









Council of Governors Meeting

Schedule	Thursday 18 July 2019, 15:30 — 17:30 BST
Venue	Boardroom - Huddersfield Royal Infirmary
Organiser	Amber Fox

Agenda

15:30	1. Welcome and Introductions: Karen Heaton, Non-Executive Director Linda Patterson, Non-Executive Director To Note - Presented by Philip Lewer	1
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	Council of Governors meeting	
	Date: Thursday 17 October 2019	
	Time: 3:30 – 5:30 pm (Private meeting 2:00 – 3:15 pm)	
	Venue: Large Training Room, Learning & Development Centre, Calderdale Royal Hospital	
	To Note - Presented by Philip Lewer	

1. Welcome and Introductions:

Karen Heaton, Non-Executive Director

Linda Patterson, Non-Executive Director

To Note

Presented by Philip Lewer

2. Apologies for absence:

Andrea McCourt, Company Secretary

Owen Williams, Chief Executive

Mandy Griffin, Managing Director, Digital
Health

Jude Goddard, Public Governor

To Note

Presented by Philip Lewer

3. Declaration of Interests

4. Minutes of the last meeting held:

Thursday 11 April 2019

To Approve

Presented by Philip Lewer

Philip Lewer Chair

Brian Moore	Public Elected - Lindley and the Valleys
Dianne Hughes	Public Elected - South Kirklees
Jude Goddard	Public Elected - Calder and Ryburn Valleys
Rosemary Hedges	Public Elected - Lindley and the Valleys (Reserve Register)
Stephen Baines	Public Elected - Skircoat and Lower Calder Valley
Lynn Moore	Public Elected - North and Central Halifax
Alison Schofield	Public Elected - North and Central Halifax / Lead Governor
Brian Richardson	Public Elected - Skircoat and Lower Calder Valley
Paul Butterworth	Public Elected - East Halifax and Bradford
Donald Rodgers-Walker	Public Elected - Calder and Ryburn Valleys (Partial attendance)
Veronica Maher	Public Elected - North Kirklees

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

Dr Tomasina Stacey University of Huddersfield (On behalf of Felicity Astin)

Helen Barker	Chief Operating Officer
Gary Boothby	Executive Director of Finance
Suzanne Dunkley	Executive Director of Workforce and OD
Amber Fox	Corporate Governance Manager (minutes)
Andrea McCourt	Company Secretary
Alastair Graham	Non-Executive Director
Phil Oldfield	Non-Executive Director / Deputy Chair
Mandy Griffin	Managing Director – Digital Health
David Birkenhead	Executive Medical Director
Alison Wilson	Contracts and Compliance Manager (Item 22/19)

Apologies for absence were received from:

1

Felicity Astin	University of Huddersfield
Chris Reeve	Locala
Nasim Banu Esmail	Public Elected - North Kirklees
Salma Yasmeen	South West Yorkshire Partnership Foundation Trust
Christine Mills	Public Elected - Huddersfield Central
Sheila Taylor	Public Elected - Huddersfield Central
Helen Hunter	Healthwatch Kirklees and Calderdale

16/19 WELCOME & INTRODUCTIONS

The Chair thanked all the governors he has met over the last 6 months for their feedback and suggestions and informed governors that he has met with all of the Chairs in the region who have a Council of Governors to understand best practice. The Council of Governors is a public meeting and the dates will be advertised on the Trust website. The Chair confirmed stakeholder governors can send representatives to the public Council of Governors meeting to represent them.

The Chair welcomed governors, Non-Executive Directors, colleagues from the Board of Directors and staff colleagues to the meeting. Governors were invited to introduce themselves and provide a brief background.

17/19 DECLARATIONS OF INTEREST

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

18/19 MINUTES OF THE LAST MEETINGS HELD 24 JANUARY 2019

The minutes of the previous minutes held 24 January 2019 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held 24 January 2019 were **APPROVED** as a correct record.

Rosemary Hedges highlighted page 4 of the previous minutes where she discussed the Calderdale CCG intention to build an alliance contract with existing contractual providers and asked if this means all providers will stay as they are currently, rather than going out to tender. The Chief Operating Officer confirmed there is no intention from Calderdale CCG to go to tender. A separate decision will need to be made by Greater Huddersfield to roll forward with the Locala tender and there is no indication that Huddersfield will build an alliance.

19/19 MATTERS ARISING / ACTION LOG

The action log was reviewed and updated accordingly.

Paul Butterworth highlighted a previous action regarding the complaints process and raised concern that the Trust's complaints procedure and the Trust's complaints policy do not match. The Company Secretary agreed to investigate this.

Action: Company Secretary

20/19 DISCUSSION WITH NON-EXECUTIVE DIRECTORS

The Chair confirmed that two Non-Executive Directors are allocated to each of the Council of Governors meetings on a rotation going forward.

The Council of Governors split into two groups for the governors to have an informal opportunity to ask the two Non-Executive Directors present, Alastair Graham and Phil Oldfield questions and understand their roles.

Rosemary Hedges suggested there should be more frequent meetings with governors and Non-Executive Directors. Brian Moore suggested it would be helpful if more governors attended the Council of Governors / Non-Executive Directors Informal workshops arranged and noted that attendance at these was better from Non-Executive Directors than governors.

Donald Rodgers-Walker left the meeting at 16:10 pm.

21/19 UPDATE ON STAFF CONSULTATION (CAR PARKING)

Alison Wilson provided an update on the staff consultation engagement sessions over February and March for staff across both hospital sites and Broad Street Plaza to discuss challenges, opportunities and gather views from staff.

These engagement sessions were well attended by staff and the responses and suggestions are being compiled into a report to review the feedback and to decide on next steps. Alison confirmed the staff car parking proposal will come to a future Board meeting, likely in July 2019.

Alison Schofield confirmed an afternoon 'in my shoes' has been arranged in May 2019 as a learning experience for wheelchair users in the car park.

Alison Wilson explained the consultation focused on where the Trust is now and what the future will look like. Staff were asked for ideas on how the Trust could do things differently to be more cost effective.

Peter Bamber asked what the output of the consultation will be. The Director of Workforce and OD confirmed the decision and output of the consultation including how the decision was made will come back to the Board in July 2019.

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

22/19 UPDATE FROM LEAD GOVERNOR

Alison Schofield reported on the hard work from the current governors attending regular meetings and asking pertinent questions to ensure the Trust is held to account. She explained the governors are liaising with Board members to improve opportunities to make a difference in the governor role.

Alison encouraged all governors to feel confident to ask questions and make comments within the meetings they attend. She added improvements have been highlighted in how the governors work and communicate alongside the Board of Directors and Non-Executive Directors and the Trust is working towards an improved experience for governors.

Alison asked the governors to contact her if they have any issues or questions and she will acknowledge receipt of the email and will aim to respond within seven calendar days.

Alison explained it has taken her longer to understand the role of lead Governor; however, she feels she is now improving in the role and gaining more experience. She explained she would like to stand for a second year as lead Governor in July 2019 and asked if at least four governors could nominate her by email to support her to continue her role as lead Governor.

23/19 CHAIR'S APPRAISAL PROCESS

The Chair left the room for this discussion. Phil Oldfield, the Senior Independent Non-Executive Director presented the Chair's appraisal process which was approved at the Nominations and Remuneration Committee on 25 March 2019.

The Chair's appraisal evaluation form will be circulated to governors shortly for responses by 6 May 2019. The Chair and Senior Independent Non-Executive Director will meet in June 2019 and a paper will be presented at the Council of Governors on 18 July 2019.

Brian Moore highlighted the collation of the forms should be by the lead Governor only. Alison Schofield responded it has been agreed the Company Secretary and Corporate Governance Manager will work with her to support her in collating the responses.

The Corporate Governance Manager will circulate the long-version of the evaluation form as agreed at the Nominations and Remuneration Committee on 25 March and Brian Moore confirmed it has been shortened last year for the 2017-18 Chair's appraisal due to the Chair's tenure expiring.

24/19 CHAIR'S REPORT

The Chair thanked Lynn Moore for participating in the interview panel for the Executive Director of Nursing / Deputy Chief Executive post.

The Chair reported on the number of improvements that are being explored and put into place for the Council of Governors.

The Chair is meeting with the lead Governor on a monthly basis and meetings between the Chief Executive and staff governors every 6 months is being re-

introduced. Governors are asked to direct any questions to the lead Governor, copying in the Chair. Alison Schofield thanked the Chair for taking the time to visit each governor or contact them individually.

Governors invited to attend the Board, including the lead Governor, are welcome to sit at the Board of Directors table and are invited to comment at the end of the meeting.

The Chair confirmed the attendance lists for the Council of Governors meetings will be circulated every quarter.

Non-Executive Director Appraisals

The Chair confirmed the Non-Executive Directors appraisals have been completed for 2018/19 and discussed with the lead Governor.

Governor's Charter

The Chair highlighted section 3g of the Governors charter regarding the 12 month period for monitoring meeting attendance and asked for clarity. The Council of Governors agreed the wording should say 'Governors are required, under the Trust's Constitution, to attend a minimum of two Council meetings from *September to September*' rather than financial year. Brian Moore asked if the Company Secretary can make governor attendance explicit in the Constitution.

Action: Company Secretary

The Chair explained attendance from the Executive Directors at the Council of Governors is to be agreed, governors can invite Executives to attend; however, they are not all required to attend.

Sian Grbin fed back that she attended the Regional Governor workshop hosted by Mark Price from NHS Providers and will circulate the information from this workshop.

Action: Sian to circulate the information from the Regional Governor workshop

Rosemary Hedges commented that the improvements are very helpful and makes the role of a Governor clearer.

25/19 PERFORMANCE AND STRATEGY

a. Performance Report

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

- Overall position of 73%, best performance this financial year
- 6 weeks Diagnostics target was missed for the third time in 4 months – issue in January where a cohort of referrals on paper (Cardiology tests) were not being tracked, these are now on the system and reported to regulators, this had an impact on performance; however, there was no harm – anticipate the backlog to be cleared by June 2019
- Infection Prevention Control – Deep clean Programme through the Summer

will take place again this year, there were no ward closures during Winter due to infection

- Emergency re-admissions – higher number of re-admitted patients, an audit took place which identified coding issues and areas in process that can be improved
 - Frail patient's re-admission rate is 13%, nationally best rate is 23%
 - 'Getting It Right First Time' (GIRFT) re-admissions summit will take place with clinicians for feedback at the next meeting
 - Emergency Care Standard improved from January in March (type 1 – A&E Department 4 hours – achieve 94.46% - best in the year), including other pathways achieved 95.22% - over 91% for the full year (upper quartile nationally and one of the busiest A&E)
 - Workshop with clinical colleagues took place on 10 April to look at innovation and improvements and will be shared at the next meeting
 - Cancer delivered across all metrics in March 2019
 - Risk with radiologist capacity
 - Complaints – Intervention meetings with the Chief Executive and every manager with an overdue complaint to understand the blockers who is presenting the findings at a deep dive at the end of May 2019
 - Community Voices (volunteers trained on patient engagement) spent a week in the A&E Department to cover the 24-hour period, interviewed 1,200 patients in the Department, gained consent from 600 to review the experience afterwards – a report will be presented at the next meeting
- Action: Chief Operating Officer to share findings from Community Voices**
- Stroke achieved an A rating for the stroke services in the last audit

Paul Butterworth challenged the significant drop in complaints down by 33%. The Chief Operating Officer clarified the performance will dip whilst clearing the backlog before an improvement shows on the trajectory.

Rosemary Hedges asked why A&E attendances are very high. The Chief Operating Officer explained there is no alternative to A&E other than GPs which is unusual as there are no walk-in centres. Rosemary asked if community provision is reducing. The Chief Operating Officer clarified the 'Right care, right time, right place' will improve community provision with primary care networks as part of the 10-year plan. Mark Davies, Clinical Director for the Emergency Care Network is the clinical lead for a pilot site for the workforce re-design to front end staffing.

Rosemary Hedges highlighted the high level of incidents reported on ward 11 and asked what type of ward this was.

Action: Chief Nurse to confirm

Sian Grbin asked about the stroke SSNAP scoring an 'A' with an overall rating of 64.2%. The Chief Operating Officer confirmed the Trust doesn't need to achieve

100% or an A in all targets. The Medical Director added the Trust are on an improvement journey.

Rosemary asked about a hyper acute stroke unit at CRH, the Medical Director explained options were reviewed in terms of a hyper acute stroke unit and there will be four in the West Yorkshire region, which includes Bradford Teaching Hospitals, Mid Yorks, Leeds and Calderdale and Huddersfield will remain with a hyper acute stroke unit.

b. Financial Position and Forecast – Month 11

The Executive Director of Finance summarised the key points from the Month 11 position;

- Forecast to achieve the planned £43.1m deficit plan
- Agency expenditure is £1.74m below the agency trajectory set by NHSI and is forecast to remain below the trajectory for the rest of the year
- On track to deliver the Cost Improvement Programme (CIP)
- Capital expenditure year to date is lower than planned at £6.34m against a planned £8.17m
- Final accounts submission CDEL (capital department expenditure limit) – re-evaluation exercise took place on assets and the outcome was less appreciation – breach of £2.5m (regulators are aware)
- The Trust are planning for a £10m deficit plan for next year
- Cost pressures throughout the year including clinical waste

Peter Bamber asked how much of the deficit plan serves as debt. The Director of Finance clarified there is a total of £1m in interest at 3% and next year borrowing will be at 1.5% interest.

Rosemary Hedges asked if the control total has been agreed, the Director of Finance responded the control total has been agreed and the Trust is borrowing less cash next year and more money will go into the tariff to get providers back into balance.

26/19 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee – 14.2.19

Alison Schofield highlighted the key points from the Nominations and Remuneration Committee held on 14 February 2019. The Committee reviewed the terms of reference for the committee and amendments were received and considered. There was discussion on engagement, communication and involvement in the Non-Executive Director appraisal process. The re-appointment of two Non-Executives coming to an end of tenure were discussed and approved, the Committee considered their attendance, appraisals and other feedback and the Chair exercised a casting vote to support one of the re-appointments.

The Committee reviewed the Board skills and competencies required for the new

Non-Executive Directors. Paul Butterworth highlighted this is the one committee where governors can vote and asked that all governors attend to avoid the need for the chair to use a casting vote.

Nominations and Remuneration Committee – 25.3.19

Stephen Baines highlighted the key points from the Nominations and Remuneration Committee held on 25 March 2019. The Committee approved the revised terms of reference. The Non-Executive Director process for recruitment was approved. All governors taking part in the NED recruitment process will have to undertake training.

27/19 COMPANY SECRETARY REPORT

1. Process for election of Lead Governor

Public governors can nominate themselves as lead Governor, including stakeholder governors and expression of interest are asked for by 29 April 2019. The voting process with governors will take place at the end of May 2019 and appointment will be announced at the Annual General Meeting. Sian Grbin clarified a governor can nominate another governor.

2. 2019/20 Quality Account Priorities

The Council of Governors is asked to **NOTE** the selected 2019/20 Quality Account priorities following a selection process that began at a Governor Workshop in December 2018 and completed during February 2019.

3. Council of Governors Register

The Council of Governors' is asked to **NOTE** and receive the Council of Governors register attached.

4. Elections to the Council of Governors

The Company Secretary reported the governor elections are underway and the deadline for receipt of nominations is 20 May 2019, including those governors who wish to re-stand. Brian Moore clarified that governors who want to re-stand must live in the area they want to represent.

5. Council of Governors Self-Appraisal Process

The feedback from the 2017/18 Council of Governors self-appraisal process will be shared at the Board and Council of Governors Workshop on 21 May 2019. The details of the self-appraisal process for 2018/19 will be confirmed in due course.

6. Review Annual CoG Meetings Workplan

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

7. Review date of Annual General Meeting 2019

The Council of Governors is advised that the Joint Board/Council of Governors' Annual General Meeting will be held on Wednesday 17 July 2019. The meeting will take place on the 3rd floor, Acre Mills Outpatients commencing at 6:00 pm.

8. Council of Governors Formal Attendance Register – Annual Report and Accounts

Governors were asked to review the attendance register for accuracy as this will

be published in the Annual Report and Accounts 2018-19.

9. Proposal for an additional Stakeholder Governor

The Council of Governors were asked to approve the proposal for an additional partnership Governor for CHS. The Chair has reviewed the process at other Trusts and this will be in line with other organisations. Sian Grbin asked if this post would start from July 2019. The Company Secretary clarified the partner organisation will be asked to put someone forward for the governor role and the post would commence in July 2019.

OUTCOME: The Council of Governors **APPROVED** a stakeholder governor for Calderdale and Huddersfield Solutions Limited (CHS).

10. Proposal for a Governor Workshop

The Trust is in discussions with NHS Providers to provide 'Holding to Account' and 'Non-Executive Director Recruitment' training for governors. The potential date for the full day training is Tuesday 14 May 2019 and a second session will be provided in house. It is proposed that a half day will focus on NED recruitment and a half day will focus on 'Holding to Account'. Governors are asked to confirm their availability for the workshop on 14 May to the Corporate Governance Manager.

Action: All Governors to confirm availability for the workshop to the Corporate Governance Manager

OUTCOME: The Council of Governors **NOTED** a workshop will be organised and were asked to confirm their availability on 14 May to the Corporate Governance Manager.

11. Nominations and Remuneration Revised Terms of Reference

A revised term of reference for the Nominations and Remuneration Committee for the Council of Governors was reviewed and approved at the meeting of the Nominations and Remuneration Committee on 25 March 2019.

OUTCOME: The Council of Governors **APPROVED** the revised Nominations and Remuneration terms of reference.

28/19 UPDATES FROM SUB-COMMITTEES

Quality Committee

Christine Mills provided written feedback on the Quality Committee noting it is chaired well, discussion is open and areas that require improvement are highlighted. The department leads give clear evidence of how the improvement is planned, how it is progressing and are open with all facts whether improvements are going well and when improvement is not progressing.

Charitable Funds Committee

Sheila Taylor provided written feedback on the Charitable Funds Committee, she explained it discusses how funding comes about, how it is spent and if any restrictions are in place. Whilst some legacies are received, other specifies how their legacy can be used i.e. 'Restricted' or 'Unrestricted' use of funds. A Fundraising Manager has successfully been appointed to fund raise for the charity and raise the profile. There

has been discussion around how the Todmorden Health Centre could be utilised more having had a great amount of money spent on it. The Todmorden Health Centre is under used at present and progress is ongoing in terms of how it can be better used, and a survey will be carried out to ascertain patient preferences. Sheila was heartened to hear how some of the funds are raised and how some of the money is spent within the hospitals.

Organ Donation Committee

The Chair reported on the Organ Donation Committee and the efforts to increase the number of people who can donate organs. This is proving difficult with recent law changes. There was discussion how the Trust can engage with communities via the chaplain service through the hospital.

Audit and Risk Committee

Brian Moore reported on the Audit and Risk Committee which focused on clinic outcomes data quality issues that have been raised and the Trust are re-running a self-assessment which will be reported at the next meeting. The Board Assurance Framework (BAF) has been discussed in terms of how risks are being managed for CHS. There was discussion about the Annual Report and Accounts and the risks due to the timing of the departure of the Company Secretary.

Finance and Performance Committee

Sian Grbin reported on the Finance and Performance Committee and confirmed the Managing Director for Digital Health is submitting a final report on EPR Benefits to the next meeting. A Committee Chair's meeting has been arranged which was an output of the self-effectiveness action plan. The Committee has been reviewing financial improvements in previous years. There has been an increase in waiting times for first appointments (Outpatient transformation) and the Chief Executive has asked for a deep dive.

Project echo is discussed at this Committee which is where the Trust review the relationships under the PFI and better use of public money.

Workforce Committee

Alison Schofield reported on the Workforce Committee and is impressed by the number of creative opportunities to improve staff experiences within the Trust. Karen Heaton has been working hard on the Organisational Development Kitchen event creating a knowledge cupboard of recipes to support staff and signpost them towards policies and support resources within the workplace. This has opened opportunities for staff engagement and discussion such as staff support groups for BAME and engaging new staff group colleagues with a disability. This is enhanced with the recent recruitment of an equality manager to strengthen this important work. During 2019/20 the Trust will be improving mandatory fire training. Agency spend across the Trust has reduced. The Trust have several support strategies in place for colleagues, such as NEYBER for finance issues.

29/19 COUNCIL OF GOVERNORS CALENDAR 2019

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

DATE AND TIME OF NEXT MEETING

Council of Governors Meeting

Date: Thursday 18 July 2019

Time: 3:30 – 5:30 pm

Venue: Boardroom, Sub-Basement, HRI

Annual General Meeting

Date: Wednesday 17 July 2019

Time: Commencing at 6:00 pm

Venue: 3rd floor, Acre Mills Outpatients

The Chair thanked the governors, Non-Executive Directors and Executive Directors for attending and formally closed the meeting at 17:44 pm.

5. Interactive Session with Non-Executive Directors

For Assurance

Presented by Philip Lewer, Karen Heaton and
Linda Patterson

6. Update on Staff Consultation (Car Parking) - VERBAL

To Note

Presented by Gary Boothby

7. Update from Lead Governor

- New Lead Governor Appointment –
Effective from 19th July 2019
- Nominations and Remuneration
Committee Membership

8. Outcome of the Chair's Appraisal

To Approve

Presented by Karen Heaton

COUNCIL OF GOVERNORS

18 JULY 2019

OUTCOME OF CHAIR APPRAISAL 2018/19

Calderdale and Huddersfield NHS Foundation Trust

Outcomes of Chair Appraisal 2018/19

The appraisal of the Chair has now been finalised, below are details of the process undertaken and the outcomes.

The Chair is appraised annually, and this is Philip's first year as he started his year in office in April 2018. The appraisal is an evidence-based assessment, which includes feedback on performance over the previous 12 months. This consisted of a questionnaire and free text which included an assessment on:

- Chairing meetings of the Board of Directors
- Leadership Style
- Corporate Understanding and Strategic Awareness
- Commitment
- Holding to Account
- Personal Style
- Independence and Objectivity
- Self-Development
- Impact

Feedback is obtained from members of the Council of Governors and from Executive Directors and Non-Executive Directors. The appraisal process is led by the Senior Independent Non-Executive Director (SINED) together with the Lead Governor of the Council of Governors.

For the 2018/19 appraisal process a total of 37 questionnaires were distributed with 26 returned. The responses were analysed and consolidated into a report and the outcome of the governor feedback was discussed at a joint workshop of the Council of Governors and Board of Directors on 21 May 2019, this feedback was agreed by the governors and communicated to the Chair on 17 June 2019.

The responses received are as follows:

- Public Elected Governors – 11/16 (68.75%)
- Stakeholder Governors – 0/5 (0%)
- Staff Elected Governors – 2/3 (66.66%)
- Non-Executive Directors – 6/6 (100%)
- Executive Directors – 7/7 (100%)

Feedback from all stakeholder groups remains consistent and very supportive of Philip and the way he has led the Board. All stakeholders recognise the significant effort Philip has put into the role in his first year. Whilst hard at times Philip has shown determination and good humour in equal measure to lay good foundations for building on this year.

Discussions covered strategic development, both in terms of reconfiguration of physical infrastructure, wider regional service changes and collaboration, digital opportunities and the complexity that is bringing to the organisation. Philip clearly recognises the challenges and need to constantly evolve governance but also the wider importance of taking a leadership role in the wider local health economy. Improvements have been implemented and positively received re Board

focus, strengthening the Board to reflect new challenges and the critical importance influencing the local health economy will have to the services delivered in our area.

Philip is a committed and well-respected leader who has settled in well within the Trust. The relationships he has built in the first year allied to his personal style should serve the Trust well.

Overall the first year has been a strong first year in post.

Mandatory training – 100%

Phil Oldfield, Senior Independent Non-Executive Director

Alison Schofield, Lead Governor

9. CHAIR'S REPORT

a. Update on Non-Executive Director recruitment

To Note

Presented by Philip Lewer

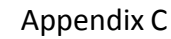
10. TRUST PERFORMANCE

a. Performance Report

b. Financial Position and Forecast

Presented by Helen Barker and Gary Boothby

Date of Meeting:	18 th July 2019
Meeting:	COUNCIL OF GOVERNORS
Title of report:	QUALITY & PERFORMANCE REPORT
Author:	Peter Keogh, Assistant Director of Performance
Sponsor:	Helen Barker, Chief Operating Officer
Previous Forums:	Executive Board, Finance & Performance Committee
Actions Requested:	<ul style="list-style-type: none"> To note
Purpose of the Report	
To provide the Executive Board with the performance position for the month of May 2019.	
Key Points to Note	
<p>May's Performance Score is 73% and the Trust has 4 green domains for the first time. SAFE continues to be green although 3 of the 4 maternity targets were missed. The CARING domain remains amber with FFT A%E response rate dropping further in month alongside Community would recommend. EFFECTIVE domain is green back to green although #NoF missed target again. The RESPONSIVE domain has improved to 67% as RTT incompletes achieved target although stroke indicators are underperforming and the 6 weeks Diagnostics target was missed again. WORKFORCE is still green with sickness levels at their lowest position. Only Infection Control EST remains below 90% alongside appraisals for medical staff. Within EFFICIENCY & FINANCE the domain is now green.</p>	
EQIA – Equality Impact Assessment	
N/A	
Recommendation	
The Council of Governors is asked to note the contents of the report and the overall performance score for May.	



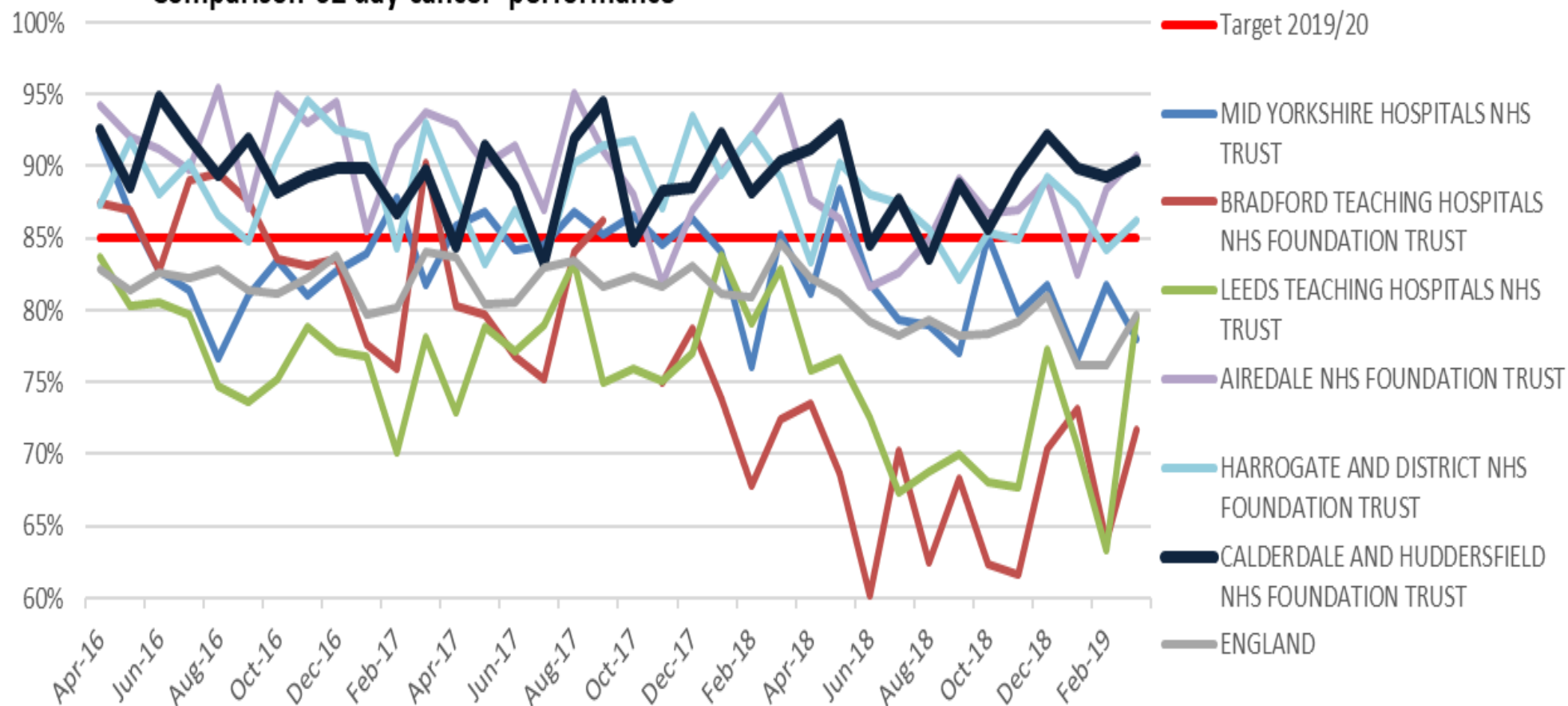
PERFORMANCE

LATEST 2019/20

Appendix C

Cancer 62 Days (target 85%)

Comparison 62 day cancer performance

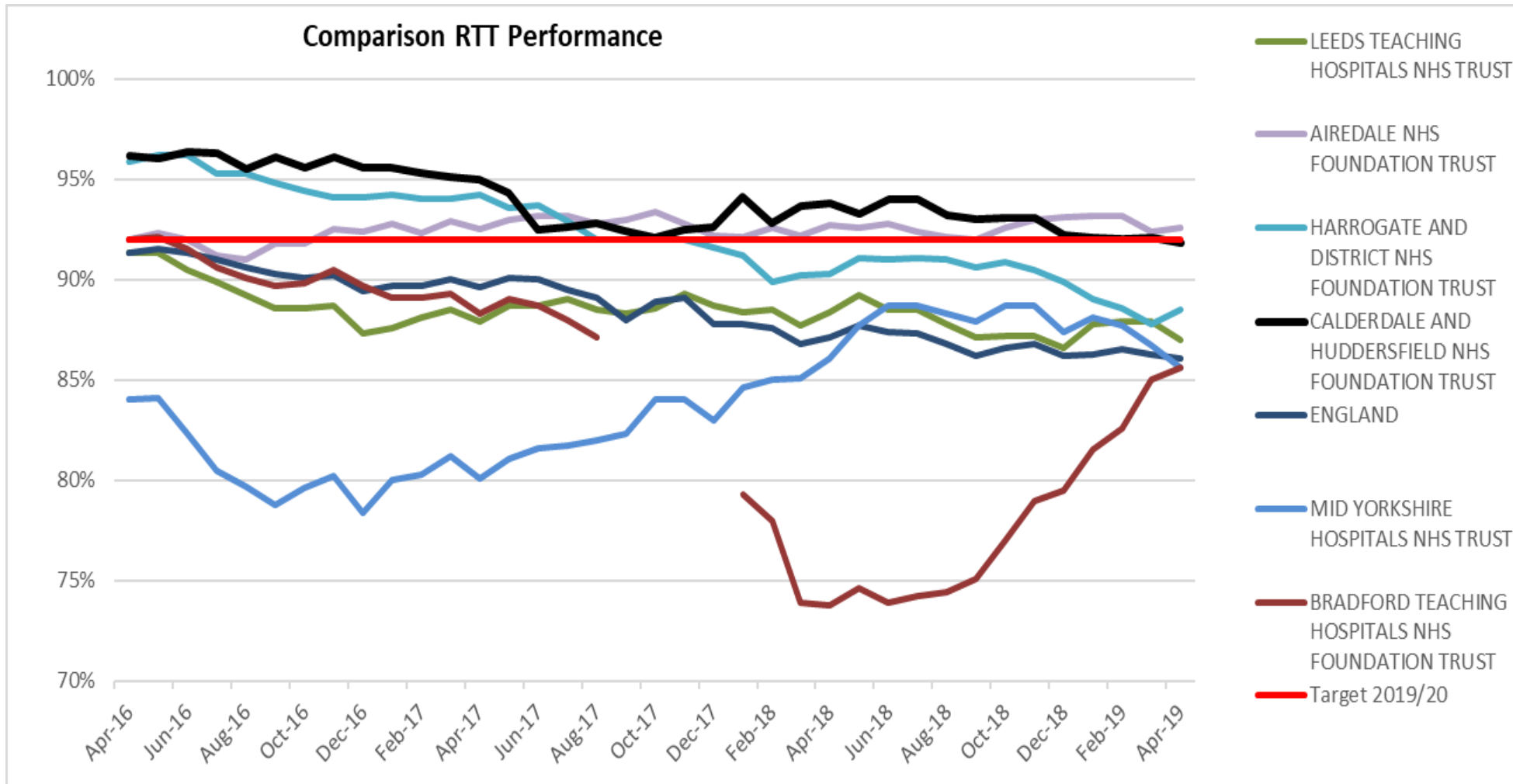


PERFORMANCE

LATEST 2019/20

Appendix C

RTT (target 92%)

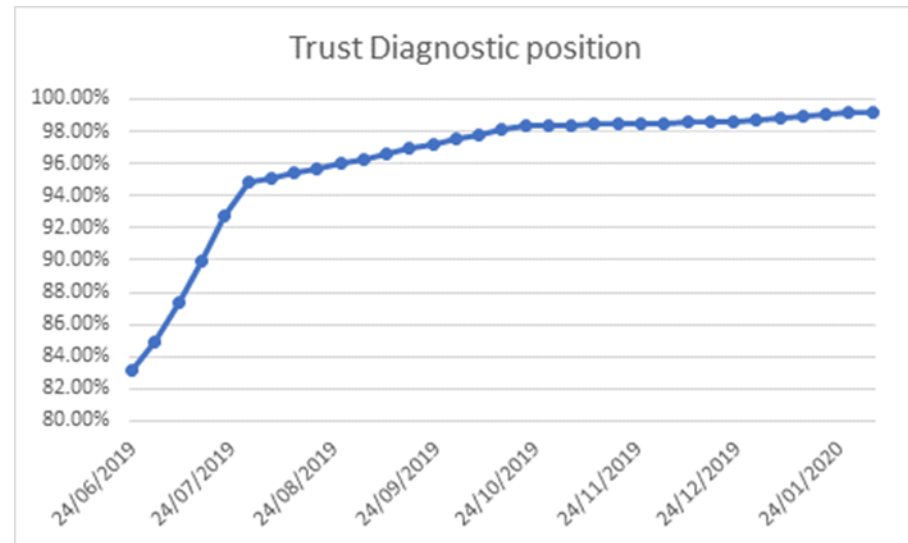
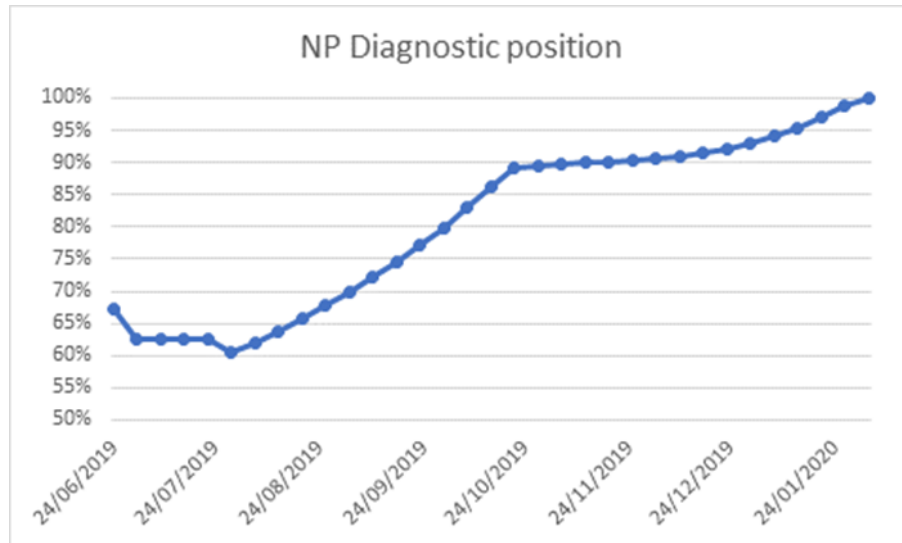


PERFORMANCE

LATEST 2019/20

Appendix C

6 Weeks Diagnostics Test (target > 99%)



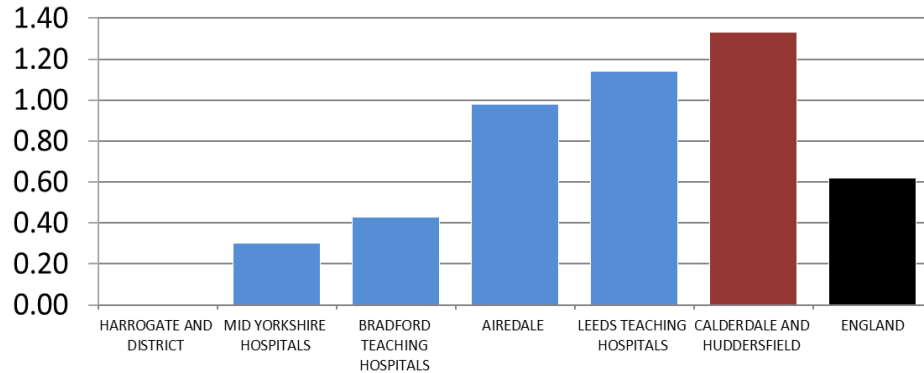
- All Radiology and Endoscopy modalities reported and compliant at 99%
- Echocardiography on track to be compliant for Q2 reporting
- Neurophysiology performance deterioration with recovery timeline not yet secured

PERFORMANCE

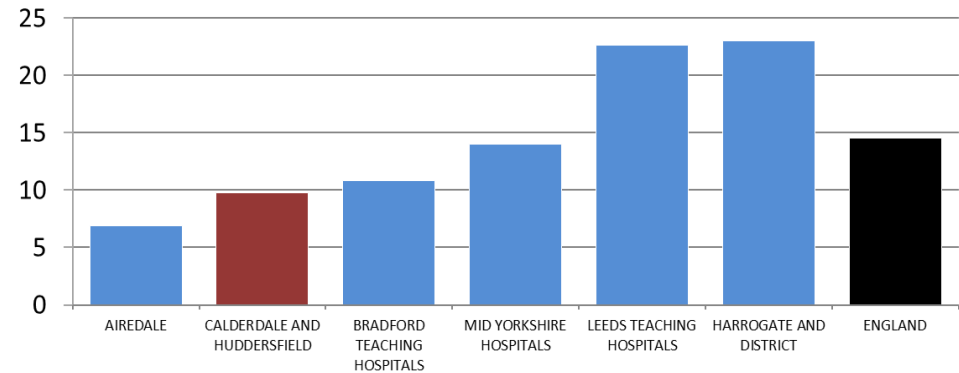
LATEST 2019

Appendix C

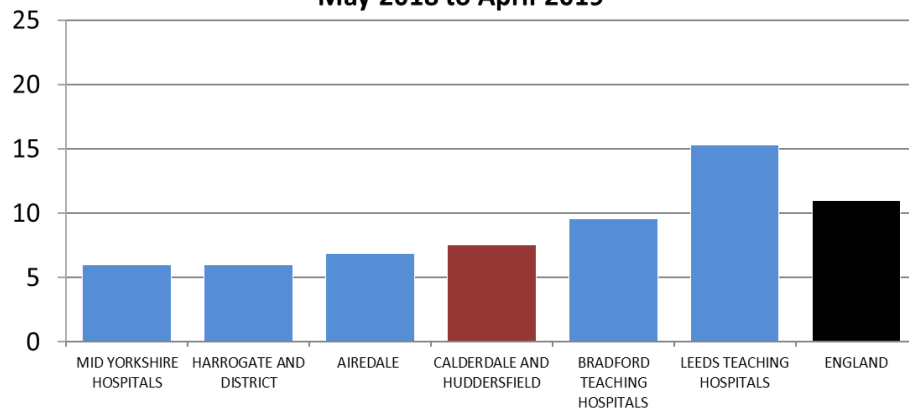
**MRSA per 100,000 days (Rolling 12 months) - Time Period:
May 2018 to April 2019**



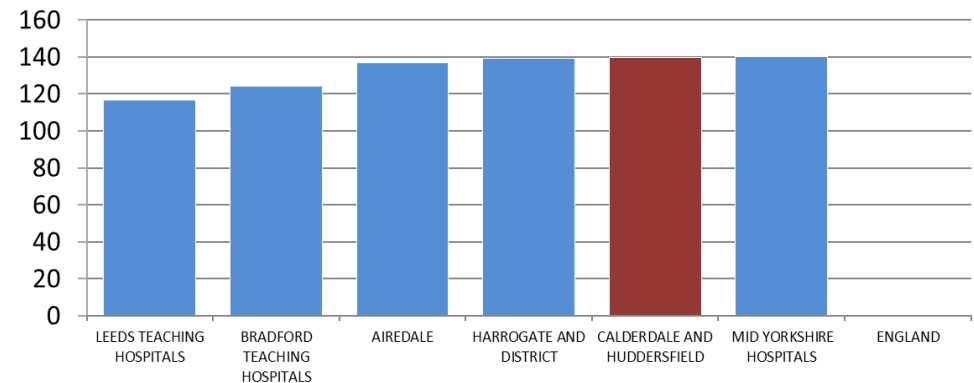
**C.Diff per 100,000 days (Rolling 12 months) - Time Period: May
2018 to April 2019**



**MSSA per 100,000 days (Rolling 12 months) - Time Period:
May 2018 to April 2019**



**EColi per 100,000 days (Rolling 12 months) - Time Period: May
2018 to April 2019**

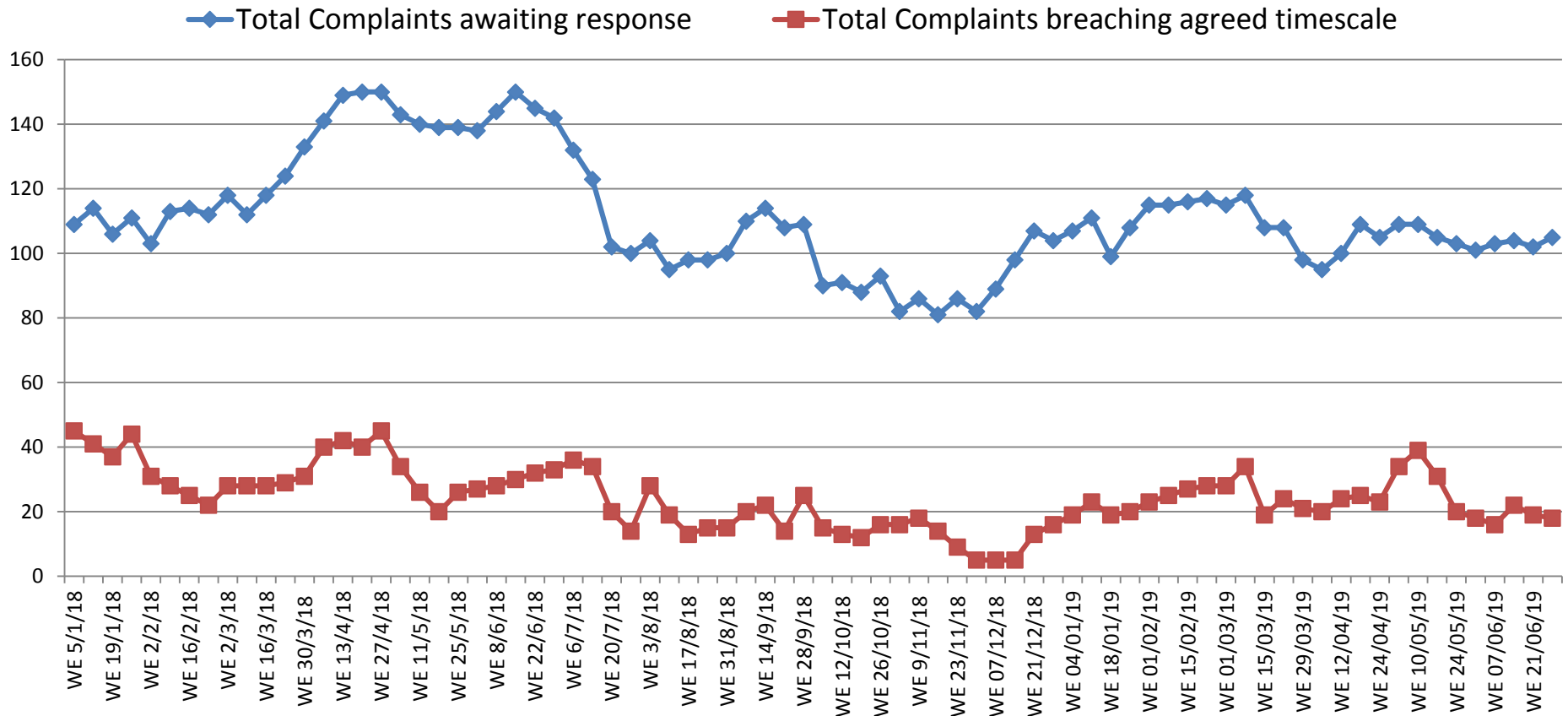


PERFORMANCE

LATEST 2019/20

Appendix C

Complaints Received





Community Division

- Our Community Rehabilitation Team has helped a pensioner to a new lease of life with acupuncture.
- Some manual mobilisation was tried for three sessions and while she did get short term improvement her symptoms did not improve overall.
- They decided at this point to try a course of acupuncture. The spinal (thoracic) Bladder meridian was used and within four sessions (weekly) the patient's symptoms had almost resolved. Patient was very pleased with the outcome as she thought it would never improve.

Medicine Division

- In the latest quarter SSNAP results (January – March 2019) we scored an A for the 2nd consecutive quarter putting us in the top 20 percent of Trusts delivering excellence in stroke care.
- We have developed an in-house sitrep tool, this is free to use and will automatically generate sitreps via an email that shows the position in the ED department. We have started to trial the system.



FSS Division

- MAST group phlebotomy reconfiguration to go live on 1st July 2019. This is an excellent example of our team working with colleagues in the CCG to improve patient experience and making the best use of resources for both parties.
 - To support culture change within Maternity services a number of WTGR sessions with front line staff have been undertaken– next session planned is with managers to ensure all views and suggestions of change are heard before agreeing next
 - Good initial feedback in the recent Fertility inspection from Leeds
- Gavin Boyd, CD Pathology has been successful in obtaining the appointment of Clinical Lead for Pathology WYAAT workstream.

Surgery Division

- Promotion of “**Patient Experience the Disney Way**” with a particular focus on **#ifnotmewho** which asks staff to consider that as an individual if they do not help a patient, family member or indeed another member of staff then **who** will ? Sessions held across the Division, led by Matron Melling. Recent sessions delivered to Divisional Senior Management team, Matrons, Surgical Wards, POA and beyond Division to Paediatrics and ED teams
 - Wards 19 and 21 received a very special visitor- our Pets from Therapy dog! This visit was very well received from both patients and staff

Integrated Performance Report

May 2019

Performance Summary

To Note

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

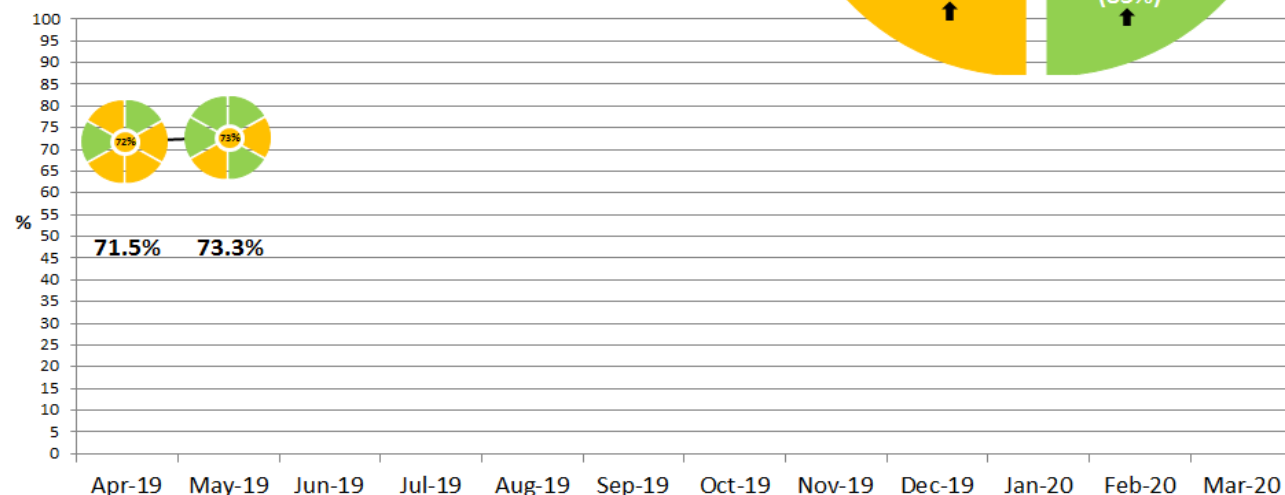
There have been minor reductions in performance in the EFFECTIVE domain in April due to more challenging coding targets being introduced.

Performance Summary

May

RAG Movement

May's Performance Score is 73% and the Trust has 4 green domains for the first time. SAFE continues to be green although 3 of the 4 maternity targets were missed. The CARING domain remains amber with FFT A&E response rate dropping further in month alongside Community would recommend. EFFECTIVE domain is green back to green although #NoF missed target again. The RESPONSIVE domain has improved to 67% as RTT Incomplete achieved target although stroke indicators are underperforming and the 6 weeks Diagnostics target was missed again. WORKFORCE is still green with sickness levels at their lowest position. Only Infection Control EST remains below 90% alongside appraisals for medical staff. Within EFFICIENCY & FINANCE the domain is now green.



SINGLE OVERSIGHT FRAMEWORK

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

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

Key Indicators

	18/19	Apr-19	May-19	YTD	Annual Target	Monthly Target
SAFE						
Never Events	4	0	0	0	0	
CARING						
% Complaints closed within target timeframe	42.00%	29.0%	38.0%	35.0%	100%	
Friends & Family Test (IP Survey) - Response Rate	36.39%	34.35%	36.50%	35.44%	>=24.5%	
Friends & Family Test (IP Survey) - % would recommend the Service	97.46%	97.29%	97.56%	97.43%	>=96.7%	
Friends and Family Test Outpatient - Response Rate	10.75%	7.93%	9.25%	8.60%	>=4.7%	
Friends and Family Test Outpatients Survey - % would recommend the Service	90.92%	91.13%	90.36%	90.71%	>=96.2%	
Friends and Family Test A & E Survey - Response Rate	13.03%	11.56%	11.48%	11.56%	>=11.7%	
Friends and Family Test A & E Survey - % would recommend the Service	83.80%	83.88%	84.79%	83.88%	>=87.2%	
Friends & Family Test (Maternity Survey) - Response Rate	36.51%	30.84%	41.78%	24.08%	>=20.8%	
Friends & Family Test (Maternity) - % would recommend the Service	98.64%	100.00%	99.19%	99.52%	>=97.3%	
Friends and Family Test Community - Response Rate	4.91%	3.38%	5.74%	4.59%	>=3.2%	
Friends and Family Test Community Survey - % would recommend the Service	94.64%	96.69%	95.48%	95.91%	>=96.7%	
EFFECTIVE						
Number of MRSA Bacteraemias – Trust assigned	2	1	0	1	0	
Preventable number of Clostridium Difficile Cases	5	0	0	0	40	3.4
Local SHMI - Relative Risk (1 Yr Rolling Data)	100.25			100.25	<=100	
Hospital Standardised Mortality Rate (1 yr Rolling Data)	84.51			85.82	<=100	
RESPONSIVE						
Emergency Care Standard 4 hours	91.29%	90.19%	92.30%	91.24%	>=95%	
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	64.00%	46.55%	50.88%	48.70%	>=90%	
% Incomplete Pathways <18 Weeks	92.05%	91.79%	92.15%	92.15%	>=92%	
Two Week Wait From Referral to Date First Seen	98.46%	96.57%	96.82%	96.69%	>=93%	
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.56%	98.34%	94.05%	96.28%	>=93%	
31 Days From Diagnosis to First Treatment	99.63%	100.00%	99.35%	99.68%	>=96%	
31 Day Subsequent Surgery Treatment	99.04%	100.00%	100.00%	100.00%	>=94%	
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	>=98%	
38 Day Referral to Tertiary	52.42%	31.58%	25.00%	29.63%	>=85%	
62 Day GP Referral to Treatment	88.37%	88.51%	91.14%	89.76%	>=85%	
62 Day Referral From Screening to Treatment	94.42%	91.30%	95.65%	93.48%	>=90%	
WORKFORCE						
Sickness Absence rate (%) - Rolling 12m	3.69%	3.67%	*	-	4%	
Long Term Sickness Absence rate (%) -Rolling 12m	2.39%	2.37%	*	-	2.5%	
Short Term Sickness Absence rate (%) -Rolling 12m	1.30%	1.29%	*	-	1.5%	
Overall Essential Safety Compliance	94.45%	93.18%	93.40%	-	90%	
Appraisal (1 Year Refresher) - Non-Medical Staff		16.52%	50.88%	-	95%	
Appraisal (1 Year Refresher) - Medical Staff (Rolling 12mth)	92.85%	87.23%	86.89%	-	95%	
FINANCE						
I&E: Surplus / (Deficit) Var £m	0.01	0.01	0.01	0.01		

Most Improved/Deteriorated

MOST IMPROVED	MOST DETERIORATED	ACTIONS
<p>Overall Sickness absence - Sickness rolling 12 month total (3.67%) is at its lowest position since September 2018.</p>	<p>% Diagnostic Waiting List Within 6 Weeks - target missed in 6 out of last 7 months due to a cohort of requests which had not been entered onto the system; existing staffing capacity constraints impacting on speed of recovery. In addition staffing issues in Neurophysiology are causing some breaches.</p>	<p>ECHO - ICS outsourcing company have started working at CHFT and provided adhoc capacity in May. We are exploring additional weekend lists with ICS to increase their capacity. CHFT staff are also performing extra weekend lists through June/July to maximise the number of scans available. Mid Yorks have offered alternative Saturday lists to support our service.</p> <p>Neurophysiology</p> <p>Staff in post are running additional sessions, we have several jobs going out to adverts and we are putting in a new rota to manage the capacity against the demand. Two outsourcing companies have offered capacity - we are putting together a costed recovery plan.</p>
<p>All key cancer targets achieved for 7th month running.</p>	<p>Stroke targets - % Stroke patients spending 90% of their stay on a stroke unit is at 77.19% but still below the 90% target, scoring an SSNAP D score in May. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 50.88% against the 90% target, scoring a SSNAP E score in May. There were also a number of thrombolysis breaches.</p>	<p>MADE events are being held to review the length of stay and provide challenge to the teams to ensure discharge planning is starting as soon as possible. This is to reduce the number of delayed discharges and thus improve the flow across the unit .</p> <p>Fortnightly task and finish groups still continue to standardise pathways/ MDT protocols and are expected to be fully implemented by the end of June. Matron and GM are checking patients daily to provide assurance that there will be a continued increase in the percentage of patients admitted directly to an acute ward. Escalation measures are now in place for the ward staff to contact the Matron if there is no available bed for an admission.</p>

Executive Summary

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

Domain	Area
Safe (75%)	<ul style="list-style-type: none"> % New Harm Free Care is below the 98% target for May at 97.88%. Increases have been seen in the number of Low Harm Falls and New UTI Infections. There are improvement collaboratives in place for all harms reported through the Safety Thermometer tool.
Caring (65%)	<ul style="list-style-type: none"> Complaints closed within timeframe - Of the complaints closed in May, 38% (22/58) were closed within target timeframe. The Chief Executive has presented the findings of the deep dive into complaints to WEB and a range of multidisciplinary meetings across the Trust, with further meetings planned for June and July. Divisional and Corporate teams continue to work together to make improvements in the quality and timeliness of investigations and responses. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance remains at 91% against the 95.7% target. Outpatients as a whole continues to undergo a transformational programme of work, the FFT metrics are being monitored throughout the period to assess changes in patient satisfaction levels. The action plan is being worked through and an improved performance is expected by Q3. Friends and Family Test A & E Survey - Response Rate. Lowest performance since May 2018. The patient experience lead, lead nurse and CDU sister are doing some focused work to try and improve the response rate. Friends and Family Test A & E Survey - % would recommend the service. Performance is at 85%. The patient experience leads continue to work on addressing the key themes and areas to focus improvement. Friends and Family Test Community Survey - % would recommend the service. Performance has fallen to 95.48%. A review of the comments associated to any negative scores show all but one were related to the immunisation team – with young people indicating that the injections hurt / don't like injections. A recommended form of words has been sent to the Immunisation team to help children understand that the FFT question is about the care of the nurse, not the actual injection. % Dementia patients screened following emergency admission aged 75 and over - performance has dipped to 57.3% and is still below the 90% target. Multi-disciplinary, dementia screening quality improvement programme continues to work across all clinical areas to improve the proportion of screens fully completed and recorded. A Benchmarking exercise will be undertaken to assess how the Trust compares to other Cerner Trusts and this will contribute to a deep dive report scheduled with WEB in Q2.
Effective (83%)	<ul style="list-style-type: none"> % Sign and Symptom as a Primary Diagnosis - Performance in month is at 8.64% against a target of 8.3% which is a significant improvement from the April performance. The 2 year Clinical Coding Action plan has been signed off and aims to address the key issues affecting the quality of the coding primarily the quality of the documentation within EPR and data quality. % Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - performance improved to at 81% in May but is still below the 85% target. The division experienced surges in complex limb trauma and volumes of Paediatrics during May which has challenged prioritisation and therefore elective activity was cancelled and additional trauma capacity put in place.

Background Context

In the latest quarter SSNAP results (January – March 2019) we scored an A for the second time putting us in the top 20 percent of Trusts delivering excellence in stroke care.

ED have introduced a greatix scheme where staff can email when they see outstanding practise or someone going the extra mile. These compliments will be shared with staff and will allow us to learn from all the great practise we do.

Within Medicine staffing is still a huge challenge across the ED directorate. There are 6 vacancies at the HRI site but 6 NQNs are due to start in September. A number of vacancies have been filled in the last month. The directorate is struggling to fill a lot of vacant shifts and July and August are showing a lot of gaps across the roster. There has also been an impact in stopping overtime for shifts and only releasing to bank in the first instance. The Respiratory wards and Acute floor at HRI remain the other high risk areas, however recruitment to the Respiratory vacancies continues to be successful and the number of vacancies are falling accordingly.

Following the closure of ward 4 staff were redeployed at the Huddersfield site, which has had a positive impact on the acute floor staffing.

Ward 17 and 6C have received a second silver accreditation which means achieving a gold exemplar ward accreditation. The Acute Floor at Calderdale has been shortlisted in 2 categories of the HSJ Patient Safety awards. Safety on the unit has improved as the number 1 priority with demonstrable reduction in falls, hospital acquired pressure sores and medication errors, reduction in complaints along with the additional benefits of much better staff recruitment and retention.

Executive Summary

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

Domain	Area
Responsive (67%)	<ul style="list-style-type: none"> Emergency Care Standard 4 hours - improved to 92.3% in May, (93.33% all types) - one of the biggest challenges is around workforce and we are completing focused work with the nursing teams on training and development. The double consultant cover from 11:00am commenced in May and we are in the process of recruiting to the triage post and developing streaming pathways to support this service. With the new Frailty investment, we are working cross directorate with the Acute directorate to develop the same day emergency care unit. The number of over 8 and 10 hour waits reduced by 50% from the April position as this was supported by improved flow through both hospital sites. Stroke targets - % Stroke patients spending 90% of their stay on a stroke unit is at 77.19% but still below the 90% target, scoring an SSNAP D score in May. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 50.88% against the 90% target, scoring a SSNAP E score in May. There were also a number of thrombolysis breaches. MADE events are being held to review the length of stay and provide challenge to the teams to ensure discharge planning is starting as soon as possible. This is to reduce the number of delayed discharges and thus improve the flow across the unit. Fortnightly task and finish groups still continue to standardise pathways/ MDT protocols and are expected to be fully implemented by the end of June.
	<ul style="list-style-type: none"> % Last Minute Cancellations to Elective Surgery - Increase to 1.16% highest in 12 months. This was due to Theatre staff short notice sickness alongside vacancies and planned sickness absence which created an increase in on day cancellations. There was also some cancellations as part of the Trauma surge SOP (to create capacity for #NoF and other trauma patients). % Diagnostic Waiting List Within 6 Weeks - target missed in 6 out of last 7 months. ECHO - ICS outsourcing company have started working at CHFT and provided adhoc capacity in May. We are exploring additional weekend lists with ICS to increase their capacity. CHFT staff are also performing extra weekend lists through June/July to maximise the number of scans available. Mid Yorks have offered alternative Saturday lists to support our service. Neurophysiology - Staff in post are running additional sessions, we have several jobs going out to adverts and we are putting in a new rota to manage the capacity against the demand. Two outsourcing companies have offered capacity - we are putting together a costed recovery plan. 38 Day Referral to Tertiary - performance was 25% in May. Recovery plans are in place. Appointment Slot Issues on Choose & Book - performance has improved to 35%. Action plans in place including Specialty Level Plans, Advice & Guidance, Reviewing of Referrals, Development of Straight to Test Services and DNA management. CAS has had a significant impact in the specialties where it has been implemented. Plans to introduce to a wider number of specialties.
Workforce (85%)	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Sickness rolling 12 month total (3.67%) is at its lowest position since September 2018. RTWI performance continues to perform well at 76% but is below the 90% target. Essential Safety Training - overall at 93.4% with only Infection Control below 90%.
Finance (75%)	<ul style="list-style-type: none"> Finance: Year to Date Summary The year to date deficit is £4.58m, a £0.01m favourable variance from plan. <ul style="list-style-type: none"> There is some pressure year to date due to lower than planned commercial income and expenditure on utilities, maintenance contracts and clinical waste. These pressures have been offset in the reported position by lower than planned pay expenditure. Clinical contract income performance is below plan by £1.03m. The Aligned Incentive Contract (AIC) protects the income position by £0.89m in the year to date leaving a residual pressure of £0.14m. This under-performance is being investigated and is potentially a concern from a performance perspective. CIP achieved year to date is £1.30m, £0.06m more than planned. Agency expenditure year to date is £1.36m, £0.82m below the planned level. Key Variances <ul style="list-style-type: none"> Clinical contract income is not far below plan overall but only after £0.89m protection offered by the Aligned Incentive Contract and indicating the lower than planned activity levels across all points of delivery. In the main the clinical divisions are showing favourable variances to plan, reflective of lower expenditure linked to lower activity levels across Divisions; and vacancy levels in Community. Medicine division has some expenditure pressure from additional beds being open in the early part of the year. Non-clinical areas are experiencing pressure with lower than planned income generation for the Health Informatics Service and higher than planned cross charge for services from CHS including utilities, clinical waste and maintenance contracts. There is a favourable variance on Medical staffing expenditure of £0.13m, with lower than planned activity in some specialties resulting in a reduction in the requirement for agency / bank premium. Nursing pay expenditure is also lower than planned with a further reduction in both agency usage and average price. Forecast <ul style="list-style-type: none"> At this early stage of the year the Trust is forecasting to achieve the planned £9.7m deficit with the assistance of the full allocation of conditional funding available as a result of accepting the 2019/20 Control Total, (a £37.99m deficit). Conditional funding consists of three separate funds: Marginal Rate Emergency Tariff (MRET) funding (conditional on acceptance of Control Total but not on achievement of plan), Provider Sustainability Funding and the Financial Recovery Fund, both of which are conditional on the achievement of the quarterly plan. There is a balance of risk and opportunity at this stage which is being monitored. Calls against the Trust's £1m contingency reserve will be considered through the Commercial Investment Strategy Committee.

Background Context

In Community there have been no category 3 or 4 pressure ulcers demonstrating excellent patient care.

Key challenges continue to be around workforce - with vacancies and sickness. Strategies both short term and long term are being developed to improve the position. The impact is being seen specifically across Therapy services and the OoHs team.

In FSS the Radiologist vacancy still continues to be a pressure. Work continues to offer Radiology support to front line services whilst pursuing a number of short and long term solutions. There is a discussion under way with Leeds regarding Interventional Radiology and Mid York's for support for Head and Neck.

A number of visits and inspections have been undertaken within the Division:
Fertility services have had a HEFA inspection from Leeds with initial feedback being positive.
Diabetes Peer review - had a disappointing outcome with 2 serious concerns - initial action plan has been drawn up and a WTGR event is planned with team to agree a way forward and a robust plan to address concerns.

NHS Resolution work is coming to a conclusion with the Majority of KPI's met.

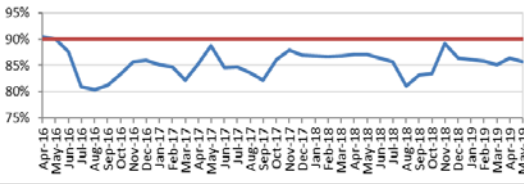
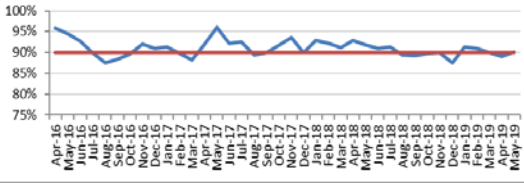
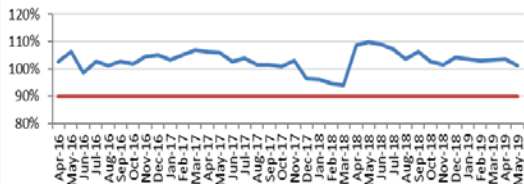

in May a spike in the follow up OPD DNA rate was recorded. This is currently being investigated further and appropriate mitigating actions will be taken.

Within Surgery the divisional team is still without a Head Nurse/Theatre Matron which is contributing to a reduction in complaint response capacity (interviews 20th June). The Theatre Scheduler post started on 3rd June and Project Manager commences in post on 8th July – should have impact on theatre utilisation, late starts and list compilation. Activity has been impacted by a reduction in WLI due to Pension challenges across specialties that are reliant on non-contracted spend to deliver capacity (General/Colorectal Surgery and Ophthalmology in particular). Short/long term sickness has had additional impact upon the already challenged Ophthalmology capacity, although improvements in holding list and ASIs has started to impact due to micromanaging of slots and maximising any free capacity.

Upper GI has long term sickness which has impacted upon ASI position and DC/IP capacity. Endoscopy activity increased due to ASI reduction in Gastroenterology, creating 7 day demand and increased costs (income is within Medicine).

Gastroenterology ASIs have seen a further reduction. In the last four months the ASI has reduced from 650 to 199, this is ahead of the trajectory of 400 in June. The biggest impact on the ASI numbers is the Clinical Assessment Service (CAS).

Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	85.64% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - Ward 4 44.8% - Ward 15 74.5% - Ward 7a/d 74.7 - Ward 12 69.8% - ward 17 69.8%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates are attributed to a level of vacancy and closure of ward 4 HRI. CHPPD has been maintained by using skill mix opportunities and supported by acuity data on safe care live.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	90.13% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - Ward 4 46.8% - Ward 17 73.4%	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 the closure of ward 4 HRI in month. CHPPD has been maintained by using skill mix opportunities and supported by acuity data on safe care live.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	101.36% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - Ward 4 52.5% - ICU 57% - LDRP 63.5% - NICU 72.7%	The low HCA fill rates in May2019 are attributed to a level of HCA sickness within the FSS division and the closure of ward 4 within medicine. This is managed on a daily basis against the acuity of the work load. 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.	110.15% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - Ward 4 45.2%	Low HCA fill rates on ward 4 HRI as the ward closed in month.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	Main Specialty on Each Ward	DAY						NIGHT						Care Hours Per Patient Day							
		Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies	Ward Assurance
		Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual										
CRH ACUTE FLOOR	GENERAL MEDICINE	2,977.17	2,864.00	2,309.83	2,376.00	96.2%	102.9%	2,520.00	2,438.00	2,046.00	2,195.00	96.7%	107.3%	10.5	10.6		0	24	3.43	2.81	87.8%
HRI ACUTE FLOOR	GENERAL MEDICINE	3,236.33	2,928.67	2,693.00	2,675.50	90.5%	99.4%	2,725.50	2,539.50	2,046.00	2,123.00	93.2%	103.8%	10.8	10.3		5	31			81.0%
WARD 4	GENERAL MEDICINE	887.20	397.37	1,168.50	613.50	44.8%	52.5%	682.00	319.00	682.00	308.00	46.8%	45.2%	33.9	16.2		1	1	4.78	-1.32	72.4%
WARD 5	GERIATRIC MEDICINE	1,666.80	1,327.13	1,152.33	1,548.23	79.6%	134.4%	1,023.00	1,023.00	1,023.00	1,551.00	100.0%	151.6%	5.5	6.2		0	9	1.15	-0.52	57.8%
WARD 15	GENERAL SURGERY	1,870.30	1,399.17	1,568.50	2,018.17	74.8%	128.7%	1,364.50	1,311.50	1,364.00	1,584.00	96.1%	116.1%	6.4	6.6		1	11	2.15	-2.32	73.0%
RESPIRATORY FLOOR	GENERAL MEDICINE	3,628.67	3,079.25	2,427.58	2,503.42	84.9%	103.1%	2,717.00	2,380.00	1,023.00	1,281.00	87.6%	125.2%	6.9	6.5		1	6	12.25	-1.95	50.4%
WARD 6	GENERAL MEDICINE	1,494.08	1,172.08	930.42	1,106.08	78.4%	118.9%	1,023.00	1,010.17	1,022.02	1,023.02	98.7%	100.1%	5.6	5.4		0	0			71.6%
WARD 6C	GENERAL MEDICINE	1,097.83	936.17	763.00	742.25	85.3%	97.3%	671.00	682.00	341.00	341.00	101.6%	100.0%	5.3	5.0		1	3	1.88	-1.83	67.0%
WARD 6AB	GENERAL MEDICINE	1,432.73	1,124.73	1,111.50	1,491.17	78.5%	134.2%	1,023.00	1,078.00	1,023.00	1,279.50	105.4%	125.1%	5.5	5.9		1	11	1.54	3.41	50.4%
WARD CCU	GENERAL MEDICINE	1,499.17	1,374.25	373.50	373.50	91.7%	100.0%	1,023.00	1,023.00	0.00	11.00	100.0%	-	8.9	8.6		0	2	1.08	0.13	72.9%
WARD 7AD	STROKE MEDICINE	1,733.33	1,295.18	1,576.83	1,286.50	74.7%	81.6%	1,023.00	847.00	1,023.00	814.00	82.8%	79.6%	10.1	8.0		1	1	1.97	4.52	65.3%
WARD 7BC	STROKE MEDICINE	2,607.33	2,061.55	1,721.67	1,781.17	79.1%	103.5%	2,046.00	1,620.00	682.00	1,093.50	79.2%	160.3%	10.7	9.9		0	2	3.65	-8.90	69.7%
WARD 12	MEDICAL ONCOLOGY	1,656.58	1,156.58	754.00	1,126.75	69.8%	149.4%	1,023.00	935.00	341.00	429.00	91.4%	125.8%	6.2	5.9		1	2	1.26	-2.35	51.7%
WARD 17	GASTROENTEROLOGY	2,255.00	1,575.00	1,320.67	1,062.00	69.8%	80.4%	1,364.00	1,001.00	682.00	792.00	73.4%	116.1%	6.3	5.0		0	3	8.80	-3.97	49.8%
WARD 20	GERIATRIC MEDICINE	1,784.33	1,558.42	1,542.33	1,777.00	87.3%	115.2%	1,364.00	1,245.00	1,364.00	1,452.50	91.3%	106.5%	6.8	6.8		2	8	3.89	-2.76	71.3%
WARD 21	TRAUMA & ORTHOPAEDICS	1,648.83	1,456.58	1,512.17	1,438.00	88.3%	95.1%	1,069.50	954.50	1,069.50	1,046.50	89.2%	97.8%	8.9	8.2		3	4	6.46	-1.29	70.8%
ICU	CRITICAL CARE MEDICINE	4,301.50	4,066.25	793.50	453.25	94.5%	57.1%	4,266.50	3,623.75	0.00	0.00	84.9%	-	38.4	33.4		2	2	3.93	0.20	75.9%
WARD 3	GENERAL SURGERY	1,045.67	1,000.33	589.00	568.17	95.7%	96.5%	713.00	713.00	529.00	540.50	100.0%	102.2%	6.5	6.3		1	6	0.00	0.37	67.4%
WARD 8A	TRAUMA & ORTHOPAEDICS	1,038.25	768.08	747.50	703.00	74.0%	94.0%	713.00	563.50	356.50	356.50	79.0%	100.0%	9.7	8.1		0	1			63.7%
WARD 8D	ENT	981.00	924.00	589.00	570.00	94.2%	96.8%	713.00	713.00	172.50	178.00	100.0%	103.2%	6.7	6.5		0	0	1.76	-0.85	65.6%
WARD 10	GENERAL SURGERY	1,441.00	1,232.83	874.00	1,082.77	85.6%	123.9%	1,069.50	896.50	713.00	943.00	83.8%	132.3%	7.1	7.2		0	0	7.02	2.18	56.1%
WARD 11	CARDIOLOGY	1,777.67	1,640.12	1,114.77	1,079.38	92.3%	96.8%	1,241.00	1,064.00	713.00	873.00	85.7%	122.4%	6.5	6.3		3	2	6.02	-0.71	66.3%
WARD 19	TRAUMA & ORTHOPAEDICS	1,717.67	1,416.08	1,178.00	1,394.00	82.4%	118.3%	1,069.50	1,057.67	1,069.50	1,437.00	98.9%	134.4%	7.4	7.8		1	5	3.66	1.98	75.2%
WARD 22	UROLOGY	1,259.58	1,190.67	1,103.17	1,096.67	94.5%	99.4%	713.00	690.00	713.00	724.50	96.8%	101.6%	6.0	5.9		0	1	1.27	0.72	51.0%
SAU HRI	GENERAL SURGERY	1,771.83	1,605.33	878.00	915.67	90.6%	104.3%	1,652.75	1,505.25	356.50	423.50	91.1%	118.8%	10.0	9.5		0	4			68.5%
WARD LDRP	OBSTETRICS	4,111.00	3,530.17	934.83	593.83	85.9%	63.5%	3,879.00	3,405.50	713.00	679.50	87.8%	95.3%	25.2	21.5		0	0			33.8%
WARD NICU	PAEDIATRICS	2,340.00	2,021.25	775.75	564.25	86.4%	72.7%	2,139.00	1,782.50	713.00	621.00	83.3%	87.1%	12.2	10.2		0	0	3.15	1.47	42.6%
WARD 3ABCD	PAEDIATRICS	3,649.90	3,447.25	750.00	799.50	94.4%	106.6%	3,629.00	3,466.50	356.50	391.00	95.5%	109.7%	11.3	10.9		0	0	0.47	1.82	20.2%
WARD 4ABD	OBSTETRICS	2,415.33	2,229.42	713.00	703.00	92.3%	98.6%	1,777.75	1,713.50	713.00	719.00	96.4%	100.8%	5.7	5.5		0	0	2.72	4.26	43.4%
WARD 4C	GYNAECOLOGY	1,394.42	1,225.75	384.50	377.00	87.9%	98.0%	713.00	713.00	356.50	350.75	100.0%	98.4%	9.3	8.7		0	1	1.02	0.52	75.4%
TRUST		60,720.52	52003.67	34350.85	34819.7	85.64%	101.36%	46950.5	42314.3	23206.52	25561.3	90.13%	110.15%	8.5	8.0						

Hard Truths: Safe Staffing Levels (3)

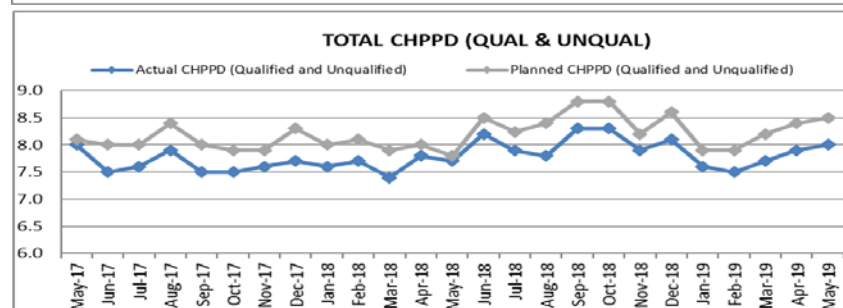
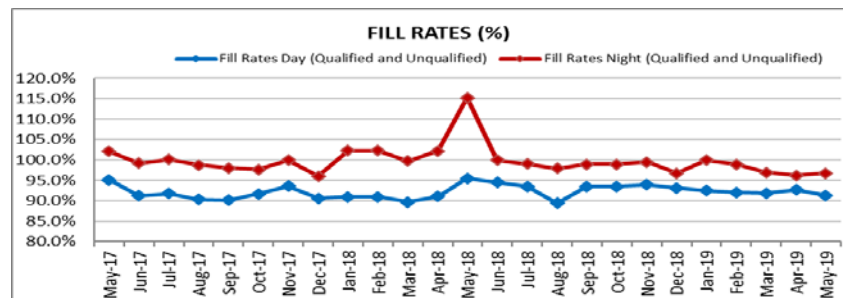
Care Hours per Patient Day

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

	Mar-19	Apr-19	May-19
Fill Rates Day (Qualified and Unqualified)	91.8%	92.6%	91.3%
Fill Rates Night (Qualified and Unqualified)	96.9%	96.2%	96.7%

Planned CHPPD (Qualified and Unqualified)	8.2	8.4	8.5
Actual CHPPD (Qualified and Unqualified)	7.7	7.9	8.0

A review of April 2019 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 22 clinical areas of the 30 reviewed having CHPPD less than planned. 6 areas reported CHPPD slightly in excess of those planned and 2 areas having CHPPD as planned. Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.

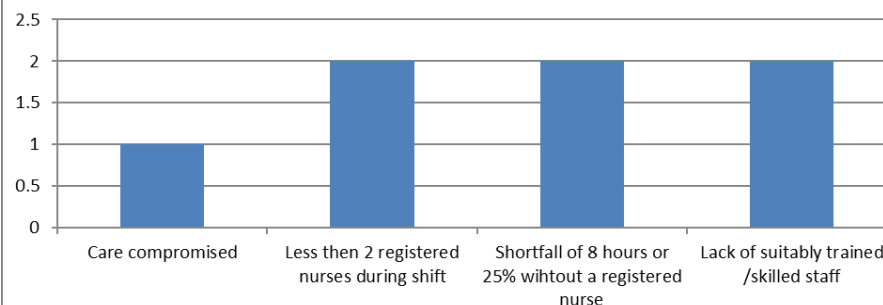


RED FLAG INCIDENTS

Incidents by Adverse Events May 2019



Incidents By Dept/Ward May 2019



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 7 Trust Wide Red shifts declared in May 2019.

No datix's reported in May 2019 have resulted in patient harm.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

The Trust remains committed to achieving its nurse staffing establishments.

On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Monthly recruitment initiatives continue.
3. Applications from international recruitment projects are progressing well and the first 25 nurses have arrived in Trust, with a further 4 planned for deployment in late June 2019
4. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 6 NA who started in post in April 2017. A further 43 trainees are on programme and will graduate in 2020. The programme will next run in June 2019 with 17 recruits.
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment & retention of the graduate workforce.
7. A new module of E roster called safe care has been introduced across the clinical divisions. Benefits will include, better reporting of red flag event and, real-time data of staffing position against acuity.

CQUINS - Key messages




Area	Reality	Response	Result
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There is a new CQUIN Scheme in place for 19/20

Overall

April's data requirements are being worked through and performance will be updated for all indicators at the end of Q1

CQUIN - Key Measures

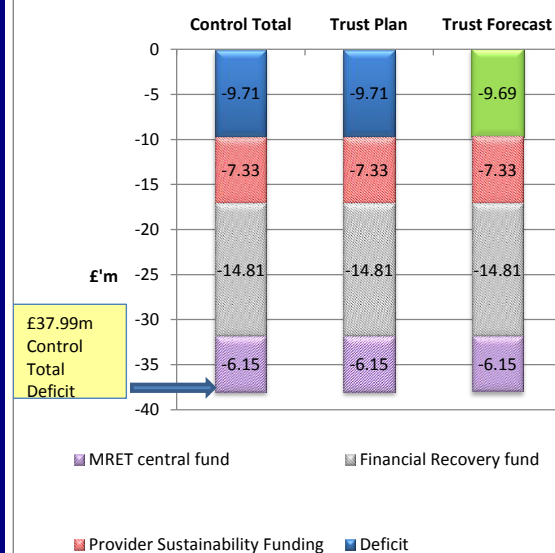
Services in Scope		Indicator Name	Target	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
 Prevention of Ill Health	Acute	CCG1a: Antimicrobial resistance - Lower urinary tract infections in older people	90%	Data available at quarter end			-												
		CCG1b: Antimicrobial resistance Antibiotic prophylaxis in colorectal surgery	90%	Data available at quarter end			-												
	Acute & Community	CCG2: Staff Flu Vaccinations	80%	Data collection starts 1st September 2019				Data collection starts 1st September 2019											
	Acute & Community	CCG3a: Alcohol and Tobacco - Screening	80%	Data available at quarter end			TBC												
		CCG3b: Alcohol and Tobacco - Tobacco Brief Advice	90%	Data available at quarter end			TBC												
		CCG3c: Alcohol and Tobacco - Alcohol Brief Advice	90%	Data available at quarter end			TBC												
 Patient Safety	Acute & Community	CCG7: Three high impact actions to prevent Hospital Falls	80%	Data available at quarter end			TBC												
	Community	CCG8: PICC lines secured using a SecurAcath device	85%	Data available at quarter end			TBC												
 Best Practice Pathways	Acute with type 1 emergency department	CCG11a: SDEC - Pulmonary Embolus	75%	Data available at quarter end			TBC												
		CCG11b: SDEC - Tachycardia with Atrial Fibrillation	75%	Data available at quarter end			TBC												
		CCG11c: SDEC - Community Acquired Pneumonia	75%	Data available at quarter end			TBC												

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st May 2019 - Month 2

KEY METRICS

	Plan £m	M2 Actual £m	Var £m			YTD (MAY 2019)					Forecast 19/20				
						Plan £m	Actual £m	Var £m			Plan £m	Forecast £m	Var £m		
I&E: Surplus / (Deficit)	(£1.30)	(£1.30)	£0.01	●	1	(£4.59)	(£4.58)	£0.01	●	1	(£9.71)	(£9.69)	£0.01	●	1
Agency Expenditure	(£1.00)	(£0.77)	£0.23	●	1	(£2.18)	(£1.36)	£0.82	●		(£11.56)	(£7.39)	£4.17	●	
Capital	£0.92	£0.43	£0.49	●	1	£1.30	£0.60	£0.70	●		£20.21	£20.21	(£0.00)	●	
Cash	£1.91	£1.90	(£0.01)	●	1	£1.91	£1.90	(£0.01)	●		£1.91	£1.91	£0.00	●	
Borrowing (Cumulative)	£149.85	£149.85	£0.00	●	1	£149.85	£149.85	£0.00	●		£168.40	£168.40	£0.00	●	
CIP	£0.65	£0.70	£0.06	●	1	£1.24	£1.30	£0.06	●		£11.00	£11.00	(£0.00)	●	
Use of Resource Metric	3	3		●	1	3	3		●		3	3		●	

Trust Deficit vs NHS | Control Total



Year to Date Summary

The year to date deficit is £4.58m, a £0.01m favourable variance from plan.

- There is some pressure year to date due to lower than planned commercial income and expenditure on utilities, maintenance contracts and clinical waste.
- These pressures have been offset in the reported position by lower than planned pay expenditure.
- Clinical contract income performance is below plan by £1.03m. The Aligned Incentive Contract (AIC) protects the income position by £0.89m in the year to date leaving a residual pressure of £0.14m. This under-performance is being investigated and is potentially a concern from a performance perspective.
- CIP achieved year to date is £1.30m, £0.06m more than planned.
- Agency expenditure year to date is £1.36m, £0.82m below the planned level.

Key Variances

- Clinical contract income is not far below plan overall but only after £0.89m protection offered by the Aligned Incentive Contract and indicating the lower than planned activity levels across all points of delivery.
- In the main the clinical divisions are showing favourable variances to plan, reflective of lower expenditure linked to lower activity levels across Divisions; and vacancy levels in Community. Medicine division has some expenditure pressure from additional beds being open in the early part of the year.
- Non clinical areas are experiencing pressure with lower than planned income generation for the Health Informatics Service and higher than planned cross charge for services from CHS including utilities, clinical waste and maintenance contracts.
- There is a favourable variance on Medical staffing expenditure of £0.13m, with lower than planned activity in some specialities resulting in a reduction in the requirement for agency / bank premium.
- Nursing pay expenditure is also lower than planned with a further reduction in both agency usage and average price.

Forecast

- At this early stage of the year the Trust is forecasting to achieve the planned £9.7m deficit with the assistance of the full allocation of conditional funding available as a result of accepting the 19/20 Control Total, (a £37.99m deficit).
- Conditional funding consists of three separate funds as shown in the graph: Marginal Rate Emergency Tariff (MRET) funding (conditional on acceptance of Control Total but not on achievement of plan), Provider Sustainability Funding and the Financial Recovery Fund, both of which are conditional on the achievement of the quarterly plan.
- There is a balance of risk and opportunity at this stage which is being monitored. Calls against the Trust's £1m contingency reserve will be considered through the Commercial Investment Strategy Committee.

Total Group Financial Overview as at 31st May 2019 - 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	917	868	(49)	
Non-Elective	10,018	9,781	(237)	
Daycase	6,836	6,675	(161)	
Outpatient	59,299	57,132	(2,167)	
A&E	26,149	25,996	(153)	
Other NHS Non-Tariff	294,129	295,392	1,263	
Other NHS Tariff	21,467	20,910	(557)	
Total	418,816	416,754	(2,062)	

TOTAL GROUP: INCOME AND EXPENDITURE

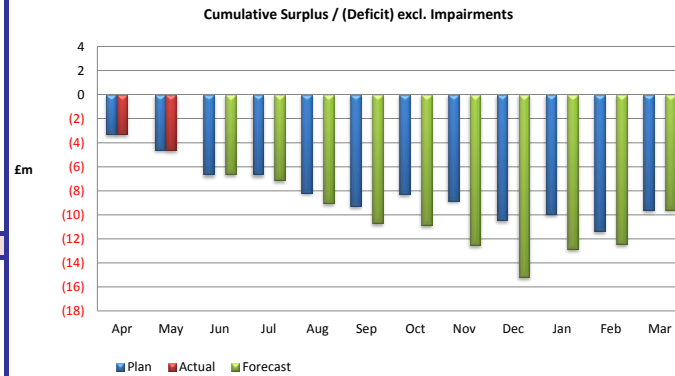
	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Elective	£2.93	£2.88	(£0.05)	
Non Elective	£18.31	£17.82	(£0.48)	
Daycase	£4.85	£4.57	(£0.28)	
Outpatients	£6.27	£6.00	(£0.28)	
A & E	£3.78	£3.76	(£0.02)	
Other-NHS Clinical	£17.99	£18.83	£0.84	
CQUIN	£0.60	£0.59	(£0.01)	
Other Income	£7.88	£7.68	(£0.20)	
Total Income	£62.62	£62.13	(£0.49)	
Pay	(£44.43)	(£43.54)	£0.89	
Drug Costs	(£6.09)	(£6.27)	(£0.18)	
Clinical Support	(£4.97)	(£5.48)	(£0.51)	
Other Costs	(£8.63)	(£8.38)	£0.25	
PFI Costs	(£2.18)	(£2.18)	£0.00	
Total Expenditure	(£66.31)	(£65.85)	£0.45	
EBITDA	(£3.69)	(£3.73)	(£0.03)	
Non Operating Expenditure	(£4.14)	(£4.09)	£0.05	
Surplus / (Deficit) Control Total basis*	(£7.83)	(£7.82)	£0.01	
Conditional Funding (MRET/PSF/FRF)	£3.24	£3.24	£0.00	
Surplus / Deficit*	(£4.59)	(£4.58)	£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	£2.13	£2.42	£0.29	
Medical	£5.91	£5.81	(£0.10)	
Families & Specialist Services	(£1.00)	(£0.99)	£0.02	
Community	£0.18	£0.35	£0.16	
Estates & Facilities	(£0.00)	£0.05	£0.05	
Corporate	(£7.16)	(£7.11)	£0.05	
THIS	£0.38	£0.21	(£0.17)	
PMU	£0.51	£0.60	£0.10	
CHS LTD	£0.02	£0.00	(£0.02)	
Central Inc/Technical Accounts	(£4.34)	(£4.77)	(£0.43)	
Reserves	(£1.25)	(£1.15)	£0.10	
Unallocated CIP	£0.03	£0.00	(£0.03)	
Surplus / (Deficit)	(£4.59)	(£4.58)	£0.01	

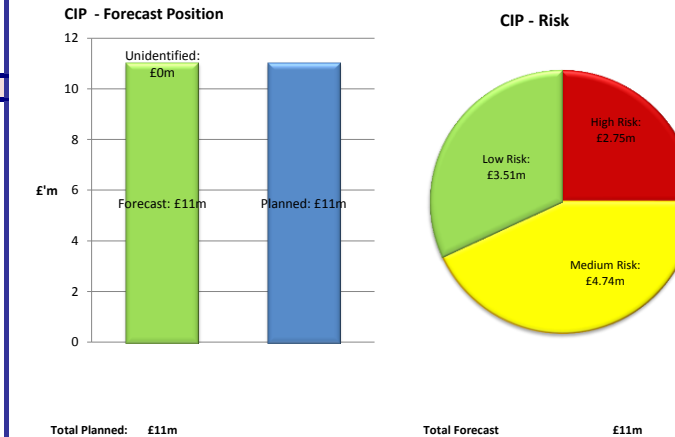
TOTAL GROUP SURPLUS / (DEFICIT)



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)	(£4.59)	(£4.58)	£0.01	(£9.71)	(£9.69)	£0.01	
Capital	£1.30	£0.60	£0.70	£20.21	£20.21	(£0.00)	
Cash	£1.91	£1.90	(£0.01)	£1.91	£1.91	£0.00	
Loans	£149.85	£149.85	£0.00	£168.40	£168.40	£0.00	
CIP	£1.24	£1.30	£0.06	£11.00	£11.00	(£0.00)	
Use of Resource Metric	3	3		3	3		

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 19/20

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	5,459	5,321	(138)	
Non-Elective	60,256	60,790	534	
Daycase	41,813	41,010	(803)	
Outpatient	362,551	354,008	(8,543)	
A&E	153,542	153,388	(153)	
Other NHS Non- Tariff	1,798,704	1,805,837	7,133	
Other NHS Tariff	129,454	129,303	(152)	
Total	2,551,779	2,549,657	(2,122)	

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£17.64	£17.84	£0.20	
Non Elective	£110.17	£109.10	(£1.07)	
Daycase	£29.65	£28.78	(£0.87)	
Outpatients	£38.36	£36.88	(£1.48)	
A & E	£22.21	£22.19	(£0.02)	
Other-NHS Clinical	£109.21	£111.89	£2.67	
CQUIN	£3.63	£3.60	(£0.04)	
Other Income	£48.55	£48.71	£0.16	
Total Income	£379.42	£378.99	(£0.43)	
Pay	(£262.18)	(£263.21)	(£1.03)	
Drug Costs	(£36.42)	(£37.53)	(£1.12)	
Clinical Support	(£29.62)	(£29.23)	£0.40	
Other Costs	(£51.31)	(£49.36)	£1.95	
PFI Costs	(£13.07)	(£13.17)	(£0.09)	
Total Expenditure	(£392.61)	(£392.49)	£0.12	
EBITDA	(£13.19)	(£13.50)	(£0.31)	
Non Operating Expenditure	(£24.80)	(£24.48)	£0.32	
Surplus / (Deficit) Control Total basis*	(£37.99)	(£37.98)	£0.01	
Conditional Funding (MRET/PSF/FRF)	£28.28	£28.28	£0.00	
Surplus / Deficit*	(£9.71)	(£9.69)	£0.01	

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

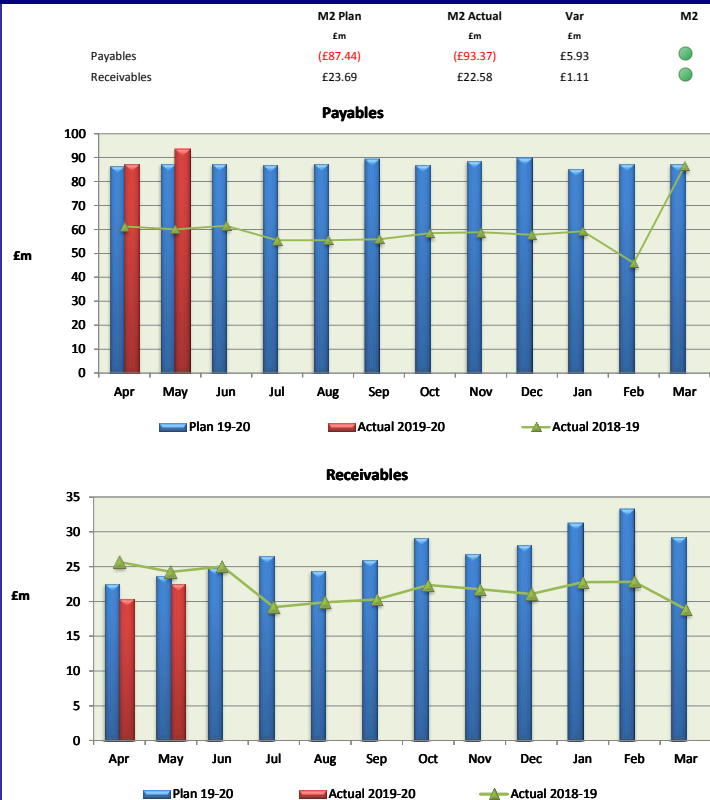
DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£13.72	£13.72	£0.00	
Medical	£37.42	£37.42	(£0.01)	
Families & Specialist Services	(£4.67)	(£4.67)	£0.00	
Community	£1.18	£1.18	£0.00	
Estates & Facilities	(£0.00)	£0.07	£0.07	
Corporate	(£42.64)	(£42.64)	£0.00	
THIS	£2.53	£2.53	(£0.00)	
PMU	£2.99	£2.99	(£0.00)	
CHS LTD	£0.52	£0.52	(£0.00)	
Central Inc/Technical Accounts	(£16.16)	(£16.21)	(£0.05)	
Reserves	(£5.09)	(£5.09)	£0.00	
Unallocated CIP	£0.48	£0.48	£0.00	
Surplus / (Deficit)	(£9.71)	(£9.69)	£0.01	

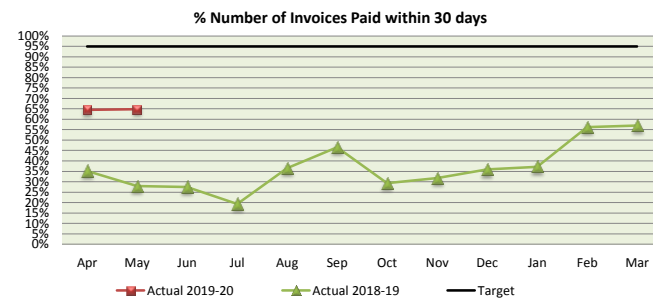
Total Group Financial Overview as at 31st May 2019 - Month 2

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

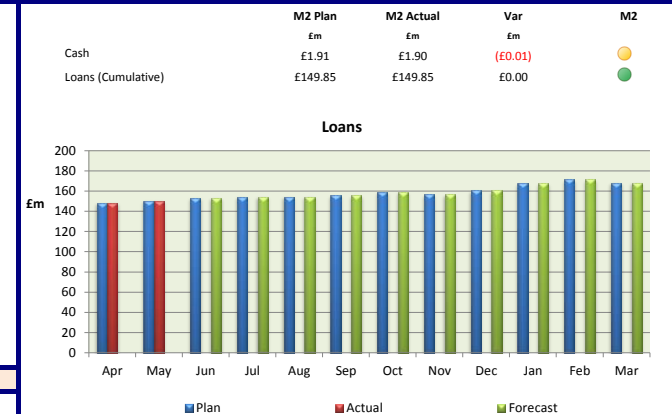
WORKING CAPITAL



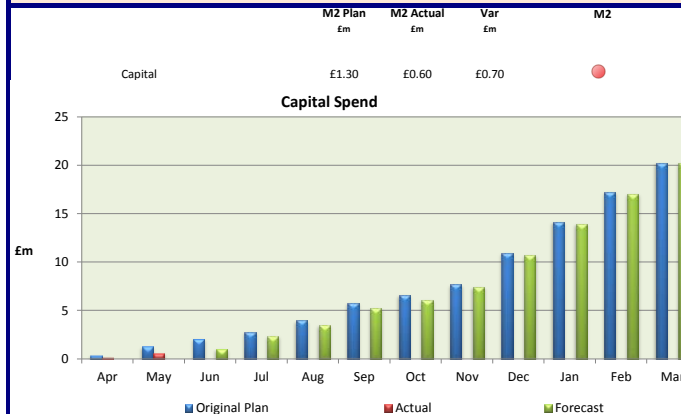
BETTER PAYMENT PRACTICE CODE



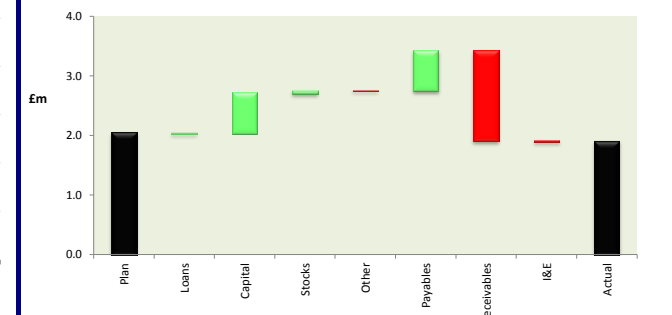
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £4.58m, a favourable variance from plan of £0.01m. This position excludes the I&E impact of donated assets (£0.03m adverse variance) which is excluded for control total purposes.
- Income position assumes that the Trust will be eligible to receive full in-month allocation of Provider Sustainability Funding (PSF) and Financial Recovery Fund (FRF) totalling £2.22m, which will be paid if Quarter 1 Control Total is achieved as planned.
- Activity was below plan for all points of delivery and overall Clinical Contract Income is below plan by £0.14m.
- Year to date Capital expenditure was lower than planned at £0.60m against a planned £1.30m.
- Cash balance is £1.90m, as planned.
- Year to date the Trust has borrowed £6.81m to support the deficit and PSF / FRF funding that will be paid in arrears.
- Year to date CIP schemes have delivered £1.30m of savings, £0.06m more than planned.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned with the exception of I&E Margin Variance from Plan which is a level 2 rather than the planned level 1.

NOTES

- The Trust is forecasting to achieve Control Total as planned with a £9.71m forecast deficit.
- The Forecast position includes conditional funding of £37.99m, (£6.147m MRET central funding, £7.33m Provider Sustainability Funding and £14.807m Financial Recovery Fund).
- The Trust is forecasting Agency expenditure of £7.39m, considerably below the NHSI ceiling of £14.96m.
- The Trust is forecasting full delivery of the £11.00m 19/20 CIP target.
- The Trust is planning to borrow £26.46m in 19/20 to support Capital and Revenue plans; £9.71m deficit funding, £7.75m advance to cover PSF & FRF funding that will not be paid until next year and £9m Emergency Capital loan.
- The total loan balance at year end is forecast to be £168.4m. Two Revenue loans are due for repayment this year: £12.9m loan due for repayment in February 19 has been extended for one year and a further loan for £26.9m is due for repayment in January 20. For planning purposes it has been assumed that these loans will be extended.
- Capital expenditure is forecast at £20.21m as per the revised plan that was submitted to NHS Improvement on the 15th of May 19.

RAG KEY: ● Actual / Forecast is on plan or an improvement on plan
 (Excl: UOR) ● Actual / Forecast is worse than planned by <2%
 ● Actual / Forecast is worse than planned by >2%
 NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).

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

11. COMPANY SECRETARY REPORT

a. Review Council of Governors Workplan
2019

b. Proposal of future Council of Governors
dates 2020

To Approve

ANNUAL COUNCIL OF GOVERNORS MEETINGS PLAN 2019 – LATEST UPDATE – JULY 2019

	24 Jan 2019	11 April 2019	17 Jul 2019 (AGM)	18 Jul 2019	17 Oct 2019	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests	✓ Receive updated Register of Declaration of Interests	✓ Receive updated Register of Declaration of Interests			✓ Receive updated Register of Declaration of Interests with new governors	
Minutes of previous meeting	✓	✓		✓	✓	Upload approved minutes to public website
Matters arising	✓	✓		✓	✓	
Chair's Report	✓	✓	✓	✓	✓	
Lead Governor Update	✓	✓	✓	✓	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register	✓ Review Register		✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - <ul style="list-style-type: none"> • Audit & Risk Cttee • Finance & Performance Cttee • Quality Cttee • Workforce Cttee • Nomination and Remuneration Cttee • Charitable Funds Cttee • Organ Donation Cttee 	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	✓ Receive update – as appropriate	<u>Private:</u> <ul style="list-style-type: none"> • Feedback from DRG meetings • Feedback from private Board meetings • Any Questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	✓ Receive an update from DOF	

	24 JAN 2019	11 APRIL 2019	AGM – 17 JULY	18 JULY 2019	17 OCT 2019	COMMENTS
Integrated Performance Report	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	✓ Receive an update from COO	
Quarterly Quality Report Extract (Complaints)	✓	✓		✓	✓	
Updated CoG Calendar	✓	✓		✓	✓	
REGULAR ITEMS						
Election Process	✓ Agree proposed timetable for election	✓ Progress on elections report	✓ Ratify appointment of newly elected members			
Nomination and Remuneration of Chair and NEDs	✓ Receive update on tenures	✓ Ratify decisions of Nom and Rem Cttee Meeting		✓ Ratify decisions of Nom & Rem Cttee Meeting	✓ Ratify decisions of Nom & Rem Cttee Meeting	
Strategic Plan & Quality Priorities	Receive update: <ul style="list-style-type: none"> • Notes from BOD/COG Workshop • Quality Accounts 	✓ Receive update on progress	✓ Receive updated plan and priorities		✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission		✓ Receive Annual Plan (GB, AB)				SUBMISSION DATE TO BE CONFIRMED Receive draft submission and agree delegated sign

	24 JAN 2019	11 APRIL 2019	AGM – 17 JULY	18 JULY 2019	17 OCT 2019	COMMENTS
						off (Extra-ordinary MC Meeting or MC Dev. Session)
Appointment Lead Governor		✓ Paper to be presented to discuss election process (if required)	✓ Appointment confirmed			
Chair/NED Appraisal		✓ Approve process	✓ Receive informal report			April – Approve process July – receive report
Constitutional Amendments		✓ Review amendments				Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts.			✓ Receive presentation on audit of Accounts and Quality Accounts			
Future COG Meeting Dates				✓ Draft – meeting dates agreed	✓ Venues confirmed	
Council of Governors Sub Committees					✓ Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
COG Self Appraisal of Effectiveness		✓ Self-Appraisal process to commence (Vanessa Henderson)				Outcome to be received through COG Development Session
Review Annual COG Meetings Workplan (this document)	✓ Review				✓ Review any amendments/additions	Review as required

	24 JAN 2019	11 APRIL 2019	AGM – 17 JULY	18 JULY 2019	17 OCT 2019	COMMENTS
Review of COG Formal Meeting Attendances		✓ Receive report prior to insertion in Annual Report				
Quality Accounts	✓ Receive update on QA Priorities					Approval of local indicator for QA agreed at Dec COG Dev. Session
Review details of 2019 AGM		✓ Review April 2019				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						Tender due for review April 2020
Appointment of Auditors						As required – appointment made 2017 – 2020
Review Membership Strategy					✓ Review	Review as required and no less than every 3 years (2019)
Review of Standing Orders – Council of Governors		✓ Review 2019				Bi-annually
Risk Register	✓					

Council of Governors Meetings

Proposal of quarterly meeting dates for 2020

Date	Time	Location
Thursday 23rd January 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Huddersfield Royal Infirmary
Thursday 23rd April 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Calderdale Royal Hospital
Thursday 9th July 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Huddersfield Royal Infirmary
Thursday 22nd October 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Calderdale Royal Hospital

*Two Non-Executive Directors will be allocated to each meeting

*Date of the Annual General Meeting for 2020 to be confirmed

Joint Council of Governors and Non-Executive Directors Informal Workshops

Proposal of workshops for 2020

Date	Time	Location
Thursday 13 February 2020	3:00 – 5:00 pm	Huddersfield Royal Infirmary
Thursday 17 September 2020	3:00 – 5:00 pm	Calderdale Royal Hospital
Tuesday 15 December 2020	12:30 – 4:30 pm	Huddersfield Royal Infirmary

Joint Council of Governors and Board of Directors Workshops

Proposal of workshops for 2020

Date	Time	Location
Tuesday 12 May 2020	1:00 – 4:00 pm	Huddersfield Royal Infirmary
Friday 20 November 2020	1:00 – 4:00 pm	Calderdale Royal Hospital

* To note Non-Executive Directors attend the joint Council of Governors / Board of Director workshops

12. VERBAL UPDATE FROM BOARD SUB COMMITTEES

Quality Committee - Christine Mills

Charitable Funds Committee - Sheila
Taylor

Organ Donation Committee - Philip
Lewer

Audit & Risk Committee - Philip Lewer /
Brian Moore

Finance & Performance Committee - Sian
Grbin

Workforce Committee - Alison Schofield

To Note

13. INFORMATION TO RECEIVE

a. Council of Governors Calendar 2019

b. Governors – Who to Contact List

To Note

2019 MEETING SCHEDULE FOR GOVERNORS

Meeting Type	Date	Time	Venue
Council of Governors Meeting Attend: All	Thursday 24 January 2019	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Huddersfield Royal Infirmary Boardroom, Sub-Basement
FSS Divisional Reference Group Meeting Attend: Rosemary Hedges, Peter Bamber, Christine Mills, Paul Butterworth, Veronica Maher, Annette Bell	Thursday 7 February 2019	4:30 – 6:30 pm	Room 4, Third Floor, Acre Mills, HRI
Surgery Divisional Reference Group Meeting Attend: Brian Richardson, John Richardson, Jude Goddard, Nasim Esmail, Brian Moore, Donald Rodgers-Walker, Christine Mills	Tuesday 12 February 2019	1:30 – 3:00 pm	Room 4, Third Floor, Acre Mills, HRI
Estates & Facilities Divisional Reference Group Meeting Attend: Brian Moore, Alison Schofield, Stephen Baines, John Richardson, Sheila Taylor, Annette Bell	Wednesday 13 February 2019	1:30 – 3:00 pm	Huddersfield Royal Infirmary, Forum B, Sub-Basement
Governors / Non-Execs Informal Workshop Attend: All	Thursday 14 February 2019	4:00 – 6:00 pm	Huddersfield Royal Infirmary Boardroom, Sub-Basement
Community Divisional Reference Group Meeting Attend: Annette Bell, Sheila Taylor, Sian Grbin, Lynn Moore, Stephen Baines	Thursday 21 February 2019	3:00 – 4:30 pm	Calderdale Royal Hospital, Medium Training Room, Learning & Development Centre
Medical Divisional Reference Group Meeting Attend: Brian Richardson, Alison Schofield, Dianne Hughes, Donald Rodgers-Walker, Linzi Smith	Wednesday 27 February 2019	2:00 – 3:30 pm	Huddersfield Royal Infirmary, Meeting Room 1, Learning Centre
Council of Governors Meeting Attend: All	Thursday 11 April 2019	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Calderdale Royal Hospital, Large Training Room, Learning & Development Centre
CoG Training Session – An Introduction to NHS Finance Attend: Any	Monday 20 May 2019	9:30 – 11:30 am	Huddersfield Royal Infirmary, Meeting Room 3, Learning Centre
Board of Directors / Council of Governors Workshop Attend: All	Tuesday 21 May 2019	1:00 – 4:00 pm*	Calderdale Royal Hospital, Boardroom, Trust Headquarters

2019 MEETING SCHEDULE FOR GOVERNORS

Surgery Divisional Reference Group Meeting Attend: Brian Richardson, John Richardson, Jude Goddard, Nasim Esmail, Brian Moore, Donald Rodgers-Walker, Christine Mills	Tuesday 4 June 2019	10:00 – 11:30 am	Acre Mills Outpatients (3 rd Floor), Group Therapy Room
Community Divisional Reference Group Meeting Attend: Annette Bell, Sheila Taylor, Sian Grbin, Lynn Moore, Stephen Baines	Thursday 6 June 2019	4:00 – 5:30 pm	Calderdale Royal Hospital, Boardroom, Trust Headquarters
FSS Divisional Reference Group Meeting Attend: Rosemary Hedges, Peter Bamber, Christine Mills, Paul Butterworth, Veronica Maher, Annette Bell	Thursday 13 June 2019	2:00 – 3:30 pm	Calderdale Royal Hospital, Boardroom, Trust Headquarters
Medical Divisional Reference Group Meeting Attend: Brian Richardson, Alison Schofield, Dianne Hughes, Donald Rodgers-Walker, Linzi Smith	Thursday 20 June 2019	2:00 – 3:30 pm	Calderdale Royal Hospital, Syndicate Room 3, Learning & Development Centre
Estates & Facilities Divisional Reference Group Meeting Attend: Brian Moore, Alison Schofield, Stephen Baines, John Richardson, Sheila Taylor, Annette Bell	Monday 24 June 2019	12:30 – 2:00 pm	Huddersfield Royal Infirmary, Discussion Room 3, Learning Centre
CoG Training Session: Working Together to Get Results Attend: Any	Wednesday 3 July 2019	9:30 – 11:30 am	Calderdale Royal Hospital, Syndicate Room 3, Learning & Development Centre
Joint Board of Directors / Council of Governors Annual General Meeting Attend: All	Wednesday 17 July 2019	5:00 – 7:30 pm (Event starts at 6:00 pm)	Acre Mills Outpatients (3 rd Floor)
Council of Governors Meeting Attend: All	Thursday 18 July 2019	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Huddersfield Royal Infirmary Boardroom, Sub-Basement
Governor/Non-Executive Directors Induction Day 1 Attend: New Governors/NEDs	Wednesday 21 August 2019	9:00 – 4:00 pm	Huddersfield Royal Infirmary, Discussion Room 2, Learning Centre
Governor/Non-Executive Directors Induction Day 2 Attend: New Governors/NEDs	Wednesday 28 August 2019	9:00 – 4:00 pm	Calderdale Royal Hospital, Large Training Room, Learning & Development Centre
Council of Governors Training Session: Working Together to Get Results (from 3 July) Attend: Any	Thursday 29 August 2019	11:00 – 1:00 pm	Calderdale Royal Hospital, Boardroom, Trust Headquarters

2019 MEETING SCHEDULE FOR GOVERNORS

Governors / Non-Execs Informal Workshop Attend: All	Thursday 26 September 2019	4:00 – 6:00 pm	Calderdale Royal Hospital Medium Training Room, Learning & Development Centre
Council of Governors Meeting Attend: All	Thursday 17 October 2019	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Calderdale Royal Hospital, Large Training Room, Learning & Development Centre
Surgery Divisional Reference Group Meeting Attend: Brian Richardson, John Richardson, Jude Goddard, Nasim Esmail, Brian Moore, Donald Rodgers-Walker, Christine Mills	Tuesday 12 November 2019	3:00 – 4:30 pm	Acre Mills Outpatients (3 rd Floor), Room 3
Estates & Facilities Divisional Reference Group Meeting Attend: Brian Moore, Alison Schofield, Stephen Baines, John Richardson, Sheila Taylor, Annette Bell	Wednesday 13 November 2019	10:00 – 11:30 am	Huddersfield Royal Infirmary, Forum B, Sub-Basement
Medical Divisional Reference Group Meeting Attend: Brian Richardson, Alison Schofield, Dianne Hughes, Donald Rodgers-Walker, Linzi Smith	Wednesday 13 November 2019	2:00 – 3:30 pm	Huddersfield Royal Infirmary, Meeting Room 2, Learning Centre
FSS Divisional Reference Group Meeting Attend: Rosemary Hedges, Peter Bamber, Christine Mills, Paul Butterworth, Veronica Maher, Annette Bell	Thursday 14 November 2019	3:00 – 4:30 pm	Huddersfield Royal Infirmary, Meeting Room 3, Learning Centre
CoG Training Session – Quality and Improving the Patient Experience Attend: Any	Monday 18 November 2019	9:30 – 11:30 am	Acre Mills Outpatients (3 rd Floor), Room 4
Joint Board of Directors / Council of Governors Workshop Attend: All	Friday 22 November 2019	10:00 – 5:00 pm	Huddersfield Royal Infirmary Boardroom, Sub-Basement
Community Divisional Reference Group Meeting Attend: Annette Bell, Sheila Taylor, Sian Grbin, Lynn Moore, Stephen Baines	Tuesday 26 November 2019	10:00 – 11:30 am	Beechwood Medical Centre, 60A Keighley Road, Halifax, HX2 8AL
Governors / Non-Execs Informal Workshop Attend: All	Tuesday 17 December 2019	12:30 – 4:30 pm	Huddersfield Royal Infirmary Boardroom, Sub-Basement

GOVERNORS – WHO TO CONTACT LIST JULY 2019

Here's who to contact if you have any queries.

If the "usual contact" isn't available for any reason, then please contact the other.

Amber Fox – 01484 355933 or amber.fox@cht.nhs.uk

Vanessa Henderson – 01484 347342 or vanessa.henderson@cht.nhs.uk

Query about	Usual contact
AGM – attendance	Amber Fox
AGM – task list for event	Vanessa Henderson
Annual CoG effectiveness questionnaire	Vanessa Henderson
Board of Director meetings	Amber Fox
Board sub-committees including allocations	Amber Fox
Joint Board/Governor workshops	Amber Fox
Contact with Non-Executive Directors (NEDs)	Amber Fox
Council of Governor (CoG) meetings	Amber Fox
Distribution of Governor Forum notes	Amber/Vanessa
Booking meeting rooms	Vanessa Henderson
Divisional Reference Groups (DRGs) including allocations	Vanessa Henderson
Expense claims	Vanessa Henderson
Foundation News (members' newsletter)	Vanessa Henderson
General advice	Amber/Vanessa
Governor elections (including re-election)	Vanessa Henderson
Governor Focus (NHS Providers Newsletter)	Vanessa Henderson
Governor/Non-Executive Director induction	Vanessa Henderson
Governor/Non-Executive Director workshops	Amber Fox
Membership Strategy	Vanessa Henderson
Membership/CoG information on Trust website	Vanessa Henderson
Membership/members/engagement	Vanessa Henderson
New governor administration	Vanessa Henderson
Nhs.net e-mail issues	Amber Fox
Training sessions (external)	Amber Fox
Training sessions (internal)	Vanessa Henderson
Trust Constitution	Amber Fox
User panels (staff interviews)	Vanessa Henderson

14. Any Other Business

To Note

15. DATE AND TIME OF NEXT MEETING:

Council of Governors meeting

Date: Thursday 17 October 2019

Time: 3:30 – 5:30 pm (Private meeting
2:00 – 3:15 pm)

Venue: Large Training Room, Learning &
Development Centre, Calderdale Royal
Hospital

To Note

Presented by Philip Lewer