our EIA.

2. *Will transferring staff be given written guarantees specifically that they will remain covered by Agenda for Change pay, terms and conditions, as it develops through national bargaining over time, over the lifetime of their employment, and how can these guarantees be meaningful given the weakness of TUPE legislation?*

   A guarantee has been given to staff to protect the terms and conditions on which they TUPE transfer for the life of the contract between the Trust Board and the WOS. The Board has agreed the contract duration to be 15 years and this will be articulated in the contractual documents establishing the WOS. Further legal protection will be offered to staff transferring through the issuing of a new contract of employment by the WOS upon transfer and these contracts of employment will detail the protection of Agenda for Change terms and conditions.

   Both the legal set up of the company and the legal statement of particulars for each individual member of staff transferring will further be supplement by both the legal provisions relating to harmonisation and contact variation post transfer as well as the common law position on the varying of contracts of employment. Whilst these are described in your letter as 'the weakness of TUPE legislation', the legislation nonetheless offers significant protection to employees and given that the WOS is wholly owned by the Trust these protections will of course be adhered to.

3. *And the same regarding continued access to the NHS Pension Scheme? If not, why not?*

   In 2014 and with the implementation of the New Fair Deal, NHS Pension Scheme access was further opened up for NHS staff transferring to a private provider in that those staff can now retain access to the NHS Pension Scheme. This access is through a process of application for a closed Directions Order and the Trust is currently going through this process and has already submitted a letter of intent to do so with the NHS Pensions Agency. Notably a number of other WOS have been granted this closed Directions Order and there is no reason to suspect that this Trust will not be issued with the same thereby guaranteeing continued access to the NHS Pension Scheme for staff transferring to the WOS from the Trust.

   Terms and conditions for new employees have not yet been agreed. They will be designed to meet market requirements to better enable us to recruit and retain staff. For example certain trades (electricians) where the current private sector rates are higher than the NHS, while pension contributions are lower, meaning we struggle to recruit to these key trades.

Governance and accountability

1. *Why has the full business case not been made available (in electronic or hard copy form) to the public? Have governors, unions and staff had access to it? And where is the options appraisal?*

The current business case document has been produced on behalf of 4 Acute Trusts in West Yorkshire – Mid Yorkshire, Leeds, Bradford and CHFT. Therefore we as a Trust are not in a position to release the document until it has been approved by all four Trust Boards. Governors, Unions and staff have been presented with the contents of the business case. This has been presented in various forms and at various meetings, staff briefings, Union meetings etc. and included the options that had been considered.

2. *Does the Trust consider that Calderdale and Kirklees Joint Health Scrutiny Committee support the WOS? If so, what evidence do they have for assuming this support? Has the Trust even approached the CKJHSC about setting up the WOS?*

   The circumstances surrounding the Trust's plans in relation to its wholly-owned subsidiary do not trigger a statutory duty to consult the Calderdale and Kirklees Joint Health Scrutiny Committee ("HSC"). However, the Trust does intend to engage with the HSC to discuss its proposals.

3. *Why has there not been any public consultation with the local community on these proposals. What formal scrutiny -if any - has taken place in the Calderdale and Kirklees Joint health Scrutiny Committee? (To the best of our knowledge, none.) On what statutory basis have you concluded that such consultation is not required? Please give urgent consideration to this issue and provide a detailed response. A failure in proper process often provides a basis for legal challenge.*

   In terms of public consultation, as there is no change in the services being provided to patients or the public through the creation of the WOS, there is no requirement to consult. However, it is the Trust's intention to be as open and as transparent as possible through this process and engage fully with staff and the HSC.

4. *What powers is the Trust formally reserving in respect of the WOS, beyond the statutory and regulatory requirements?*

   The Trust will control the strategic direction of the Subsidiary and all significant decisions. All reserved matters will be contained in an agreement between the Trust and the Subsidiary.

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The Board of Directors and majority of the Council of Governors have confirmed that these answers are a true and fair response to the questions asked.

Yours sincerely,

VL Pickles.

Victoria Pickles, Company Secretary
On behalf of the Board of Directors and the Council of Governors
Calderdale and Huddersfield NHS Foundation Trust

APPENDIX H1

Calderdale and Huddersfield NHS Foundation Trust

COUNCIL OF GOVERNORS

PAPER TITLE: CONSTITUTION	**REPORTING AUTHOR:** Victoria Pickles
DATE OF MEETING: Wednesday 4 July 2018	**SPONSORING DIRECTOR:** Victoria Pickles
STRATEGIC DIRECTION – AREA: • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability	**ACTIONS REQUESTED:** • For comment • To approve • To note • As indicated below
PREVIOUS FORUMS: **N/A**	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) As part of the governance work to set up the wholly owned subsidiary, it is proposed that an amendment is made to the Trust's Constitution to enable employees of Calderdale and Huddersfield Solutions to either remain, or become, staff 'members' of the Trust. There is already provision in the Constitution for people who are employed by another organisation (e.g. a charity) and who regularly work with or in the Trust to become staff 'members'. The proposed amendments will clarify this further. The proposed amendments are highlighted on the attached extract.	
RECOMMENDATION: The Council of Governors' are asked to comment on and approve the proposed amendment to the Trust's Constitution.	
APPENDIX ATTACHED: YES / NO	

Trust FT Constitution:

Suggested amendments to ensure continued membership of staff transferring and also eligibility of new employees to the WOS

Staff Membership

1.1. There is one staff constituency for staff membership. It is to divided into six classes as follows:

1.1.1. doctors or dentists;
1.1.2. Allied Health Professionals, Health Care Scientists and Pharmacists;
1.1.3. Management, administration and clerical;
1.1.4. Ancillary staff;
1.1.5. Nurses and midwives

In each of the above cases, who are employed by the Trust.

1.1.6. Other staff

1.2. Members of the staff constituency are to be individuals:

1.2.1. who are employed under a contract of employment by the Trust and who either:

1.2.1.1. are employed by the Trust under a contract of employment which has no fixed term or a fixed term of at least 12 months, or

1.2.1.2. who have been continuously employed by the Trust for at least 12 months; or

1.3. who in the case of the sixth class are not so employed but who nevertheless exercise functions for the purposes of the Trust, and have exercised the functions for the purposes of the Trust for at least 12 months.

1.4. The members of the Other Staff Class are individuals are considered to be members of the Staff Constituency who are not eligible to be members of the five other classes as specified under para graph 1.1 but who are designated by the Trust from time to time as eligible to be members of the Other Staff Class. This includes (but not limited) to the following:

1.4.1. individuals who are employed by Calderdale and Huddersfield Solutions Limited or any other wholly owned subsidiary company or joint venture company of the Trust and have continuously exercised functions for the Trust for at least 12 months and whose place of work is at the Trust and who are acknowledged in writing as falling within the parameters of this paragraph 1.4.1; or

1.4.2. individual who work on behalf of a voluntary organisation within the meaning of the 2006 Act or are registered volunteers at the Trust and in either case have continuously exercised functions for the Trust and who are acknowledged in writing by the Trust as falling within the parameters of this paragraph 1.4.2.

1.5. Chapter 1 of Part 14 of the Employment Rights Act 1996 applies for the purpose of determining whether an individual has been continuously employed by the Trust for the purposes of paragraph 1.2.1.2 or has continuously exercised functions for the Trust for the purpose of the Trust.

1.6. Individuals eligible to be a Member of the staff constituency may not become or continue as a Member of the public constituency or any other membership constituency

1.7. The Secretary is to decide to which class a staff member belongs.

1.8. The minimum number of members in each class of the staff membership is to be 20.

Automatic membership by default – Staff

1.9. An individual who is:

1.9.1. Eligible to become a member of the Staff Constituency, and

1.9.2. Invited by the Trust to become a member of the Staff Constituency,

Shall become a member of the Trust as a member of the Staff Constituency without an application being made, unless he / she informs the Trust that he / she does not wish to do so.

2. Disqualification from membership

2.1. A person may not be a member of the Trust if, in the opinion of the Council of Governors, there are reasonable grounds to believe that they are likely to act in a way detrimental to the interests of the Trust.

3. Termination of membership

3.1. A Member shall cease to be a Member if:

3.1.1. they resign by notice to the Company Secretary;

3.1.2. they die;

3.1.3. they are disqualified from Membership by paragraph 7;

3.1.4. they cease to be entitled under this Constitution to be a Member of any of the public constituencies or the staff constituency.

Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annexe 3 – Further Provisions.

13. Car Parking Charges Prices Proposal

To Note

Presented by Lesley Hill

Calderdale and Huddersfield NHS

NHS Foundation Trust

Car Parking Changes

Prices Proposal

27nd June 2018

1. Introduction

It is two years since the prices for car parking have been reviewed. In this time, a significant amount of work has been done to try and give the best possible service we can for patients who visit our sites, and make the most of the parking available for staff. We have:-

- Removed the automatic number plate recognition (ANPR) at Acre Mill which contributed to a significant proportion of complaints from our patients.
- Created an additional 20 spaces at HRI
- Created an additional 15 spaces at CRH
- Installed chip and pin payment machines across HRI, Acre Mill and CRH
- Engaged with colleagues regarding views and suggestions regarding a weighted car-parking permit criteria
- Developed an on-line parking permit application system
- Developed and implemented a Trust wide travel and car-parking survey (>1200 responses). Analysis captured in appendix 1
- Introduced specific parking permits for particular staff groups
- Aligned car-parking database with pay-roll database ensuring all colleagues charged fairly and consistently
- Improved our relationship with car-parking infrastructure contractor (Designa) resulting in fault finding training / improved response times
- Worked closely with Calderdale Council with regards to:-
    - Developing Travel and Car-Parking Survey
    - Planning permission to increase car-parking spaces on Dryclough Avenue (+50).
    - Subsidised parking permits in vicinity of CRH and Broadstreet Plaza
    - Future development of a multi-story car-park
- Sought engagement and support from British Parking Association
- Improved liaison with West Yorkshire Passenger Transport.

2. Colleague and Public Engagement

We have continued to engage with all service users following the changes made in 2016/17. We have met with local groups, local Councils, and worked with colleagues in the Patient Advice and Complaints department to resolve car parking concerns and complaints. We have just completed our first Trust wide travel and car parking survey, which provides interesting information. An overview of findings is attached at appendix 1.

3. Next steps

There is still a significant amount of work to do to implement more positive benefits. These include:

- Review and implementation of new criteria for staff permits
- Implementation of Calderdale Council permits (where cost effective)
- Exploration of Trust staff parking in CRH residential areas
- Supporting the local residents on unadopted Saville Road (HRI)
- Provision of 6-10 allocated short stay car-parking spaces for Community Staff at both acute sites
- Provision of an additional 50 parking spaces at Acre Mill (tarmac area)
- Improvements to Acre Mill (hard-core area) to improve parking behaviour / streamline parking resulting in approximately 30 additional spaces
- Communicating the findings from the Travel and Car-Parking Survey
- Introduction of a weekly pass for visitors and patients
- Exploration of park and ride facilities for staff (Acre Mill / Cedar Court)
- Car-share implementation and allocated parking spaces identified for the same
- Encouraging the use of public transport
- Increasing number of electrical charging points
- Clarity on the parking charges for clinics that over-run (e.g.: charge for 2 hour parking vs current position of 4 hour parking)
- Working with the Appointments Centre ensuring patient appointment letters provide up to date and detailed information regarding Trust car-parking (location, charges, exemptions, likely length of appointment) and local Council parking charges.

4. Staff Permits

4.1 Charges

A detailed analysis has been carried out looking at the prices across West and South Yorkshire Trusts. Using this, and the approach adopted two years ago with payment for staff parking based on a banding system that aligns with Agenda for Change, we propose the following changes:

BAND	CURRENT CHARGE	NEW CHARGE
AfC 1 & 2	£20.00	£21.00
AfC 3	£22.00	£23.00
AfC 4 & 5	£24.00	£25.00
AfC 6 & 7	£26.00	£27.00
AfC 8 & 9	£28.00	£30.00
Priority Parking	£32.00	£40.00

Communications and engagement about these changes will include:

a) Sharing final agreed proposals with Staff Side
b) Sharing proposals with the Council of Governors
c) A letter to current permit holders explaining

- The review of parking permit allocation
- Changes in parking charges
- Alternative options available to colleagues who do not receive a permit
- Identify specific parking areas for colleagues.

We will use our normal communication channels to share the messages via CHFT Weekly, Trust News, Big Brief, and Line Manager Bulletin, intranet banner (signposting to relevant content and FAQs etc.), and posters for colleague notice boards, screen savers and banners.

We recognise that car-parking demand outstrips the supply of spaces and, upon introduction of the new permit application; we will be introducing a car-parking permit waiting list. However, our aim is to support alternative parking for those who are unsuccessful in obtaining a parking permit. The Travel and Car-Parking survey indicates there is an appetite for alternatives ways of parking and travel to and from work.

The income generated, based on current staff payers, would result in an increase of £47k. However, given the proposed increase in charges and the complete review of parking permits it is advisable to apply a 25% reduction to this figure, as colleagues may not receive a parking permit or choose to withdraw from the scheme. It is recommended to use a figure of £35k. Funding would be required to implement the new permit system / white lining for specific parking bays and signage.

4.2 Broad Street Plaza

Parking arrangements at Broad Street Plaza (BSP) differ from the general arrangements in that staff parking spaces are rented to Trust at £16,500 per annum for 33 spaces (25 spaces, 5 staff drop off and 3 blue badge spaces) equating to £500 per space per year. Colleagues, on average, are charged at £25 per space per month which, based on the 83 staff permits issued, equates to an income of £25k.

Staff are unhappy with BSP car parking as it has seen an increase in undesirable activity from local gangs and whilst there has been an increase in Police presence colleagues remain concerned regarding their safety. As more services are delivered in the Community the pressure increases for colleagues at BSP. Discussions have been held with Calderdale Council who wil provide discounted parking permits for North Bridge which is deemed a safe parking area having achieved Safer Parking award.

The recommendation is to move the normal car parking spaces to North Bridge, but retain the disabled and drop-off spaces at BSP.

4.3 Calderdale Council

Calderdale Council can provide a limited number of discounted permits to Trust colleagues detailed in table 1 below:

Table 1

Area	Council Permit Cost (inc. 10% discount)	No Available	Comments
On street parking in long stay parking areas:- *Lawrence Rd, Skircoat Green, Stafford Road, Top Dudwell Lane*	£295 less 5% = £280.25	60	• Payable up front • 2 vehicles per permit allowed • First come first served process (i.e. not dedicated Trust spaces). • Allocated Mon-Fri spaces
North Bridge – Contract Parking	£594 less 5% = £564.30	25-30 (to replace BSP)	• Car Park awarded British Parking Association "Safe Parking Award":- - Lighting, CCTV, patrolled etc • Parking permit is valid in **any** long stay car-park within Calderdale, 7 days per week.
On street parking in short stay parking areas:- *Godfrey Rd, Dudwell Lane, Dryclough)*	Short Stay @ 50p per hour capped at £2.50 (5 hours)		Available to anyone who chooses to park in this area. Pay & display only.
Residential Areas			Further work to be negotiated between Trust and Council. Free parking at Saville Park

5. Public Charges

5.1 Patient & Visitor Car Parks

The current costs for patient & visitor car parking across Yorkshire Trusts is illustrated in table 2. Using this as a basis we recommend the following changes as follows:-

- Up to 2 hours £2.80 increased to £3.00
- Up to 4 hours No Change
- Up to 6 hours No Change
- Up to 24 hours £7.00 increased to £8.00
- Weekly charge £35.00

Based on the current usage of car-parking at CRH, HRI and Acre Mill the total increases would realise a potential income of **£86k.**

The potential income generation based only on the 20p increase alone would amount to:-

CRH	= £24k
HRI / Acre Mill	= £36k
TOTALLING	**= £60k**

The current exceptions to parking charges will continue.

Table 2 – Other Trusts Costs

HOSPITAL	FREE	Up to 1 Hr	Up to 2 Hrs	Up to 3 Hrs	Up to 4 Hrs	Up to 5 Hrs	Up to 6 Hrs	Up to 7 Hrs	Up to 8 Hrs	Up to 24 Hrs	STAFF
CHFT Current	Up to 30 mins	N/A	£2.80	N/A	£5.00	N/A	£6.00	N/A	N/A	£7.00	Face 1&2 - £20 AfC 3 - £22 AfC 4&5 - £24 AfC 6&7 - £26 AfC 8+ - £28 Priority - £32
CHFT Proposal	Up to 30 mins	N/A	£3.00	N/A	£5.00	N/A	£6.00	N/A	N/A	£8.00 £35 / week based on feedback	Afc 1&2 - £21 AfC 3 - £23 AfC 4&5 - £25 AfC 6&7 - £27 AfC 8+ - £30 Priority - £40
Airedale	Up to 20 mins	N/A	£3.00	N/A	£5.00	N/A	N/A	N/A	N/A	£8.00	AfC1-4 = £16.62 AfC5-7 = £25 AfC 8+ & Directors = £30 Priority = £49
Bradford	No Free parking Drop off & Pick up Only	N/A	£2.50	£3.50	£4.50	£5.50	N/A	N/A	N/A	5 – 10 Hrs = £8.00 No 24 Hr parking If visitors >10 hrs they are expected to pay for the hours	Zone 1 – Consultants & Dual Site SM's £36.00 Zone 3 - £16.00
Mid York's	Up to 20 mins	£2.00	£2.80	N/A	2 – 4 Hrs £5.00	N/A	N/A	N/A	N/A	4 – 24 Hrs £6.90	AfC 1&2 - £18.51 AfC 3 - £20.60 AfC 4&5 - £22.27 AfC 6 - £23.40 AfC 7 – 26.52 AfC 8+ - £29.12 Consultants & Directors £34.84
LGI	Drop off & Pick Up Only	N/A	£2.90	N/A	£5.70		Up to 6 Hrs £11.00	N/A		£16.40	Directors & Consultants (Priority) £62 Remainder of staff £30
Chapel Allerton	Drop off & Pick Up Only	N/A	£2.80	N/A	£5.50		Up to 6 Hrs £8.60	N/A		£12.70	Directors & Consultants (Priority) £62 Remainder of staff £30
Seacroft	Drop off & Pick Up Only	N/A	£2.10	N/A	£4.20		Up to 6 Hrs £8.40	N/A		£11.00	Directors & Consultants (Priority) £62 Remainder of staff £30

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St James	Drop off & Pick Up Only	N/A	£2.90	£4.30	£5.70		Up to 6 Hrs £11.00	Up to 7 Hrs £14.00		£16.40	Directors & Consultants (Priority) £62 Remainder of staff £30
HOSPITAL	**FREE**	**Up to 1 Hr**	**Up to 2 Hrs**	**Up to 3 Hrs**	**Up to 4 Hrs**	**Up to 5 Hrs**	**Up to 6 Hrs**	**Up to 7 Hrs**	**Up to 8 Hrs**	**Up to 24 Hrs**	**STAFF**
Harrogate	Up to 30 mins	30 – 90 mins £2.60	1.5 – 2.5 Hrs £3.80	2.5 – 3.5 Hrs £5.00	3.5 – 4.5 Hrs £6.10	4.5 – 5.5 Hrs £7.00	5.5 – 6.5 Hrs £8.10	6.5 Hrs + £9.10		£34.00 Weekly Ticket	**Daily** Proximity Card £1.85 P&D £1.90 **Monthly** £50.50 Full Time Rate £36.00 Part Time Rate (<22.5 Hrs/Week)
Rotherham	Up to 30 mins	30mins – 1 Hr £2.00	1 -2 Hrs £3.00	2 – 4 Hrs £4.40	4 – 6 Hrs £5.50					6 – 24 Hrs £6.80	AfC 1-4 - £10.92 AfC 5 – 8a £21.84 Band 8b + £32.76 Preferred Space - £43.70
Doncaster	Up to 30 mins	1 – 2 Hrs £2.80	2 – 4 Hrs £4.10		4 – 6 Hrs £5.00		More than 6 Hrs £8.50				Unavailable
Barnsley	N/A	£1.30	£2.80	2 – 4 Hrs £4.10	4 – 24 Hrs £6.90					Patient & Visitors Weekly Pass £10	Daily Permit - Full Time £30 (PT £15) Evenings & Weekends -Full Time £20 (PT £10) Premium Parking – Full time £66 (PT £33)
Sheffield Teaching	N/A		£2.50		£3.70	Over 4 Hrs £8.40					Unavailable
Sheffield Children's	N/A		£3.50	2 – 4 Hrs £6.00	4 – 6 Hrs £8.00		More than 6 Hrs £14.00				Unavailable
Hull Royal	N/A	£2.00	£3.00	2 – 24 Hrs £5.00						£10 per week £20 per month	Up to £21k - £7 £21k – £40k - £10 £40k + - £15

CHFT will maintain the 30 minute drop off/pick up allowance **and** it will still form part of the chargeable tariffs.

5.2 Public Engagement

Communications and engagement will include:

- Sharing final proposals with key Exec and Non-Exec Directors/ Council of Govenors
- Writing to representatives of appropriate local groups
- Including in next Foundation News
- Announcing as latest news on external website
- Tweeting introduction of new hourly slot, and static rates.
- Advertising within the Trust including information on the wards

Qualitative information will be gathered by the FM service team on both sites and an appropriate survey is now being constructed.

5.3 Car Park Enforcement

We will continue to enforce the "Car Parking Rules" as detailed in the Trust Car Parking Policy. Income from CPN notices is split between CHFT (50%), CPP (45%) and ISS (5%), during 2017 the CPP provided a total of £9.7k back to the Trust.

Support is requested from the Trust to ensure a transparent and robust appeals process is in place. Parking attendants are requested to improve engagement with colleagues and public to support a fairer CPN process.

6.3 Transport

The CHFT Transport department have engaged with West Yorkshire Combined Authority to consider them managing Transport across CHFT. However, this comes with a £10k management fee before any additional costs are incorporated for transport / staff etc.

The Department have also worked with the Travel and Transport Strategy Group who were tasked by the Reconfiguration Group to consider transport as part of Right Care, Time, Place reconfiguration. This work continues.

Transport are currently working towards recruiting part-time bank staff in order to provide additional shuttles across sites at peak hours. This is as a result of the feedback from the staff transport survey. This needs funding, but will provide additional transport at busy periods (am & pm).

6. Conclusion

The price increases proposed take into account other local charges for NHS public and visitor car parks and continues with the fairer system of charging for staff. Income and expenditure is detailed in table 2 based on short term and long term potential.

Table 3

INCOME – SHORT TERM	**EXPENDITURE REQUIRED**
Public Parking increase @ £86k	Signage @ £8k
Staff Parking increase @ £35k	Permit re-allocation @ £5k
	Band 4 @ £19k
TOTAL £121k	£32k

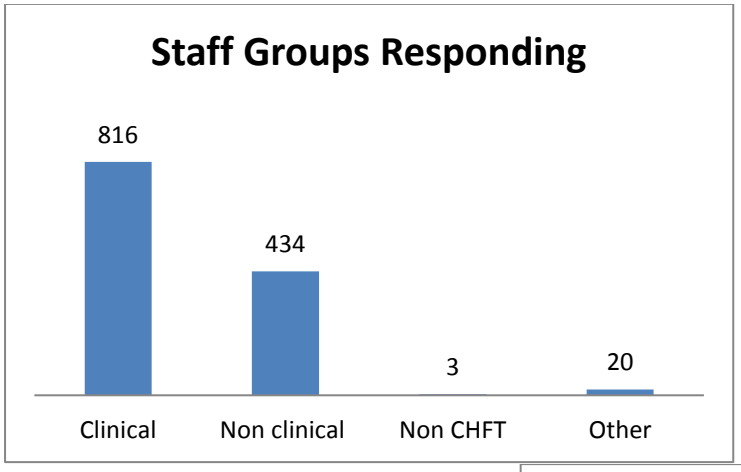
The Council of Governors are asked to comment on the proposals.

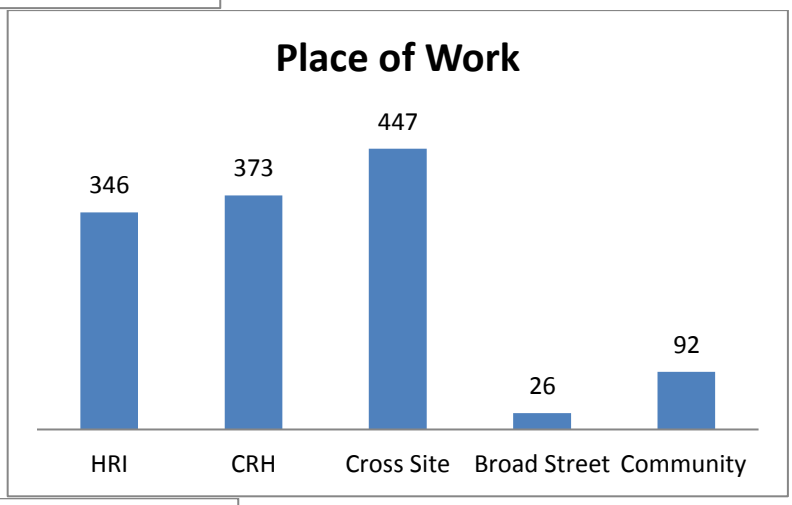
The Council of Governors are also requested to provide support for longer term changes to improve patient, public and visitor experience whilst taking into account support for staff who travel to and from work.

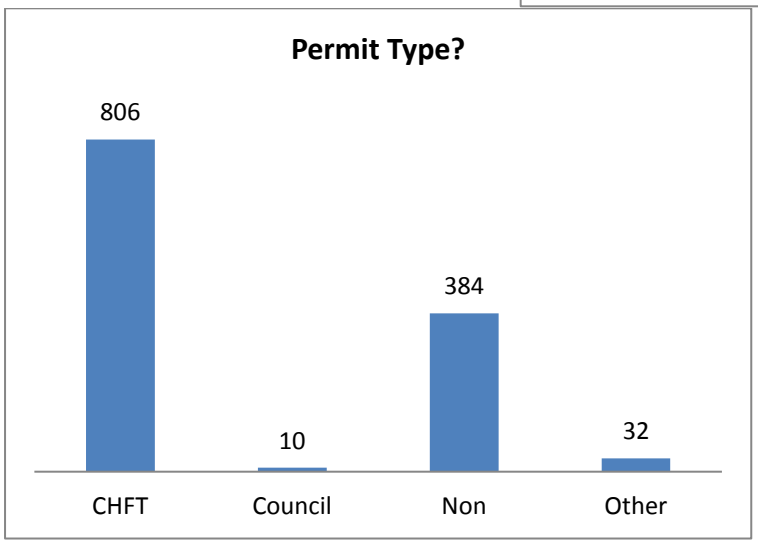
A J Wilson
Estates & Facilities General Manager

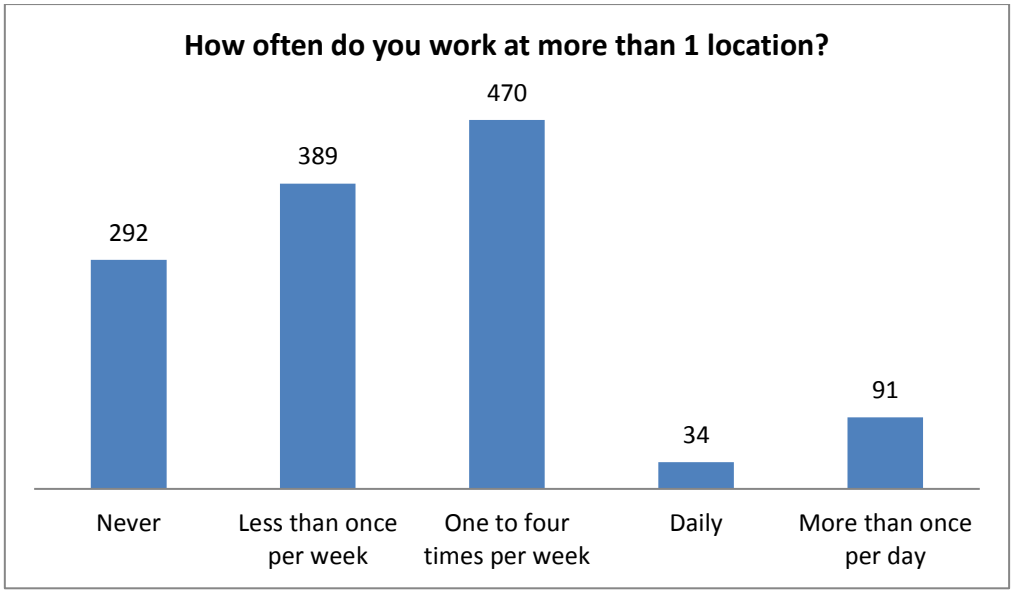
Appendix 1

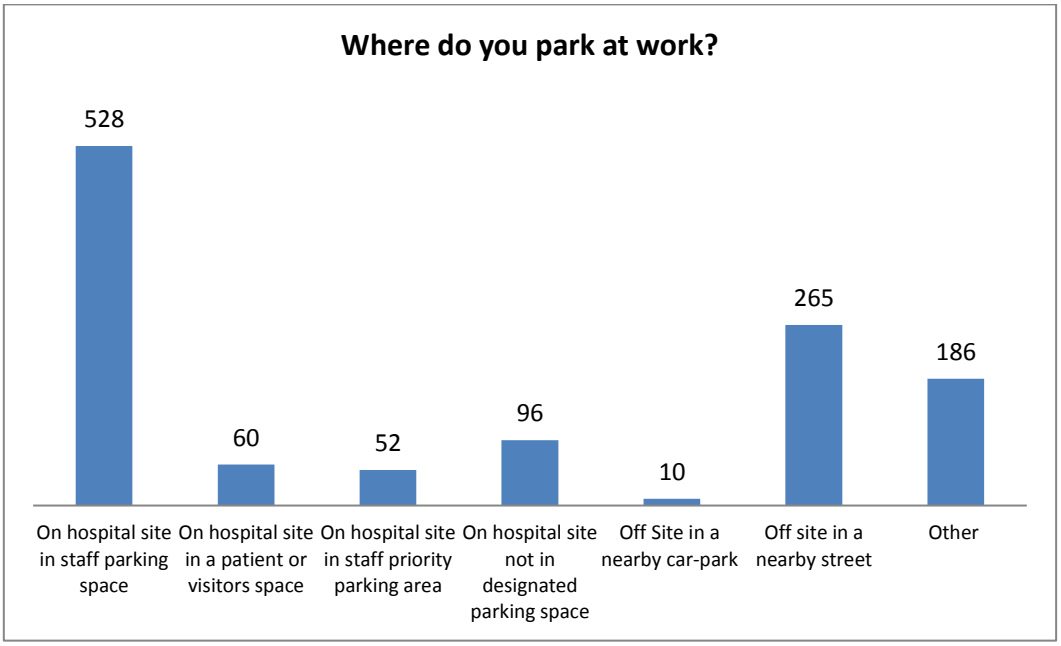
Overview Travel & Car-Parking Survey – 2018

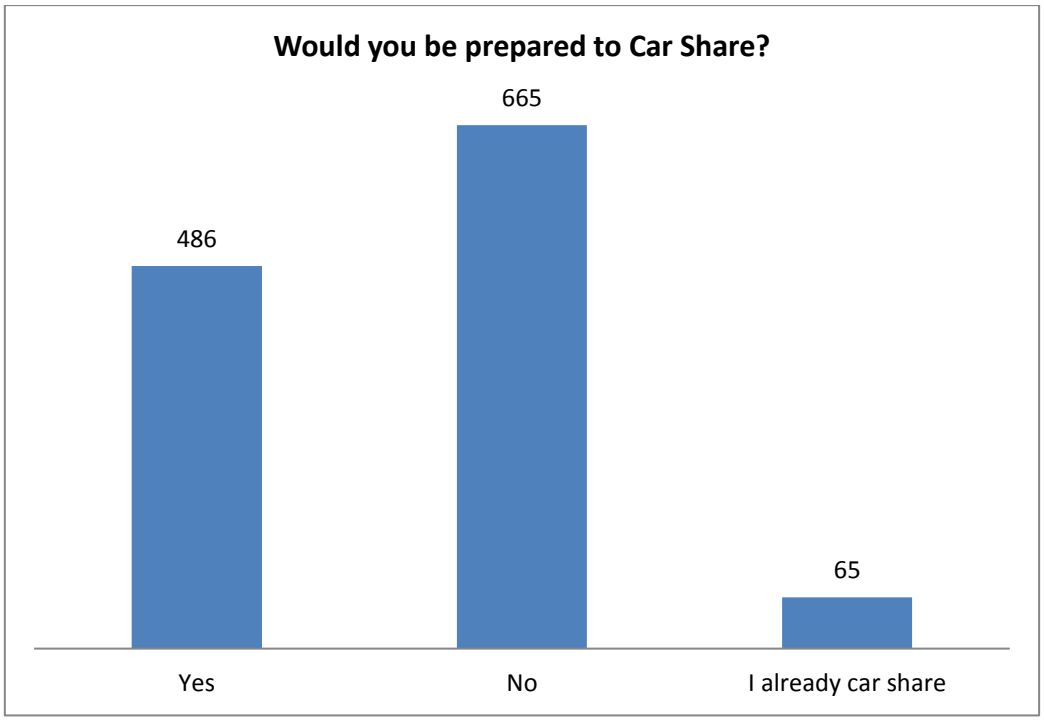


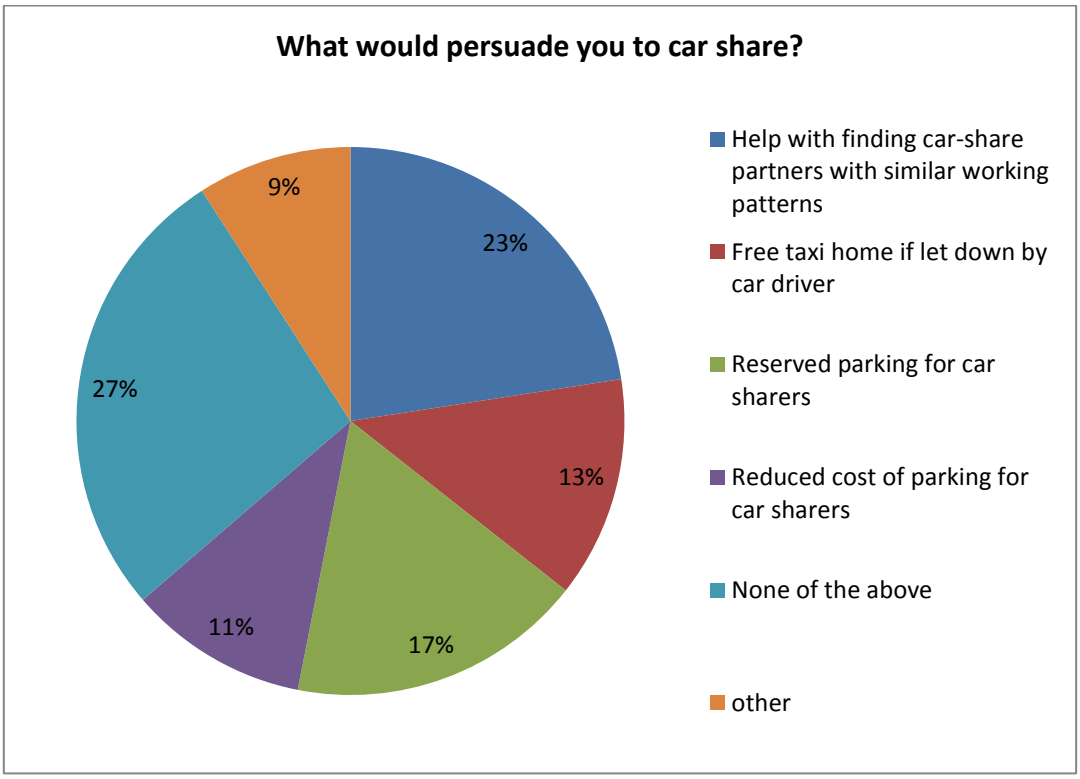





How often do you work at more than 1 location?
292
389
470
34
91
Never
Less than once per week
One to four times per week
Daily
More than once per day


Where do you park at work?
528
60
52
96
10
265
186
On hospital site in staff parking space
On hospital site in a patient or visitors space
On hospital site in staff priority parking area
On hospital site not in designated parking space
Off Site in a nearby car-park
Off site in a nearby street
Other


Would you be prepared to Car Share?
665
486
65
Yes
No
I already car share


What would persuade you to car share?
23%
13%
17%
11%
27%
9%
Help with finding car-share partners with similar working patterns
Free taxi home if let down by car driver
Reserved parking for car sharers
Reduced cost of parking for car sharers
None of the above
other

14. Digital Health Stabilisation and next steps

To Note

Presented by Mandy Griffin

15. Council of Governors Register – Resignations/ Appointments

To Approve

Presented by Philip Lewer

NHS
Calderdale and Huddersfield
NHS Foundation Trust

COUNCIL OF GOVERNORS REGISTER
AS AT 1 JULY 2018

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

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
11 - Mgmt/Admin/Clerical	Mrs Linzi Jane Smith	15.9.17	3 years	2020
12 - Ancilliary	Mrs Theodora Nwaeze	15.9.17	3 years	2020
13 - Nurses/Midwives	Mrs Charlie Crabtree	15.9.16	3 years	2019
13 – Nurses/Midwives	Sian Grbin	15.9.17	3 years	2020
NOMINATED STAKEHOLDER				
University of Huddersfield	**Prof Felicity Astin**	16.1.18	3 years	2021
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17	3 years	2020
Kirklees Metropolitan Council	**VACANT POST**			
Healthwatch Kirklees	Mr Rory Deighton	2.10.17	3 years	2020
Locala	Chris Reeve	21.11.17	3 years	2020
South West Yorkshire Partnership NHS FT	Ms Salma Yasmeen	18.10.17	3 years	2020

16. Register of Interests/Declaration of Interest

To Approve

Presented by Philip Lewer

APPENDIX

Calderdale and Huddersfield NHS Foundation Trust

DECLARATION OF INTERESTS – COUNCIL OF GOVERNORS
AS AT 1.7.18

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

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

DATE OF SIGNED DEC.	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
29.9.15	Annette BELL	Public-elected Constituency 6	-	-	-	-	-	-
2.10.15	Brian MOORE	Public-elected Constituency 8	-	-	-	-	-	-
4.11.15	Di WHARMBY	Public-elected Constituency 1	-	-	-	-	-	-
29.10.15	Rosemary HEDGES	Public-elected Constituency 1	-	-	-	-	-	Secretary – Calderdale 38 Degrees Group
14.9.16	Nasim Banu ESMAIL	Public-elected Constituency 4	-	-	-	-	-	-
12.10.16	Veronica MAHER	Public-elected Constituency 2 (To Const 4 from 15.11.17)	-	-	-	-	-	-
13.10.16	Michelle RICH	Public-elected Constituency 8	-	-	-	-	-	Kirklees College
10.10.16	Katy REITER	Public-elected Constituency 2	Managing Director Treefrog Communications	-	-	-	-	Mentoring via own business. Care Quality Commission
6.10.16	Stephen BAINES	Public-elected Constituency 5	-	-	-	Trustee – Halifax Opportunities Trust	-	Calderdale MBC
21.7.17	John RICHARDSON	Public-elected Constituency 3	-	-	-	-	-	Club Steward
11.8.17	Alison K SCHOFIELD	Public-elected Constituency 7	-	Owner and founder of Diability Roadmap.co. uk	-	Soon to be Trustee of Imagineer Foundation	Member of Steering Group – Leonard Cheshire Disability Charity	-
30.8.17	Paul BUTTERWORTH	Public-elected Constituency 6	Chairman Bradford Bulls Supporters Trust	-	-	-	-	-

DATE OF SIGNED DEC.	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
23.8.17	**Graham ORMROD**	**Nominated Stakeholder – University of Huddersfield**	**-**	**-**	**-**	**-**	**-**	**Director of Health Partnerships, University of Huddersfield**
29.11.17	**Chris REEVE**	**Nominated Stakeholder, Locala**	**Locala Community Partnership**				**Chair of Honley High School Cooperative Trust (school but school nursing service)**	
29.11.17	**Rory DEIGHTON**	**Nominated Stakeholder - Healthwatch**				**Director Healthwatch. Trustee Hebden Bridge Community Association. Trustee Cloverleaf Advocacy.**		
4.12.17	**Salma YASMEEN**	**Nominated Stakeholder - SWYPFT**	**Director – South West Yorkshire Partnerships NHS FT**					
6.12.17	**Dr Peter BAMBER**	**Staff Elected – Constituency 9**	**-**	**-**	**-**	**-**	**-**	Registered with the GMC Member of the BMA Fellow of the Royal College of Anaesthetists Member of the Association of Anaesthetists of Great Britain & Ireland Member of the Obstetric Anaesthetists Assocaition Member of the Anaesthetic Research Society
20.12.17	**Linzi SMITH**	**Staff Elected – Constituency**	**-**	**-**	**-**	**-**	**-**	-

DATE OF SIGNED DEC.	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
		11						
9.1.18	**Sian GRBIN**	**Staff Elected – Constituency 13**	**-**	**-**	**-**	**-**	**-**	Royal College of Nursing Nursing and Midwifery Council
17.1.18	**Chris REEVE**	**Nominated Stakeholder - Locala**	**Company Secretary – Locala Community Partnerships CIC**	**Stakeholder for Locala CIC**	**-**	**-**	**-**	As before
29.1.18	**Felicity ASTIN**	**Nominated Stakeholder – University of Huddersfield**						Joint clinical academic post doing work at both CHFT and University of Huddersfield
28.3.18	**Megan SWIFT**	**Nominated Stakeholder – Calderdale Metropolitan Council**	**-**	**-**	**-**	**Trustee - Health Trust Trustee – Mixenden Parents Resource Centre**	**-**	Councillor – Calderdale MBC

Please notify 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.

Status:- AWAITING RETURNS FROM:–

THEORDORA NWAEZE, Staff Elected

17. Update on Process for election of Lead Governor

To Approve

Presented by Victoria Pickles

18. Proposal for future Council of Governors Meetings

To Approve

Presented by Victoria Pickles

APPENDIX K

Calderdale and Huddersfield NHS Foundation Trust

COUNCIL OF GOVERNORS

PAPER TITLE: COUNCIL OF GOVERNOR MEETINGS	**REPORTING AUTHOR:** Victoria Pickles
DATE OF MEETING: Wednesday 4 July 2018	**SPONSORING DIRECTOR:** Victoria Pickles
STRATEGIC DIRECTION – AREA: • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability	**ACTIONS REQUESTED:** • For comment • To approve • To note • As indicated below
PREVIOUS FORUMS: **N/A**	
EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) Over recent months, we have received feedback from a number of governors on the meetings we hold both in terms of numbers, timing and content. We have therefore taken an opportunity to review the meeting structure and the changes proposed are attached for comment.	
RECOMMENDATION: The Council of Governors' are asked to comment on the proposed meeting changes	
APPENDIX ATTACHED: YES / NO	

Proposed changes to governor meetings/training sessions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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5) Discontinue the Chairs’ Information Exchange meetings

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

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

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

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19. UPDATE FROM BOARD SUB COMMITTEES
Quality Committee
Charitable Funds Committee
Patient Experience and Caring Group

To Note

20. To RECEIVE the updated Council of Governors Calendar

To Note

Presented by Philip Lewer

Calderdale and Huddersfield NHS Foundation Trust

Council of Governors
Calendar of Activity July to December 2018

Month	Day-date	Meeting	Time	Venue	Please attend
July	Wed-4-Jul	CoG Training Session: Working Together to Get Results ** SECOND CHANGE **	9.30 am–11.30 am	Board Room, CRH	Any
		Council of Governors Private meeting	3 pm – 4 pm	Board Room, HRI	All
		Council of Governors Public meeting	4 pm – 6 pm	Board Room, HRI	All
	Thu-19-Jul	Joint BOD and CoG Annual General Meeting	5 pm – 7 pm	Large Training Room, LC, CRH	All
September	Wed-5-Sep	Governor/NED Induction Programme Day 1	9 am – 4.30 pm	Lecture Theatre, CRH	New governors & NEDs
	Wed-12-Sep	Governor/NED Induction Programme Day 2	9 am – 4.30 pm	Forum Room B, Sub-basement, HRI	New governors & NEDs
	Thu-13-Sep	CoG Development and Holding NEDs to Account Session	4 pm – 6 pm	Discussion Room 1, LC, HRI	Any
October	Thu-18-Oct	Council of Governors Private meeting	3 pm – 4 pm	Board Room, HRI	All
		Council of Governors Public meeting	4 pm – 6 pm	Board Room, HRI	All
November	Mon-5-Nov	Medical DRG meeting followed by familiarisation tour	2 pm – 3.30 pm	Medium Training Room, LC, CRH	TBC - new allocation
	Tue-6-Nov	Community DRG meeting FOLLOWING meet the team session (MSK Team)	1 pm – 2.30 pm 12 noon – meet the team	Meeting Room 2, Broad Street Plaza (CHANGE)	TBC - new allocation
	Wed-7-Nov	Families & Specialist Services DRG meeting followed by familiarisation tour	12 noon – 1.30 pm	Meeting Room 3, LC, HRI	TBC - new allocation
	Fri-16-Nov	Joint CoG/Board workshop	9 am – 12.30 pm	Board Room, HRI	Any
	Wed-21-Nov	Estates & Facilities DRG meeting followed by familiarisation tour	10 am – 11.30 am	Discussion Room 2, LC, HRI	TBC - new allocation
	Wed-21-Nov	Surgery & Anaesthetics DRG meeting followed by familiarisation tour	2 pm – 3.30 pm	Meeting Room 3, LC, HRI	TBC - new allocation

Month	Day-date	Meeting	Time	Venue	Please attend
December	Tue-18-Dec	Chairs' Information Exchange meeting part 1	10 am – 11 am	Board Room, HRI	TBC (new DRG Chairs)
		Chairs' Information Exchange meeting part 2	11 am – 12 noon	Board Room, HRI	New DRG Chairs + LS, PBa, SG + new Staff Governors
		CoG Development Session	12.30 pm – 4.30 pm	Board Room, HRI	Any

21. Any Other Business

22. DATE AND TIME OF NEXT MEETING:

Date: Thursday 19 July 2018 – Joint BOD/COG Annual General Meeting commencing at 6.00 pm
Venue: Large Training Room, Learning Centre, CRH

Date: Thursday 18 Octo...