














Council of Governors Meeting

Schedule	Thursday, 24 Jan 2019 16:30 — 18:30 GMT
Venue	HRI - Boardroom
Organiser	Amber Fox

Agenda

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	3. Organ Donation Group - Annette Bell / P Lewer	
	4. Audit & Risk Committee - Brian Moore / Richard Hopkin	
	5. Finance & Performance Committee - Sian Grbin / Gary Boothby	
	To Note	
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	Date: Thursday 11 April 2019	
	Time: 4:30 – 6:30 pm	
	Venue: Large Training Room, Learning Centre, CRH	
	To Note - Presented by Philip Lewer	

1. Apologies for absence:

Linda Patterson

Alastair Graham

Annette Bell

David Birkenhead

Nasim Esmail

Andy Nelson

Richard Hopkin

Chris Reeve

To Note

Presented by Philip Lewer

2. Declaration of Interests

To Approve

3. Minutes of the last meeting held:

Thursday 18 October 2018

To Approve

Presented by Philip Lewer



**MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD
AT 4:30 PM ON THURSDAY 18 OCTOBER 2018 IN THE BOARDROOM,
HUDDERSFIELD ROYAL INFIRMARY**

PRESENT:

Philip Lewer Chair

Publicly Elected Governors

Alison Schofield	Public Elected - Constituency 7 / Lead Governor (+ carer)
Annette Bell	Public Elected - Constituency 6
Brian Moore	Public Elected - Constituency 8
Brian Richardson	Public Elected - Constituency 5
Christine Mills	Public Elected - Constituency 2
Dianne Hughes	Public Elected - Constituency 3
John Richardson	Public Elected - Constituency 3
Jude Goddard	Public Elected - Constituency 1
Paul Butterworth	Public Elected - Constituency 6
Rosemary Hedges	Public Elected - Constituency 8
Sheila Taylor	Public Elected - Constituency 2
Stephen Baines	Public Elected - Constituency 5

Staff Governors

Linzi Smith	Staff Elected - Constituency 11
Dr Peter Bamber	Staff Elected – Constituency 9
Sian Grbin	Staff Elected – Constituency 13

Stakeholder Governors

Felicity Astin	University of Huddersfield
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IN ATTENDANCE:

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)
Alastair Graham	Non-Executive Director
Lesley Hill	Managing Director, Calderdale & Huddersfield Solutions Ltd.
Richard Hopkin	Non-Executive Director
Jackie Murphy	Chief Nurse
Victoria Pickles	Company Secretary
Owen Williams	Chief Executive

OBSERVERS:

Sal Uka	Consultant Paediatrician & Associate Medical Director
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57/18 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Lynn Moore	Public Elected Governor
Chris Reeve	Stakeholder Governor – Locala
Helen Wright	Stakeholder Governor – Healthwatch
Veronica Maher	Public Elected – Constituency 4

58/18 WELCOME & INTRODUCTIONS

The Chair welcomed governors, colleagues from the Board of Directors, staff colleagues, and observers to the meeting.

59/18 DECLARATIONS OF INTEREST

There were no declarations of interest.

60/18 MINUTES OF THE LAST MEETINGS HELD 4 JULY & 19 JULY 2018

The minutes of the previous minutes held 4 July and 19 July were approved for accuracy with a recommendation to include all governors names in the minutes moving forward, as the minutes sometimes reference 'a governor'.

61/18 MATTERS ARISING / ACTION LOG

The action log was reviewed and updated accordingly.

Paul Butterworth raised an action from the previous minutes regarding governors comments on the car parking proposal to be collated for the Board of Directors on 1 November 2018. The Company Secretary will collate the responses and share with the governors the responses that will be going to the Board of Directors on 1 November 2018.

62/18 CHAIR'S REPORT

The Chair advised the recent changes to the Non-Executive Directors, confirming David Anderson has now left as a Non-Executive Director and will not be replaced. The Chair referenced the discussions that took place in the private meeting on clinical waste and the response to the Secretary of State. In relation to the clinical waste issue it was noted that the Trust waste was now being collected by the new provider. Paul Butterworth asked about the cost to the Trust of the new arrangements. The Company Secretary confirmed that additional costs had been incurred as a result of the need to implement contingency arrangements and that details of all additional costs were kept for discussion with NHS Improvement. With regards to reconfiguration, it was noted that the next key milestone will be the decision by the Secretary of State whether to approve the bid for capital.

Paul Butterworth raised concern on the cost incurred of maintaining the buildings and asked how much capital will be spent. The Managing Director for CHS explained the buildings are due to have a six facet survey which is a detailed report on the condition of the buildings and utilisation. This will take around 4 months and will be shared with the governors and Board of Directors. This report will include a

value for backlog maintenance. Paul also stated staffing levels is a concern regarding the reconfiguration over the 2 sites.

The Chair provided verbal feedback from the Organ Donation Committee and Charitable Funds Committee and explained as Chair of the Organ Donation Committee he is required to attend a Chair Induction; however, the next available date is not until next March 2019.

The Chair is arranging to meet with all the public governors at a convenient time and place to them. The Chair thanked the governors for their valuable feedback at these meetings.

Council of Governors Register

The most recent register of Council of Governors was circulated for information.

63/18 PERFORMANCE AND STRATEGY

a. Performance Report

The Chief Operating Officer reported a slight deterioration overall in August 2018. The main highlights from the report were:

- The **SAFE** domain has improved to green
- The **CARING** domain's performance has fallen as Community Friends and Family Test has missed target in month
- The Trust has struggled to sustain a high level of performance against the Fractured Neck of Femur target – 5 consecutive patients requiring a Total Hip Replacement presented within 2 days; therefore, lots of operational work had to take place to enable this
- Stroke performance is disappointing and most deteriorated in month
- Cancer 62 days - Urology pathways into Bradford have been challenging due to capacity problems at Bradford, the Trust is working with Bradford and Leeds colleagues to improve on this
- Emergency care standard remains a challenge; however, the Trust still performs in the upper quartile and is in the top 25% at the moment.
- Referral to Treatment (RTT) remains positive, and the Trust is in discussion with Leeds to offer support to help them achieve their RTT
- The rate of sickness is positive and achieving target in month
- Transfer of care – 5% improvement in performance, length of stay 21 days, improved to about 12%
- Mortality indicator hit under 100% for the first time in August which is a fantastic achievement, Sal Uka explained there are 2 statistics of mortality;
 - o Standard Hospital Mortality Index (SHMI) is one indicator released quarterly, 100 is the benchmark, if above 100, the mortality stats are higher than they should be; less than 100, better than they should be
 - o Hospital Standardised Mortality Rate (HSMR) – co-morbidities where the indicators are released monthly i.e. stroke, cardio, there are 56 indicators

in a statistical model, for example, what the expected death rate is, e.g. 100 and there were a total of 120, our index would show 120 which enables a comparison.

The Chief Executive explained the Trust has Qlikview screens which show mortality updates, A&E live data and if any governors are interested in a demo on real data to contact Owen Williams, Victoria Pickles or Amber Fox

Paul Butterworth highlighted the complaints target is 95% whereby the Trust in August only achieved a YTD target of 33%, YTD the Trust have never been above 44%.

Rosemary Hedges highlighted that Ward 5B have a red score of 45% for average fill rate of registered nurses. The Chief Nurse explained Ward 5B is one of the wards that were moved when cardiology and respiratory services were reconfigured. There is a lower fill rate at the moment; however, skills are being reviewed to spread this out.

Dr Peter Bamber asked about the cause of the deterioration in stroke performance. The Chief Operating Officer explained the impact is as a result of sickness and a staff member leaving. Stroke will be closely monitored at a weekly performance meeting and an improvement is expected.

Brian Moore asked if the Trust are managing to suppress the use of high cost agency. The Executive Director of Finance confirmed the Trust is within the overall value for this year which is a target set by our regulators. There has been a positive uptake of posts being filled by the Trust's internal bank staff.

b. Financial Position and Forecast

The Executive Director of Finance presented the key highlighted from the report which were:

- The year to date deficit is £20.29m
- Total of £4.68m has been saved in the Cost Improvement Programme (CIP)
- The Trust is on target to save £18m CIP
- Overall risk to the financial position at month 6 of £1m, working with colleagues in divisions to identify solutions to recover the £1m
- Number of cash challenges in the year relating to payments from regulators, some suppliers have been waiting up to 80 days for payment
- Clinical contract income down by £1m
- The Trust has an aligned incentive contract with NHS Greater Huddersfield Clinical Commissioning Group (CCG) and NHS Calderdale CCG. The Trust also receives income from NHS England and other CCGs. The main reason income is down is due to 'other income' and less activity from external CCGs; however, month 6 has improved this position

Paul Butterworth asked if that the governors are kept up to date on the costs being incurred for waste disposal. The Executive Director of Finance is in discussion with the regulators to understand how the additional costs could be recovered. The cost to date on the forecast for this year is £180k.

Paul Butterworth asked for an update on the costs that weren't anticipated for the additional staffing and structure in place to support the Electronic Patient Record Programme. The Executive Director of Finance explained the Trust planned for a £43k deficit position and support costs (additional staffing and license) were built into this plan for EPR.

Action: Executive Director of Finance to feedback on the total costs for additional EPR staffing

Rosemary Hedges asked for an explanation on the aligned incentive contract which is a new way of payment. The Executive Director of Finance explained this is a new contract changing behaviors and cultures. The income amount from CCGs is a fixed amount this year with the same funding based on the previous contract (payment by results). This has allowed transformational approaches as to how care is provided. A Nursing Home scheme is being launched, with care being provided in a nursing home setting, which has allowed the Trust to save on costs.

Jude Goddard reminded colleagues the performance at the Trust is really good and the majority of other providers are in a deficit position. She recognised cancer is achieving 5% more than local trusts and the performance is higher than the average.

Rosemary Hedges asked if the Trust has agreed the control total. The Executive Director of Finance explained the Trust hasn't agreed the control total. If the Trust committed to the control total they were entitled to £14m provider sustainability funding by achieving a certain level of A&E performance and delivering £20m CIP. A total of 90-95% of Trusts have accepted the control total.

Dr Peter Bamber asked where the governors can see the quality impact assessments for the Cost Improvement Programme (CIP). The Chief Nurse explained that these are all signed off by the Chief Nurse and Medical Director.

c. Updating against the Quality Priorities

The Chief Nurse presented an update against the Quality Priorities. The key highlights were:

- CQC rating as good
- Three areas identified by the governors as key priorities were Care of the Acutely Ill Patient, Patient Flow and Experience on End of Life and Learning from Deaths
- Task and Finish Group has been established to respond to a new NEWS score (national early warning score) that has been recommended

- Lots of improvement has taken place in terms of escalating and responding to sepsis very quickly

Brian Moore asked about the relationship with Locala. The Chief Nurse explained having our own Community service allows for flexibility and response to patients, however the Trust works closely with Locala to ensure the patient pathway is smooth.

Sian Grbin asked if the Trust will look at bringing services back in house when the Locala contract is up. The Chief Executive responded that the Trust is ambitious; however, this hasn't been explored.

Rosemary Hedges referenced the data which shows delays in Huddersfield are worse than in Halifax. The Chief Operating Officer clarified that this is due to a range of issues.

Paul Butterworth referenced the concern regarding nasogastric tube training that was flagged up at Quality Committee on 1 October and the length of time this has been going on. The Chief Nurse confirmed that feedback will be presented to Quality Committee with a verbal update provided at the next Council of Governors meeting.

Action: Chief Nurse to provide an update to the Council of Governors in January 2019

64/18 CAR PARKING PROPOSAL

The Managing Director for CHS asked for comments on the car parking proposals.

The comments made were as follows:

- Alison Schofield – Accessing parking meters for wheelchair users is very difficult in certain places and asked if 'A Day in Your Shoes' could be arranged. The Managing Director for CHS agreed to support this.
- Brian Moore referenced an article published today which references 'car parking is a tax from the sick', his comments were a weekly charge for a very sick relative or a long term condition should not be charged and asked why parking costs are increasing every two years, this was seconded by Rosemary Hedges
- Paul Butterworth stated staff should receive free parking to stay loyal to the Trust and proposed staff charges are wiped out, this was seconded by Alison Schofield
- Brian Moore stated staff parking should be reduced as staff are not guaranteed a parking space at HRI or CRH.

Action: Managing Director for CHS to support 'A Day in Your Shoes'

Sian Grbin asked for clarity on what the Council of Governors are being asked to do. The Managing Director for CHS explained this is part of the engagement and consultation process and the decision rests with the Board. The Board is to make

an informed decision whereby the Chair will represent the governors views at the Board.

Annette Bell was informed by a community staff member there is a lot more car parking permits given than spaces available. The Managing Director for CHS confirmed this is correct; however, the Trust has a workforce that work shifts and therefore it would not need to work on a permit per space basis. She explained that one part of the work would be to review who gets a permit.

The Chief Executive referred to the sentiment of not charging staff for parking and highlighted how important it is that patients can get a space near the hospital. If staff parking is offered for free, most of the spaces would be occupied by staff which would result in less convenient parking for patients. He pointed out the importance of the digital agenda to maximize the opportunities for staff not having to travel to the building and that patients attending for regular blood tests will eventually take place at home. He added that Sal Uka has been piloting clinics with patients using Skype.

Alison Schofield asked for advice on where the disabled bays are for staff with parking permits.

Action: Managing Director for CHS to confirm the parking arrangements

Dr Peter Bamber stated parking costs should not increase further and should only be in line with any increase in costs of maintenance, for example security and lighting. Peter stated staff should not be charged different amounts as it is incorrect to tax people.

Paul Butterworth proposed the governors vote on the car parking proposal. The Company Secretary advised that as the Council of Governors were not being asked to make a decision, a vote was not necessary. Their comments would be presented to the Board of Directors.

65/18 PROPOSED AMENDMENTS TO THE CONSTITUTION

The Company Secretary confirmed that any newly appointed staff to CHS are informed of their right to become a public member of the Trust.

The Board of Directors reviewed the amendments to the constitution in September where a further meeting between the Board and Council of Governors was required. This will be one of the items on the Board / Council of Governors workshop on Friday 16 November 2018.

66/18 CALDERDALE & HUDDERSFIELD SOLUTIONS LTD UPDATE

The Executive Director of Finance provided an update on CHS which went live on 1st September and has been through the first month end process.

There is a clear timeline for finalising the service level agreements and key performance indicators and ensuring governance arrangements are fully established.

Brian Moore referenced NHS Providers who state business cases for subsidiary companies are not just a vehicle to recover VAT. The Chief Executive responded that the Trust supports NHS Improvement's approach and that the CHS Business Case had clearly set out the organisational benefits, patient benefits and business benefits.

Sian Grbin asked if new staff have been recruited into CHS yet. The Managing Director for CHS confirmed CHS are out to advert for a number of vacancies and are getting lots of applicants. There have been no issues with the new pay scales.

Action: Managing Director for CHS to circulate the new terms and conditions

Sian Grbin asked if staff get paid on their 1st day of sickness. The Managing Director confirmed staff do not get paid on the first day of sickness.

Paul Butterworth highlighted CHS are a wholly owned subsidiary of the Trust and therefore is the Trust in breach of its equality policy by having different terms and conditions. The Executive Director for Workforce and OD explained CHS are a different entity; therefore, this would not apply.

The Chief Executive recently attended a BAME network staff had reflected positively the flexibility allowed by the new terms and conditions.

67/18 UPDATES FROM SUB-COMMITTEES

Quality Committee

A meeting will be arranged with the Chair, Chief Nurse, and Paul Butterworth to discuss the management of complaints and nasogastric tubes training.

Action: Corporate Governance Manager to arrange a meeting

Charitable Funds Committee

The Chair attends the Charitable Funds Committee and a meeting is due to take place with Todmorden Town Council regarding the funds from the Abraham Ormerod Centre. The Charitable Funds Committee matched £27.5k of funding for Todmorden flooding.

The Calderdale Community Foundation (CCF) had asked the Chair to spend a day looking at services they provide which is currently being arranged. Richard Hopkin declared an interest as treasurer of CCF and the Chief Executive declared an interest as a subscriber to the CCF.

The Chair reported meetings take place quarterly and provided assurance money is invested ethically and audited properly.

The Chair confirmed the League of Friends raise money for Charitable Funds and there is some fund raising that takes place; however, the Trust is not as active as could be.

Organ Donation Group

The Chair is attending an Organ Donation Chair Induction March 2019.

Audit and Risk Committee

Richard Hopkin highlighted the key points from the Audit & Risk Committee which were:

- Further work taking place on the Board Assurance Framework, the Board hasn't assessed it's appetite for risk, benchmarking will take place against other Trusts across the country
- The Trust is looking at new system and policy for declarations of interest as there is a requirement to improve the standard and rate of declarations, the new system will be aligned with the appraisal system for compliance
- Annual report on risk management was received at the last Audit and Risk Committee
- Internal audit are monitoring arrangements and are making good progress getting more prompt responses which has reduced to only 4% overdue
- Approval of overtime is an area of concern
- Payroll issues have been largely resolved with changes in arrangements

Jude Goddard asked how the Trust has benchmarked other Boards on appetite for risk. The Company Secretary explained appetite for risk has not been benchmarked yet, the Trust is comparing BAF's and risk registers. She added that not many Trusts have articulated their risk appetite as yet. The Chief Executive has shared work on the Trust's risk appetite with other Trust colleagues positively as they have do not have one.

Finance & Performance Committee

No further update.

68/18 INFORMATION TO RECEIVE

1. Future Council of Governors meetings

A calendar of upcoming meetings for 2018 was circulated and a reminder of the new governor allocations.

2. Review Sub-Committee Allocations

Brian Moore asked if governors can request changes to attendance at the Divisional Reference Groups. The Company Secretary confirmed governors can request a new DRG as there will be gaps created with governors leaving and new governors joining. Attendance at Committees will change every year.

69/18 ANY OTHER BUSINESS

Appraisals and Increments

The Executive Director of Workforce and OD confirmed that an error had occurred which resulted in all staff being awarded their increments. A more robust process will be in place going forward which will be applied for the next appraisal season.

Private meetings and Facebook Group

Brian Moore raised a concern about the creation of the Closed Facebook Group for governors. This was seconded by John Richardson and Christine Mills. Sian Grbin explained that the page should be private as it is by invitation only and a platform for governors to talk in private. Paul Butterworth reinforced that from 1st November the Trust will only be using NHS.Net email addresses for the public governors and anything shared via NHS.Net should not be shared publically.

The Company Secretary raised concern regarding equality for the whole of the Council of Governors in how we ensure governors who don't have easy access to IT also have a voice and are included in discussions.

Other business

The Chief Executive asked if any governors are interested in equality and diversity, our Trust have been identified as a role model with the LGBT community and gender equality and governors can be included in these forums.

The Company Secretary confirmed the photos of the governors will be available in the foyer shortly.

DATE AND TIME OF NEXT MEETING

BOD/CoG Workshop

Date: Friday 16th November 2018

Time: 9:00 – 12:30 pm

Venue: Boardroom, Sub Basement, HRI

CoG Development Session

Date: Tuesday 18 December 2018

Time: 12:30 – 4:30 pm

Venue: Boardroom, Sub Basement, HRI

The Chair formally closed the meeting at 18:38 pm and invited attendees to the next meeting.

Dr Peter Bamber thanked Philip for his great chairmanship.

Paul Butterworth thanked Amber for her excellent job with the minutes.

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
18/10/18 67/18	Management of Complaints Corporate Governance Manager to arrange a meeting between Paul Butterworth and Jackie Murphy	Corporate Governance Manager	Meeting arranged 27.11.18	1.11.18		26.10.18
18/10/18 66/18	Calderdale & Huddersfield Solutions To circulate the new terms and conditions	Managing Director – CHS		1.11.18		25.10.18
18/10/18 63/18	Nasogastric Tube Training Chief Nurse to provide an update to the Council of Governors in January 2019	Chief Nurse		24.1.19		
18/10/18 64/18	Car Parking Proposal 'A Day in Your Shoes' to be set up for accessing parking meters as a wheelchair user Confirm where disabled bays are for staff with parking permits – complete	Managing Director - CHS	A date is being arranged with Alison Schofield at ED, CRH	24.1.19		
18/10/18 63/18	Financial Update The Executive Director of Finance to feedback on the total costs for additional EPR staffing	Executive Director of Finance	Recurrently there are 27 whole time equivalents at a cost of £645k. Last year there were an additional 12 whole time equivalents for part of the year costing a further £115k. Of the 27 we employ, 4 are recharged fully to Bradford but are employed by ourselves.	1.11.18		7.11.18

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
4/7/18 45/18	Car Parking Proposal To collate the responses from the governors on the car parking proposal and share with the governors which will be going to the Board of Directors on 1 November 2018	Company Secretary	Responses collated and shared with the minutes of the last meeting	1.11.18		25.10.18
4/7/18 43/18	Treatment Room, CRH To look into the funding for the Treatment room on the Cardiology Ward at CRH and feedback to Sian Grbin	Executive Director of Finance	There was further clarity needed to understand what the original issue was. The Clinical Director for Medicine did not want to pursue as there is no acute need. Action closed.	18.10.18		18.10.18
4/7/18 45/18	Joint Workshop Joint Workshop to be arranged between the Board and Council of Governors to consider the financial position and ideas for generating savings	Company Secretary / Corporate Governance Manager	BOD/COG workshop is taking place on Friday 16 November 2018	18.10.18		18.10.18
4/7/18 52/18	Incremental Pay / Appraisals Incremental pay being received when staff haven't received their appraisal to be raised with the Workforce Committee	Company Secretary	On the agenda under AOB	18.10.18		18.10.18
19/7/18 55/18	Constitution Staff employed by ISS to be informed about their right to become a Public member of the Trust	Company Secretary	On the agenda – 'Proposed amendments to the Constitution' This will be of the workshop on Friday 16 November 2018	31.08.18		18.10.18

4. Chair's Report

a. Review of Formal Meeting Attendance Register

b. Governors/Non-Executives Informal Workshop – 14 February 2019

To Note

Presented by Philip Lewer

Attendance	✓	Apologies	✕	Not elected/co-opted	
				Did not attend	
				Not a member of the Council	

APPENDIX B

COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS ATTENDANCE AT COG MEETINGS – 1 APRIL 2018 – 31 MARCH 2019

MEETING DATES		4.4.18	8.5.18	4.7.18	19.7.18	19.7.18 AGM	18.10.18	24.1.19	7.3.19	TOTAL
PUBLIC ELECTED										
1	Jude Goddard (from 19.7.18)					✕	✓			1/2
1	Donald Rodgers-Walker (from 19.7.18)									0/2
1	Rosemary Hedges (until 19.7.18)	✕	✓	✓	✕	✕				2/5
1	Di Wharmby (until 19.7.18)	✕	✕							0/4
2	Sheila Taylor (from 19.7.18)					✓	✓			2/2
2	Christine Mills (from 19.7.18)					✓	✓			2/2
2	Kate Wileman (Reserve Register)	✓	✕	✓	✓	✓				4/5
2	Katy Reiter (until 19.7.18)	✕	✕							0/4
3	Dianne Hughes	✓	✓	✓	✓	✓	✓			6/6
3	John Richardson	✕	✕		✕	✕	✓			1/6
4	Veronica Maher (Reserve Register)	✓	✓	✕	✕	✕	✕			2/6
4	Nasim Banu Esmail	✕	✓			✓				2/6
5	Stephen Baines	✓	✓	✓	✓	✓	✓			6/6
5	Brian Richardson	✓	✕	✕	✕	✕	✓			2/6
6	Annette Bell	✓	✓		✓	✓	✓			5/6
6	Paul Butterworth	✓	✓	✓	✓		✓			5/6

7	Lynn Moore	✓	✓	✗	✓	✓	✗			4/6
7	Alison Schofield	✗	✗	✓	✓	✓	✓			4/6
8	Brian Moore	✓	✓	✓	✓	✓	✓			6/6
8	Rosemary Hedges (from 19.7.18)						✓			1/2
8	Michelle Rich	✗	✗							0/2
9	- Drs/Dentists	Dr Peter Bamber	✓	✓	✓	✗	✗	✓		4/6
11	- Mgmt/Admin/Clerical	Linzi Smith	✓	✓	✓	✓	✓	✓		6/6
12	- Ancillary	Theodora Nwaeze	✗	✗						0/6
13	- Nurses/Midwives	Sian Grbin	✓	✓	✓	✗	✗	✓		4/6
	University of Huddersfield	Prof Felicity Astin	✓	✓		✓	✓	✓		5/6
	Calderdale Metropolitan Council	Cllr Megan Swift	✓	✓						2/6
	Kirklees Metropolitan Council	Vacant Post								0/6
	Locala	Chris Reeve	✗	✓	✗		✗	✗		1/6
	South West Yorkshire Partnership NHS FT	Salma Yasmeen	✗	✗			✓			1/6
	Healthwatch Kirklees	Helen Hunter						✗		0/1
	Healthwatch Kirklees	Rory Deighton (until 20.7.18)	✓	✓		✗	✗			2/5

[illegible]

5. TRUST PERFORMANCE AND STRATEGY

To Note

5.1. Performance Report

To Note

Presented by Helen Barker

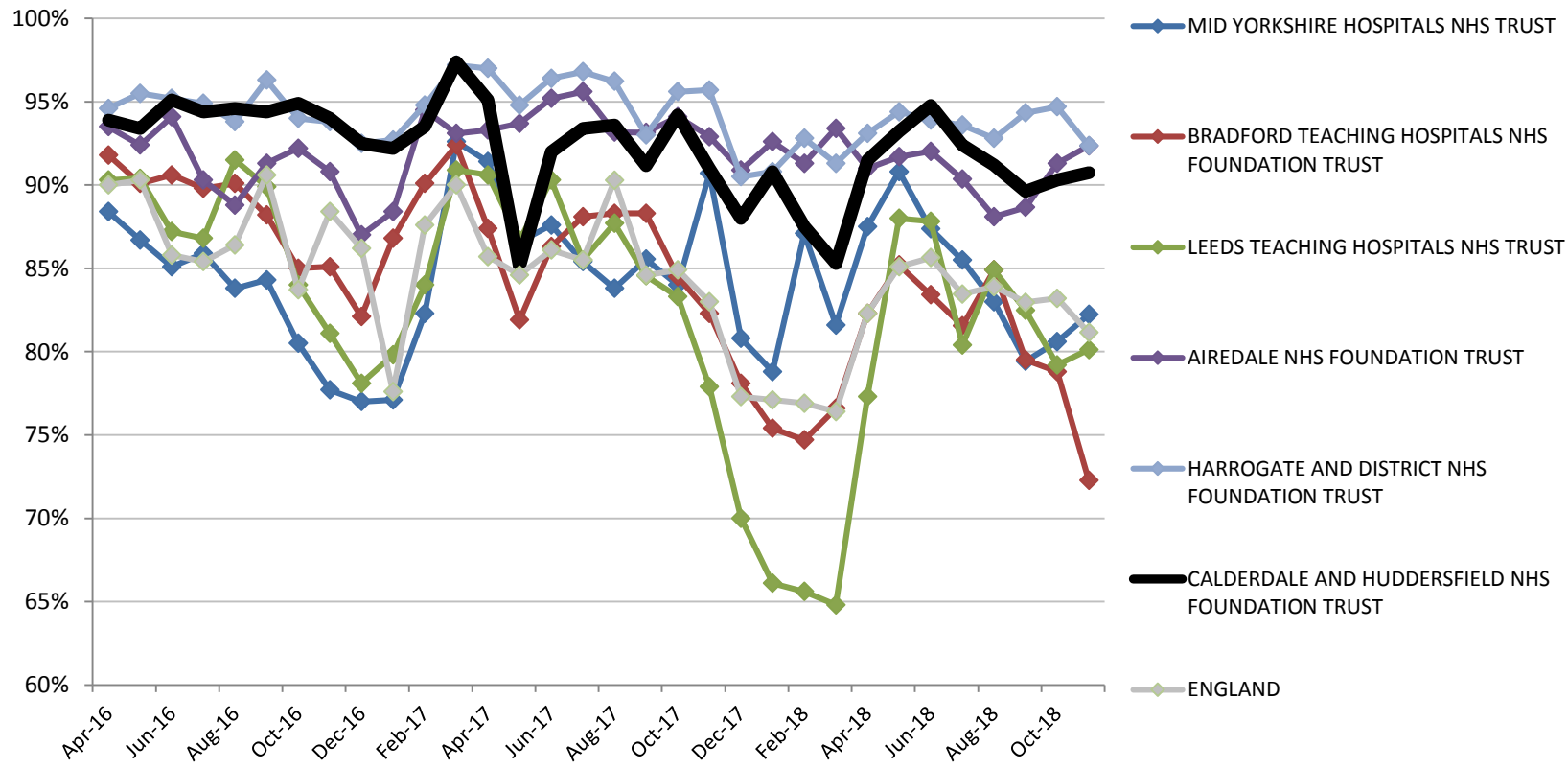
COUNCIL OF GOVERNORS	
PAPER TITLE: QUALITY & PERFORMANCE REPORT	REPORTING AUTHOR: Peter Keogh
DATE OF MEETING: 24 th January 2019	SPONSORING DIRECTOR: Helen Barker
STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • A workforce for the future • Financial Sustainability 	ACTIONS REQUESTED: <ul style="list-style-type: none"> • To note
PREVIOUS FORUMS: Board of Directors, Executive Board, Finance and Performance Committee and Quality Committee	
EXECUTIVE SUMMARY: November's Performance Score has improved to 70%, highest since July. The SAFE domain has deteriorated to amber due to a never event. The CARING domain has improved to green with better performance in Outpatients, A&E and Community FFT would recommend. EFFECTIVE domain has improved to green with #NoF achieving target. The RESPONSIVE domain has improved having achieved all key cancer targets and 3 out of 4 Stroke indicators for the second month although the Diagnostics 6 weeks target was missed for the first time since May. In WORKFORCE EST has deteriorated in month alongside appraisal rates for medical staff. Within EFFICIENCY & FINANCE I&E: Surplus / (Deficit) has improved to amber and CIP was within target in month.	
FINANCIAL IMPLICATIONS OF THIS REPORT: N/A	
RECOMMENDATION: To note the contents of the report and the overall performance score for August.	
APPENDIX ATTACHED: YES	

PERFORMANCE

LATEST 2018/19

Appendix

Emergency Care Standard (target 95%)

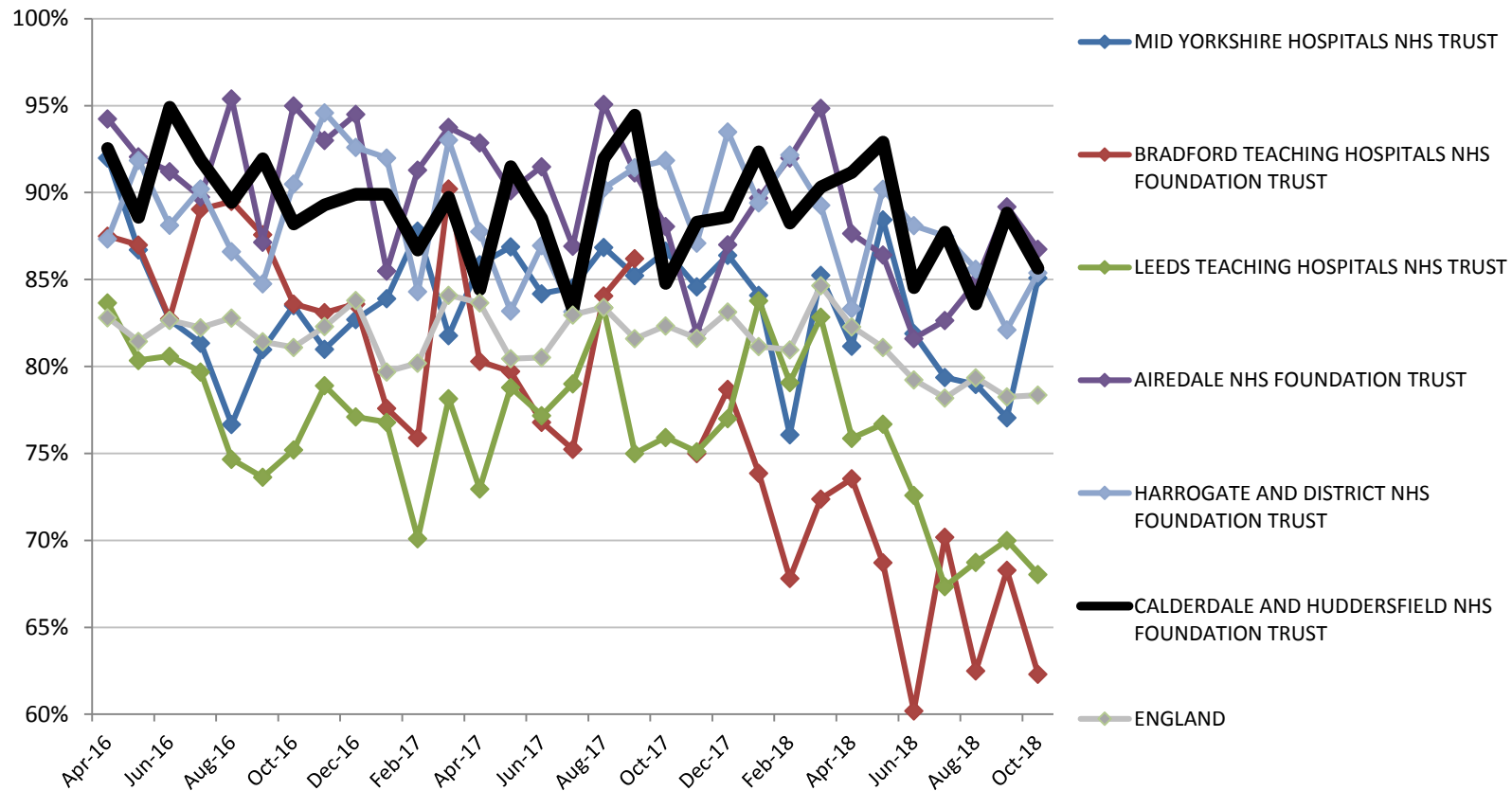


PERFORMANCE

LATEST 2018/19

Appendix

Cancer 62 Days (target 85%)

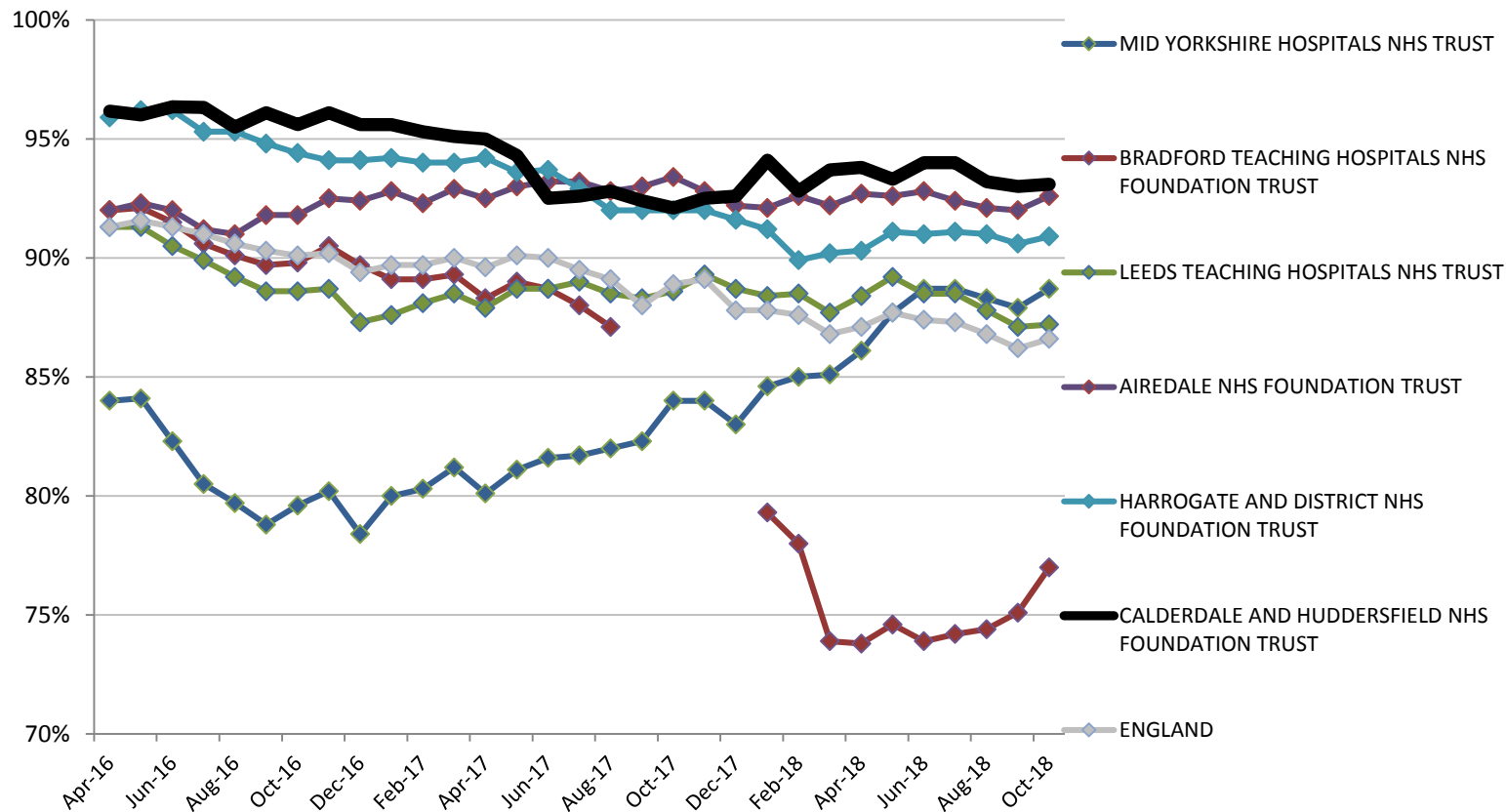


PERFORMANCE

LATEST 2018/19

Appendix

RTT (target 92%)

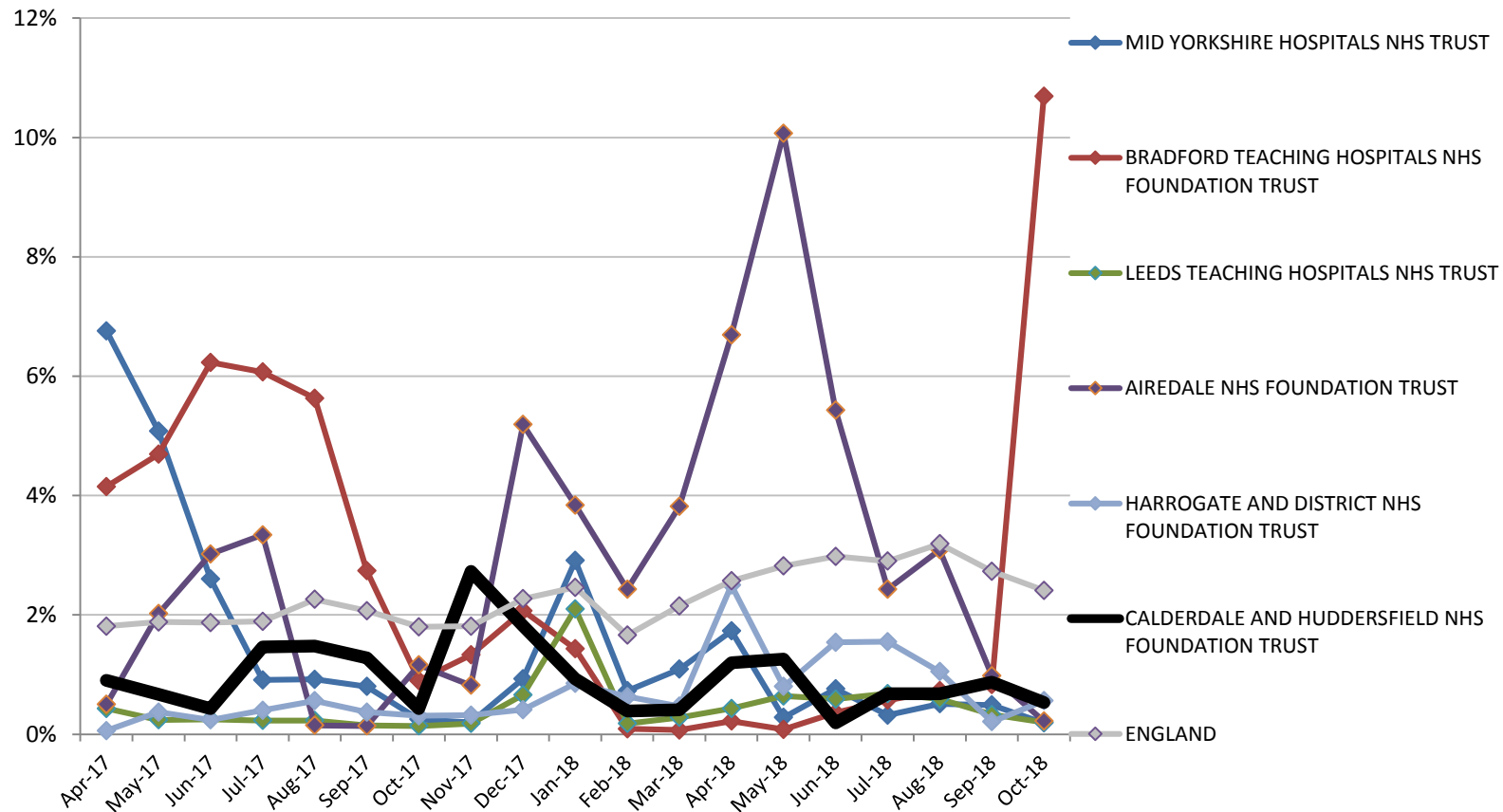


PERFORMANCE

LATEST 2018/19

Appendix

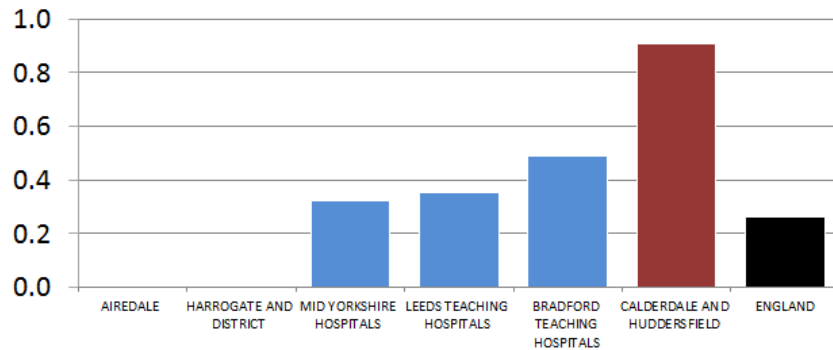
6 Weeks Diagnostics Test (target < 1%)



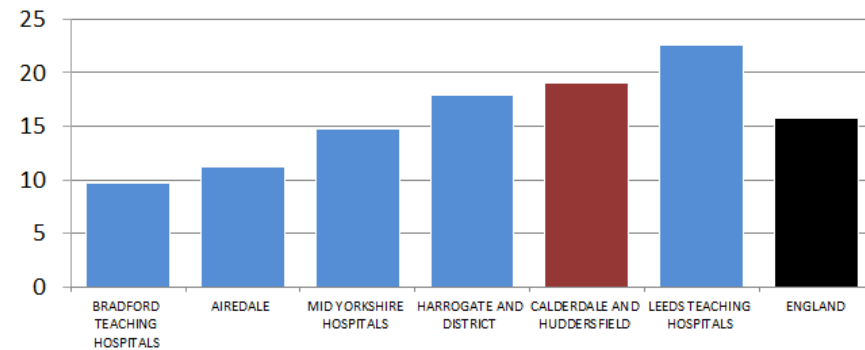
PERFORMANCE

LATEST 2018

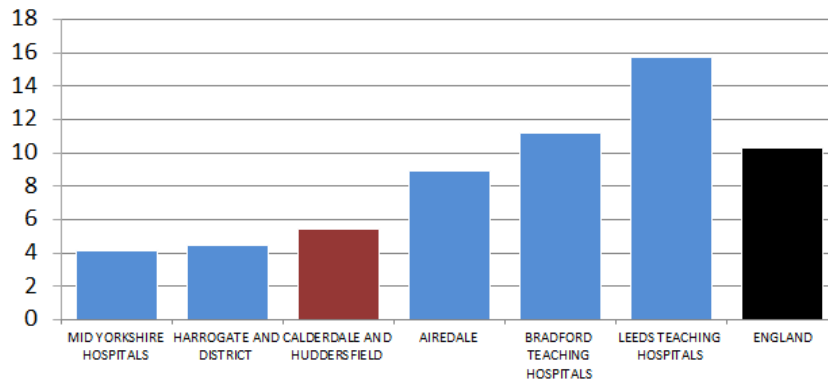
MRSA per 100,000 days (November 2017 – October 2018)



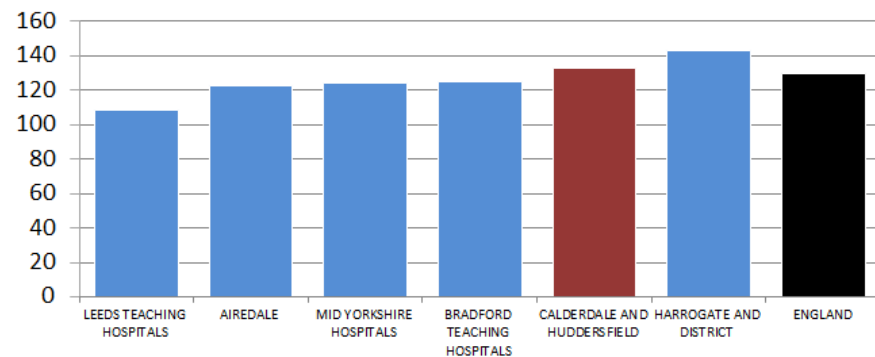
C.diff per 100,000 days (November 2017 – October 2018)



MSSA per 100,000 days (November 2017 – October 2018)



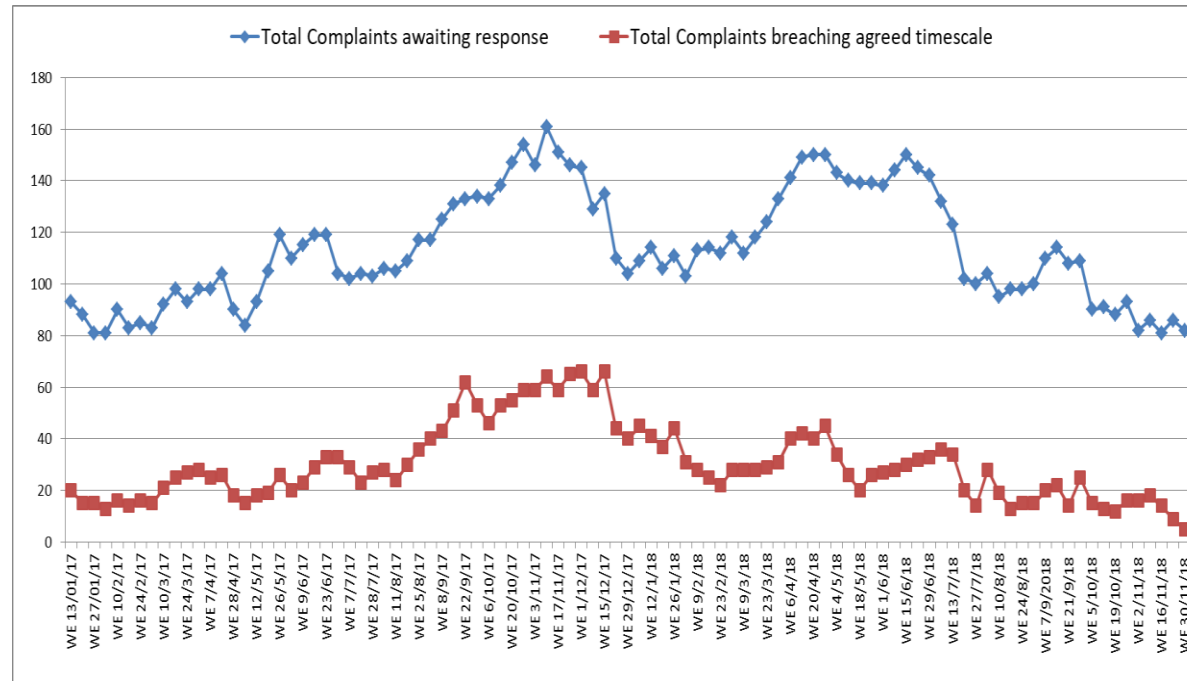
E.coli per 100,000 days (November 2017 – October 2018)



PERFORMANCE

LATEST 2018/19

Complaints Received



63% of complaints were closed within target timeframe in December, this is the best performance since September 2017.



Community Division

- Calderdale Clinical Commissioning Group confirmed their intention to build an alliance contract with their existing contractual providers and the wider health and social care system to deliver the strategic vision of Care Closer to Home.
- Therefore Calderdale Clinical Commissioning Group would not be procuring a new contract, however, in the spirit of openness and transparency, they would be advertising their intentions.

Medicine Division

- New IMS General Manager
 - Stroke Assessments beds opened in A&E
- Development of the Acute Floor – Working together with Surgery.
 - Sustained improved to the Finance position.
 - Reduction in LOS on ward 5



FSS Division

- The pharmacy team has been providing an enhanced service to wards during the weekend and will continue during the winter months
- The Radiology consultant team took part in the first Work Together Get Results session led by Executive Colleagues. This session was used to look at what is working well and what further steps can be taken to improve the service in future.

Surgery Division

- H&N General Manager's post interim solution in place, to support the H&N Directorate until 31st March 2019.
 - New Interim GM for Ophthalmology, Orthoptics and Optometry (OOO)
 - New Interim GM for ENT, Oral/max-fac and H&N Cancer

Quality and Performance Report

November 2018

Performance Summary

To Note

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

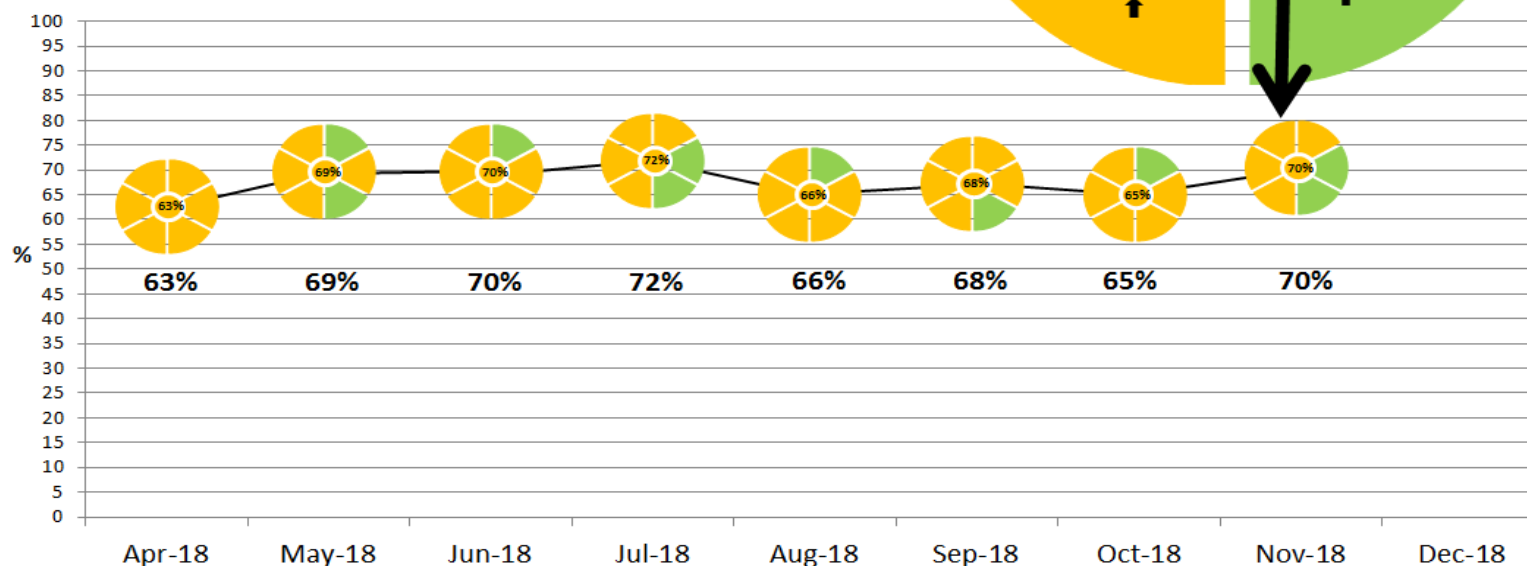
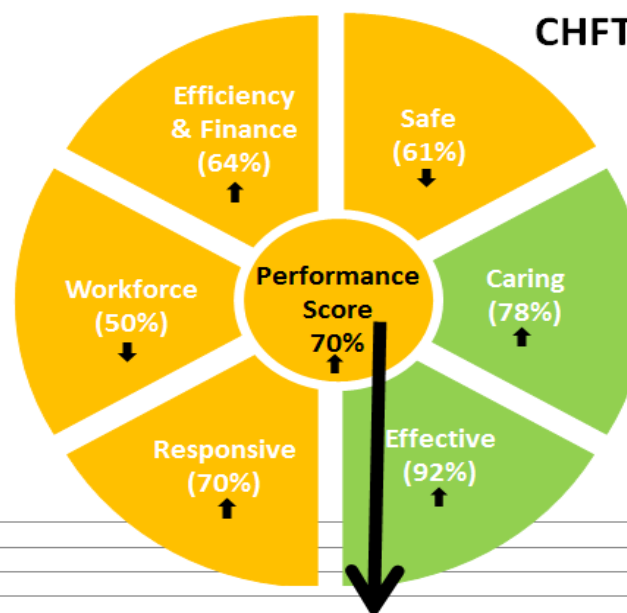
There have been 2 MRSAs reported for October since last month's report was produced resulting in overall performance for the Trust reducing from 67% to 65%. In addition the Effective domain went from green to amber.

Performance Summary

November

RAG Movement

November's Performance Score has improved to 70%, highest since July. The SAFE domain has deteriorated to amber due to a never event. The CARING domain has improved to green with better performance in Outpatients, A&E and Community FFT would recommend. EFFECTIVE domain has improved to green with #NoF achieving target. The RESPONSIVE domain has improved having achieved all key cancer targets and 3 out of 4 Stroke indicators for the second month although the Diagnostics 6 weeks target was missed for the first time since May. In WORKFORCE EST has deteriorated in month alongside appraisal rates for medical staff. Within EFFICIENCY & FINANCE I&E: Surplus/ (Deficit) has improved to amber and CIP was within target in month.



SINGLE OVERSIGHT FRAMEWORK

SAFE	
VTE Assessments	Never Events
CARING	
FFT IP FFT Maternity	FFT A&E FFT OP 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

	17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD
SAFE										
Never Events	1	0	0	0	0	0	1	0	1	1
CARING										
% Complaints closed within target timeframe	48.70%	37.00%	44.00%	30.00%	31.00%	33.0%	53.0%	45.0%	49.0%	40.0%
Friends & Family Test (IP Survey) - Response Rate	31.40%	39.97%	39.75%	38.83%	36.47%	37.83%	34.93%	35.53%	30.65%	37.96%
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.78%	97.98%	97.38%	97.42%	97.65%	97.70%	97.35%	97.81%	97.48%
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	10.45%	11.43%	11.40%	11.32%	11.61%	10.21%	11.00%	11.08%
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	90.66%	90.99%	90.40%	90.79%	90.82%	90.96%	90.79%	91.50%	90.77%
Friends and Family Test A & E Survey - Response Rate	10.20%	10.74%	9.55%	12.85%	15.25%	14.53%	13.10%	13.71%	13.73%	12.69%
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	84.65%	86.35%	84.28%	84.30%	82.15%	84.75%	82.56%	83.62%	84.28%
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	33.20%	34.80%	34.80%	33.70%	35.60%	36.30%	35.10%	36.10%	34.80%
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	98.90%	98.20%	98.40%	98.10%	99.00%	99.70%	98.30%	98.60%
Friends and Family Test Community - Response Rate	6.50%	3.60%	6.30%	4.20%	4.40%	4.66%	6.98%	5.22%	6.67%	5.08%
Friends and Family Test Community Survey - % would recommend the Service	90.00%	93.90%	92.60%	92.00%	97.40%	94.06%	93.18%	91.72%	95.87%	93.38%
EFFECTIVE										
Number of MRSA Bacteraemias – Trust assigned	5	0	0	1	0	0	0	2	0	3
Preventable number of Clostridium Difficile Cases	8	3	1	1	0	0	0	0	0	5
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.98									98.98
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47									82.95
RESPONSIVE										
Emergency Care Standard 4 hours	90.61%	91.52%	93.23%	94.78%	92.37%	91.15%	89.63%	90.31%	90.74%	91.75%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	58.00%	53.49%	68.63%	54.00%	59.02%	70.21%	68.33%	70.90%	62.90%
% Incomplete Pathways <18 Weeks	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.00%	93.15%	93.12%	93.12%
Two Week Wait From Referral to Date First Seen	94.09%	95.63%	98.78%	98.61%	98.82%	97.67%	98.79%	99.05%	99.39%	98.39%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	95.48%	95.28%	98.94%	95.24%	100.00%	100.00%	99.50%	98.91%	97.78%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.37%	99.41%	100.00%	100.00%	100.00%	100.00%	99.28%	99.76%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	97.22%	100.00%	100.00%	95.45%	100.00%	98.95%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
38 Day Referral to Tertiary	45.49%	47.62%	40.00%	50.00%	50.00%	42.86%	52.00%	75.00%	42.86%	48.63%
62 Day GP Referral to Treatment	88.67%	90.66%	92.35%	83.98%	87.72%	83.51%	88.70%	85.65%	90.27%	87.68%
62 Day Referral From Screening to Treatment	94.87%	81.82%	91.67%	100.00%	100.00%	100.00%	85.71%	78.95%	95.45%	91.67%
WORKFORCE										
Sickness Absence rate (%) - Rolling 12m	4.10%	4.10%	4.07%	4.04%	4.01%	3.97%	3.92%	3.90%	*	-
Long Term Sickness Absence rate (%) -Rolling 12m	2.55%	2.54%	2.53%	2.51%	2.48%	2.45%	2.42%	2.41%	*	-
Short Term Sickness Absence rate (%) -Rolling 12m	1.55%	1.56%	1.53%	1.53%	1.53%	1.52%	1.50%	1.49%	*	-
Overall Essential Safety Compliance		95.00%	94.40%	93.96%	93.84%	91.56%	90.12%	91.02%	91.47%	-
Appraisal (1 Year Refresher) - Non-Medical Staff - Rolling 12m	93.50%	15.43%	62.67%	96.65%	96.74%	95.74%	95.76%	94.33%	93.81%	-
Appraisal (1 Year Refresher) - Medical Staff - Rolling 12m	69.88%	99.75%	99.70%	98.65%	96.59%	97.21%	97.42%	92.50%	89.24%	-
FINANCE										
I&E: Surplus / (Deficit) Var £m	-7.97	0.01	0.00	0.00	0.01	0.26	-0.02	-0.20	-0.03	0.01

Most Improved/Deteriorated

MOST IMPROVED

% PPH \geq 1500ml - all deliveries - target has been met for the last 4 months.

Friends and Family Test Community Survey - % would recommend the Service - at 95.87% just below target but best performance since July.

Infection Control - MRSA, Cdiff, MSSA, E.Coli all hit target for the first time in 12 months.

MOST DETERIORATED

Never Event - There was 1 Never Event in November relating to a Gynaecology patient who had a retained gauze roll post surgery.

% Diagnostic Waiting List Within 6 Weeks - missed target for first time since May due to Echocardiography.

Appraisals - dip in performance over the last couple of months particularly for medical staff.

ACTIONS

Surgery is working closely with FSS colleagues to review the incident and identify learning to inform any further actions.

3 locums left the Trust in October and there are currently only 3 members of staff able to scan. Recruitment of 1 x full time bank physiologist ongoing and should be in post early January. This will provide approximately 250 extra slots per month. This is with a view to become permanent substantive after 3 months. Staff are working overtime to increase capacity. Recruitment advert has had one application to be interviewed in January (band 6). The backlog of outpatients will continue to increase until more scanning staff are available. Outsourcing companies have been contacted to provide scanning and reporting but extremely expensive.

Appraisal compliance will continue to be reported outside of the appraisal season to ensure that those colleagues that return from long term sickness absence and maternity leave have an appraisal. HR Business Partners will work with Divisions to ensure that those colleagues that have not had an appraisal, have one undertaken as soon as possible.

Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none"> • Never Event - There was 1 Never Event in November relating to a Gynaecology patient who had a retained gauze roll post surgery. Surgery is working closely with FSS colleagues to review the incident and identify learning to inform any further actions. • % Harm Free Care - Reduced to 92.81% in month. Lowest performance since July. % of Harm Free Care (new) is on target at 98%.
	<ul style="list-style-type: none"> • Category 4 Pressure Ulcers Acquired at CHFT - There has been one in Medicine attributed to the IMS directorate Ward 7D (Stroke Rehab) that is being investigated.
Caring	<ul style="list-style-type: none"> • Complaints closed within timeframe - Of the 57 complaints closed in November, 49% (28/57) were closed within target timeframe. The number of overdue complaints was 5/82 (6%) compared to 16/82 (20%) in October. • Friends and Family Test Outpatients Survey - % would recommend the Service - Performance has improved to 91.5% but is still below 95.7% target. The action plan is being worked through and an improved performance is expected over the forthcoming months. Work is ongoing within the directorates with regular customer contact meetings to address issues specifically with OP and appointments. The OP transformation project is expected to have a positive impact on patient experience.
	<ul style="list-style-type: none"> • Friends and Family Test A & E Survey - % would recommend the service. Performance has improved to 83.6% also still below the 87.2% target. We have reviewed the comments from HRI ED. We are addressing the long waits through our ED action plan and will use some of the comments as feedback in staff huddles for reflection. • Friends and Family Test Community Survey - % would recommend the Service. Performance is now just below 96.6% target at 95.87%, best since July. • % Dementia patients following emergency admission aged 75 and over - performance has deteriorated to its worst position since February at 22% following its best month in October and is significantly below the 90% target. Dedicated resource working approximately 1.5 days a week for the next 4 weeks to educate front line clinical teams about the importance of the screen as well as providing encouragement and practical help to locate the tool. This will then be reviewed. CCIO working with EPR team to look at improving prompts and new daily dashboard about to 'go live' highlighting patients requiring a screen. Paper will go to WEB at the end of December.
Effective	<ul style="list-style-type: none"> • #Neck of Femur - achieved target for first time since June.

Background Context

All divisions have been working on specific directorate action plans in line with the CQC Health Checks.

Medicine is actively working on a management plan for Winter and work is underway on the developments of key projects on the back of the annual planning days.

The division is also working on improving the patient's journey from admission and reducing waiting times to be transferred to a bed from ED. This campaign is called '10 before 10' and its purpose is to try and ensure that 10 beds are available in the Division by 10am.

The first stage to create the Acute Floor has taken place with SAU moving to ward 1 and MAU moving to ward 9, the project is now moving into the second stage.

The Rapid Access Team (Arrhythmia Clinic) has a new one-stop model which provides an approach where patients will attend, have their ECHO, see the specialist nurse and see the consultant all in one appointment. The waiting time is 2-4 weeks and the consultant supporting the clinic is an Arrhythmia expert.

The HPV programme is nearly complete across all wards in the division. Ward 20 continues to complete outstanding actions from the infection control plan.

The Elderly Care wards at HRI are joining together to each focus on a specific aspect of a patient's journey through our service, and they are calling this 'Pride in our Care'.

The division has had the initial meeting with the executive team to discuss priorities for next year, key areas of CIP and pressures and developments. Each directorate has worked through the IMAS model to review each specialty's Outpatient demand and capacity in more detail.

The latest quarter SSNAP results for July – September 2018 (Q2) have been published. We have gone from a C in Q1 to a high B in Q2.

Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours - at 90.74% in October, (92.05% all types) - small improvement on last month. The workforce review in ED is ongoing, with workforce planning for doctors and ACP's taking place in Q4 to ensure we have the right workforce to meet demand. Stroke targets - 3 out of 4 targets achieved for 2nd month. Only patients admitted directly to stroke unit within 4 hours missed target at 70.9% (a C SSNAP score), best performance since January. 3 of the indicators achieved an A SSNAP score in month. There is now a monthly meeting in place to review all actions relating to the aim of achieving an A for SSNAP that is sustainable across all areas/domains. 38 Day Referral to Tertiary - following a 75% achievement in October, performance has deteriorated to 43% in November. Appointment Slot Issues on Choose & Book - still around 30%. There has been a noticeable increase in ASIs over the last two months, some of this has been attributed to reduced clinic capacity over the Christmas period along some additions being added to the ASI following a review. In Surgery additional capacity has been gained with further to be sourced to address long waiters. A number of clinical posts being filled.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Sickness rolling 12 month total is at its lowest position although there was a small increase in month. RTWI performance has fallen in month to 67% following the 70% achieved in September.
Workforce	<ul style="list-style-type: none"> Essential Safety Training compliance has improved overall in month however only Dementia Awareness is achieving the 95% target.
Finance	<ul style="list-style-type: none"> Finance: Year to Date Summary The year to date deficit is £26.62m, a £0.01m favourable variance from plan. <ul style="list-style-type: none"> The position includes a benefit of £0.16m due to Medical Staff pay awards which were implemented in October and not backdated as assumed in the plan. This is a timing difference, will reduce month on month and is not expected to impact on the forecast. ealth pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference, will reduce month on month and is not expected to impact on the forecast. <u>Aside from this the position is slightly worse than plan.</u> Clinical contract income performance is below plan by £1.88m. The Aligned Incentive Contract (AIC) protects the income position by £1.7m in the year to date leaving a residual pressure of £0.18m. However, a proportion of this income protection (£1.41m) is as a result of CIP plans and management decisions where there is a corresponding reduction in cost. When these elements are adjusted for, the impact is reduced to £0.29m. CIP achieved in the year to date is £9.40m against a plan of £9.88m, a £0.48m pressure. Operational budgets are now overspent by £1.06m year to date, a slight worsening compared to month 7. However, the underlying Operational overspend is actually closer to £1.94m, mitigated by a number of non recurrent benefits: capitalising of salaries (£0.19m), a one-off additional CNST Maternity Incentive payment (£0.42m) and by bringing forward the remaining benefit of the planned element of the Incentive payment (£0.27m). The remaining pressure has been mitigated by the release of all of the Trust's contingency reserves in the year to date a total of £1.00m and the release of some year end provisions (£0.15m). In addition a proportion of the winter element of the reserve has been released in the short term to offset the shortfall on CIP and will need to be reinstated as CIP is achieved per the re-profiled forecast. Agency expenditure is £0.5m below the agency trajectory set by NHSI and is forecast to remain below the trajectory for the rest of the year. Key Variances <ul style="list-style-type: none"> Medical staffing expenditure continues above plan with particular pressures in month in Surgery and Medicine. The year to date adverse variance to plan at Trust level of £2.7m. However, against the agency trajectory there was a big improvement in month with Medical Agency dropping well below the planned level in month. There are also significant pressures on non-pay expenditure particularly on the cost of premises, Pathology contracts and clinical supplies. Nursing pay expenditure reduced to the planned level in month (excluding the impact of pay awards), with lower substantive pay than that reported in October.
	<p>Forecast</p> <ul style="list-style-type: none"> The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes. The underlying position is driving an additional recovery requirement with a total value of £3.96m. The full value of the recovery requirement is being pursued through a range of recovery actions and opportunities, some of which are already delivering.

Background Context

Within Surgery ward 21 has started the national pressure ulcer collaborative work and is currently developing action plans to work through key improvements.

Orthopaedic team continues to manage trauma and #NOF demand with effective escalation into the Division.

Dementia screening continues to be a priority and is being led by the Divisional Director. Changeover of junior medical staff has had some impact on performance.

Refreshed approach to Data Quality is being worked through to enable a more targeted approach and support to individual clinicians.

Directorate teams have been supported to manage activity and performance through weekly meetings in the Division and attendance at weekly Masterclasses supported by Executive colleagues.

There was good news for the Community division when Calderdale Clinical Commissioning Group confirmed their intention to build an alliance contract with their existing contractual providers and the wider health and social care system to deliver the strategic vision of Care Closer to Home.

This clarified that Calderdale Clinical Commissioning Group would not be procuring a new contract, however, in the spirit of openness and transparency, they would be advertising their intentions.

During November, the Radiology team continued to work with Leeds Teaching Hospital to develop a model of support to the CHFT Interventional Radiology service. The CHFT service continues to run on 1 permanent consultant with support from colleagues at Leeds to provide 1 day on-site CHFT support and support to out of hours on call. In the new year Leeds will be in a position to increase this support to 2 days per week.

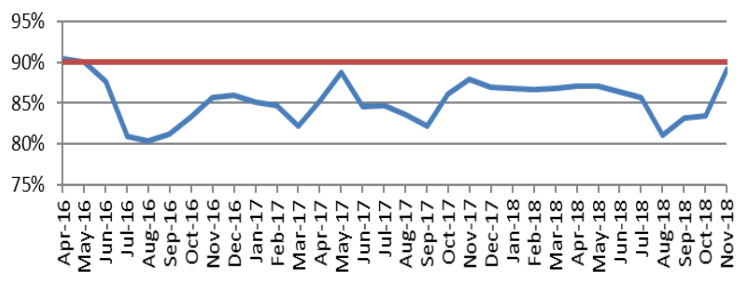
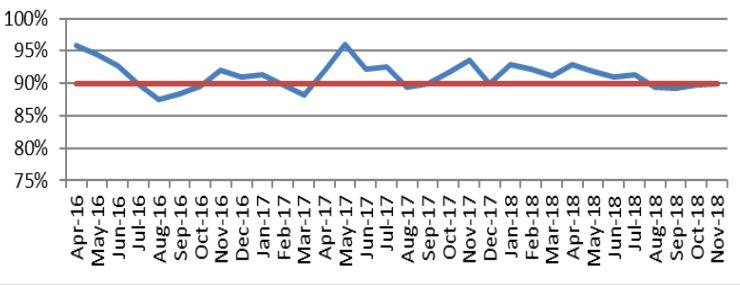
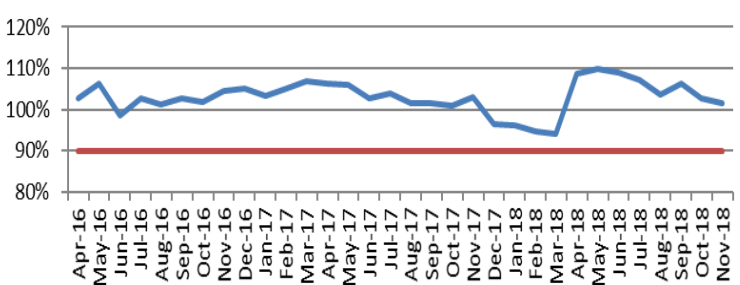
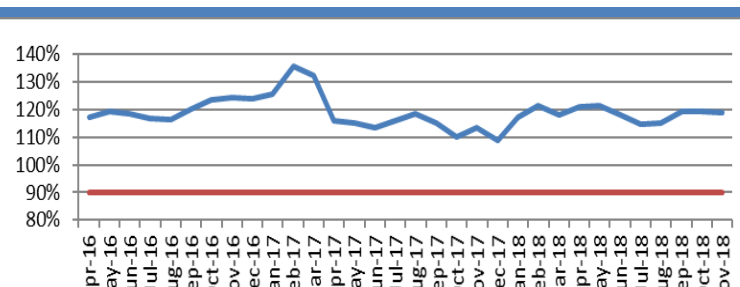
Paediatric services continued to see higher levels of activity during November. The inpatient service also supported a higher than average volume of out of area transfers due to capacity pressures at neighbouring Trusts. The service has reviewed the intra-hospital transfer policy to ensure that transfers only occur when other Trust services are suspended.

The Pharmacy team continued to provide an enhanced service to wards during the weekend. This will continue during the winter months and so far has supported an increase in the percentage of drug records being reconciled during a weekend.

The Radiology consultant team took part in the first Work Together Getting Results session led by Executive Colleagues. This session was used to look at what is working well and what further steps can be taken to improve the service in future.

Our maternity team continued to safely manage a number of vacancies and absence within the team. The position is expected to start to improve early in the new year.

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.	89.16% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - Ward 6 56.4% - Ward 17 70.3%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates are attributed to a level of vacancy. This is managed on a daily basis against the acuity of the patients. The low fill on ward 6 is due to reconfiguration of services and a reduced bed base
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	89.98% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - Ward 6 66.7% - Ward 12 65.6%	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. This is managed on a daily basis and CHPPD is maintained. The low fill on ward 6 is due to a reduced bed base associated to re-configuration
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	101.46% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - ICU 69.6% - LDRP 72% - NICU 55.8%	The low HCA fill rates in August are attributed to a level of HCA sickness within the FSS division. 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.	118.67% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	There have been no HCA shifts that have had a fill rate of below 75%. Fill of greater than 100% is attributed to 1-1 care and skill mixing opportunities to meet RN under fill.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

	DAY						NIGHT						Care Hours Per Patient Day							
Ward	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	2,550.00	2,887.08	2,025.00	2,054.83	113.2%	101.5%	2,310.00	2,418.00	1,980.00	1,852.67	104.7%	93.6%	8.5	8.9		7	13	9.67	1.97	62.4%
HRI MAU	1,890.00	1,823.45	1,890.00	1,810.50	96.5%	95.8%	1,650.00	1,585.97	1,320.00	1,296.83	96.1%	98.2%	16.3	15.7		9	9	5.80	0.00	52.3%
WARD 4	810.00	777.33	1,170.00	1,155.67	96.0%	98.8%	660	660.00	660	1,001.00	100.0%	151.7%	6.7	7.3			3	4.32	0.00	72.6%
WARD 5	1,620.00	1,294.50	1,170.00	1,358.63	79.9%	116.1%	990.00	992.75	990.00	1,088.25	100.3%	109.9%	6.1	6.0		1	9	3.55	0.00	58.2%
WARD 15	1,755.00	1510.5	1620	1,640.67	86.1%	101.3%	1320	1,263.25	1320	1474	95.7%	111.7%	6.8	6.6		2	3	2.94	0.00	73.1%
WARD 5BC	2,340.00	1,898.48	1620	1,921.50	81.1%	118.6%	1980	1669.333	660	1012	84.3%	153.3%	10.1	10.0		3	4	12.03	0.00	66.8%
WARD 6	1,530.00	862.25	945.00	941.50	56.4%	99.6%	990.00	660.00	660	671.5	66.7%	101.7%	9.0	6.8			1	4.33	0.00	60.9%
WARD 6C	945.00	846.25	810	680.5	89.6%	84.0%	660.00	659.50	330	350.5	99.9%	106.2%	5.3	4.9			6	10.77	4.83	63.9%
WARD 6AB	1,305.00	1209.9667	1080	1301.35	92.7%	120.5%	990	1,056.00	990	1,280.25	106.7%	129.3%	5.0	5.5		1	10	2.04	0.00	49.8%
WARD CCU	1,428.00	1,242.83	360	357.25	87.0%	99.2%	990	968	0	0	97.8%	-	9.4	8.7			1	3.81	0.00	74.4%
WARD 7AD	1,620.00	1,291.03	1,530.00	2,039.57	79.7%	133.3%	990	990	990	1,320.00	100.0%	133.3%	7.1	7.8			2	3.38	4.30	65.9%
WARD 7BC	2430	2005.3	1620	1885.4	82.5%	116.4%	1,980.00	1617	660	1199	81.7%	181.7%	10.6	10.7			3	-18.69	0.00	74.7%
WARD 8	1395	1199.1667	1170	1681.75	86.0%	143.7%	990	862.83	990	1,496.00	87.2%	151.1%	6.6	7.6		2	5	2.87	0.00	72.6%
WARD 12	1620	1222	810	1015.5	75.4%	125.4%	990	649	330	671	65.6%	203.3%	5.7	5.4		1	1	3.65	1.16	67.1%
WARD 17	1980	1392.1667	1170	1065.667	70.3%	91.1%	990	979.00	660	704.00	98.9%	106.7%	6.2	5.4			5	5.50	0.00	60.4%
WARD 5D	1035	967.58333	810	803.1667	93.5%	99.2%	660	660.00	330	407.00	100.0%	123.3%	7.8	7.8		1	6	-0.27	0.00	63.9%
WARD 20	1755	1531.05	1755	1976.667	87.2%	112.6%	1,320.00	1,239.50	1,320.00	1,745.25	93.9%	132.2%	5.5	5.8		2	5	8.14	0.00	55.0%
WARD 21	1485	1258.1667	1485	1372.333	84.7%	92.4%	1,035.00	941.75	1,035.00	1,092.50	91.0%	105.6%	8.8	8.1		1	6	4.00	0.00	72.6%
ICU	3900	3607.7	795	553.25	92.5%	69.6%	4,141.00	3,200.00	0	0	77.3%	-	50.2	41.8		1		4.43	0.00	68.5%
WARD 3	915	979.66667	795	664.6667	107.1%	83.6%	690	678.5	345	345	98.3%	100.0%	6.5	6.3		2		0.34	0.00	65.1%
WARD 8A	900	737.1	690	818.1	81.9%	118.6%	690	645	345	492	93.5%	142.6%	7.9	8.1			1	1.32	0.00	71.7%
WARD 8D	795	870.01667	795	690.4667	109.4%	86.9%	690	690.00	0	298.5	100.0%	-	5.8	6.5				2.94	0.00	62.8%
WARD 10	1260	1304.4833	795	881.5	103.5%	110.9%	795.00	715.00	690	1,078.00	89.9%	156.2%	7.4	8.3		2	2	2.67	2.10	85.1%
WARD 11	1870	1630.9167	1140	998.25	87.2%	87.6%	1,035.00	1,023.50	690	690	98.9%	100.0%	8.6	7.9		1	2	4.07	0.00	48.1%
WARD 19	1590	1313.3333	1140	1187.083	82.6%	104.1%	1,035.00	1,011.75	1,035.00	1,125.00	97.8%	108.7%	8.8	8.5		1	4	3.80	0.00	75.7%
WARD 22	1140	1162.4167	1140	1106.833	102.0%	97.1%	690	689.67	690	690.5	100.0%	100.1%	5.8	5.8		1	3	1.18	0.00	45.7%
SAU HRI	1830	1787.3333	947	935.6667	97.7%	98.8%	1,380.00	1,361.00	345	357.5	98.6%	103.6%	6.0	5.9		2	1	0.00	0.00	57.5%
WARD LDRP	4140	3536.9167	915	659	85.4%	72.0%	4,140.00	3,327.92	690	651.1667	80.4%	94.4%	21.9	18.1				0.00	0.00	24.3%
WARD NICU	2175	1853.9167	900	502.1667	85.2%	55.8%	2,070.00	1,637.00	690	519.5	79.1%	75.3%	12.8	9.9				2.77	1.92	33.9%
WARD 3ABCD	3840	3650.8333	1268.5	963.1667	95.1%	75.9%	3795	3324	345	356.5	87.6%	103.3%	9.7	8.7				-2.64	0.00	18.5%
WARD 4ABD	1890	1929.35	690	644	102.1%	93.3%	1,380.00	1,355.50	690	679.5	98.2%	98.5%	4.5	4.5				0.41	0.00	19.3%
WARD 4C	1140	1127.5	450	352.1667	98.9%	78.3%	690	701.5	345	310.5	101.7%	90.0%	8.9	8.4				1.77	0.52	70.7%
Trust	56878	50710.6	35500.5	36018.8	89.16%	101.46%	44716	40232.2	22125	26255.4	89.97%	118.67%	8.21	7.90						

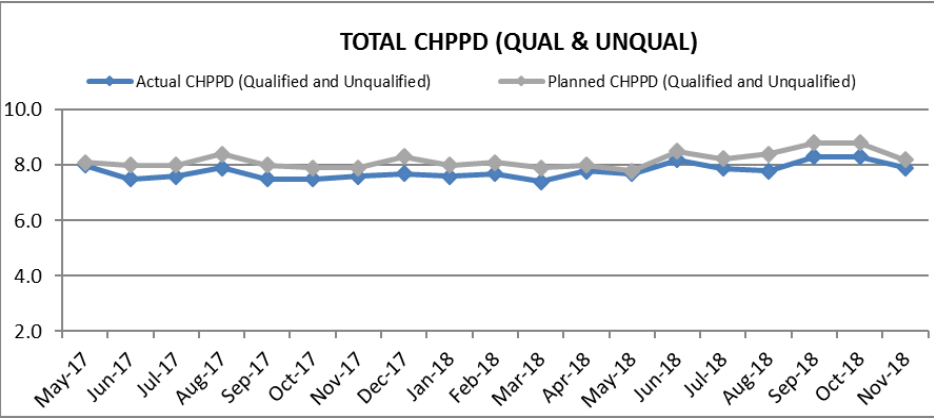
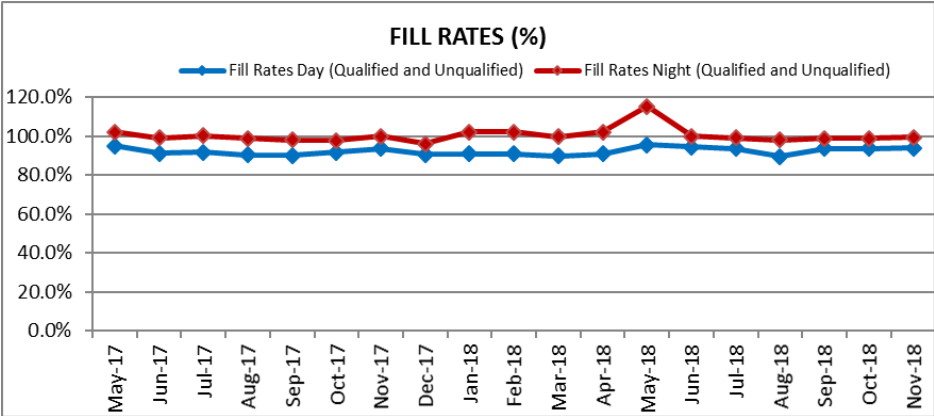
Hard Truths: Safe Staffing Levels (3)

Care Hours per Patient Day

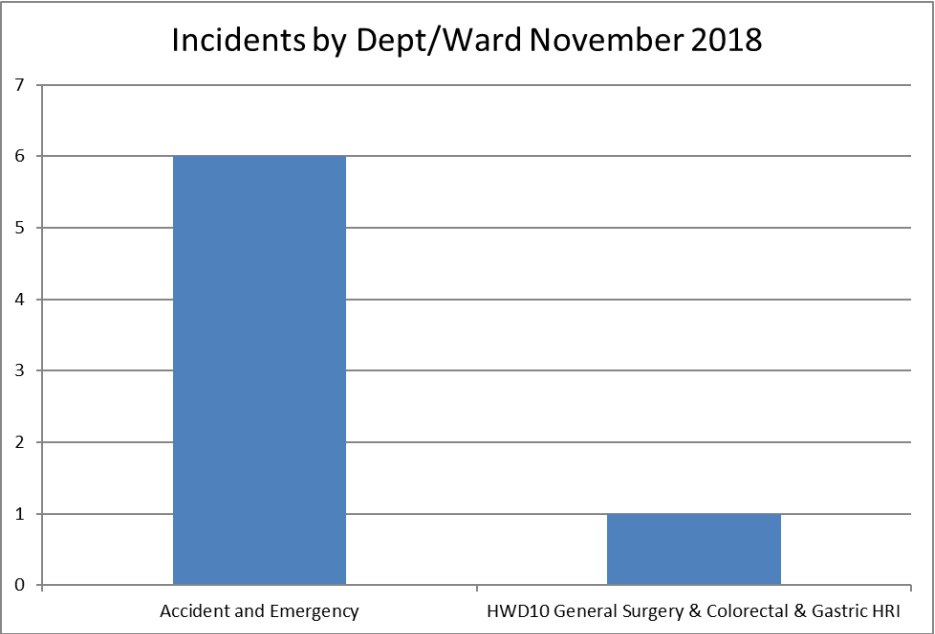
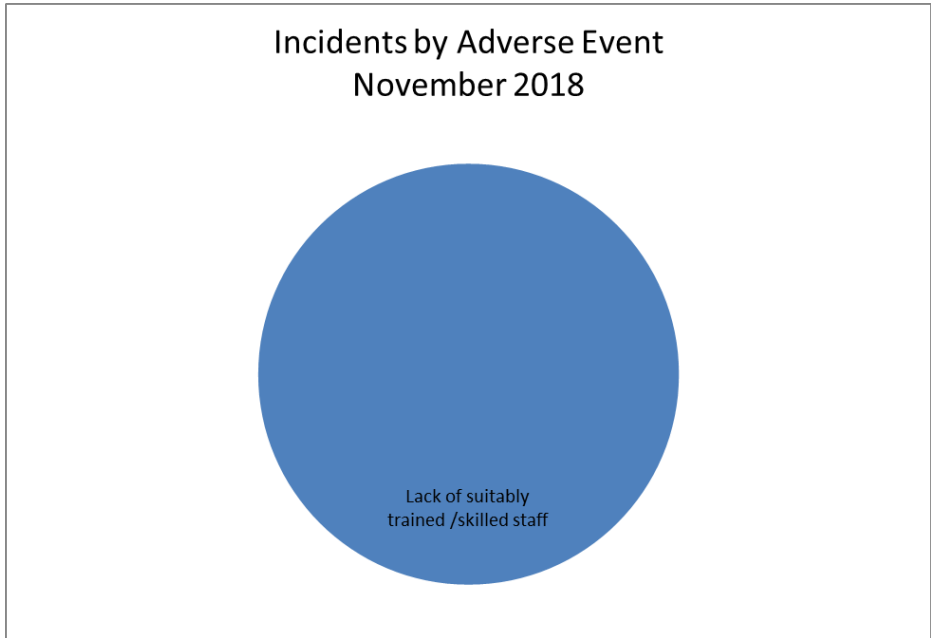
STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)

	Sep-18	Oct-18	Nov-18
Fill Rates Day (Qualified and Unqualified)	93.5%	93.5%	93.9%
Fill Rates Night (Qualified and Unqualified)	98.9%	98.9%	99.5%
Planned CHPPD (Qualified and Unqualified)	8.8	8.8	8.2
Actual CHPPD (Qualified and Unqualified)	8.3	8.3	7.9

A review of November 2018 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 19 clinical areas of the 32 reviewed having CHPPD less than planned. 10 areas reported CHPPD slightly in excess of those planned and 3 areas having CHPPD as planned. Areas with CHPPD more than planned were due to additional 1-1's requested throughout the month due to patient acuity in the departments.



RED FLAG INCIDENTS



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

There were **7 Trust Wide Red shifts** declared in **November 2018**.

As illustrated above the most frequently recorded red flagged incident is related to "lack of suitably trained staff"

No datex's reported in November 2018 have resulted in patient harm.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Further recruitment event planned for March 2019, on top of the monthly band 5 recruitment assessment days.
3. Applications from international recruitment projects are progressing well and the first 15 nurses have arrived in Trust, with a further 6 planned for deployment in December 2018
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. 57 candidates have now been transferred onto the OET programme.
5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has being developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees commenced training on 4th June 2018. A further cohort are planned for training in December 2018
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

5.2. Financial Position and Forecast

To Note

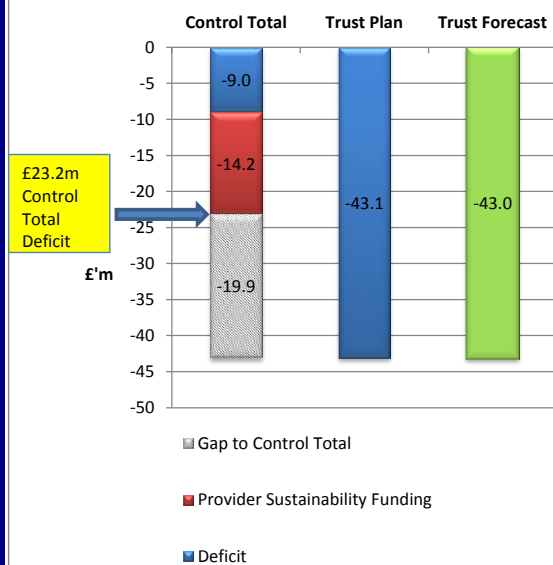
Presented by Gary Boothby

EXECUTIVE SUMMARY: Total Group Financial Overview as at 30th Nov 2018 - Month 8

KEY METRICS

	M8					YTD (NOV 2018)					Forecast 18/19				
	Plan £m	Actual £m	Var £m			Plan £m	Actual £m	Var £m			Plan £m	Forecast £m	Var £m		
I&E: Surplus / (Deficit)	(£2.64)	(£2.67)	(£0.03)	🟡	1	(£29.31)	(£29.29)	£0.01	🟢	1	(£43.05)	(£43.04)	£0.01	🟢	1
Agency Expenditure	(£1.14)	(£0.81)	£0.33	🟢	1	(£9.84)	(£9.34)	£0.50	🟢		(£14.63)	(£13.50)	£1.13	🟢	
Capital	£0.52	£0.63	(£0.11)	🔴	1	£5.51	£4.02	£1.49	🔴		£9.14	£8.42	£0.72	🟢	
Cash	£1.91	£1.91	£0.00	🟢	1	£1.91	£1.91	£0.00	🟢		£1.91	£1.90	(£0.01)	🟡	
Borrowing (Cumulative)	£130.89	£130.39	(£0.49)	🟢	1	£130.89	£130.39	(£0.49)	🟢		£144.83	£144.14	(£0.69)	🟢	
CIP	£1.80	£1.94	£0.14	🟢	1	£9.88	£9.40	(£0.48)	🔴		£18.00	£18.00	(£0.00)	🟢	
Use of Resource Metric	3	3		🟡	1	3	3		🟡		3	3		🟡	

Trust Deficit vs NHS I Control Total



Year to Date Summary

The year to date deficit is £29.29m, a £0.01m favourable variance from plan.

- The position includes a benefit of £0.16m due to Medical Staff pay awards which were implemented in October and not backdated as assumed in the plan. This is a timing difference, will reduce month on month and is not expected to impact on the forecast. **Aside from this the position is slightly worse than plan.**
- Clinical contract income performance is below plan by £1.88m. The Aligned Incentive Contract (AIC) protects the income position by £1.70m in the year to date leaving a residual pressure of £0.18m. However, a proportion of this income protection (£1.41m) is as a result of CIP plans and management decisions where there is a corresponding reduction in cost. When these elements are adjusted for, the impact is reduced to £0.29m.
- CIP achieved in the year to date is £9.40m against a plan of £9.88m, a £0.48m pressure.
- Operational budgets are now overspent by £1.06m year to date, a slight worsening compared to month 7. However, the underlying Operational overspend is actually closer to £1.94m, mitigated by a number of non recurrent benefits: capitalising of salaries (£0.19m), a one off additional CNST Maternity Incentive payment (£0.42m) and by bringing forward the remaining benefit of the planned element of the Incentive payment (£0.27m). The remaining pressure has been mitigated by the release of all of the Trust's contingency reserves in the year to date a total of £1.00m and the release of some year end provisions (£0.15m). In addition a proportion of the winter element of the reserve has been released in the short term to offset the shortfall on CIP and will need to be reinstated as CIP is achieved per the re-profiled forecast.
- Agency expenditure is £0.50m below the agency trajectory set by NHSI and is forecast to remain below the trajectory for the rest of the year.

Key Variances

- Medical staffing expenditure continues above plan with particular pressures in month in Surgery and Medicine. The year to date adverse variance to plan at Trust level of £2.70m. However, against the agency trajectory there was a big improvement in month with Medical Agency dropping well below the planned level in month.
- There are also significant pressures on non pay expenditure particularly on the cost of premises, Pathology contracts and clinical supplies.
- Nursing pay expenditure reduced to the planned level in month (excluding the impact of pay awards), with lower substantive pay than that reported in October.

Forecast

- The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes.
- The underlying position is driving an additional recovery requirement with a total value of £3.96m. The full value of the recovery requirement is being pursued through a range of recovery actions and opportunities, some of which are already delivering.

Total Group Financial Overview as at 30th Nov 2018 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M8

CLINICAL ACTIVITY

	M8 Plan	M8 Actual	Var	
Elective	4,342	3,849	(493)	●
Non-Elective	37,721	38,991	1,270	●
Daycase	24,827	24,705	(122)	●
Outpatient	248,515	251,039	2,524	●
A&E	103,136	101,450	(1,686)	●
Other NHS Non-Tariff	1,154,206	1,157,437	3,232	●
Other NHS Tariff	86,032	86,840	808	●
Total	1,658,778	1,664,311	5,533	

TOTAL GROUP: INCOME AND EXPENDITURE

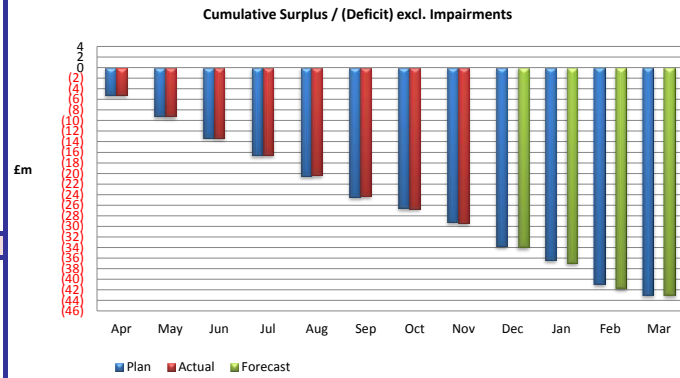
	M8 Plan	M8 Actual	Var	
	£m	£m	£m	
Elective	£13.69	£11.82	(£1.87)	●
Non Elective	£67.62	£67.93	£0.30	●
Daycase	£17.90	£17.62	(£0.27)	●
Outpatients	£25.55	£25.43	(£0.12)	●
A & E	£12.49	£12.80	£0.31	●
Other-NHS Clinical	£71.06	£73.82	£2.76	●
CQUIN	£4.61	£4.57	(£0.04)	●
Other Income	£27.05	£30.69	£3.64	●
Total Income	£239.97	£244.68	£4.71	●
Pay	(£166.51)	(£169.12)	(£2.61)	●
Drug Costs	(£24.03)	(£24.74)	(£0.71)	●
Clinical Support	(£19.73)	(£20.41)	(£0.68)	●
Other Costs	(£33.40)	(£34.36)	(£0.96)	●
PFI Costs	(£8.56)	(£8.56)	£0.00	●
Total Expenditure	(£252.23)	(£257.20)	(£4.97)	●
EBITDA	(£12.26)	(£12.52)	(£0.27)	●
Non Operating Expenditure	(£17.05)	(£16.77)	£0.28	●
Surplus / (Deficit)*	(£29.31)	(£29.29)	£0.01	●

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

DIVISIONS: INCOME AND EXPENDITURE

	M8 Plan	M8 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£8.53	£7.63	(£0.90)	●
Medical	£17.95	£18.23	£0.29	●
Families & Specialist Services	(£2.33)	(£2.46)	(£0.13)	●
Community	£1.99	£2.04	£0.06	●
Estates & Facilities	(£7.05)	(£7.43)	(£0.38)	●
Corporate	(£28.22)	(£28.26)	(£0.04)	●
THIS	£0.04	(£0.03)	(£0.07)	●
PMU	£1.84	£1.91	£0.07	●
CHS LTD	£0.10	£0.09	(£0.00)	●
Central Inc/Technical Accounts	(£21.12)	(£21.02)	£0.10	●
Reserves	(£1.74)	(£0.00)	£1.74	●
Unallocated CIP	£0.73	£0.00	(£0.73)	●
Surplus / (Deficit)	(£29.31)	(£29.29)	£0.01	●

TOTAL GROUP SURPLUS / (DEFICIT)



KEY METRICS

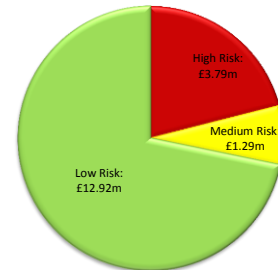
	Year To Date			Year End: Forecast			
	M8 Plan	M8 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£29.31)	(£29.29)	£0.01	(£43.05)	(£43.04)	£0.01	●
Capital	£5.51	£4.02	£1.49	£9.14	£8.42	£0.72	●
Cash	£1.91	£1.91	£0.00	£1.91	£1.90	(£0.01)	●
Loans	£130.89	£130.39	(£0.49)	£144.83	£144.14	(£0.69)	●
CIP	£9.88	£9.40	(£0.48)	£18.00	£18.00	(£0.00)	●
Use of Resource Metric	3	3		3	3		●

COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



CIP - Risk



YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	6,164	5,457	(706)	●
Non-Elective	56,753	58,768	2,015	●
Daycase	36,488	36,298	(190)	●
Outpatient	365,497	368,640	3,143	●
A&E	153,339	150,833	(2,506)	●
Other NHS Non- Tariff	1,721,594	1,725,689	4,095	●
Other NHS Tariff	127,242	128,559	1,317	●
Total	2,467,076	2,474,244	7,168	

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£19.51	£16.85	(£2.66)	●
Non Elective	£101.38	£101.80	£0.42	●
Daycase	£26.27	£25.84	(£0.43)	●
Outpatients	£37.57	£37.35	(£0.22)	●
A & E	£18.58	£19.03	£0.46	●
Other-NHS Clinical	£106.72	£112.00	£5.28	●
CQUIN	£6.85	£6.78	(£0.07)	●
Other Income	£40.73	£46.39	£5.65	●
Total Income	£357.60	£366.03	£8.44	●
Pay	(£247.81)	(£254.04)	(£6.23)	●
Drug Costs	(£36.10)	(£37.57)	(£1.48)	●
Clinical Support	(£28.67)	(£29.63)	(£0.96)	●
Other Costs	(£49.33)	(£50.80)	(£1.47)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
Total Expenditure	(£374.75)	(£384.88)	(£10.12)	●
EBITDA	(£17.16)	(£18.84)	(£1.69)	●
Non Operating Expenditure	(£25.89)	(£24.20)	£1.69	●
Surplus / (Deficit)*	(£43.05)	(£43.04)	£0.01	●

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

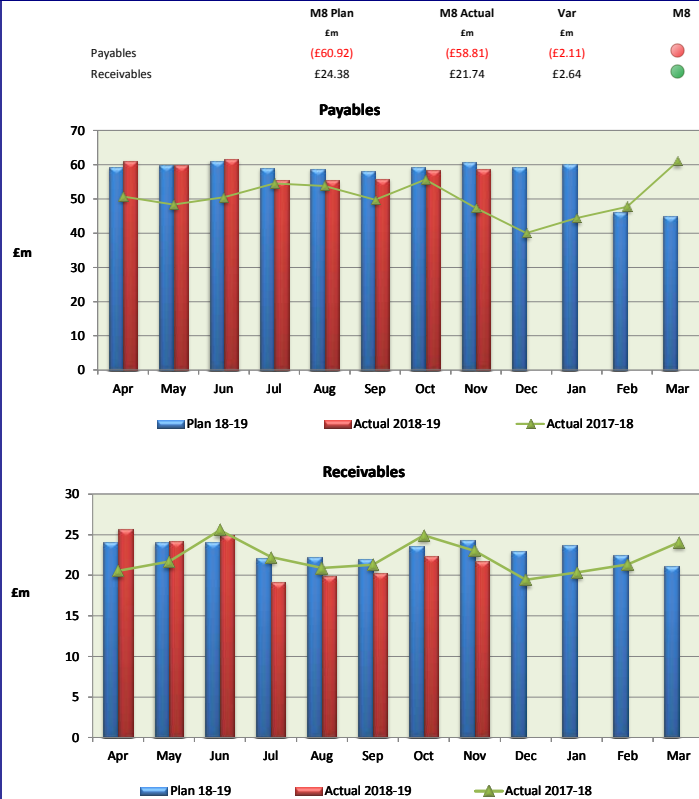
DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£12.33	£10.60	(£1.74)	●
Medical	£27.64	£27.90	£0.26	●
Families & Specialist Services	(£4.05)	(£4.64)	(£0.59)	●
Community	£2.94	£2.94	(£0.00)	●
Estates & Facilities	(£7.05)	(£7.43)	(£0.38)	●
Corporate	(£41.66)	(£41.96)	(£0.30)	●
THIS	£0.26	£0.17	(£0.08)	●
PMU	£2.76	£2.76	£0.00	●
CHS LTD	£0.26	£0.31	£0.05	●
Central Inc/Technical Accounts	(£35.93)	(£34.54)	£1.39	●
Reserves	(£1.70)	(£0.19)	£1.51	●
Unallocated CIP	£1.15	£1.04	(£0.11)	●
Surplus / (Deficit)	(£43.05)	(£43.04)	£0.01	●

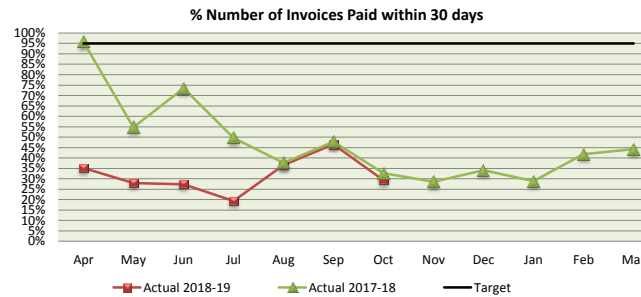
Total Group Financial Overview as at 30th Nov 2018 - Month 8

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

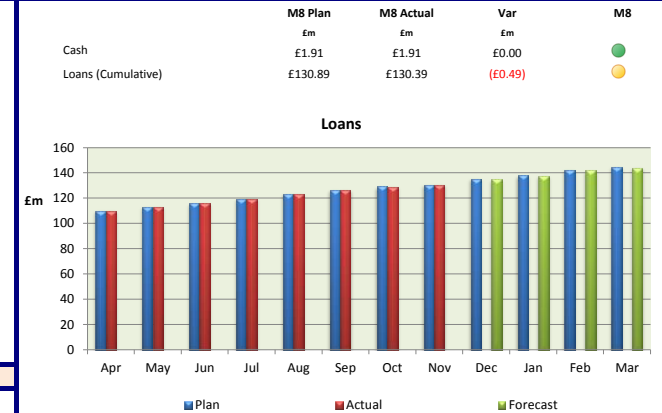
WORKING CAPITAL



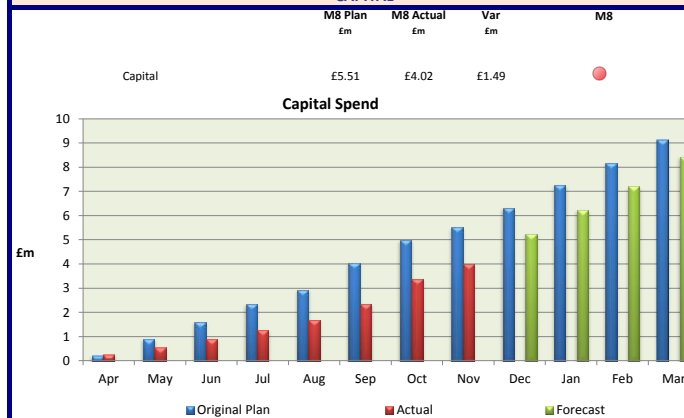
BETTER PAYMENT PRACTICE CODE



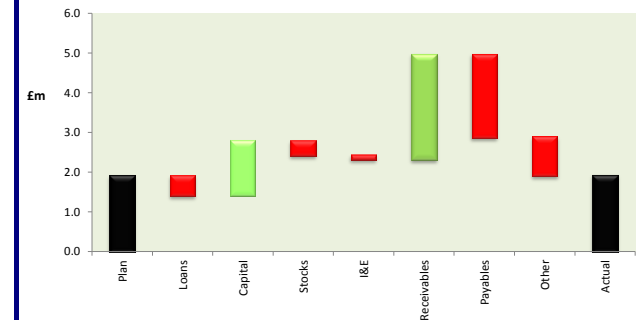
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £29.29m a favourable variance from plan of £0.01m. This position excludes the I&E impact of donated assets (£0.12m adverse variance) which are excluded for control total purposes.
- The position includes a benefit of £0.16m due to Medical Staff pay awards which were implemented in October and not backdated as assumed in the plan. This is a timing difference and is not expected to impact on the forecast deficit.
- Non-Elective and Outpatient activity are above plan year to date. These over performances are offset by lower than planned Elective, Daycase and A&E activity and overall Clinical Income is below plan by £0.66m, (excluding pay award funding received year to date of £2.52m).
- Capital expenditure year to date is lower than planned at £4.02m against a planned £5.51m.
- Cash balance is £1.91m as planned.
- Year to date the Trust has borrowed £29.29m to support the deficit as planned.
- CIP schemes have delivered £9.40m, £0.48m below the year to date target of £9.88m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned.

NOTES

- The total forecast deficit is £43.05m as planned.
- The Trust is forecasting to deliver to planned Agency trajectory.
- The forecast assumes that current activity trends will continue.
- The forecast assumes that recovery plans totalling £3.96m will be delivered in full.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £3.79m is classified as high risk. Any slippage on CIP will need to be mitigated in order to achieve the planned deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £55.9m in this financial year to support Capital and Revenue, plans; £40.1m deficit funding and £12.9m refinancing of existing Distressed Funding Loan. The planned £0.7m interest free loan for Capital is not likely to be required this year. The total loan balance by year end is forecast to be £144.1m.
- Capital expenditure is forecast at £8.42m, £0.72m lower than planned. This forecast includes additional capital expenditure of £0.54 for an Integrated Cardiology, System following a successful funding bid, but reduced expenditure on other externally funded schemes.

RAG KEY:

(Excl: UOR)

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

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

RAG KEY: UOR

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

5.3. Q2 update on Quality Account Priorities 2018/19 (Andrea McCourt)

To Note

Quarterly Quality Report Q2 2018-19

Council of Governors
24 January 2019



Quality Account Priorities

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

Recognition

Recognition

- Audit of physiological observations in July 2018 highlighted need to agree improvements in respiratory rates and manual pulse assessment
- Observations on time stable around 70% throughout Q2
- Capital funding agreed for NEWS2 implementation with plans to begin in Q4

Response

- Discussions to align Sepsis and Deteriorating Patients

Prevention

- Pilot of 'ward view' screens on both AMU's and HRI ward 6



Quality Account Priorities

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

- Good patient flow and transfer of care across the health and social care system** is now widely recognised as a key indicator of how the system is working in collaboration and the agenda for the system Transfer of Care Group and A&E Delivery Board has a clear focus on safer patient flow and discharge.
- Stranded patient metric and long stay metric** now part of SAFER Programme measures and twice weekly MADE now introduced with senior colleagues from partner organisations.
- Home First Team Introduced-** to support staff to ask every day ‘what will it take to get Mr/Mrs X home today’, they aim to reduce patient staying 7 days and over, tracking treatment plans and supporting ward staff on good discharge planning.
- Trusted Assessor-** Nursing & Residential homes-We have introduced a Senior Nurse into the Discharge Team who has developed a strong relationship with local nursing home managers who now trust her to assess patients, who need nursing care in a 24 hour facility, on their behalf. This has reduced the delay often experienced waiting for nursing home managers to attend the hospital to assess patients.

Quality Account Priorities

Experience – End of Life

Survey and card sent to bereaved relatives – 6 month pilot on the 4 stroke wards at CRH. To date we have had a 51.5% response compared to our previous survey response which was 30%.

Bereavement café – The Marigold Café - Monthly drop in café at HRI and CRH alternate months, commenced 7th September.

Horizon Group – shortlisted for Breakthrough of the year award for our collaborative engagement work with the South Asian community within Calderdale to improve end of life care.



Shortlist for Quality Account Priorities 2019-20

Category	Priority
Safety	Pressure Ulcers – reduce the number of serious pressure ulcers in two high incidence target areas (acute medical floor at CRH and ward 21, orthopaedics, HRI).
Safety	Emergency Department - there are times when we are unable to meet the 4 hour waiting standard for patients in the emergency department. We will continue to work on waits longer than 4 hours in the emergency department to ensure safe and reliable care.
Effectiveness	Deteriorating Patients – to ensure that the new national guidance around observations for deteriorating patients (NEWS 2) is implemented and understood by frontline staff to ensure effective and reliable care is given at all times.
Effectiveness	Discharge Medication - ensuring that patients go home from hospital with their correct medication is vital for their ongoing recovery. We will focus on reducing errors with discharge medication at the end of a patient's stay.
Experience	Patient Panel – to create a patient panel made up of service users or members of the public for service development / improvements
Experience	Mental Health - improving psychological and social support for mental health patients in the Emergency Department

Shortlist for Quality Account Priorities 2019-20

SAFETY

Category	Priority	Intervention
Safety	Pressure Ulcers – reduce the number of serious pressure ulcers in two high incidence target areas (acute medical floor at CRH and ward 21, orthopaedics).	Pressure Ulcer Collaborative work Continued focus on safety culture and shared learning from incidents including: Safety huddles-risk identification and care interventions. Bite size learning and raising awareness in order to ensure completion of assessments and care plans to reduce the number of category 3 and 4 pressure ulcers on the acute medical floor at Calderdale Royal Infirmary and ward 21, orthopaedics, Huddersfield Royal Infirmary.
Safety	Emergency Department - there are times when we are unable to meet the 4 hour waiting standard for patients in the emergency department. We will continue to work on waits longer than 4 hours in the emergency department to ensure safe and reliable care.	This forms part of a wider improvement plan to improve Emergency Department waiting times and includes work on: <ul style="list-style-type: none"> • Patient flow through the hospital • Revised staffing rotas (August 2019) • Early escalation of long waits

Short List for Quality Account Priorities 2019-20

EFFECTIVENESS

Category	Priority	Intervention
Effectiveness	Deteriorating Patients – to ensure that the new national guidance around observations for deteriorating patients (NEWS 2) is implemented and understood by frontline staff to ensure effective and reliable care is given at all times.	Education of staff in relation to new national approaches to patient observations and monitoring of the effectiveness of this.
Effectiveness	Discharge Medication - ensuring that patients go home from hospital with their correct medication is vital for their ongoing recovery. We will focus on reducing errors with discharge medication at the end of a patient's stay.	We will be working to improve accurate completion of discharge letters for medication and monitor improvements by auditing error rates in discharge medication when a patient leaves hospital.

Shortlist for Quality Account Priorities 2019-20

EXPERIENCE

Category	Priority	Intervention
Experience	Patient Panel – to create a patient panel made up of service users or members of the public for service development / improvements	<p>Agree format of patient panel, recruitment process and governance arrangements. Recruit to the panel and commence meetings.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> Review of patient information Identification of priorities for surveys / focus groups Undertaking and reviewing patient surveys and suggesting opportunities for improvements Patients views on improvement projects, facilities
Experience	Mental Health - improving psychological and social support for mental health patients in the Emergency Department	Partnership work with mental health Trust for dedicated mental health trained resource and identification of safe space at each Emergency Department.

5.4. Update on Reconfiguration (VERBAL)

To Note

Presented by Anna Basford

6. GOVERNANCE ITEMS

6.1. Update from Lead Governor (Alison Schofield)

To Note

6.2. Car Parking Charges – Requested by Brian Moore

For Comment

Presented by Gary Boothby

7. Council of Governors Register – Resignations/ Appointments

To Approve

Presented by Philip Lewer

DRAFT COUNCIL OF GOVERNORS REGISTER AS AT 23 JULY 2018

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	Mrs Jude Goddard	19.7.18	3 years	2021
1	Mr Donald Rodgers-Walker	19.7.18	3 years	2021
2	Mrs Sheila Taylor	19.7.18	3 years	2021
2	Mrs Christine Mills	19.7.18	3 years	2021
3	Ms Dianne Hughes	19.9.13 15.9.16	3 years 3 years	2016 2019
3	Mr John Richardson	15.9.17	3 years	2020
4 (Cons. 4 from 15.11.17)	Mrs Veronica Maher	15.9.16	3 years	2019
4	Ms Nasim Banu Esmail	15.9.16	3 years	2019
5	Mr Stephen Baines	15.9.16	3 years	2019
5	Mr Brian Richardson	18.9.14	3 years 3 years	2017 2020
6	Mrs Annette Bell	19.7.18	3 years 3 years	2018 2021
6	Mr Paul Butterworth	15.9.17	3 years	2020
7	Mrs Lynn Moore	18.9.14	3 years 3 years	2017 2020
7	Miss Alison Schofield (Lead Governor from 19.7.18)	15.9.17	3 years	2020
8	Mr Brian Moore	19.7.18	3 years 3 years	2018 2021
8 (Reserve Register from 23.7.18)	Mrs Rosemary Claire Hedges	23.7.18		

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Dr Peter Bamber	15.9.17	3 years	2020
10 - HPs/HCS/Pharm's	VACANT POST			
11 - Mgmt/Admin/Clerical	Mrs Linzi Jane Smith	15.9.17	3 years	2020
12 - Ancillary	VACANT POST			
13 – Nurses/Midwives	Ms Sian Grbin	15.9.17	3 years	2020
13 – Nurses/Midwives	VACANT POST			
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof Felicity Astin	16.1.18	3 years	2021
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17	3 years	2020
Kirklees Metropolitan Council	VACANT POST			
Healthwatch Kirklees	Mrs Helen Wright	2.10.17	3 years	2020
Locala	Mr Chris Reeve	21.11.17	3 years	2020
South West Yorkshire Partnership NHS FT	Ms Salma Yasmeen	18.10.17	3 years	2020

8. Draft Election Timetable 2019

To Approve

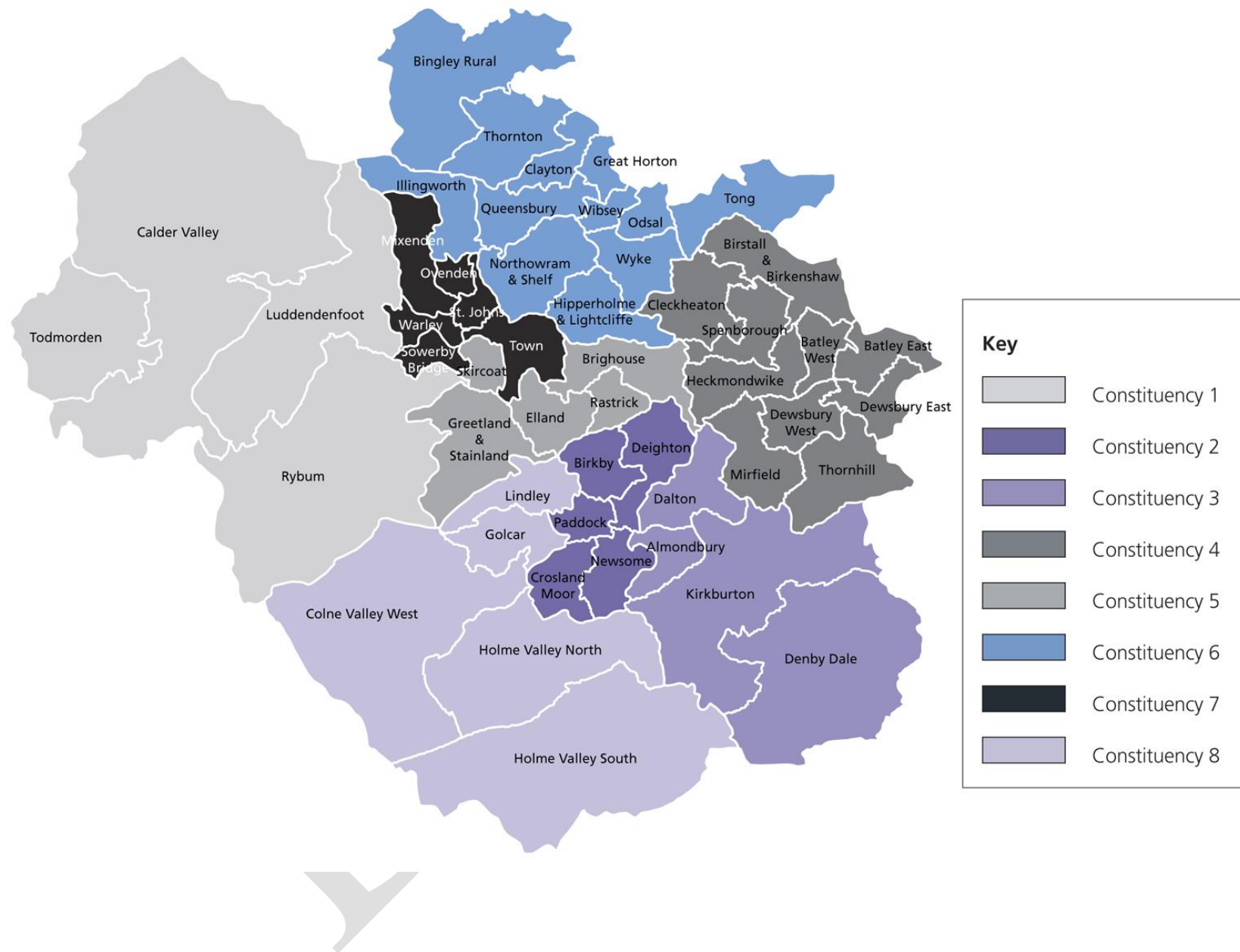
Presented by Victoria Pickles

PROPOSED ANNUAL ELECTION TIMETABLE – 2019

DAY	DATE	ACTION
Tuesday	9 April 2019 (12.00 – 1.00 pm)	Briefing Sessions for prospective Candidates – Discussion Room 2, Learning Centre, Huddersfield Royal Infirmary
Thursday	11 April 2019 (6.30 – 7.30 pm)	Briefing Sessions for prospective Candidates – Large Training Room, Learning Centre, Calderdale Royal Hospital
Wednesday	17 April 2019	ERS/CHFT issue the Notice of Election. Nomination forms to be made available to CHFT
Monday	20 May 2019	Deadline for receipt of nominations
Tuesday	21 May 2019	ERS & CHFT publish summary of nominated candidates upon validation
Thursday	23 May 2019	Final date for Candidate withdrawal
Wednesday	29 May 2019	Electoral data to be provided by Trust. Uncontested report provided to Trust.
Tuesday	11 June 2019	Notice of Poll Published by ERS provided to Trust
Wednesday	12 June 2019	Voting packs despatched by ERS to members
Friday	5 July 2019	Close of Ballot
Monday	8 July 2019	Issue of Results to Trust
Wednesday	17 July 2019	Trust & Members Annual General Meeting – Formal Election Announcement

VACANT POSITIONS AND CANDIDATES ELIGIBLE FOR RE-ELECTION*	
NAME	CONSTITUTENCY
PUBLIC	
Rosemary Hedges	8 - Lindley, Golcar, Colne Valley West, Home Valley North, Home Valley South
Dianne Hughes	3 – Dalton, Almondbury, Kirkburton, Denby Dale
Veronica Maher*	4 – Birstall & Birkenhshaw, Cleckheaton, Spenborough, Batley West, Batley East, Heckmondwike, Dewsbury West, Dewsbury East, Mirfield, Thornhill
Nasim Esmail*	4 - Birstall & Birkenhshaw, Cleckheaton, Spenborough, Batley West, Batley East, Heckmondwike, Dewsbury West, Dewsbury East, Mirfield, Thornhill
Stephen Baines*	5 – Skircoat, Greetland & Stainland, Elland, Rastrick, Brighouse
STAFF	
Vacant Seat	10 - HPs/HCS/Pharmacists
Vacant Seat	12 - Ancillary
Vacant Seat	13 - Nurses/Midwives

* = Eligible for Re-election



9. New Constituency Names

To Approve

Presented by Victoria Pickles

Constituencies as at January 2019

Constituency no	Constituency name	Wards	Population
1	Calder & Ryburn Valleys	Todmorden, Calder Valley, Luddendenfoot, Ryburn	37,487
2	Huddersfield Central	Birkby, Deighton, Paddock, Crosland Moor, Newsome	62,501
3	South Huddersfield	Dalton, Almondbury, Kirkburton, Denby-Dale	56,161
4	North Kirklees	Cleckheaton, Birstall & Birkenshaw, Spenborough, Heckmondwike, Batley West, Batley East, Mirfield, Dewsbury West, Dewsbury East, Thornhill	144,794
5	Skircoat & Lower Calder Valley	Skircoat, Greetland & Stainland, Elland, Rastrick, Brighouse	47,727
6	East Halifax & Bradford	Northowram & Shelf, Hipperholme & Lightcliffe, Bingley Rural, Thorton, Clayton, Queensbury, Great Horton, Wibsey, Oddsall, Wyke, Tong	150,326
7	North & Central Halifax	Illingworth & Mixenden, Ovenden, Warley, Sowerby Bridge, St Johns, Town	63,407
8	Lindley & the Valleys	Lindley, Golcar, Colne Valley West, Holme Valley North, Holme Valley South	73,412

10. Review Annual CoG Meetings Workplan

To Approve

Presented by Victoria Pickles

2019 MEETING SCHEDULE FOR GOVERNORS

Meeting Type	Date	Time	Venue
Council of Governors Meeting Attend: All	Thursday 24 January 2019	3:00 – 4:15 pm (Private) 4:30 – 6:30 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
Medicine 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	3:00 – 4:15 pm (Private) 4:30 – 6:30 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
Estates & Facilities Divisional Reference Group Meeting Attend: Brian Moore, Alison Schofield, Stephen Baines, John Richardson, Sheila Taylor, Annette Bell	Wednesday 12 June 2019	10:00 – 11:30 am	Huddersfield Royal Infirmary, Forum B, Sub-Basement
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
Medicine Divisional Reference Group Meeting Attend: Brian Richardson, Alison Schofield, Dianne Hughes, Donald Rodgers-Walker, Linzi Smith	Wednesday 26 June 2019	2:00 – 3:30 pm	Acre Mills Outpatients (3 rd Floor), Room 3
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	3:00 – 4:15 pm (Private) 4:30 – 6:30 pm (Public)	Huddersfield Royal Infirmary Boardroom, Sub-Basement
Governor/NED Induction Day 1 Attend: New Governors/NEDs	September (TBC)	9:00 – 4:30 pm	TBC
Governor/NED Induction Day 2 Attend: New Governors/NEDs	September (TBC)	9:00 – 4:30 pm	TBC

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	3:00 – 4:15 pm (Private) 4:30 – 6:30 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
Medicine 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	Huddersfield Royal Infirmary, Meeting Room 2, Learning Centre
Governors / Non-Execs Informal Workshop Attend: All	Tuesday 17 December 2019	12:30 – 4:30 pm	Huddersfield Royal Infirmary Boardroom, Sub-Basement

11. UPDATE FROM BOARD SUB COMMITTEES

1. Quality Committee - Christine Mills / J
Murphy

2. Charitable Funds Committee - Sheila
Taylor / P Lewer

3. Organ Donation Group - Annette Bell /
P Lewer

4. Audit & Risk Committee - Brian Moore /
Richard Hopkin

5. Finance & Performance Committee -
Sian Grbin / Gary Boothby

To Note

12. Any Other Business

13. DATE AND TIME OF NEXT MEETINGS:

Date: Thursday 11 April 2019

Time: 4:30 – 6:30 pm

Venue: Large Training Room, Learning Centre, CRH

To Note

Presented by Philip Lewer