Council of Governors Meeting

Schedule	Thursday 11 April 2019, 15:30 — 17:30 BST
Venue	Large Training Room, Learning Centre, Calderdale Royal Hospital
Organiser	Amber Fox

Agenda

15.	Any Other Business	95
16.	DATE AND TIME OF NEXT MEETINGS:	96

Council of Governors meeting
Date: Thursday 18 July 2019
Time: 3:30 – 5:30 pm (Private meeting 2:00 – 3:15 pm)
Venue: Boardroom, Sub-Basement, HRI

Annual General Meeting
Date: Wednesday 17 July 2019
Time: Commencing at 6:00 pm
Venue: 3rd floor, Acre Mills Outpatients
To Note - Presented by Philip Lewer

1. Welcome and Introductions:

Phil Oldfield, Non-Executive Director

Alastair Graham, Non-Executive Director

To Note

Presented by Philip Lewer

2. Apologies for absence:

Owen Williams, Chief Executive

Jackie Murphy, Chief Nurse

Annette Bell, Public Governor

Christine Mills, Public Governor

Felicity Astin, Stakeholder Governor

Helen Hunter, Stakeholder Governor

Sheila Taylor, Public Governor

Salma Yasmeen, Stakeholder Governor

To Note

Presented by Philip Lewer

3. Declaration of Interests

To Approve

4. Minutes of the last meeting held: Thursday 24 January 2019

To Approve

Presented by Philip Lewer

APPENDIX A

Calderdale and Huddersfield NHS Foundation Trust

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 4:30 PM ON THURSDAY 24 JANUARY 2019 IN THE BOARDROOM, HUDDERSFIELD ROYAL INFIRMARY

PRESENT:

Philip Lewer	Chair

Publicly Elected Governors

Brian Moore	Public Elected - Constituency 8
Christine Mills	Public Elected - Constituency 2
Dianne Hughes	Public Elected - Constituency 3
Jude Goddard	Public Elected - Constituency 1
Rosemary Hedges	Public Elected - Constituency 8
Sheila Taylor	Public Elected - Constituency 2
Stephen Baines	Public Elected - Constituency 5
Lynn Moore	Public Elected - Constituency 7

Staff Governors

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

Stakeholder Governors

Helen Hunter	Healthwatch Kirklees

IN ATTENDANCE:

Karen Heaton	Non-Executive Director
Helen Barker	Chief Operating Officer
Gary Boothby	Executive Director of Finance
Suzanne Dunkley	Executive Director of Workforce and OD
Amber Fox	Corporate Governance Manager (minutes)
Jackie Murphy	Chief Nurse
Victoria Pickles	Company Secretary
Owen Williams	Chief Executive
Andrea McCourt	Head of Governance and Risk
Mandy Griffin	Managing Director – Digital Health
Anna Basford	Director of Transformation and Partnerships

01/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Alison Schofield	Public Elected - Constituency 7 / Lead Governor
Annette Bell	Public Elected - Constituency 6
Brian Richardson	Public Elected - Constituency 5
John Richardson	Public Elected - Constituency 3
Paul Butterworth	Public Elected - Constituency 6
Felicity Astin	University of Huddersfield

Chris Reeve	Locala
Nasim Banu Esmail	Public Elected - Constituency 4
Salma Yasmeen	South West Yorkshire Partnership NHS FT
David Birkenhead	Medical Director
Richard Hopkin	Non-Executive Director
Andy Nelson	Non-Executive Director
Alastair Graham	Non-Executive Director
Linda Patterson	Non-Executive Director

02/19 WELCOME & INTRODUCTIONS

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

03/19 DECLARATIONS OF INTEREST

There were no declarations of interest. The Chair reminded the Council of Governors and staff colleagues to declare their interest at any point in the agenda.

04/19 MINUTES OF THE LAST MEETINGS HELD 18 OCTOBER 2018

The minutes of the previous minutes held 18 October 2018 were approved subject to approval by the governors to an amendment made by Sian which is highlighted below;

Brian Moore raised a concern about the privacy of the Closed Facebook Group for governors and he felt that all Trust business should happen on site. This was seconded by John Richardson and Christine Mills. Those who spoke out in favour of it in the meeting were Peter Bamber, Linzi Smith and Rosemary Hedges. Brian Richardson, Paul Butterworth and Stephen Baines also commented after the meeting they found the page useful. Sian Grbin explained that the page should be private i.e confidential as it is by invitation only and a platform for governors to talk in private.

05/19 MATTERS ARISING / ACTION LOG

The action log was reviewed and updated accordingly.

Management of Complaints – This action turned green (complete) as the meeting had been arranged; however, feedback received from Paul Butterworth highlights the complaints target has not reached a 95% performance rating. Therefore, he asked that this action remains ongoing as the performance has not improved.

06/19 CHAIR'S REPORT

Chair Appraisal Process

The Chair reported that the Chair Appraisal Process is due to start, and the governors will receive a form to submit their feedback. The proposal will be explained and led by the Lead Governor. Brian Moore offered to support this

process which he supported last year as Lead Governor.

As part of this process, the Chair has listed all the meetings and business he has been involved in since he started the Trust. Governors can comment or challenge this as part of the appraisal process.

Formal Meeting Attendance Register
The formal Council of Governors attendance register to cover the period from 1 April 2018 – 21 March 2019 was circulated for information.

Governors/Non-Executives Informal Workshop – 14 February 2019
The next Governors and Non-Executive Directors informal workshop is scheduled on Thursday 14 February 2019. The Governors were asked to bring any agenda items to our attention as soon as possible to plan for this workshop.

07/19 PERFORMANCE AND STRATEGY

a. Performance Report

The Chief Operating Officer reported a positive position for November 2018, the main highlights from the report were:

- All domains are in the green
- Emergency Care Standard achieved over 90% in November and reached 90% in December, CHFT are in the top 3rd nationally and have two of the busiest A&E's in the region (top 20%) – this is a good picture considering staffing is challenging
- Cancer – achieved all targets in December 2018; however, it will be a challenge to achieve the 62-day cancer referral target in January
- Delivering planned waiting list on referral to treatment (RTT)
- Mortality remains in a good position
- Diagnostic capacity is a challenge, particularly in cardiology due to a shortage of workforce. The Trust is looking at alternatives and have invested in training our own which is a two-year training programme
- Infection, Prevention and Control is in a good position. The Infection Control team decanted and deep cleaned all wards which will continue going forward
- Stroke – positive performance, weekly monitoring in place, only 1 area is less than a B in the national performance
- Overall good performance in the last quarter of the year with lots of hard work from colleagues

The Chief Operating Officer explained the Stroke Sentinel National Audit Programme is about ensuring patients are getting the correct level of input and a stroke bed. There are 16 categories which are scored between A - E. The Trust are aiming to achieve all A's.

Sian Grbin highlighted the short staffing issues and wanted to understand why the

indicators for workforce show green on the report. The Chief Operating Officer will pick this up with Sian separately.

Peter Bamber highlighted concern around diagnostic capacity being a challenge. The Executive Director of Finance confirmed this is not in relation to doctors, the shortage refers to technicians e.g. echo-cardiogram. Peter asked how the Trust can make these vacancies more attractive. The Trust is working closely with the cardiologist team with Working Together to Get Results meetings taking place, alongside a weekly meeting and the Trust is looking at training nursing colleagues. The cardiology shortage is a national problem across West Yorkshire. The primary percutaneous coronary intervention (PCI) service is all in Leeds.

Rosemary Hedges highlighted the good news in the community division whereby the Calderdale CCG confirmed their intention to build an alliance contract with their existing contractual providers. Rosemary asked if these staff would remain under our employ on these arrangements and are not at risk of transferring to another organisation. The Chief Executive confirmed this is not another wholly owned subsidiary and is an opportunity to work with other providers e.g. SWYFT, Locala, GP Federations etc. The Trust aim to play a leading role in this arrangement.

Brian Moore pointed out the agency overspend in November of £1.43m against plan. The Executive Director of Finance re-assured the Council that agency spend is under plan year to date (YTD) and is forecasting under plan at year end.

The Chief Executive explained the Trust reviewed the three top elements (Emergency Care Standard, RTT, cancer 62 days) over the last two years and current years to understand where the Trust ranks nationally. CHFT is in the top five in the country. The Trust is working to a high standard and expect to be in the top 10 in the current year. This data will be shared once available.

The Company Secretary highlighted an email from Paul Butterworth which raised the complaints target of 95% has not been achieved and YTD is only 40%. The Chief Nurse responded that the Trust is trying to focus efforts into achieving an improved response time. Historically, the Trust has never been near the target due to the complexity of complaints, which raises the question how realistic the target is. The Trust is performance managing the responses, supported by the Head of Governance and Risk, in order to achieve a quality response in a timely fashion. The Chief Nurse and Chief Operating Officer are meeting with Divisions to understand how to best support them and where improvements can be made. The Chief Nurse has seen a much-improved quality of complaint response letters.

Sian Grbin pointed out the number of closed complaints has improved to 63%. Effort has been made to close long-standing complaints in a timely fashion. The Head of Governance and Risk explained the timeframe of complaints depends on the severity and complexity of complaint e.g. 25 days or 40 days if complex.

The Trust has started sending out surveys to understand the experience of the complainant.

Peter Bamber asked how CHFT compares with other Trusts. The Head of Governance and Risk explained national benchmarking data is available; however, there is no national target for responding to complaints. A 'Go See' visit took place to Morcambe Bay where their target to close complaints was 60 days. The nature of complaints is very different which makes it difficult to benchmark across specialties.

Helen Hunter from Healthwatch Kirklees explained they deliver the NHS complaints advocacy service and offered to share learning to improve the Trust's processes. The Chair welcomed this and thanked Helen for offering this support.

The Chief Executive re-iterated the challenge with the complexity of complaints as they can involve more than one organisation and/or GP Practice.

b. Financial Position and Forecast – Month 8

The Executive Director of Finance summarised the key points from the Month 8 position;

- YTD deficit is £29.3m, in line with plan
- Month 9 shows a slight improvement
- Overspend by £43m, on track to deliver
- CIP achieved in the year to date is £9.40m against a plan of £9.88m, a £0.48m pressure, there is risk within plan relating to material CIP schemes of £1m, the Trust are working on further cost control with divisions to hit this plan
- Session with the governors in relation to next year's plan has taken place
- National Press – additional money is going into acute providers to improve their deficit position, if the Trust accept, there will be a £10m deficit for next year; however, this will require a savings challenge to be agreed and this will be brought back to the Board for approval

Peter Bamber asked what it means if the Trust can accept the control total. The Executive Director of Finance explained the Trust chose not to accept the control total for 2018/19 and would not accept for 19/20 if it is an unrealistic plan. The reality now is a much more favorable proposition and the Board are working through understanding the savings challenge. Peter Bamber highlighted that this will come with conditions. The Executive Director of Finance clarified there are fewer conditions than in previous years on this money and new guidance suggests it's about delivering the money.

The position in 19-20 could be a £10m deficit after £27m of additional support funding. Rosemary Hedges asked how the Trust will move from £43m deficit to a £10m deficit. The Executive Director of Finance explained the monies referred to a marginal rate admissions tariff plus 2 tranches of sustainability funding. The

Executive Team are proposing this at the Finance and Performance Committee this month.

The Chief Executive stated the Trust is approaching £60M of CIP achieved over the last 4 years and the ability to reduce CIP is more challenging.

Rosemary Hedges asked for clarity on the Aligned Incentive Contract. The Executive Director of Finance explained this is a fixed value contract, with some thresholds. Income is still monitored the same as through the payment by results methodology. The Aligned Incentive Contract allows the Trust to deliver care in appropriate pathways and see patients in a different way. Rosemary felt nervous around the word 'incentive'. The Executive Director of Finance confirmed it is incentivised to only see patients that need care or in an improved way e.g. digitally. Rosemary asked what if demand outstrips the budget and asked if there may be restrictions. The Executive Director of Finance responded that the system would work together to address this demand and that the contract allowed the system to provide care differently, potentially at a lower cost.

The Chief Executive described the Integrated Care System (West Yorkshire and Harrogate Health and Care Partnership) which allows Trusts to support one another with demand and capacity. This aligns with the long-term plan.

Sian Grbin asked if the Trust won't get income for community-based settings. The Chief Operating Officer described the Nursing Home Facilities that are in place. The costs are cheaper in the community than the acute organisation and CHFT now have a lower number of delayed discharges as a result of these beds in the community. The Trust is paying for the first few days of this process through its agreed contract values and not having income reduced by having less patients in CCHFT beds. The process is working well and is safer for patients, this is identified by reviewing re-admissions, quality of discharge and attending visits with the District Nursing team.

Stephen Baines commented on the 1.5-3.5% debt charges (£15m borrowings) and capital loans of 2.1%. The Executive Director of Finance stated the new debt would be 1.5% if the Trust accepted the new control total and if financed at the new rate, the Trust would see a £700k benefit.

c. Q2 Update on the Quality Priorities

The Head of Governance and Risk provided an update on the areas of improvement work for Q2 (July – September 2018). This information was shared at the Board of Directors in November 2018.

SAFE – Improving outcomes through recognition, response and prevention of deterioration in patients
EFFECTIVE - Improving Timely and Safe Discharge (right patient, right place, right

time)
EXPERIENCE – End of Life Care

The stranded patient metric and long stay metric are now part of the SAFER Programme measures and twice weekly Multi Agency Discharge Events have been introduced with senior colleagues from partner organisations to review discharges. Sian Grbin asked if delayed discharges are due to tertiary care. The Chief Nurse explained the bigger delays of transfer of care are patients waiting to go to nursing homes, care homes and the Trust is working in a more disciplined way to improve this.

The Head of Governance and Risk presented the quality priorities shortlist for next year. Information will be circulated in the newsletter and members will be asked to vote 1 out of each category to focus on next year. At the Council of Governors Workshop in December, Andrea McCourt gave a presentation on the quality priorities where they were shortlisted from 9 to 6.

The Company Secretary explained that new guidance for Quality Accounts mandates the indicator that external audit will review this year and states that they will mandate the governor select indicator to be mortality. Nationally, the guidance wants Trusts to select the mortality rate indicator; however, the Trust were already in the process before the guidance came out and the wider membership will choose.

[Following the meeting External Audit confirmed that this relates to indictors and not priorities. These are two separate elements to the Quality Account. The Governors have selected the priorities. The mandate relates to the indicator.]

08/19 UPDATE ON RECONFIGURATION

The Director of Transformation and Partnerships provided an update on reconfiguration and the indicative timeline.

The Chief Executive reported a meeting has requested by Jenny Shepherd, Chair of Calderdale and Kirklees 999 Call for the NHS and will include the Chair of North Kirklees Support the NHS, Chair of Hands Off HRI and Chair of Huddersfield Keep Our NHS Public. The Chief Executive explained the same presentation provided today will be presented to the above colleagues and scrutiny and colleagues can share this information.

Stephen Baines stated as this is not a PFI project and lifetime costs are built into the revenue budget, in 10 years the building could fall to disrepair without routine maintenance. The Executive Director of Finance stated it is public dividend capital funding with a requirement to create a depreciation fund.

Rosemary Hedges asked for clarity on the A&E model as only one will receive blue light ambulances and that this should be clearer in the presentation. The Director of Partnerships and Transformation confirmed both sites will have consultant led service and 24/7 anaesthetic cover and A&E will be equipped for walk-ins. The proposal states patients who require a 'blue light' ambulance and likely admission to an acute hospital will go straight to Calderdale Royal Hospital or another tertiary centre.

Rosemary asked if this balances the budget earlier than expected, will the two hospitals continue functioning. The Director for Partnerships and Transformation explained it is difficult to see the future, the proposal is to maintain two hospital sites; however, there are challenges on the HRI site with the building and there are alternate models being proposed for Kirklees by the Local Authority.

The Chief Executive added over the last 4-5 years, there has been consolidation of cardiology and respiratory to CRH and elderly medicine moved to HRI. The long-term question is where services are provided. He anticipates the conversation in five years' time about what happens at patient homes will be very different. An application is currently being trialled regarding physio recovery.

Peter Bamber raised concern with the shortage of doctors, nurses, midwives, and therapists. He questioned the ability to have enough A&E doctors and asked what the reasoning was to have two A&E's that required A&E doctors and anaesthetists. Jude Goddard and Lynn Moore agreed with Peter. Peter highlighted the importance of 'right place, right time' rather than the closest. The Chief Executive noted the original proposal addressed this scenario and talked about a new build; however, the Secretary of State asked for an alternative. The Director of Transformation and Partnerships explained the staffing at Calderdale was not affected and additional staff have been recruited to keep the HRI site.

The Trust will report back following the meetings that take place.

09/19 CAR PARKING CHARGES

Brian Moore stated the minutes from the Board of Directors in November approved and implemented the car parking charges increase. He referenced the minutes from the Council of Governors meeting in October where a long discussion was held and a significant number of Governors had expressed that they felt no increases should be made.

The Governors views were collated and made known at the Board meeting. Brian felt this was a tick box exercise and the only comment made at the Board of Directors was from Paul Butterworth.

The Chair challenged this and confirmed there was discussion at the Board, stating the strong views that were expressed by the governors. The Company Secretary

had shared a summary of all the governor's views with all Board members. The consensus was the governors were not in agreement. This was announced at the start of the meeting and can be echoed by Paul Butterworth who was in attendance.

Peter Bamber disagreed and explained there was not a unanimous view from the governors as there was a complexity of views between public and staff parking. Peter added it is not easy to summarise what the governors felt and questioned if it is normal to minute the governor's views at the Board.

Sian Grbin felt if the governor's views were considered and consulted upon, this should have been noted in the minutes. The Board acknowledged they received the comments from the governors at the Board meeting.

Peter Bamber asked Brian for clarity of his concern. Brian confirmed if the governor's views were written in the minutes it wouldn't be raised as a concern as they were reported. The Company Secretary suggested a solution to report the feedback at the next Public Board meeting as part of the Chair's report which will be included in the minutes. This was agreed and will be on the next Public Board agenda.
Action: Corporate Governance Manager

The Chair thanked Brian for bringing this matter of concern up. Veronica Maher added there is a difference between announced and discussed. The Company Secretary confirmed the Chair said, 'the governors have expressed their thoughts and have made strong views, can you confirm you've received a copy of these?'

Lynn re-iterated her concern around car parking for disabled people in that they would never receive the 30 minutes free. She also felt there should be notices in clinics in relation to the flexibility of parking charges if a clinic overruns.

10/19 COUNCIL OF GOVERNORS REGISTER – RESIGNATIONS / APPOINTMENTS

The Council of Governors Register was shared for information. Linzi Smith highlighted there are only three staff governors out of six and asked how the Trust can recruit more. The Company Secretary explained as part of the Election Process for this year, the Trust are asking Sian, Peter and Linzi to help encourage others to promote the vacant staff seats. The election this year will be much more targeted where the vacancies are.

Sian Grbin previously tried to get staff interested; however, the feedback is that they don't have time and it won't make a difference. The Company Secretary confirmed this will be addressed in the marketing. Lynn Moore added staff should have protected time to be a staff governor.

11/19 DRAFT ELECTION TIMETABLE 2019

The draft election timetable for 2019 was shared for information.

12/19 NEW CONSTITUENCY NAMES

The Company Secretary stated the election process is entirely independent, undertaken by Electoral Reform Services (ERS). ERS suggested the Trust change the constituencies from numbers to names to make them easier to understand.

OUTCOME: The Council of Governors **APPROVED** the new constituency names.

13/19 REVIEW ANNUAL COG MEETINGS WORKPLAN

The Council of Governors meetings workplan for 2019 was shared for information.

14/19 UPDATES FROM SUB-COMMITTEES

Quality Committee

The Chief Nurse reported there have been four never events reported where a patient was connected to air rather than oxygen, no harm has arisen from these cases. One of these cases was a legacy case following a review. The Trust are acting accordingly to prevent an event in future. Sian Grbin supported this and confirmed all air ports have been removed on the Children's ward with the exception of one in the sister's office and laminated signs are on the nurses' station.

15/19 ANY OTHER BUSINESS

Brian Moore suggested that future Council of Governors meetings are scheduled at an earlier time. The agreement was the private session between Governors and the Chair will start at 2:00 pm and the public Council of Governors meeting will start at 3:30 pm.

Action: Corporate Governance Manager to change times of future meetings

Brian Moore informed the Council of Governors Vicky Pickles is leaving and this is her last Council of Governors meeting. Brian formally thanked Vicky on behalf of the Council of Governors for all her help which was greatly received. Brian is sorry to see Vicky leave and expressed she deserves a heartfelt thanks for all the work she has done since taking over from Ruth Mason. The Council of Governors wishes Vicky well in her new role.

DATE AND TIME OF NEXT MEETING

Thursday 11 April 2019, 4:30 – 6:30 pm in the Large Training Room, Learning Centre, Calderdale Royal Hospital.

The Chair formally closed the meeting at 19:00 pm and invited attendees to the next meeting.

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
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 between Paul Butterworth and Jackie Murphy on 27.11.18. Complaints target has not reached 95%, this action will remain ongoing.	~~1.11.18~~ 11.4.19		~~26.10.18~~
18/10/18 **63/18**	**Nasogastric Tube Training** Chief Nurse to provide an update to the Council of Governors in January 2019	Chief Nurse	A new specialist nurse is now in post delivering this training which will be captured through essential skills training. The Trust are aiming to improve the trajectory against 100% target of those requiring training in specialties. There are a number of specialties that do not require this training.	~~24.1.19~~ 11.4.19		
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	Managing Director - CHS	A date is being arranged with Alison Schofield at ED, CRH.	24.1.19		

5. Discussion with Non-Executive Directors

To Note

6. Update on Staff Consultation (Car Parking) - Alison Wilson

To Note

7. GOVERNANCE

Verbal update from Lead Governor – Alison Schofield

To Note

8. Chair’s Appraisal Process - Verbal

To Note

Presented by Phil Oldfield

CHAIR’S REPORT

To Note

Presented by Philip Lewer

9. a. Non-Executive Director Appraisals Feedback 2018/19

To Note

Presented by Philip Lewer

10. TRUST PERFORMANCE AND STRATEGY

a. Performance Report (APP B1-B3)

b. Financial Position and Forecast (APP C)

To Note

Presented by Helen Barker and Gary Boothby

Calderdale and Huddersfield NHS Foundation Trust

COUNCIL OF GOVERNORS	
PAPER TITLE: **QUALITY & PERFORMANCE REPORT**	**REPORTING AUTHOR: Peter Keogh**
DATE OF MEETING: 11th April 2019	**SPONSORING DIRECTOR: Helen Barker**
STRATEGIC DIRECTION – AREA: • Keeping the base safe • A workforce for the future • Financial Sustainability	**ACTIONS REQUESTED:** • To note
PREVIOUS FORUMS: Board of Directors, Executive Board, Finance and Performance Committee and Quality Committee	

EXECUTIVE SUMMARY:

February's Performance Score has improved by 4 percentage points to 73%, best performance this financial year. The SAFE domain has improved to green at 79% although there was a RIDDOR and a Cat 4 pressure ulcer. The CARING domain has improved to 74% with both FFT Community indicators achieving target. EFFECTIVE domain is green for the fourth consecutive month. The RESPONSIVE domain has improved to 71% achieving all key cancer targets for the fourth consecutive month and 3 out of 4 stroke targets however the 6 weeks Diagnostics target was missed for the 3rd time in 4 months. In WORKFORCE there has been an improvement in 8 of the 9 EST areas with only Fire Safety showing a small decline. Within EFFICIENCY & FINANCE there have been a number of improvements in the Efficiency targets alongside CIP has improved to green in month which means the domain is now green for the first time this year.

FINANCIAL IMPLICATIONS OF THIS REPORT: N/A

RECOMMENDATION: To note the contents of the report and the overall performance score for February.

APPENDIX ATTACHED: YES

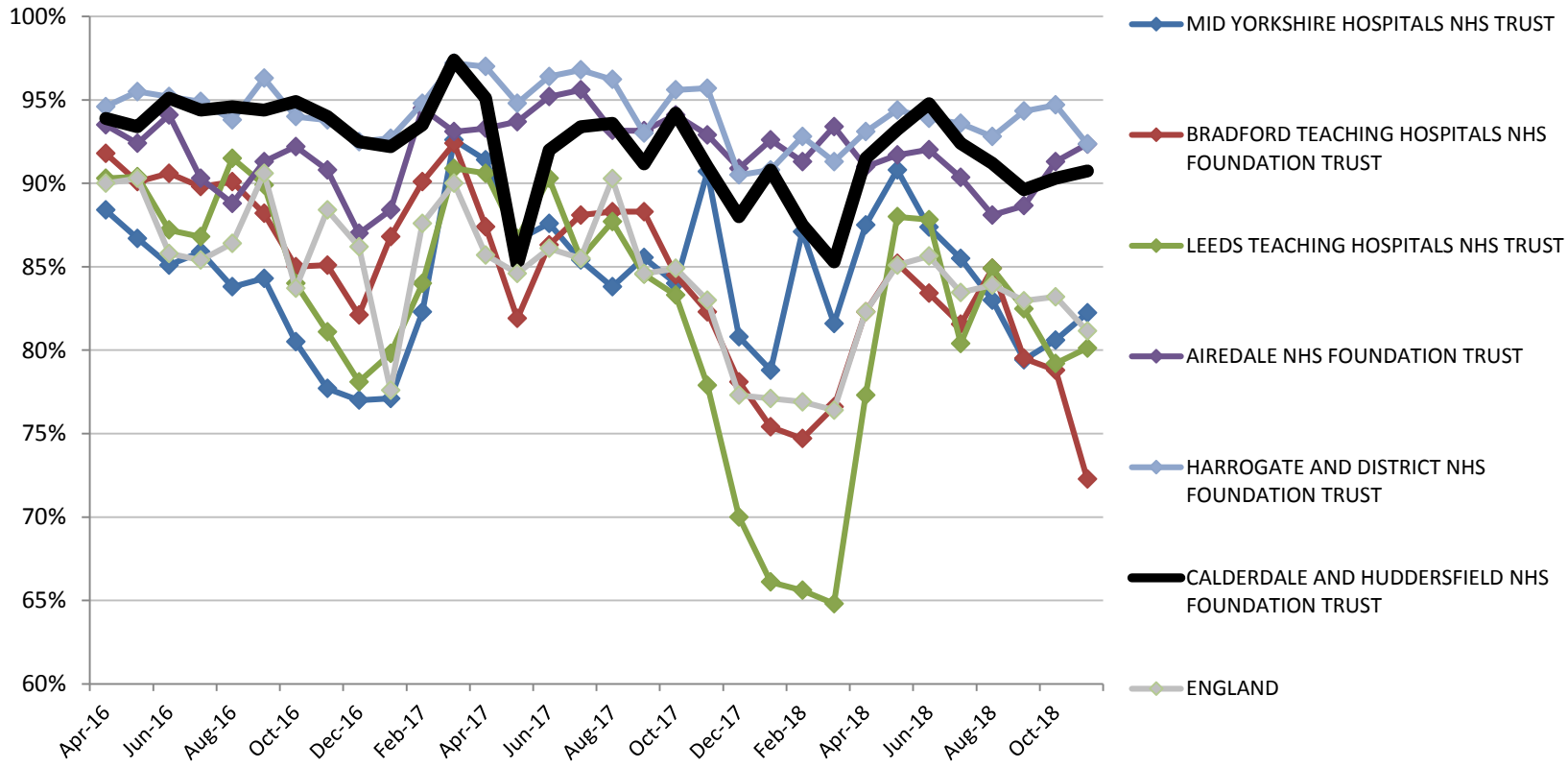
PERFORMANCE LATEST 2018/19

Appendix

Calderdale and Huddersfield NHS Foundation Trust

compassionate care

Emergency Care Standard (target 95%)



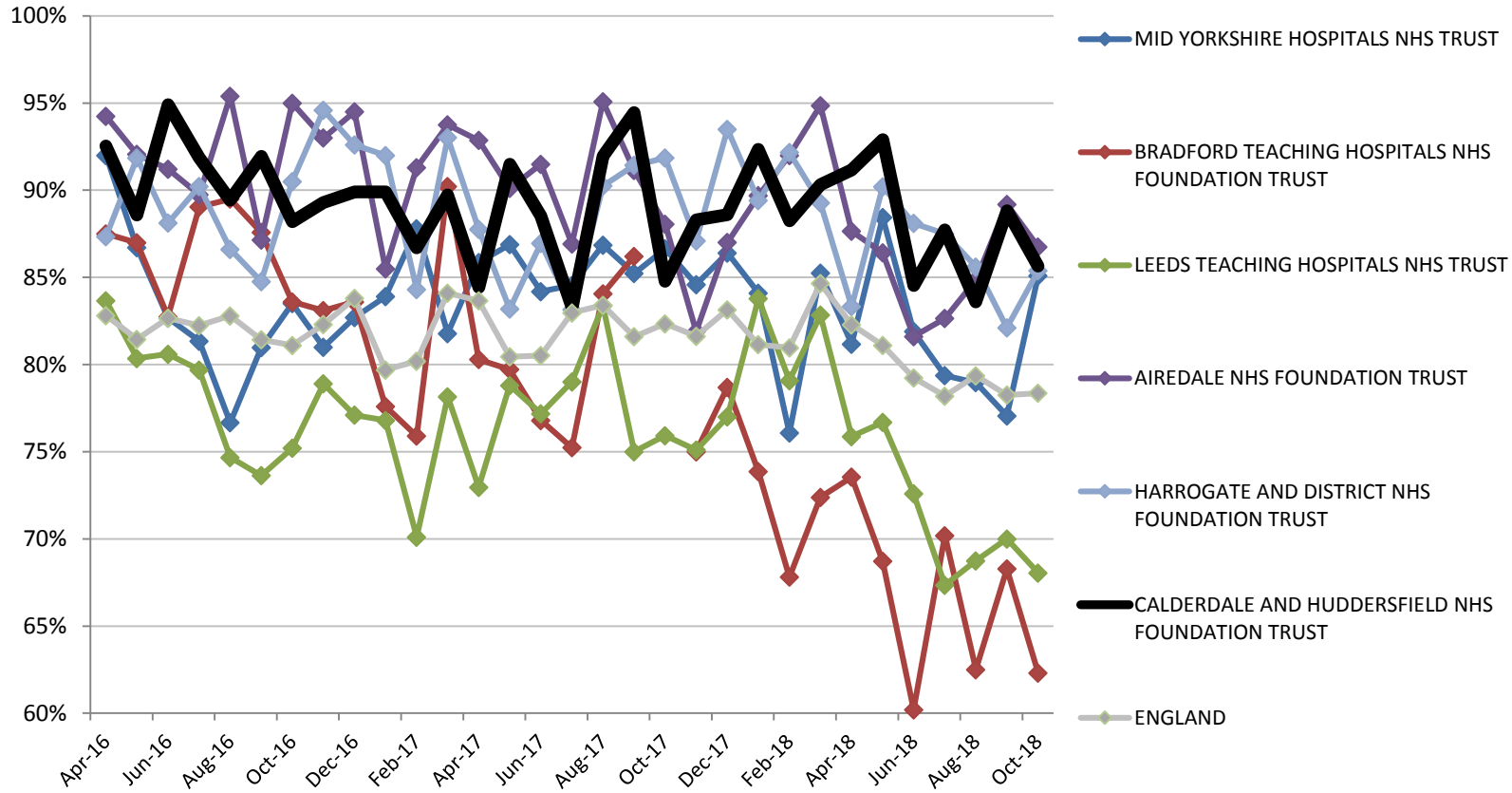
PERFORMANCE LATEST 2018/19

Appendix

Calderdale and Huddersfield NHS Foundation Trust

compassionate care

Cancer 62 Days (target 85%)



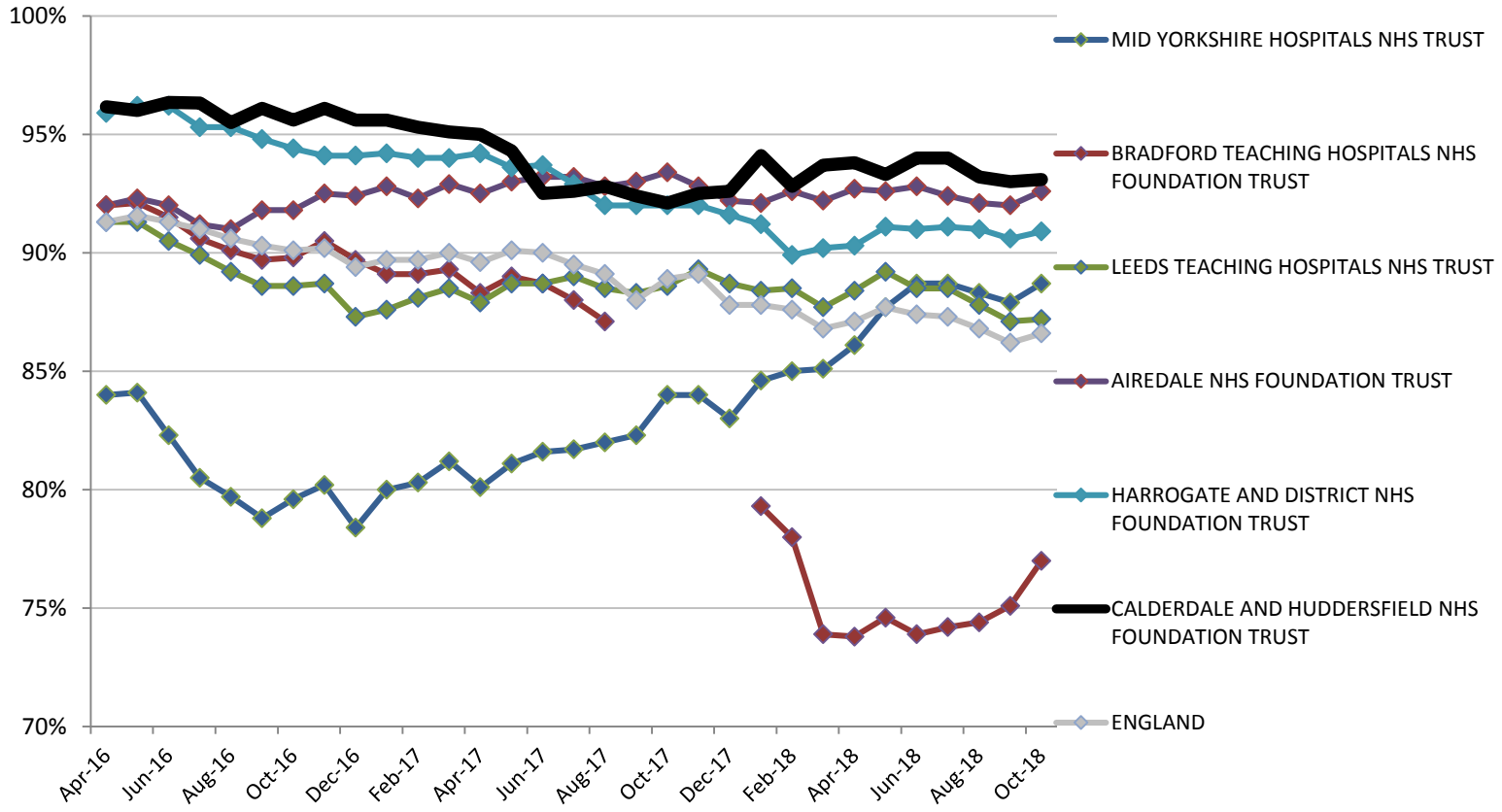
PERFORMANCE LATEST 2018/19

Appendix

Calderdale and Huddersfield NHS Foundation Trust

compassionate care

RTT (target 92%)



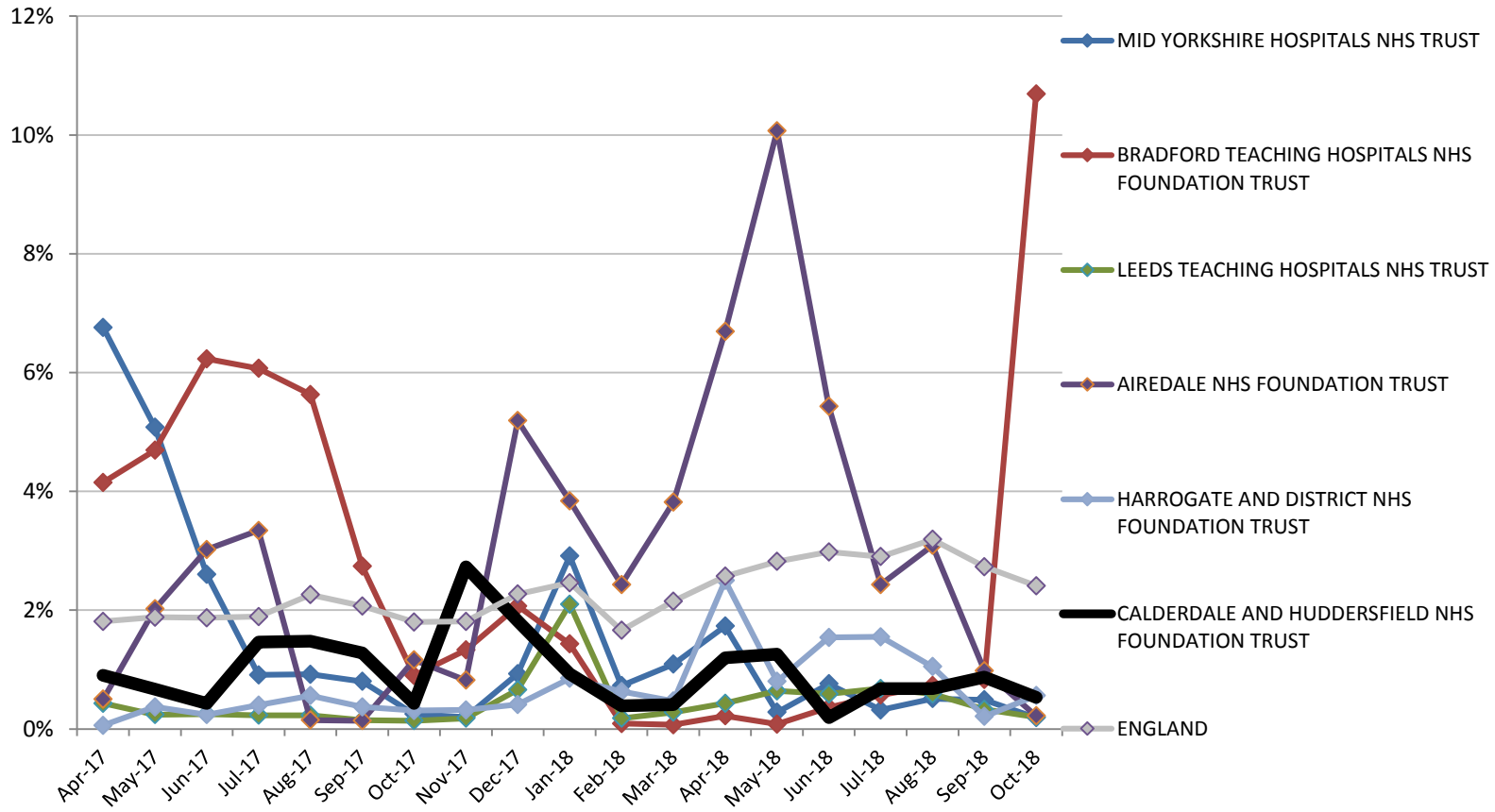
PERFORMANCE LATEST 2018/19

Appendix

Calderdale and Huddersfield NHS Foundation Trust

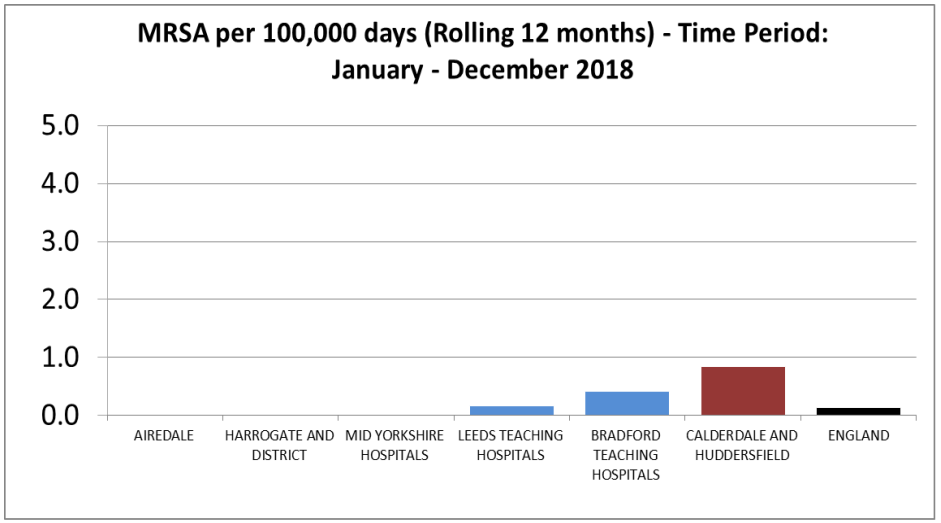
compassionate care

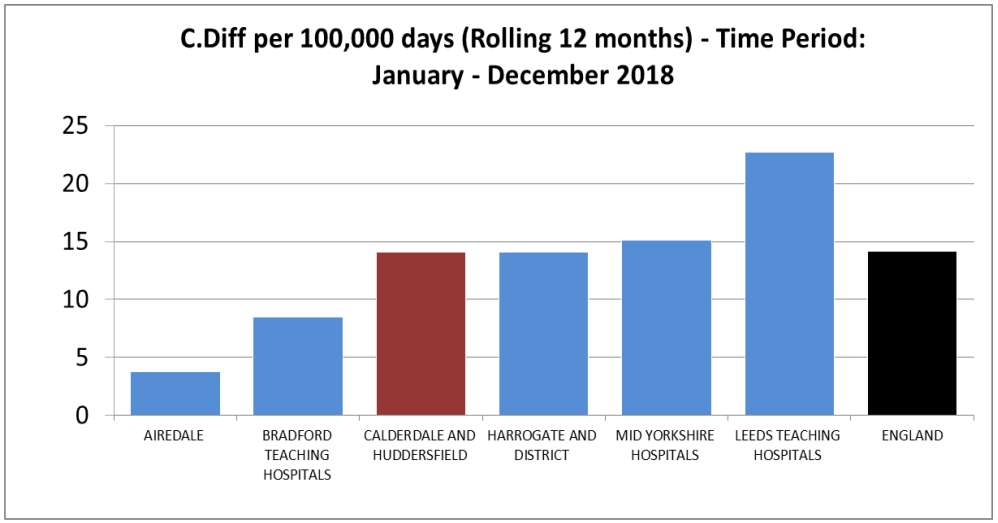
6 Weeks Diagnostics Test (target < 1%)

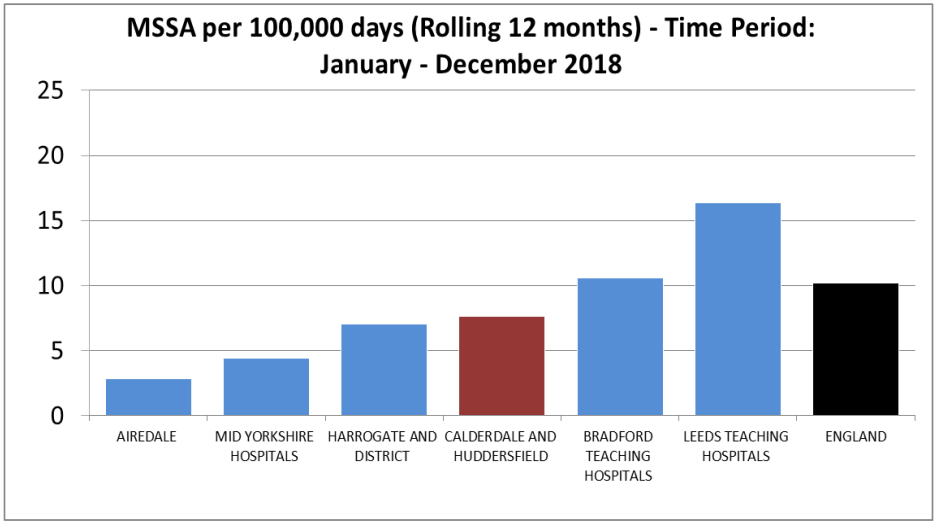


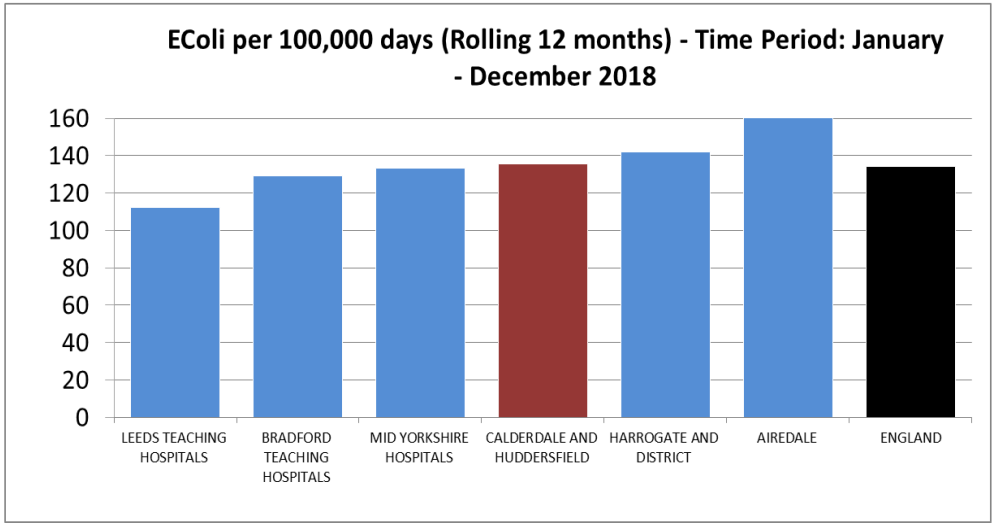
PERFORMANCE LATEST 2018

NHS
Calderdale and Huddersfield
NHS Foundation Trust
compassionate care







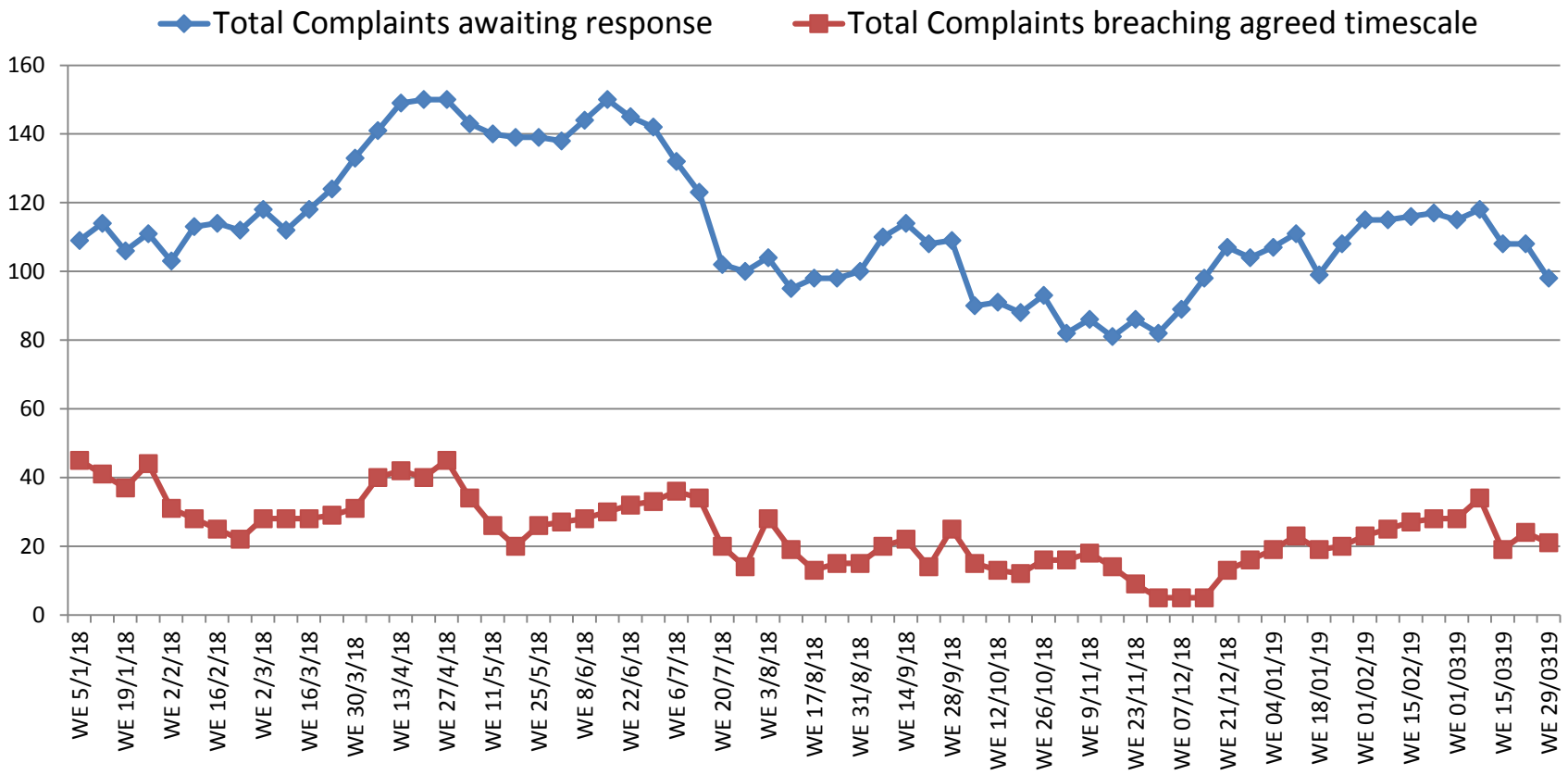


PERFORMANCE LATEST 2018/19

Calderdale and Huddersfield NHS Foundation Trust

compassionate care

Complaints Received



67% of complaints were closed within target timeframe in December 2018, this is the best performance since April 2016

Community Division

Intermediate Care - Case Study

Dave went to IMC following below knee amputation to the right leg and also had left forefoot amputated. He is in his early 90s and his rehab prognosis was potentially limited by his age. Dave stayed on the unit for 14 weeks and could have gone home much sooner had his house not needed adaptations. On discharge, Dave was supplied with a prosthetic leg and was building up his exercise tolerance very well before he left. On a recent visit to the unit, Dave was walking with a rollater and reported that he is mobile with a wheeled zimmer frame for most of the time now.

Medicine Division

- In the latest quarter SSNAP results (October – December 2018) we scored an A for the very first time putting us in the top 20 percent of Trusts delivering excellence in stroke care.
- In the last 9 days of February 2019 we had seen a significant improvement in our ED performance with 3 days over 95% and every day over 93%, this has been followed with the focus work ongoing with Marvellous March.
- All wards in the Acute directorates have scored a silver in the ward exemplar programme.
- A&E CRH scored a silver in the ward exemplar programme.
- We achieved 95% for RTT in the month of February which helped the Trust achieved the target of 92%.

FSS Division

- Well done to Karen Spencer on being successfully appointed to the post of Associate Director of Nursing
- Also well done to Jo Machon on being successfully appointed to the post of Matron for the Women's Directorate
- Radiology are please to share that following an inspection Radiology has been granted full ISAS accreditation again (subject to completion of actions). The recommendations and mandatory actions have been developed into an action plan.
- Significant progress made by the appointment centre working with Divisions to reduce the holding list ensuring patients are being seen in a more timely manner

Surgery Division

- Day Case/23 hour stay Knee Replacement project
- Chorley & Ribble additional Bariatric work
- Surgery and Medicine WTGR = MAU/SAU swap
- Emma Armitage senior sister on SAU had been shortlisted for a Nursing Times award.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Integrated Performance Report

February 2019

Report Produced by : The Health Informatics Service

Data Source : various data sources syndication by VISTA

Performance Summary

To Note

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

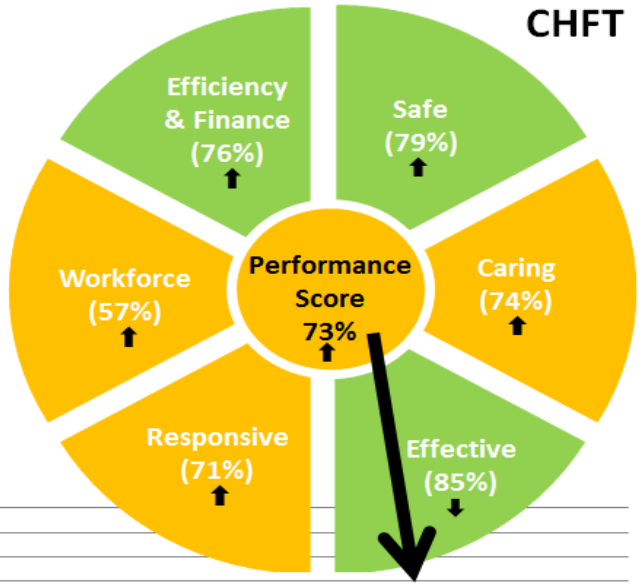
There have been no changes of any note since January's report.

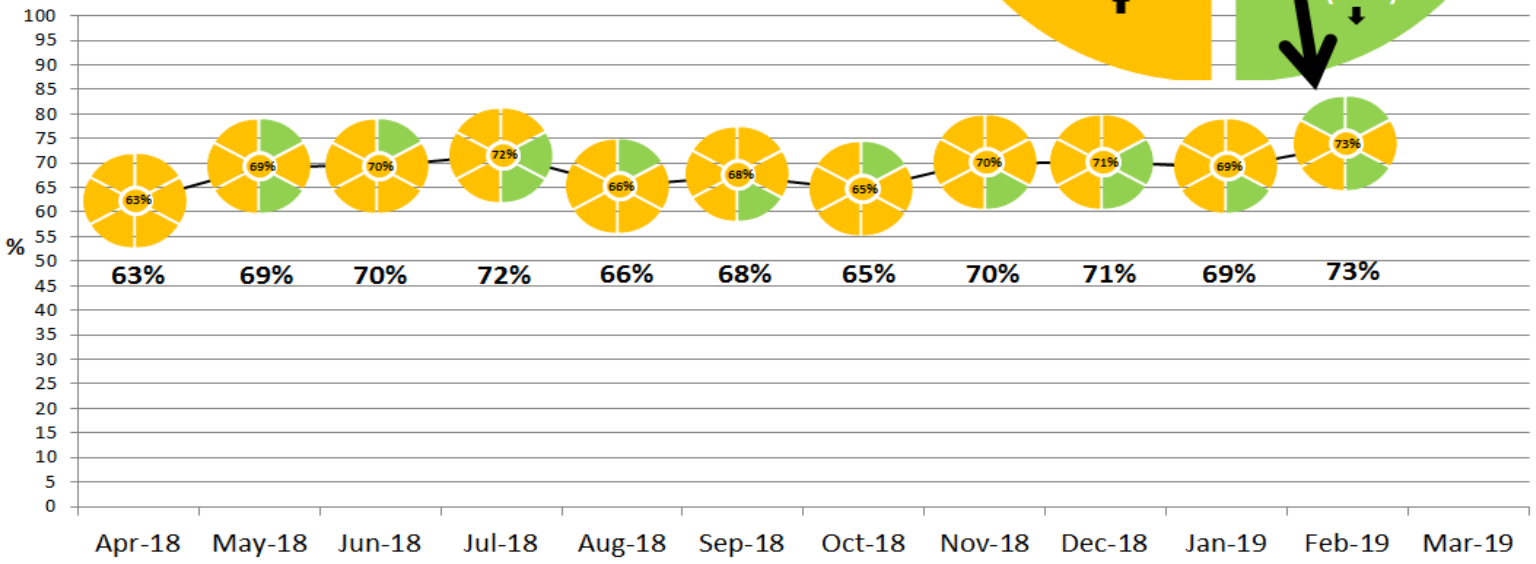
Performance Summary

February

RAG Movement

February's Performance Score has improved by 4 percentage points to 73%, best performance this financial year. The SAFE domain has improved to green at 79% although there was a RIDDOR and a Cat 4 pressure ulcer. The CARING domain has improved to 74% with both FFT Community indicators achieving target. EFFECTIVE domain is green for the fourth consecutive month. The RESPONSIVE domain has improved to 71% achieving all key cancer targets for the fourth consecutive month and 3 out of 4 stroke targets however the 6 weeks Diagnostics target was missed for the 3rd time in 4 months. In WORKFORCE there has been an improvement in 8 of the 9 EST areas with only Fire Safety showing a small decline. Within EFFICIENCY & FINANCE there have been a number of improvements in the Efficiency targets alongside CIP has improved to green in month which means the domain is now green for the first time this year.





SINGLE OVERSIGHT FRAMEWORK

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

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

Key Indicators

	17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD	Annual Target	Monthly Target
SAFE															
Never Events	1	0	0	0	0	0	1	0	1	0	2	0	4	0	0
CARING															
% Complaints closed within target timeframe	48.70%	37.00%	44.00%	30.00%	31.00%	33.0%	53.0%	45.0%	49.0%	67.0%	50.0%	33.0%	41.0%	95%	95%
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%	32.99%	35.53%	36.27%	36.50%	>=25.9% /24.5% from June 18	
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%	96.77%	97.42%	97.38%	97.43%	>=96.3% / 96.7% from June 18	
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	10.45%	11.43%	11.40%	11.32%	11.61%	10.21%	11.01%	8.92%	10.71%	10.32%	10.80%	>=5.3% / 4.7% from June 18	
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%	91.54%	91.19%	91.47%	90.70%	90.94%	>=95.7% / 96.2% from June 18	
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%	12.66%	14.18%	13.50%	13.04%	>=13.3% / 11.7% from June 18	
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%	84.14%	82.53%	82.21%	83.82%	>=86.5% / 87.2% from June 18	
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%	31.00%	35.60%	45.50%	34.95%	>=22.0% / >=20.8% from June 18	
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	98.90%	98.20%	98.40%	98.10%	99.00%	99.70%	98.30%	98.26%	98.25%	99.20%	98.56%	>=97% / 97.3% from June 18	
Friends and Family Test Community - Response Rate	6.50%	3.60%	6.30%	4.20%	4.40%	4.66%	6.98%	5.22%	6.67%	3.36%	2.30%	5.74%	4.91%	>=1.5% / >=3.2% from June 18	
Friends and Family Test Community Survey - % would recommend the Service	90.00%	93.94%	92.59%	92.02%	97.42%	94.06%	93.18%	91.72%	95.87%	98.42%	98.07%	97.04%	94.64%	>=94.2% / >=96.7% from June 18	
EFFECTIVE															
Number of MRSA Bacteraemias – Trust assigned	5	0	0	1	0	0	0	1	0	0	0	0	2	0	0
Preventable number of Clostridium Difficile Cases	8	3	1	1	0	0	0	0	0	0	0	0	5	<=20	< = 2
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.98												100.25	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47												85.21	<=100	100
RESPONSIVE															
Emergency Care Standard 4 hours	90.61%	91.52%	93.23%	94.78%	92.37%	91.15%	89.63%	90.31%	90.74%	89.19%	87.96%	89.56%	90.99%	>=95%	95%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	58.00%	53.49%	68.63%	54.00%	59.02%	70.21%	68.33%	70.90%	69.70%	61.54%	75.51%	64.62%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.00%	93.15%	93.12%	92.19%	92.11%	92.02%	92.02%	>=92%	92%
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%	98.85%	99.17%	98.83%	98.53%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	95.48%	95.28%	98.94%	95.24%	100.00%	100.00%	99.50%	98.92%	97.22%	96.74%	96.98%	97.57%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.37%	99.41%	100.00%	100.00%	100.00%	100.00%	99.36%	99.38%	98.86%	99.32%	99.61%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	97.22%	100.00%	100.00%	95.45%	100.00%	100.00%	100.00%	100.00%	99.27%	>=94%	94%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%	98%
38 Day Referral to Tertiary	45.49%	47.62%	40.00%	50.00%	50.00%	42.86%	52.00%	73.33%	47.06%	70.59%	57.89%	66.67%	51.84%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	90.66%	92.35%	83.98%	87.72%	83.51%	88.83%	85.97%	89.27%	92.31%	90.77%	88.30%	88.37%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	81.82%	91.67%	100.00%	100.00%	100.00%	88.89%	84.62%	96.00%	100.00%	95.83%	93.75%	93.78%	>=90%	90%
WORKFORCE															
Sickness Absence rate (%) - Rolling 12m	4.10%	4.10%	4.07%	4.04%	4.01%	3.97%	3.92%	3.90%	3.84%	3.83%	3.76%	*	-	4%	4%
Long Term Sickness Absence rate (%) -Rolling 12m	2.55%	2.54%	2.53%	2.51%	2.48%	2.45%	2.42%	2.41%	2.38%	2.37%	2.35%	*	-	2.7%	2.7%
Short Term Sickness Absence rate (%) -Rolling 12m	1.55%	1.56%	1.53%	1.53%	1.53%	1.52%	1.50%	1.49%	1.47%	1.45%	1.41%	*	-	1.3%	1.3%
Overall Essential Safety Compliance		95.00%	94.40%	93.96%	93.84%	91.56%	90.12%	91.02%	91.47%	91.45%	91.84%	92.79%	-	95%	95%
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%	92.57%	91.50%	90.79%	-	95%	95%
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%	83.50%	63.00%	85.22%	-	95%	95%
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	0.00	0.01	0.00	0.03		

Most Improved/Deteriorated

MOST IMPROVED	MOST DETERIORATED	ACTIONS
% Dementia patients screened following emergency admission aged 75 and over - improved to almost 50%.		
% Harm Free Care - At 93.92% best performance since May.	% Diagnostic Waiting List Within 6 Weeks - target missed in 3 out of last 4 months due to staffing issues and capacity within Echocardiography and capacity. In addition a cohort of non-registered requests were identified which have subsequently breached the 6 week target.	An RCA has commenced and no clinical risks have been identified. Medical division is working with the EPR team to produce a build for all referrals to be added to a waiting list on EPR, allowing visibility of the backlog of patients waiting and the timeframe they occupy. Until then referrals are being tracked manually via a spreadsheet. A paper has been put together outlining the 4 different options, backlog of referrals, forecast performance at month end of each option and the cost per patient. The preferred option would be to continue to outsource 80-100 patients per month at a cost of £52.50 per patient until the recruitment of an adequate number of ECHO technicians to meet demand.
All key cancer targets achieved for 4th month running.		

Executive Summary

The report covers the period from February 2018 to allow comparison with historic performance. However the key messages and targets relate to February 2019 for the financial year 2018/19.

Domain	Area
Safe (79%)	• **% Harm Free Care** - At 93.92% best performance since May last year. % of Harm Free Care (new) has achieved target this month at 98.8%. Colleagues across all Divisions actively contribute to CHFT Pressure Ulcer Collaborative aimed at reducing both the numbers of pressure ulcers and deterioration of ulcers. Further work is being undertaken in monitoring ward assurance standards in documentation to provide evidence of care interventions. • **Category 4 Pressure Ulcers** - There was 1 in Medicine in January which developed on a patient with a leg cast. Individual ward projects continue with pressure ulcers better use of care plans and assessment of pressure ulcers, improved reporting of patients with pre-existing ulcers so we can confirm these were not hospital acquired. A workshop is being arranged to discuss the actions needed to reduce the number of hospital acquired PUs. Each ward area will discuss area-specific problems and actions will be given to bring back to the next workshop. • **Health & Safety Incidents (RIDDOR)** - A member of staff slipped on a wet floor which resulted in over 7 days absence from work. In response to the incident the floor was cleaned immediately and a light bulb was subsequently replaced to provide better lighting in the future.
Caring (74%)	• **Complaints closed within timeframe** - Of the complaints closed in February, 33% (13/39) were closed within target timeframe. Work continues to improve the quality and timeliness of complaint responses. This includes: One to one and group education and training aimed at improving standards of investigation and report writing. Focused work with Divisional Triumverate Teams to clear backlogs. The Chief Executive is meeting with colleagues involved in responding to complaints to explore further improvement opportunities. • **Friends and Family Test Outpatients Survey - % would recommend the Service** - Performance is < 91% against the 95.7% target. Outpatients as a whole continues to undergo a transformational programme of work, the FFT metrics are being monitored throughout the period to assess changes in patient satisfaction levels. The action plan is being worked through and an improved performance is expected over the forthcoming months. Work is ongoing within the directorates with regular customer contact meetings to address issues specifically with OP and appointments. • **Friends and Family Test A & E Survey - % would recommend the service**. Performance is now < 83% against the 87.2% target. The main themes for February are staff attitude, pain management and cleanliness of the department. Action plans are in place to address each area. • **% Dementia patients screened following emergency admission aged 75 and over** - performance has improved further to just below 50% but is still below the 90% target. This issue is currently closely monitored with daily compliance data provision to consultants and ward managers. Daily ward visits by the clinical audit team to areas with outstanding screens have identified further EPR related issues and a task and finish group is working with the CNIO to address these. Education and training sessions with trainees continue.
Effective (85%)	• **Number of E.Coli - Post 48 Hours** - there were 6 cases (all Medicine) in month, however they were unrelated as they occurred on different wards. Mandatory training rates for infection control are closely monitored and improvements have been seen. The HPV programme is complete with the next programme to commence in May 2019.

Background Context

Activity was within normal levels for February however there continues to be peaks and troughs in attendances and admissions through AED and plans are being looked at to secure better ability to respond flexibly.

Some junior doctor rotas changed as per annual cycle which gives some short term pressures both in supporting induction and learning new systems

Within Surgery the Divisional Management/Matron Team continue to have reduced capacity due to ad-hoc sickness absence. This has challenged the ability to deal with reducing the backlog of complaints as quickly as required but improvement should be realised in March following planned backfill.

Within Medicine all wards in the Acute directorates have scored a silver in ward exemplar programme.

The Dementia café is now up and running at the HRI site only and is open once a week and is still in the pilot stage. Processes and pathways are still being looked at and the name is going to be changed to the Butterfly café. The hope is to do the same at the CRH site as the feedback has been very positive. Volunteers are being provided by Age UK temporarily, but will get some permanent volunteers soon.

ED CQC departmental checks and infection control - still reporting through QI each month on missed checks. Compliance is much improved since the new steps have been introduced and the positive progress was recognised at February PRM and work on a new support service workforce model is underway.

Executive Summary

The report covers the period from February 2018 to allow comparison with historic performance. However the key messages and targets relate to February 2019 for the financial year 2018/19.

Domain	Area
Responsive (74%)	• **Emergency Care Standard 4 hours** - at 89.56% in February, (91.02% all types) - the last 9 days of February saw a significant improvement in performance with 3 days over 95% and every day over 93%, this has been followed with the focus work ongoing with Marvellous March. In March we are running a trust wide command and control centre to focus on all delays in the patient pathway. This will provide a focused approach to breach avoidance, with a supernumerary management team available to tackle issues in real time and exec level daily representation. We anticipate this will allow us to achieve the 95% target in March. • **Stroke targets** - 3 out of 4 targets achieved their targets. Patients admitted directly to stroke unit within 4 hours achieved its best performance at 76% but still below 90% target. An audit is currently underway to ascertain whether the Stroke Assessment Beds (SAB) would be of benefit out of hours. • **% Diagnostic Waiting List Within 6 Weeks** - target missed in 3 out of last 4 months due to staffing issues and capacity within Echocardiography. In addition a cohort of non-registered requests were identified which have subsequently breached the 6 week target. An RCA has commenced and no clinical risks have been identified. Medical division is working with the EPR team to produce a build for all referrals to be added to a waiting list on EPR, allowing visibility of the backlog of patients waiting and the timeframe they occupy. Until then referrals are being tracked manually via a spreadsheet. A paper has been put together outlining the 4 different options, backlog of referrals, forecast performance at month end of each option and the cost per patient. The preferred option would be to continue to outsource 80-100 patients per month at a cost of £52.50 per patient until the recruitment of an adequate number of ECHO technicians to meet demand. • **38 Day Referral to Tertiary** - performance has improved to 67% in February. Issues with Radiology and diagnostics are being worked through. • **Appointment Slot Issues on Choose & Book** - small decrease to 35%. Action plans in place including additional clinics, template review and the extension of polling ranges for specialties with largest numbers.
Workforce (57%)	• **Overall Sickness absence/Return to Work Interviews -** Sickness rolling 12 month total is at its lowest position although the last 2 months have been above 4%. RTWI performance continues to improve and is now at 71.49%. • **Essential Safety Training -** 8 of the 9 EST areas improved in month with only Fire Safety showing a small decline in performance.
Finance (78%)	• **Finance**: **Year to Date Summary** The year to date deficit is £41.02m, a £0.03m favourable variance from plan. • Compared to plan there have been some additional cost pressures in month including the cost of opening some additional capacity in Medical Division, additional printing costs and professional fees for the 6 Facet Survey, VAT review and Project Echo. • These pressures have been offset in the reported position by improved CIP delivery in the year to date position versus plan based on the timing difference of replacement schemes. • Clinical contract income performance is below plan by £2.7m. The Aligned Incentive Contract (AIC) protects the income position by £2.44m in the year to date leaving a residual pressure of £0.27m. However, nearly all of this income protection (£2.43m) is as a result of CIP plans and management decisions where there is a corresponding reduction in cost. • CIP achieved in the year to date is £16.04m against a plan of £15.44m, a £0.60m improvement compared to plan. • Agency expenditure is £1.74m below the agency trajectory set by NHSI and is forecast to remain below the trajectory for the rest of the year. **Key Variances** • Medical staffing expenditure continues above plan, with pressure on non-contracted pay costs due to vacancy pressures particularly in Obs & Gynae, ENT, Dermatology, Urology and General Surgery. • There have been significant pressures on non-pay expenditure including a significant cost increase relating to the new clinical waste contract with Mitie (hosted by LTHT), where invoices have exceeded the expected impact of the price uplift, increased utilities costs following a price uplift of 23% on electricity, pressure relating to Radiology and Pathology sendaway tests charged from other providers and additional professional fees. • Nursing pay expenditure is now under control despite continued bank usage for one to ones and additional Agency costs linked to the opening of some additional capacity over the last two months. **Forecast** • The forecast is to achieve the planned £43.1m deficit. • However, achieving the planned deficit for this financial year remains reliant on both the delivery of the full £18m of CIP and securing identified recovery actions in full. • The risk of not achieving the £18m CIP has reduced following the replacement of the high risk Project Echo scheme with a lower risk System Recovery Group saving.

Background Context

Whilst the Paediatric service continued to manage activity levels within planned resources in month, the service saw an escalation of pressures within the medical workforce due to a significantly reduced allocation of deanery registrar doctors. The Directorate team with the Senior Divisional team are working with the Paediatric medical workforce to respond to this position whilst supporting wellbeing.

The Pharmacy team continued to provide an enhanced service to wards during the weekend. This service will cease at the end of March in line with 2018/19 winter planning. The service is currently reviewing options to continue beyond March due to the significant benefit the enhanced weekend service is providing to patients.

Cardiology outpatient diagnostic capacity continues as a challenge with posts difficult to recruit to and agency staffing variable. In addition a cohort of non-registered requests were identified which have subsequently breached the 6 week target. An RCA has commenced and no clinical risks have been identified

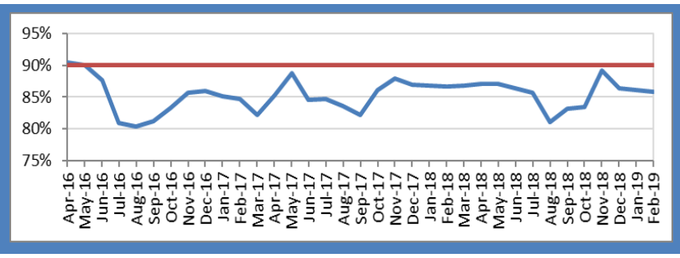
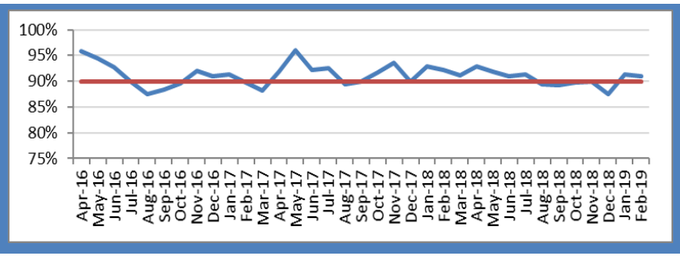
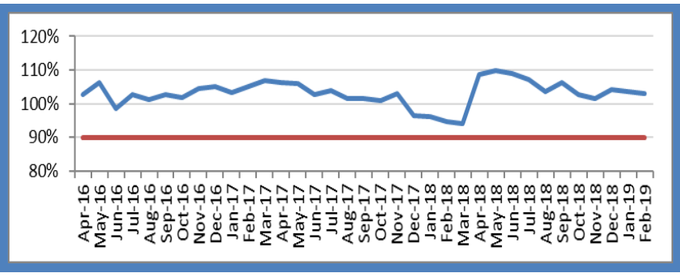
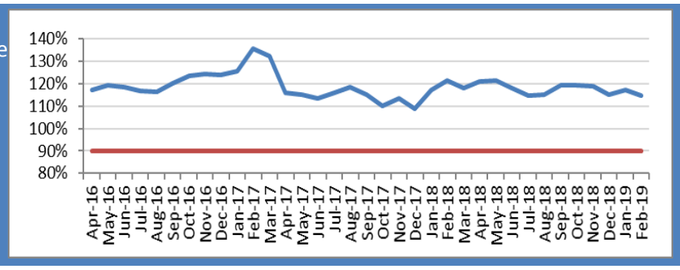
Within Surgery as yet unfilled vacancies, long term planned sickness absence and on day sickness has contributed to the cancellation of a number of patients on the day of surgery. This is then creating the additional challenge to ensure delivery of the 28 day promise. This is reviewed at specialty level. The long term sickness is anticipated to reduce by April and some new starters will be in post at various times in April.

Community has commenced a review of the data and validation process to ensure accurate, validated data is included in its IPR. April's dashboard will also include KPIs and narrative for the Central Operations Team.
This is a welcome development which will enable further streamlining of patient pathways, have visibility of KPIs that are key in providing good patient flow and that help describe the right patient, in the right place and at the right time.

The holding list reduction across all specialties continues to improve, due to a combination of administrative and patient validation and prioritisation of the correct patients into reallocated capacity. This is one of the reasons for the increase in ASIs, particularly in Ophthalmology where focus was given to reducing the risk associated with patients waiting longer than requested for a follow-up appointment. This has been compounded by 3 Consultant vacancies, as yet unfilled and the Ophthalmic Consultant body declining to undertake WLI, hence capacity reduced.

Following a number of Performance Masterclasses all divisional teams have developed a greater insight into some areas of performance and different approaches to dealing with KPIs can be seen with the Dementia Screening Assessments and the numbers/accuracy of Surgical patients on the Planned Waiting List (previously referred to as the Guaranteed Admission Date – GAD).

Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	85.83% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - 15: 74.7% - 5B/C: 72% - 6: 72% - 21: 74% - 8A: 69.6%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates are attributed to a level of vacancy. CHPPD has been maintained by using skill mix opportunities and supported by acuity data on safe care live.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	91.04% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - 10: 66.7%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to a level of vacancy. CHPPD has been maintained by using skill mix opportunities and supported by acuity data on safe care live.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	102.87% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - LDRP:66% - NICU: 62.7%	The low HCA fill rates in February 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.	114.6% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - NICU: 64.3%	The low HCA fill rates in February 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.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

		DAY						NIGHT						Care Hours Per Patient Day						
Ward	Main Specialty on Each Ward	Registered Nurses		Care Staff		Average Fill Rate - Registed Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registed Nurses(%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies	Ward Assurance
		Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual										
CRH ACUTE FLOOR	GENERAL MEDICINE	2,631.58	2,575.83	2,112.33	1,931.25	97.9%	91.4%	2,276.00	2,164.00	1,848.00	1,881.58	95.1%	101.8%	5.7	5.5	0	0	0	8.33	2.93	55.9%
HRI ACUTE FLOOR	GENERAL MEDICINE	2,855.58	2,617.98	2,437.50	2,362.00	91.7%	96.9%	2,463.00	2,267.42	1,837.00	1,881.00	92.1%	102.4%	23.3	22.2	0	0	0	3.97	0.00	69.5%
WARD 4	GENERAL MEDICINE	779.60	675.10	1,042.67	1,050.67	86.6%	100.8%	616.00	594.00	616.00	616.00	96.4%	100.0%	6.1	5.8	0	1	2	4.47	0.00	76.2%
WARD 5	GERIATRIC MEDICINE	1,507.92	1,192.08	1,079.67	1,345.92	79.1%	124.7%	924.00	878.00	924.00	1,231.00	95.0%	133.2%	5.4	5.6	0	0	0	3.15	0.00	71.3%
WARD 15	GENERAL SURGERY	1,680.17	1,255.67	1,424.83	1,590.00	74.7%	111.6%	1,232.00	1,166.00	1,232.00	1,332.00	94.6%	108.1%	6.7	6.4	0	1	7	3.94	0.00	71.9%
WARD 5BC	GENERAL MEDICINE	2,341.00	1,686.25	1,470.00	1,538.00	72.0%	104.6%	1,848.00	1,422.00	616.00	946.00	76.9%	153.6%	7.9	7.1	0	2	9	14.99	0.00	61.5%
WARD 6	GENERAL MEDICINE	1,559.17	1,135.83	1,099.67	1,381.58	72.8%	125.6%	924.00	896.25	924.00	1,166.00	97.0%	126.2%	6.4	6.5	0	0	0	5.27	0.00	69.5%
WARD 6C	GENERAL MEDICINE	1,010.83	783.92	717.00	597.75	77.6%	83.4%	605.00	605.00	308.00	308.00	100.0%	100.0%	5.4	4.7	0	1	3	10.77	5.03	64.5%
WARD 6AB	GENERAL MEDICINE	1,274.83	1,273.50	1,005.00	1,279.83	99.9%	127.3%	902.00	1,166.00	924.00	1,320.75	129.3%	142.9%	4.4	5.4	0	1	11	1.42	0.00	47.9%
WARD CCU	GENERAL MEDICINE	1,346.67	1,239.50	336.67	319.50	92.0%	94.9%	924.00	903.00	0.00	11.50	97.7%	-	9.3	8.9	0	0	1	3.81	0.00	80.3%
WARD 7AD	STROKE MEDICINE	1,555.50	1,290.93	1,425.33	1,772.83	83.0%	124.4%	913.00	914.50	924.00	1,232.00	100.2%	133.3%	6.5	7.0	0	0	7	1.74	2.50	66.8%
WARD 7BC	STROKE MEDICINE	2,327.17	1,862.87	1,548.82	1,493.83	80.0%	96.4%	1,848.00	1,494.50	616.00	1,036.45	80.9%	168.3%	10.6	9.9	0	0	2	1.13	0.00	73.8%
WARD 12	MEDICAL ONCOLOGY	1,474.00	1,118.00	681.00	1,086.83	75.8%	159.6%	913.00	858.00	308.00	429.00	94.0%	139.3%	6.0	6.2	0	0	4	3.45	1.16	70.9%
WARD 17	GASTROENTEROLOGY	1,972.67	1,522.00	1,011.00	999.00	77.2%	98.8%	913.00	880.00	609.50	609.50	96.4%	100.0%	5.8	5.2	0	0	5	6.30	0.00	51.0%
WARD 5D	GERIATRIC MEDICINE	1,003.17	929.83	753.00	796.50	92.7%	105.8%	616.00	605.00	308.00	385.00	98.2%	125.0%	4.3	4.4	0	0	0	0.73	0.00	49.9%
WARD 20	GERIATRIC MEDICINE	1,703.50	1,404.42	1,608.63	1,895.97	82.4%	117.9%	1,232.00	978.50	1,232.00	1,595.00	79.4%	129.5%	6.8	7.0	0	0	5	7.14	0.00	75.6%
WARD 21	TRAUMA & ORTHOPAEDICS	1,451.50	1,074.17	1,383.67	1,290.67	74.0%	93.3%	966.00	882.83	966.00	988.50	91.4%	102.3%	9.1	8.1	0	1	6	3.77	0.00	76.5%
ICU	CRITICAL CARE MEDICINE	3,852.00	3,789.75	700.00	595.50	98.4%	85.1%	3,852.50	3,453.50	0.00	0.00	89.6%	-	36.1	33.6	0	3	0	5.21	-0.10	71.6%
WARD 3	GENERAL SURGERY	955.50	918.67	532.00	536.67	96.1%	100.9%	644.00	644.00	472.00	464.50	100.0%	98.4%	6.4	6.3	0	0	0	0.00	0.00	65.3%
WARD 8A	TRAUMA & ORTHOPAEDICS	899.27	626.17	644.50	632.13	69.6%	98.1%	632.50	562.00	322.00	322.00	88.9%	100.0%	9.2	7.9	0	0	5	1.32	0.00	58.5%
WARD 8D	ENT	826.33	725.83	721.00	688.00	87.8%	95.4%	644.00	643.50	0.00	11.50	99.9%	-	6.3	6.0	0	0	3	1.76	0.00	64.7%
WARD 10	GENERAL SURGERY	1,290.00	1,183.17	767.50	710.00	91.7%	92.5%	966.00	644.00	644.00	966.00	66.7%	150.0%	7.2	6.9	0	1	0	5.67	1.70	56.3%
WARD 11	CARDIOLOGY	1,472.00	1,312.08	1,008.83	1,101.50	89.1%	109.2%	1,116.00	988.92	644.00	858.50	88.6%	133.3%	6.0	6.1	0	3	2	6.99	0.00	62.9%
WARD 19	TRAUMA & ORTHOPAEDICS	1,541.67	1,222.38	1,050.00	1,220.67	79.3%	116.3%	966.00	961.50	966.00	1,092.50	99.5%	113.1%	7.8	7.8	0	0	1	2.66	0.00	75.0%
WARD 22	UROLOGY	1,101.25	1,026.83	1,023.00	1,005.33	93.2%	98.3%	644.00	631.33	644.00	644.00	98.0%	100.0%	5.5	5.4	0	0	1	2.21	0.72	48.3%
SAU HRI	GENERAL SURGERY	1,766.33	1,639.15	786.47	759.47	92.8%	96.6%	1,288.00	1,288.00	412.00	400.50	100.0%	97.2%	11.2	10.8	0	0	0	-1.43	0.00	65.8%
WARD LDRP	OBSTETRICS	4,009.08	3,142.33	855.00	564.67	78.4%	66.0%	3,806.25	3,113.83	639.33	630.83	81.8%	98.7%	23.3	18.6	0	0	0	0.00	0.00	26.3%
WARD NICU	PAEDIATRICS	2,100.83	1,748.83	725.00	454.50	83.2%	62.7%	1,909.00	1,552.50	644.00	414.00	81.3%	64.3%	13.5	10.5	0	0	0	3.01	1.92	36.6%
WARD 3ABCD	PAEDIATRICS	3,623.88	3,349.58	644.40	536.50	92.4%	83.3%	3,661.00	3,306.50	472.00	367.50	90.3%	77.9%	10.5	9.5	0	0	1	-1.89	0.00	30.3%
WARD 4ABD	OBSTETRICS	1,848.00	1,803.50	644.00	640.50	97.6%	99.5%	1,288.00	1,289.00	644.00	644.00	100.1%	100.0%	4.6	4.6	0	0	0	-14.83	0.00	15.1%
WARD 4C	GYNAECOLOGY	1,236.67	1,077.47	343.75	310.75	87.1%	90.4%	644.00	643.50	322.00	301.50	99.9%	93.6%	8.7	8.0	0	0	0	1.77	0.00	72.4%
TRUST		**54,997.67**	**47203.63**	**31582.23**	**32488.3**	**85.83%**	**102.87%**	**42176.25**	**38397.1**	**21017.83**	**24086.6**	**91.04%**	**114.60%**	**7.9**	**7.5**						

Hard Truths: Safe Staffing Levels (3)

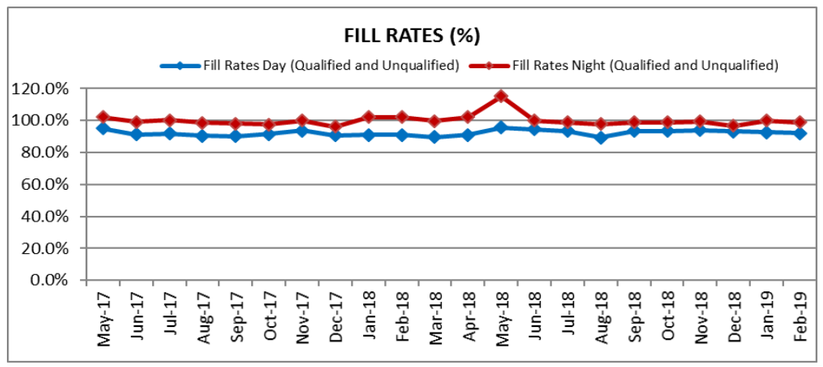
Care Hours per Patient Day

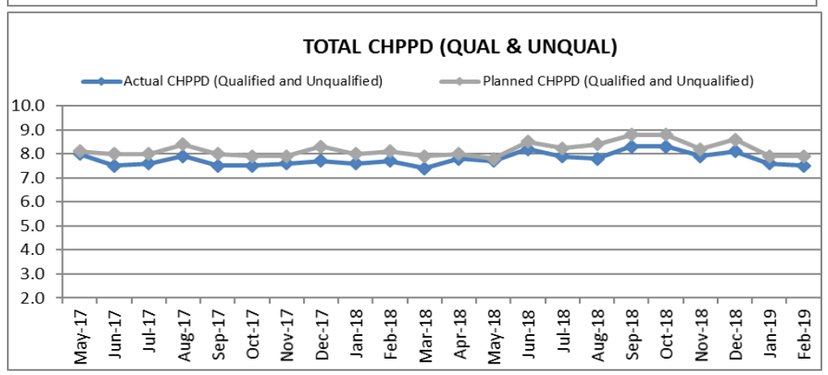
STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)

	Dec-18	Jan-19	Feb-19
Fill Rates Day (Qualified and Unqualified)	93.1%	92.5%	92.0%
Fill Rates Night (Qualified and Unqualified)	96.7%	99.9%	98.9%

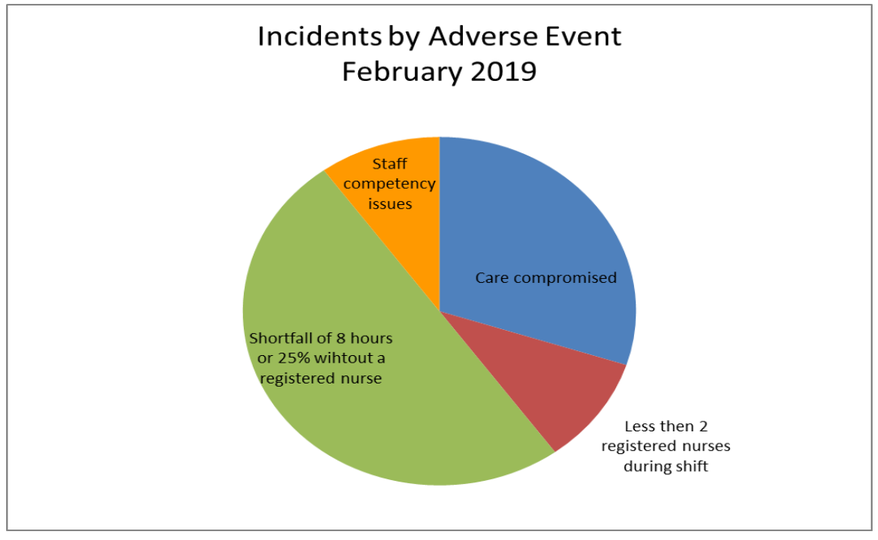
Planned CHPPD (Qualified and Unqualified)	8.6	7.9	7.9
Actual CHPPD (Qualified and Unqualified)	8.1	7.6	7.5

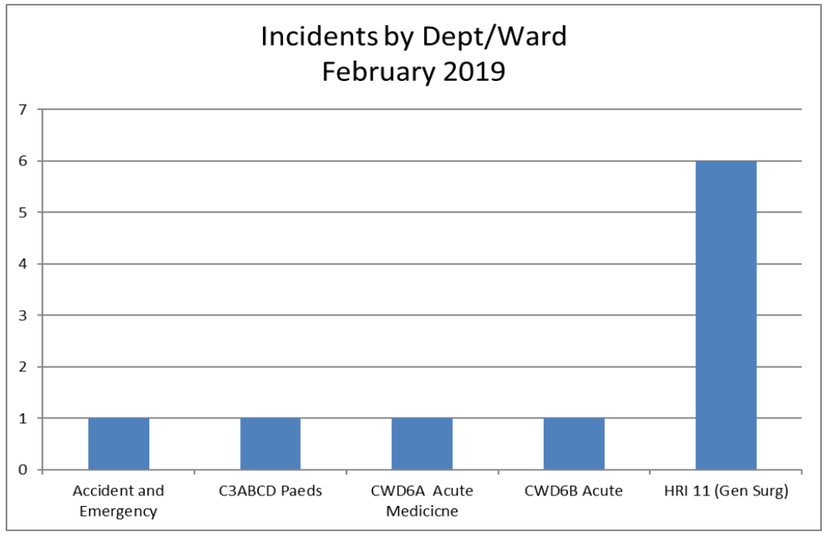
A review of February CHPPD data indicates that the combined (RN and carer staff) metric resulted in 21 clinical areas of the 31 reviewed having CHPPD less than planned. 8 areas reported CHPPD slightly in excess of those planned and 2 areas having CHPPD as planned. Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.





RED FLAG INCIDENTS





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 10 **Trust Wide Red shifts** declared in Feburary
As illustrated above the most frequently recorded red flagged incident is related to a short fall in RN hrs.
No datex's reported in Feburary 2019 have resulted in patient harm

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

The Trust remains committed to achieving its nurse staffing establishments.

On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Further recruitment event planned for March 2014
3. Applications from international recruitment projects are progressing well and the first 20 nurses have arrived in Trust, with a further 6 planned for deployment in April 2019
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 commenced training in December 2018
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce
7. A new module of E roster called safe care has been introduced across the clinical divisions. Benefits will include, better reporting of red flag event and, real-time data of staffing position against acuity

CQUINS - Key messages

Area	Reality	Response	Result
Overall		The CQUIN scheme for 2018/19 is, in the main, a continuation of the 2017/18 scheme. However, there are some key changes which include: - Suspension of CQUIN 8A - Reduction in AWaRe antibiotics rather than piperacillin - Higher target for Flu Vaccinations @75% - **ACHIEVED**	
Risky Behaviours	The required improvements to the separate elements of the risky behaviour CQUINs are not being realised. It is recognised that the targets for this CQUIN are challenging to achieve.	Work is on-going through the joint task and finish group. Key focus areas: Data Capture- Change on EPR that has been requested through Digital Prioritisation Board is due to be completed in July 2019 Training and engagement-Plan on a page developed with screenshots on how to complete the required fields on EPR.	Improvements are expected by the end of Q4 but not likely to reach the ambitious target of 100% in all elements. Accountable: Director of Ops (Community)

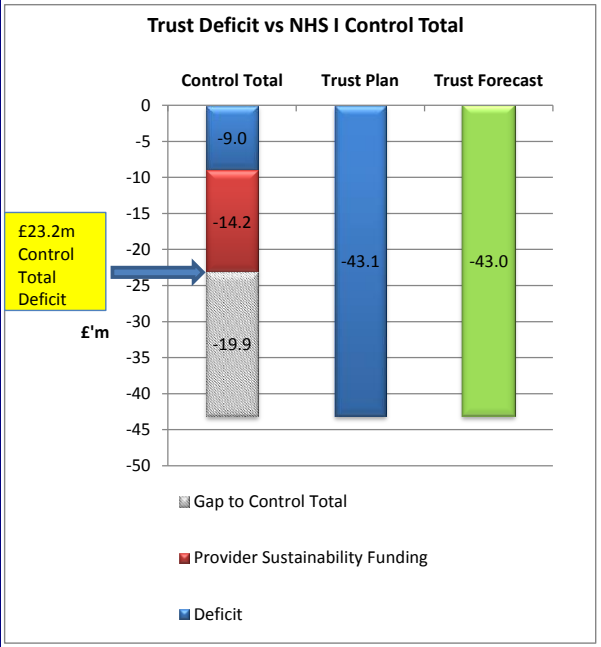
CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets				ACTUAL PERFORMANCE													
						Q1	Q2	Q3	Q4	Q1			Q1 Position	Q2			Q2 Position	Q3			Q3	Q4			Q4
										Apr-18	May-18	Jun-18		Jul-18	Aug-18	Sep-18		Oct-18	Nov-18	Dec-18		Jan-19	Feb-19	Mar-19	
1. Improving staff health and wellbeing																									
1a.1	Acute & Community	£213,082	Improvement of health and wellbeing of NHS staff	% Definitely takes positive action on health and well-being	25	N/A	N/A	N/A	30	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end
1a.2				% Experienced MSK in the last 12 months as a result of work activities	25	N/A	N/A	N/A	20	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end
1a.3				% Felt unwell in the last 12 months as a result of work related stress	37	N/A	N/A	N/A	32	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end
1b.1	Acute & Community	£213,082	Healthy food for NHS staff, visitors and patients	Maintain 16-17 changes	-	N/A	Written report for evidence	N/A	Written report for evidence	Written report due at the end of Q2			Written report due at the end of Q2	Written report due at the end of Q2			Written report due at the end of Q2	Written report due at the end of Q4			Written report due at the end of Q4	Written report due at the end of Q4			Written report due at the end of Q4
1b.2				Improve the changes made in 2017-18	-	N/A	Written report for evidence	N/A	Written report for evidence																
1c	Acute & Community	£213,082	Improving the uptake of flu vaccinations for frontline clinical staff	% Front line staff vacinated	71%	N/A	N/A	75%	75%	Data available from October 2018			Data available from	Data available from October 2018			Data available from October	65.6%	65.6%	71.9%	71.9%	75.5%			75.5%
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)																									
2a.1	Acute	£95,887	Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions	100.0%	90%	90%	90%	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	100.0%	90%	90%	90%	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
2b.1		£95,887	Timely treatment of sepsis in emergency departments and acute inpatient settings	% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Emergency Admissions	92.9%	90%	90%	90%	90%	91.0%	97.0%	100.0%	96.0%	100.0%	97.0%	93.5%	96.7%	93.0%	86.0%	93.0%	90.0%	87.0%	94.0%		91.0%
2b.2				% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Inpatients (LOS >0)	78.7%	90%	90%	90%	90%	77.3%	82.6%	78.9%	79.7%	85.7%	96.0%	87.0%	90.6%	92.0%	88.0%	91.0%	91.0%	84.0%	89.0%		86.0%
2c	Acute	£95,887	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	% of antibiotic presciptions documented and reviewed within 72 hours	-	25%	50%	75%	90%	90% (April and May Only)			95.6%	Data available at quarter end			63.3%	Data available at quarter end			85.3%	Data available at quarter end			-
2d.1	Acute	£95,887	Reduction in antibiotic consumption per 1,000 admissions	% of antibiotic presciptions documented and reviewed within 72 hours	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end				Data available at quarter end				Data available at quarter end				Data available at quarter end			-
2d.2				1% reduction (from 16/17 position) in Carbapenem	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end			42.2%	Data available at quarter end			43.9%	Data available at quarter end			45.0%	Data available at quarter end			-
2d.3				1% reduction (from 16/17 position) in Piperacillin-Taxobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end				Data available at quarter end				Data available at quarter end				Data available at quarter end			-
4. Improving services for people with mental health needs who present to A&E																									
4a	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - Maintain attendance level of cohort 1 patients	245	61	61	61	61	24	20	14	58	20	14	12	46	9	12	9	30	9	9		18
4b				Number of ED attendances - Reduce the number of attendances by 20% of cohort 2 patients	397	79	79	80	80	26	25	32	83	22	21	14	57	23	20	16	59	14	23		37
4c				To improve the level of data quality for the fields:																					
				- Chief Complaint	N/A	N/A	75%	N/A	85%	N/A			N/A	Quarter Position Only			93.9%	Quarter Position Only			92.0%	Quarter Position Only			
				- Diagnosis	N/A	N/A	30%	N/A	50%								32.1%				37.5%				
				- Injury Intent	N/A	N/A	75%	N/A	85%								98.6%				98.4%				
6. Offering advice and guidance																									
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)	67.9%	74.0%	69.9%	70.7%	69.8%	75.4%	74.2%	72.5%	68.1%	78.3%	78.9%	75.1%	83.2%	83.7%		84.4%
9. Preventing ill health by risky behaviours – alcohol and tobacco																									
9a	Acute	£7,991	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	Create Training Plan	100%			Presentation completed			Yes	67.4%	68.4%	69.2%	68.3%	67.6%	68.6%	66.9%	67.7%	66.1%	66.5%		66.3%
9b		£31,962		% Smokers given brief advice										15.0%	15.9%	15.3%	15.4%	14.1%	15.8%	15.3%	15.1%	15.3%	16.0%		15.6%
9c		£39,953		% Smokers referred and/or offered medication										16.0%	12.6%	15.8%	14.7%	15.7%	12.7%	11.7%	13.3%	14.4%	11.6%		13.1%
9d		£39,953		% Patients screened for Alcohol usage										64.1%	65.4%	65.8%	65.1%	63.9%	65.9%	63.4%	64.4%	63.6%	64.1%		63.8%
9e		£39,953		% Alcohol users given brief advice										16.9%	16.2%	15.9%	16.4%	14.3%	16.7%	16.4%	15.8%	15.0%	11.5%		13.4%
9a	Community	£15,981	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	100%				Quarter End Position			74.0%	Quarter End Position			76.5%	Quarter End Position			77.2%	Quarter End Position			-
9b		£63,925		% Smokers given brief advice	100.0%					Quarter End Position			56.0%	Quarter End Position			91.9%	Quarter End Position			85.9%	Quarter End Position			-
9c		£79,906		% Smokers referred and/or offered medication	0.0%					Quarter End Position			5.4%	Quarter End Position			7.3%	Quarter End Position			0.5%	Quarter End Position			-
9d		£79,906		% Patients screened for Alcohol usage	4.0%					Quarter End Position			1.4%	Quarter End Position			14.8%	Quarter End Position			16.1%	Quarter End Position			-
9e		£79,906		% Alcohol users given brief advice or medication	0.0%					Quarter End Position			0.0%	Quarter End Position			7.7%	Quarter End Position			6.3%	Quarter End Position			-
10. Improving the assessment of wounds																									
10	Community	£383,547	Improving the assessment of wounds	% Patients with a chronic wound who have received a full wound assessment	50.0%	50% (Internal Target)	60%	70% (Internal Target)	80%	Quarter End Position			55.3%	Quarter End Position			61.6%	Quarter End Position			55.7%	Quarter End Position			-
11. Personalised care and support planning																									
11a	Community	£319,623	Personalised care and support planning	Cohort 1 patients having evidence of care and support planning	-	N/A	N/A	N/A	75%	Data available at year end			N/A	Data available at year end			N/A	Data available at year end			N/A	Data available at year end			-
11b				Cohort 2 patients improvements in patient activation assessments	-	N/A	N/A	N/A	50%	Data available at year end			N/A	Data available at year end			N/A	Data available at year end			N/A	Data available at year end			-

EXECUTIVE SUMMARY: Total Group Financial Overview as at 28th Feb 2019 - Month 11

KEY METRICS

	M11				YTD (FEB 2019)				Forecast 18/19			
	Plan	Actual	Var		Plan	Actual	Var		Plan	Forecast	Var	
	£m	£m	£m		£m	£m	£m		£m	£m	£m	
I&E: Surplus / (Deficit)	(£4.52)	(£4.52)	£0.00		(£41.05)	(£41.02)	£0.03		(£43.05)	(£43.03)	£0.01	
Agency Expenditure	(£1.21)	(£0.79)	£0.42		(£13.42)	(£11.67)	£1.74		(£14.63)	(£12.80)	£1.83	
Capital	£0.89	£0.44	£0.45		£8.17	£6.34	£1.83		£9.14	£8.42	£0.72	
Cash	£1.91	£2.02	£0.11		£1.91	£2.02	£0.11		£1.91	£1.90	(£0.01)	
Borrowing (Cumulative)	£142.63	£142.13	(£0.50)		£142.63	£142.13	(£0.50)		£144.83	£144.15	(£0.68)	
CIP	£1.85	£2.74	£0.89		£15.44	£16.04	£0.60		£18.00	£18.00	£0.00	
Use of Resource Metric	3	3			3	3			3	3		



Year to Date Summary

The year to date deficit is £41.02m, a £0.03m favourable variance from plan.

- Compared to plan there have been some additional cost pressures in month including the cost of opening some additional capacity in Medical Division, additional printing costs and professional fees for the 6 Facet Survey, VAT review and Project Echo.
- These pressures have been offset in the reported position byimproved CIP delivery in the year to date position versus plan based on teh timing difference of replacement schemes.
- Clinical contract income performance is below plan by £2.7m. The Aligned Incentive Contract (AIC) protects the income position by £2.44m in the year to date leaving a residual pressure of £0.27m. However, nearly all of this income protection (£2.43m) is as a result of CIP plans and management decisions where there is a corresponding reduction in cost.
- CIP achieved in the year to date is £16.04m against a plan of £15.44m, a £0.60m improvement compared to plan.
- Agency expenditure is £1.74m below the agency trajectory set by NHSI and is forecast to remain below the trajectory for the rest of the year.

Key Variances

- Medical staffing expenditure continues above plan, with pressure on non-contracted pay costs due to vacancy pressures particularly in Obs & Gynae, ENT, Dermatology, Urology and General Surgery.
- There have been significant pressures on non pay expenditure including a significant cost increase relating to the new clinical waste contract with Mitie (hosted by LTHT), where invoices have exceeded the expected impact of the price uplift, increased utilities costs following a price uplift of 23% on electricity, pressure relating to Radiology and Pathology send away tests charged from other providers and additional professional fees.
- Nursing pay expenditure is now under control despite continued bank usage for one to ones and additional Agency costs linked to the opening of some additional capacity over the last two months.

Forecast

- The forecast is to achieve the planned £43.1m deficit.
- However, achieving the planned deficit for this financial year remains reliant on both the delivery of the full £18m of CIP and securing identified recovery actions in full.
- The risk of not achieving the £18m CIP has reduced following the replacement of the high risk Project Echo scheme with a lower risk System Recovery Group saving.

Total Group Financial Overview as at 28th Feb 2019 - Month 11

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M11

CLINICAL ACTIVITY

	M11 Plan	M11 Actual	Var
Elective	5,660	5,084	(576)
Non-Elective	51,871	53,707	1,836
Daycase	33,419	33,381	(38)
Outpatient	334,705	338,004	3,300
A&E	140,167	138,405	(1,762)
Other NHS Non-Tariff	1,572,557	1,574,257	1,700
Other NHS Tariff	116,432	116,894	462
Total	**2,254,811**	**2,259,732**	**4,921**

TOTAL GROUP: INCOME AND EXPENDITURE

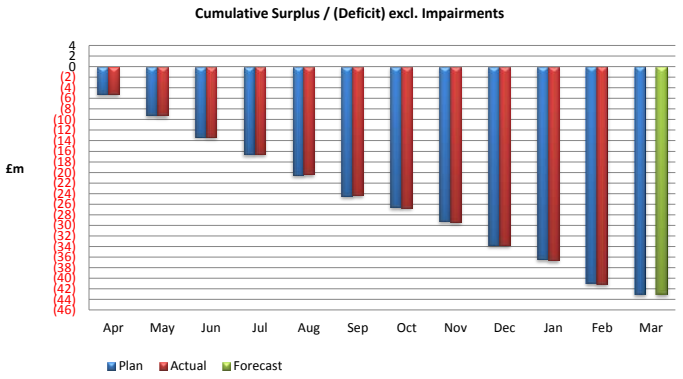
	M11 Plan	M11 Actual	Var
	£m	£m	£m
Elective	£17.94	£15.51	(£2.44)
Non Elective	£92.77	£93.75	£0.97
Daycase	£24.05	£23.60	(£0.45)
Outpatients	£34.40	£34.27	(£0.13)
A & E	£16.98	£17.47	£0.49
Other-NHS Clinical	£97.64	£102.34	£4.70
CQUIN	£6.27	£6.22	(£0.05)
Other Income	£37.17	£42.63	£5.46
Total Income	**£327.23**	**£335.79**	**£8.56**
Pay	(£227.64)	(£232.27)	(£4.64)
Drug Costs	(£33.05)	(£33.65)	(£0.59)
Clinical Support	(£26.36)	(£27.60)	(£1.23)
Other Costs	(£45.66)	(£48.42)	(£2.77)
PFI Costs	(£11.77)	(£11.77)	£0.00
Total Expenditure	**(£344.48)**	**(£353.71)**	**(£9.23)**
EBITDA	**(£17.25)**	**(£17.93)**	**(£0.68)**
Non Operating Expenditure	(£23.80)	(£23.09)	£0.70
Surplus / (Deficit)*	**(£41.05)**	**(£41.02)**	**£0.03**

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

DIVISIONS: INCOME AND EXPENDITURE

	M11 Plan	M11 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£11.12	£9.76	(£1.37)
Medical	£25.18	£25.34	£0.16
Families & Specialist Services	(£3.97)	(£4.54)	(£0.57)
Community	£2.68	£2.92	£0.24
Estates & Facilities	(£7.51)	(£7.79)	(£0.28)
Corporate	(£38.68)	(£38.25)	£0.43
THIS	£0.07	£0.07	£0.00
PMU	£2.54	£2.59	£0.05
CHS LTD	£0.67	£0.04	(£0.63)
Central Inc/Technical Accounts	(£32.32)	(£31.15)	£1.17
Reserves	(£1.50)	(£0.00)	£1.50
Unallocated CIP	£0.68	£0.00	(£0.68)
Surplus / (Deficit)	**(£41.05)**	**(£41.02)**	**£0.03**

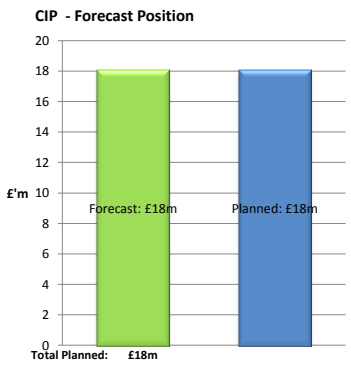
TOTAL GROUP SURPLUS / (DEFICIT)

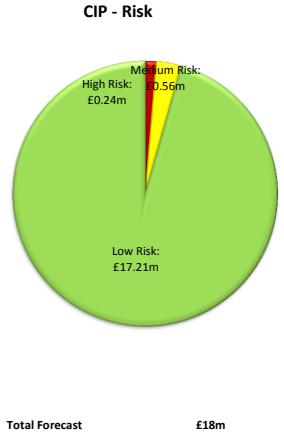


KEY METRICS

	Year To Date			Year End: Forecast		
	M11 Plan	M11 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£41.05)	(£41.02)	£0.03	(£43.05)	(£43.03)	£0.01
Capital	£8.17	£6.34	£1.83	£9.14	£8.42	£0.72
Cash	£1.91	£2.02	£0.11	£1.91	£1.90	(£0.01)
Loans	£142.63	£142.13	(£0.50)	£144.83	£144.15	(£0.68)
CIP	£15.44	£16.04	£0.60	£18.00	£18.00	£0.00
	Plan	Actual		Plan	Forecast	
Use of Resource Metric	3	3		3	3	

COST IMPROVEMENT PROGRAMME (CIP)





YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	6,164	5,529	(634)
Non-Elective	56,753	58,775	2,022
Daycase	36,488	36,416	(72)
Outpatient	365,497	368,918	3,421
A&E	153,339	151,411	(1,928)
Other NHS Non- Tariff	1,721,594	1,718,070	(3,524)
Other NHS Tariff	127,242	127,733	491
Total	**2,467,076**	**2,466,853**	**(223)**

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£19.51	£16.84	(£2.66)
Non Elective	£101.38	£102.43	£1.05
Daycase	£26.27	£25.74	(£0.53)
Outpatients	£37.57	£37.41	(£0.15)
A & E	£18.58	£19.11	£0.54
Other-NHS Clinical	£106.72	£112.03	£5.30
CQUIN	£6.85	£6.79	(£0.06)
Other Income	£40.73	£46.57	£5.84
Total Income	**£357.60**	**£366.92**	**£9.33**
Pay	(£247.81)	(£253.52)	(£5.70)
Drug Costs	(£36.10)	(£36.76)	(£0.67)
Clinical Support	(£28.67)	(£30.23)	(£1.56)
Other Costs	(£49.33)	(£52.74)	(£3.41)
PFI Costs	(£12.84)	(£12.84)	£0.01
Total Expenditure	**(£374.75)**	**(£386.08)**	**(£11.33)**
EBITDA	**(£17.16)**	**(£19.16)**	**(£2.00)**
Non Operating Expenditure	(£25.89)	(£23.88)	£2.01
Surplus / (Deficit)*	**(£43.05)**	**(£43.03)**	**£0.01**

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

DIVISIONS: INCOME AND EXPENDITURE

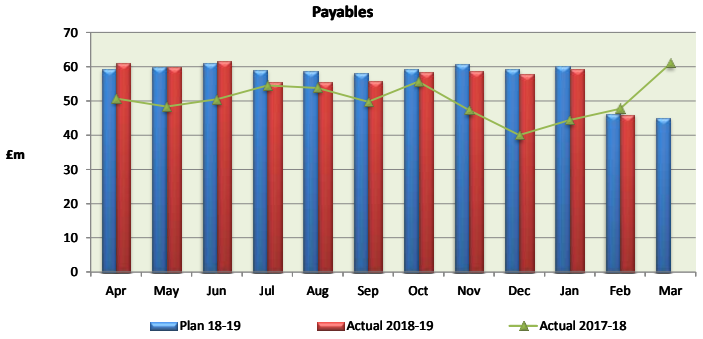
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£12.31	£10.59	(£1.72)
Medical	£27.91	£28.21	£0.30
Families & Specialist Services	(£4.13)	(£4.90)	(£0.77)
Community	£2.92	£3.17	£0.25
Estates & Facilities	(£7.59)	(£7.77)	(£0.18)
Corporate	(£42.09)	(£41.77)	£0.32
THIS	£0.24	£0.05	(£0.18)
PMU	£2.76	£2.86	£0.10
CHS LTD	£0.81	£0.04	(£0.77)
Central Inc/Technical Accounts	(£35.90)	(£33.35)	£2.55
Reserves	(£1.45)	(£0.18)	£1.27
Unallocated CIP	£1.15	£0.00	(£1.15)
Surplus / (Deficit)	**(£43.05)**	**(£43.03)**	**£0.01**

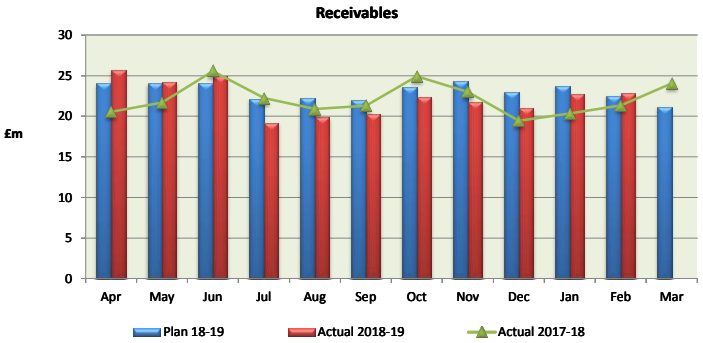
Total Group Financial Overview as at 28th Feb 2019 - Month 11

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

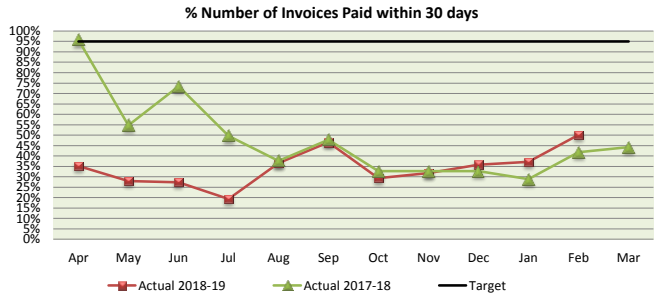
WORKING CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Payables	(£46.26)	(£45.98)	(£0.28)	
Receivables	£22.53	£22.83	(£0.30)	



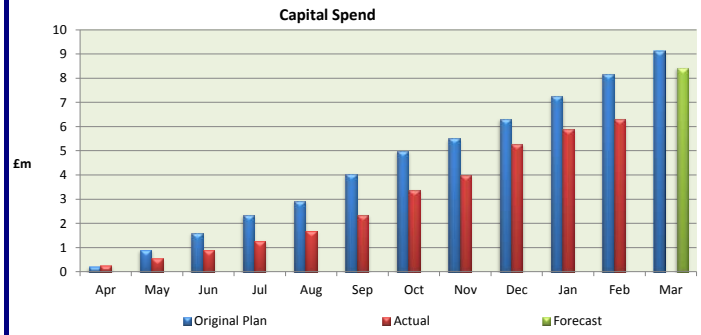


BETTER PAYMENT PRACTICE CODE



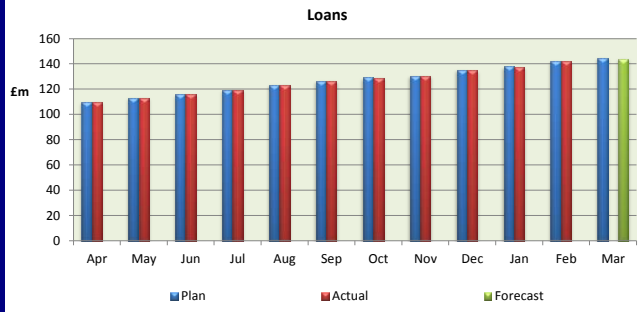
CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Capital	£8.17	£6.34	£1.83	

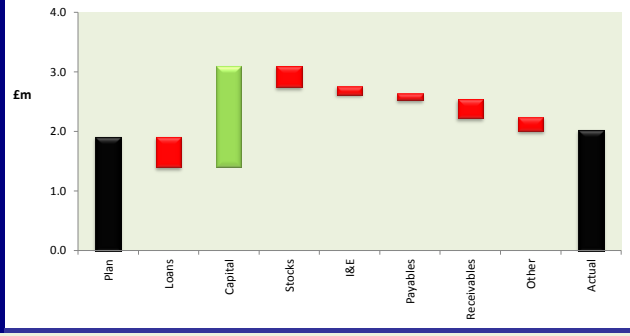


CASH

	M11 Plan £m	M11 Actual £m	Var £m	M11
Cash	£1.91	£2.02	£0.11	
Loans (Cumulative)	£142.63	£142.13	(£0.50)	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £41.02m a favourable variance from plan of £0.03m. This position excludes the I&E impact of donated assets (£0.15m adverse variance) which are excluded for control total purposes.
- The position includes a benefit of £0.05m 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, and A&E activity and overall Clinical Income is below plan by £0.37m, (excluding pay award funding received year to date of £3.47m).
- Capital expenditure year to date is lower than planned at £6.34m against a planned £8.17m.
- Cash balance is £2.02m, £0.11m above the planned level.
- Year to date the Trust has borrowed £41.03m to support the deficit as planned.
- CIP schemes have delivered £16.04m, £0.60m above the year to date target of £15.44m.
- 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 comfortably deliver the planned Agency trajectory.
- The forecast assumes that current activity trends will continue.
- The forecast assumes that identified recovery plans totalling £4.52m will be delivered in full.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £0.24m 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 will not 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 £0.59 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

UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

11. Nominations and Remuneration Committee (CoG)

1. Minutes of meeting held 14.2.19 - Presented by Lead Governor, Alison Schofield (TO RATIFY)

2. Draft minutes of meeting held 25.3.19 - Presented by Stephen Baines, Public Governor

APP A

Calderdale and Huddersfield NHS Foundation Trust

Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) Held on Thursday 14 February 2019 at 3:00 pm in Discussion Room 2, Learning Centre, Huddersfield Royal Infirmary

MEMBERS

Philip Lewer	Chair
Alison Schofield	Lead Governor – Public Elected (North & Central Halifax)
Paul Butterworth	Public Elected Governor (East Halifax & Bradford)
Linzi Smith	Staff Elected Governor

IN ATTENDANCE

Jason Eddleston	Deputy Director of Workforce and Organisational Development
Andrea McCourt	Company Secretary / Head of Governance and Risk
Amber Fox	Corporate Governance Manager

Item

01/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Stephen Baines, Public Elected Governor (Skircoat & Lower Calder Valley)
Jude Goddard, Public Elected Governor (Calder & Ryburn Valleys)
Veronica Maher, Public Elected Governor (North Kirklees)

02/19 MINUTES OF THE MEETING HELD ON 18 DECEMBER 2017

The minutes of the last Nominations and Remuneration Committee (CoG) meeting held on the 18 December 2017 were noted. As there was no one present from the last meeting who could confirm the minutes for accuracy, it was agreed that governors who were in attendance be contacted to confirm the minutes.
Action: Corporate Governance Manager to contact Brian Moore and Stephen Baines for confirmation the minutes held 18 December 2017 reflect an accurate record.

OUTCOME: The Nominations and Remuneration Committee **NOTED** the previous minutes held on 18 December 2017.

The Chair welcomed everyone to the meeting and introductions were made.

03/19 DECLARATIONS OF INTEREST

All present governors, Alison Schofield, Paul Butterworth and Linzi Smith declared that they had no interest in applying for a Non-Executive Director post at the Trust before March 2021.

04/19 MATTERS ARISING

There were no matters arising.

05/19 REVIEW TERMS OF REFERENCE OF THE NOMINATIONS AND REMUNERATION COMMITTEE

The Committee's terms of reference are subject to regular review at least annually and have a review date of February 2019. The terms of reference set out the role of the Committee in respect of nominations and remuneration as well as membership and attendance requirements, frequency and reporting responsibilities. Committee members were invited to consider and comment on the terms of reference. The terms of reference are subject to agreement by the Council of Governors and Board of Directors.

Paul Butterworth suggested Non-Executive Director engagement with governors should be in the terms of reference, including monitoring of Non-Executive Director attendance at the Council of Governors meetings. Paul felt this should be included under 4.2 and 4.3, reviewing performance of appraisals. The comments from Paul were received and understood regarding Non-Executive Directors attendance at governors' meetings and

integration / feedback with governors.

The governors in attendance felt that Non-Executive Directors should attend all Council of Governor meetings and provide feedback at these meetings. The Chair responded that this would be a constitutional change and half of the governors would need to be in agreement at the next Council of Governors meeting and the change would then need to be agreed by the Board of Directors.

The governors in attendance felt that they should receive feedback from the Non-Executive Directors appraisals conducted by the Chair as the Non-Executive Directors are accountable to the governors. The process now is the Chair reviews the performance of the Non-Executive Directors and confirms to the governors that a successful appraisal has been undertaken. The Chair assesses the performance of the Non-Executive Directors on an annual basis.

The issues raised by the governors in terms of communication, engagement and involvement in appraisals of the Non-Executive Directors were noted and will be fed into a review of the Non-Executive Director appraisal process.

A revised term of reference will be brought back to the Council of Governors meeting on 11 April 2019.
Action: Nominations and Remuneration Committee (CoG) Terms of Reference to be updated and shared at the next Council of Governors meeting in April 2019

OUTCOME: The Nominations and Remuneration Committee **COMMENTED** on the terms of reference. The revised terms of reference will be shared with the Committee members and then brought to the Council of Governors meeting on 11 April 2019 to be approved.

06/19 DISCUSSION SESSION

6.1 AGREE NON-EXECUTIVE TENURES
The Chair presented the paper relating to the re-appointment of two Non-Executive Directors whose tenure was coming to an end.

The constitution for the Foundation Trust sets out the Chair and the Non-Executive Directors be appointed for a period of three years. The Chair and the Non-Executive Directors will serve for a maximum of two terms. In exceptional circumstances a Non-Executive Director (including the Chair) may serve longer than six years (two three-year terms). Any subsequent appointment will be subject to annual re-appointment. Reviews will take into account the need to progressively refresh the Board whilst ensuring its stability. Provisions regarding the independence of the Non-Executive Director will be strictly observed.

In considering the re-appointment provisions for Non-Executive Directors, the Nominations and Remuneration Committee (Council of Governors) should also have regard to the 'NHS Foundation Trust Code of Governance' which recommends that "the Chair should confirm to the Council of Governors that following formal performance evaluation, the performance of the individual proposed for re-election continues to be effective and to demonstrate commitment to the role".

The Terms of Office for existing Non-Executive Directors were shared with Committee members as was a breakdown of the activities that each of the Non-Executive Directors carry out, including the lead roles which the Trust require Non-Executive Directors to occupy.

Alison Schofield agreed with the extension of tenure of both Richard Hopkin and Karen Heaton and noted their attendance report and time commitment exceeds the minimum requirement for a Non-Executive Director role.

Paul Butterworth objected to the extension of tenure for both Richard Hopkin and Karen Heaton as he felt Non-Executive Directors did not involve the governors in the work around the Wholly Owned Subsidiary.

Linzi Smith agreed with the extension of tenure for Richard Hopkin and objected to the extension of tenure for Karen Heaton.

The extension of tenure for Richard Hopkin was agreed for a further three years. With regards to Karen Heaton, the Chair exercised a casting vote and confirmed her Non-Executive Director appointment extension for a further three years.

OUTCOME: The Nominations and Remuneration Committee **AGREED** to extend the tenure for Richard Hopkin and Karen Heaton for a further three years.

6.2 REVIEW NON-EXECUTIVE DIRECTORS TERMS OF OFFICE
The Chair reported the Non-Executive Directors appointment periods for Linda Patterson and Philip Oldfield expire on 30 September 2019 and 22 September 2019 respectively and a proposal for the recruitment and selection of their replacements will be brought forward for consideration by the Committee shortly.

The appointment period for Professor Peter Roberts, Independent Member will expire on 28 June 2019.

OUTCOME: The Nominations and Remuneration Committee **NOTED** the expiry of Prof Peter Roberts appointment and the need to review the recruitment and selection process at a future meeting

6.3 BOARD SKILLS AND COMPETENCIES
The combined Board skills and competencies self-assessment template was shared for the Committee to note.

The Board of Directors are asked to undertake a self-assessment of their skills and competencies as part of an annual review. This is used as part of the assessment of what skills are required when consideration is given to future board vacancies. The matrix sets out the position as of January 2019. The domains are determined by the Board, having regard to the provisions set out in the Code of Governance for Foundation Trusts by the Foundation Trust Regulator.

The basis for this assessment is that the Board can regard itself as competent if there is a good spread of in-depth and working knowledge for each domain across the Executive Directors and Non-Executive Directors. This assessment is used to satisfy the Board that it is fit for purpose and to inform recruitment processes to ensure that any gaps that arise at short notice, or can be predicted through turnover, are filled. The Trust review the areas that require further training and development.

OUTCOME: The Nominations and Remuneration Committee **NOTED** the annual Board Skills and Competencies self-assessment.

6.4 CHAIR AND NON-EXECUTIVE REMUNERATION
The annual review and proposal for the 2018/2019 pay arrangements for Non-Executive Directors is to be drafted and shared at a future Committee for its consideration. The Chair highlighted the Non-Executive Directors have not taken a pay rise for a period of time and pointed out that there are current vacancies in Mid-Yorkshire and Bradford. Linzi Smith recognised that Trust Non-Executive Directors payments are not as high as in other Trusts.
Action: To share a paper for discussion at the next Nominations and Remuneration Committee

6.5 NON-EXECUTIVE TIME COMMITMENTS
The Committee's terms of reference provide for an annual assessment of the time commitment requirement for Non-Executive Directors for Committee members to note. The analysis provided described for each Non-Executive Director the time commitment as at October 2018 for Board meetings/Board related activity, Board sub-committee involvement and lead roles. The total time commitment each year for the Non-Executive Director group ranges from 234 hours to 254 hours. The Chair is contracted to a minimum of 3 days per week and Non-Executive Directors are contracted for 2/3 days per month.

The Chair reported this document does not reflect all the Non-Executive time commitments, for example the Celebrating Success Awards night which is a full evening and all of the preparation required for this event.

The Deputy Director of Workforce and Organisational Development (OD) reminded the governors the Non-Executive Directors do not have an employment relationship with the Foundation Trust.

Linzi Smith asked if the Governors can have more understanding of what the Non-Executive Directors are involved in. The Corporate Governance Manager reminded the Governors of the Non-Executive Director and Governors informal workshop which took place in September 2018 where each of the Non-Executive Directors explained their roles and the session was then open to discussion. These workshops take place three times a year. Alison Schofield explained there are biographies of the Non-Executive Directors on the public website.

6.6 REVIEW CHAIR AND NON-EXECUTIVE DIRECTORS TERMS AND CONDITIONS
The terms and conditions of engagement to the Non-Executive Director role were provided which reflect the current arrangements for appointment to Non-Executive Director posts. The Committee was asked to note the content.

Paul Butterworth suggested engagement with the governors be added to the terms and conditions; however, the Deputy Director of Workforce and Organisational Development responded that this was not appropriate.

OUTCOME: The Nominations and Remuneration **NOTED** the Chair and Non-Executive Directors Terms and Conditions.

07/19 ANY OTHER BUSINESS
There was no other business.

08/19 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED
The minutes from the Nominations and Remuneration Committee will be shared at the next meeting of the Nominations and Remuneration Committee and Council of Governors meeting on 11 April 2019. The outcome will be reported back to the Board of Directors.

The Chair thanked the governors for attending the meeting and closed the meeting.

APP A

Calderdale and Huddersfield NHS Foundation Trust

Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) Held on Monday 25 March 2019 at 1:00 pm in the Boardroom, Calderdale Royal Hospital

MEMBERS ATTENDING

Philip Lewer	Chair
Phil Oldfield	Senior Independent Non-Executive Director (SINED)
Paul Butterworth	Public Elected Governor (East Halifax & Bradford)
Linzi Smith	Staff Elected Governor
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley)

IN ATTENDANCE

Jason Eddleston	Deputy Director of Workforce and Organisational Development (OD)
Andrea McCourt	Company Secretary / Head of Governance and Risk
Tracy Rushworth	Personal Assistant

Item

09/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Alison Schofield, Lead Governor, Public Elected (North & Central Halifax)
Jude Goddard, Public Elected Governor (Calder & Ryburn Valleys)
Veronica Maher, Public Elected Governor (North Kirklees)
Amber Fox, Corporate Governance Manager

10/19 MINUTES OF THE MEETING HELD ON 14 FEBRUARY 2019

The minutes of the last Nominations and Remuneration Committee (CoG) meeting held on the 14 February 2019 were discussed.

Stephen Baines confirmed the minutes of the 18 December 2018 meeting which he had attended accurately reflected the meeting.

OUTCOME: The Committee **APPROVED** the minutes of the last Nominations and Remuneration Committee (CoG) meeting held on the 14 February 2019.

11/19 DECLARATIONS OF INTEREST

All present governors, Paul Butterworth, Linzi Smith and Stephen Baines declared that they had no interest in applying for a Non-Executive Director post at the Trust before March 2021.

12/19 MATTERS ARISING

The Chair reported that he has been listening to governors, speaking with Ruth Mason as a former manager working with governors and speaking with other West Yorkshire Chairs to gain further corporate knowledge and take on-board good practice.

13/19 REVISED TERMS OF REFERENCE OF THE NOMINATIONS AND REMUNERATION COMMITTEE (CoG)

The Committee's revised terms of reference were shared for comments with the changes highlighted in red.

Andrea McCourt confirmed that aspects of the terms of reference had been discussed with NHS Providers who confirmed that these represented best practice.

Paul Butterworth requested consistency within the document regarding the title of the Chair and it was agreed that this would be amended to ensure consistency throughout the document.

Paul Butterworth queried if the Chair should sign the declaration that they have no intention apply for a Non-Executive Director appointment (Point 4.2) and it was agreed that this was not required for the Chair.

Paul Butterworth suggested that the Chair of this Committee should be a public elected governor. The Chair confirmed that this would be against guidance and out of line with every other organisation. Linzi Smith confirmed her agreement to the existing Chair arrangements. In the Council of Governors standing orders, section 5, it states the Chair or in his/her absence, the Deputy Chair, will chair meetings of the Council of Governors.

Paul Butterworth raised concern regarding Governors attendance at the Nominations and Remuneration Committee meetings. The Chair agreed to formalise a further communication regarding attendance at all meetings; however, it was noted that it is not possible to plan these Committee dates as they are not routine scheduled meetings, rather arranged as business needs arise.

Actions:
AM to amend the terms of reference to provide consistency of the Chair's title.
PL to develop a communication regarding attendance.
AM to share the Nominations and Remuneration Committee (Council of Governors) Terms of Reference at the next Council of Governors meeting in April 2019

OUTCOME: The Nominations and Remuneration Committee **APPROVED** the revised terms of reference. The revised terms of reference will be brought to the Council of Governors meeting on 11 April 2019 to be approved.

DISCUSSION SESSION

6.1 PROPOSAL FOR THE NON-EXECUTIVE DIRECTOR RECRUITMENT AND SELECTION PROCESS
This paper sets out a recommendation to replace two Non-Executive Directors whose tenure comes to an end in September 2019. The paper sets out the proposed skillset required in both posts, an advert schedule and timetable. It was proposed and agreed that a recruitment agency is not used, rather the Trust in-house recruitment process, Trac (our online recruitment tool) be used to receive applications and shortlist candidates.

The Committee was asked to approve: -
- The recruitment to two Non-Executive Director vacancies
- The skills and knowledge that should be sought during the recruitment for the posts
- The proposed job description and person specification
- The proposed advert and advertising media
- The proposed timetable for appointment

Paul Butterworth requested clarification within the paper under Section 2, 1:1 meeting with the Chair and Non-Executive Directors. It was agreed these would be identified as separate bullet points.

The Governors in attendance requested to see clear reference to BAME, gender and disability within the documentation. The Deputy Director of Workforce and Organisational Development (OD) agreed to refresh the narrative to reflect this.

The Deputy Director of Workforce and OD advised that a maximum of four Governors will be involved in the recruitment process. It was agreed Linzi Smith, Paul Butterworth, Stephen Baines and Alison Schofield as Lead Governor will participate. Governors present agreed that if Alison is not available to participate, the Chair would approach other Governors. It was noted that Governor participants would need to undergo a training needs analysis followed by any required training.

Paul Butterworth raised concern about Non-Executive Director attendance at Council of Governors' meetings and felt there is a lack of engagement from the Non-Executive Directors. The SINED confirmed that two Non-Executive Directors along with the Chair of the Trust are allocated to every governor meeting. This had been communicated to the Non-Executive Directors. The Deputy Director of Workforce and OD agreed to ensure there is an explicit reference in the job description regarding attending the Council of Governors meetings.

Stephen Baines requested the timeline be confirmed asap to ensure availability of Governors for the recruitment process.

There was discussion regarding Council of Governors attending Board meetings as an observer but not being able to hear properly. It was agreed this was for discussion outside of this Committee.

Action: JE to amend the documentation as follows:-
Identify meetings with Chair and Non-Executive Directors separately
Incorporate clearer reference to under-represented groups
Provide clarity in terms of attendance at meetings
Provide specific dates at the earliest opportunity

OUTCOME: The Committee APPROVED the recruitment of the Non-Executive Director posts subject to the documentation amendments outlined above.

6.2 ANNUAL APPRAISAL PROCESS OF THE CHAIR
It was noted that the Chair had left the meeting at this point due to a conflict of interest.

Andrea McCourt presented this paper which:
- Set out a process for the annual appraisal of the Chair;
- Outlined the involvement of Governors in the process;
- Confirmed the timeline for the 2018/19 appraisal of the Chair;
- Asked governor members to consider options for the content of the evaluation questionnaire for Governors

Paul Butterworth noted the inconsistencies with regard to the Chair's title within the documentation and it was agreed this would be amended.

Regarding the timeline for the Chair's appraisal process, Paul Butterworth queried that the Chair's self-assessment had already commenced even though approval is now being requested. It was noted that this is an independent part of the process and therefore the date would be removed from the timeline.

Andrea McCourt requested governors to consider options in relation to whether governors should be asked to complete a short or long version of the questionnaire. Following discussion Governors agreed that the longer questionnaire should be sent to Governors for completion as part of the 2018/19 appraisal of the Chair.

It was also agreed that the flowchart appendix of the Chair's approval process would be aligned to match the 11 steps detailed in the timeline.

OUTCOME: The Committee **APPROVED** the annual appraisal process of the Chair.

15/19 ANY OTHER BUSINESS
Linzi Smith questioned the process for a replacement SINED.
Action: AM agreed to check and provide feedback either within the notes of the meeting or separately.

It was agreed future meetings should be arranged cross site with video conferencing facilities. Governors to be advised of door codes of meeting venues.

Action: Amber Fox

Post meeting note: The Constitution, section 27, confirms that the Board of Directors will appoint one non-executive director to be the Senior Independent Non-Executive Director.

16/19 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The minutes from the Nominations and Remuneration Committee will be shared at the next meeting of the Council of Governors on 11 April 2019. The outcome will be reported back to the Board of Directors.

The revised terms of reference will be brought to the Council of Governors meeting on 11 April 2019 to be approved.

The recruitment and selection process for two replacement Non-Executive Directors was approved.

The annual appraisal process of the Chair was agreed.

The SINED thanked the governors for attending the meeting and closed the meeting.

COMPANY SECRETARY REPORT

Presented by Andrea McCourt

12. 1. Process for election of Lead Governor (APP E1)
2. 2019/20 Quality Account Priorities
3. Council of Governors Register (APP E2)
4. Elections to the Council of Governors
5. Self-Appraisal Process
6. Review Annual CoG Meetings Workplan (APP E3)
7. Review date of Annual General Meeting 2019
8. Council of Governors Formal Attendance Register – Annual Report and Accounts (APP E4)
9. Proposal for an additional Stakeholder Governor (APP E5)
10. Proposal for a Governor Workshop on 'Holding to Account' (APP E6)
11. Nominations and Remuneration Revised Terms of Reference (APP E7)

To Approve

Presented by Andrea McCourt

Calderdale and Huddersfield NHS Foundation Trust

COUNCIL OF GOVERNORS

PAPER TITLE: COMPANY SECRETARY'S REPORT - GOVERNANCE	**REPORTING AUTHOR:** Andrea McCourt
DATE OF MEETING: Thursday 11 April 2019	**SPONSORING DIRECTOR:** Owen Williams
STRATEGIC DIRECTION – AREA: • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability	**ACTIONS REQUESTED:** • For comment • To approve • To note • As indicated below
PREVIOUS FORUMS: N/A	

EXECUTIVE SUMMARY:

This report brings together a number of items for receipt, noting and approval by the Council of Governors:

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

The papers attached include:

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

Subject to approval the process will begin after the Council of Governors' meeting on 11 April 2019. The voting process closes on 24 June 2019 and a formal announcement will be made at the Joint Annual General Meeting to be held on 17 July 2018. The appointment will become effective from 18 July 2019. This process is detailed at Appendix E1.

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

The three Quality Account priorities that the Governors have selected for 2019/20 are:

Domain	Priority
Safety	**Emergency Department** – there are times when we are unable to meet the 4 hour waiting standard for patients in the emergency department, ED. We will continue to work on waits longer than 4 hours in the ED to ensure safe and reliable care.
Effectiveness	**Deteriorating Patients** - ensuring that the new national guidance around observations for deteriorating patients (NEWS2), National Early Warning Scores, is implemented and understood by frontline staff to ensure effective and reliable care is given at all times.
Experience	**Mental Health –** improving psychological support for mental health patients in the Emergency Department

The 2019/20 quality account priorities will be stated in the 2018/19 Quality Account and feedback on progress against these during the year will be shared with Governors at meetings of the Council of Governors.

The draft 2018/19 Quality Account has been shared with the lead governor on behalf of the governors and a formal response will be requested and added to the final Quality Account, in line with national guidance on Quality Accounts.

c. Council of Governors Register

The Council of Governors' are asked to **NOTE** and receive the Council of Governors register attached at Appendix E2.

d. Elections to the Council of Governors

The process for election to the Council of Governors is underway in line with the timetable approved at the meeting of the Council of Governors in January 2019. Postcards about the elections have been sent to members in constituencies where there are vacancies for public governors (5 vacancies) and there is a comprehensive communications strategy for staff governors (2 vacancies) which started at the beginning of April 2019. The deadline for receipt of nominations is 20 May 2019, including those from existing governors who wish to re-stand.

The Council of Governors is asked to **NOTE** the progress update for elections.

e. **Self-Appraisal Process**

The details of the self-appraisal process for 2018/19 will be confirmed in due course.

f. Review of Council of Governors Workplan

The Council of Governors is asked to review and approve the annual workplan for the Council of Governors at Appendix E3. Comments are to be sent to the Corporate Governance Manager.

g. **Review details for Joint Board/Council of Governors' Annual General Meeting**

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

h. **The Review of Council of Governors' formal meeting attendance**

The Council of Governors' are asked to check the record of attendance at Council of Governor meetings and advise of any discrepancies before 15 April 2019, following which they will be published in the

Annual Report in May 2019. This is detailed at Appendix E4.

i. **Proposal for an additional partnership Governor**
The Council of Governors is asked to **APPROVE** the proposal for an additional partnership Governor as detailed at Appendix E5.

j. **Proposal for a Governor Workshop**
All governors are required to undertake "Holding to Account" training and this became a compulsory part of induction training in Autumn 2018. A review of Governor attendance at "Holding to Account" training is enclosed at Appendix E6.

To ensure that all Governors undertaken the required "Holding to Account" training, the Council of Governors is asked to **NOTE** that a Governor workshop on holding to account training will be organised. All Governors who have not previously attended 'Holding to Account' training must attend. Training for Governors to interview Non-Executive Directors will also be offered on the same day.

k. **Nominations and Remuneration Committee for the Council of Governors Terms of Reference**
A revised term of reference for the Nominations and Remuneration Committee for the Council of Governors was reviewed and approved at the meeting of the Nominations and Remuneration Committee on 25 March 2019. This Committee recommends the approval of the terms of reference for the Nominations and Remuneration Committee to the Council of Governors. The Council of Governors is therefore asked to approve the terms of reference based on this recommendation. The revised terms of reference are enclosed at Appendix E7.

The Council of Governors is asked to **APPROVE** the revised Nominations and Remuneration Committee (CoG) terms of reference.

RECOMMENDATION:
The Council of Governors is asked to receive, note and approve, as appropriate, the information presented.

APPENDIX ATTACHED: YES

Appendix E1 – Process for election of Lead Governor
Appendix E2 – Council of Governors Register
Appendix E3 – Council of Governors workplan
Appendix E4 - Council of Governors Formal Attendance Register for the Annual Report and Accounts
Appendix E5 - Proposal for an additional partnership Governor
Appendix E6- Holding to Account Training Summary and Training Needs Analysis
Appendix E7 – Terms of Reference of the Nominations and Remuneration Committee of the Council of Governors

Appendix E1

Calderdale and Huddersfield
NHS Foundation Trust

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

1. Purpose

To provide the Council of Governors' with the timetable, appointment criteria and process for election to the post of lead governor for the 12 month period from July 2019.

2. Constitutional Context

2.1 Under the Constitution the Council of Governors is required to nominate a lead governor to facilitate direct communication between NHS Improvement (formerly Monitor) and the Council of Governors in limited circumstances where it may not be appropriate to communicate through the normal channels. Further information on this is provided in Appendix 1.

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

2.3 In line with section 18.3 of the Trust Constitution the lead governor post may only be filled by governors elected in the public constituencies (i.e. not staff or appointed governors).

2.4 The lead governor will serve for a period of 12 months from the start of their office as lead or until the expiry of their Council of Governor tenure, whichever is the sooner. In the event that Council of Governor tenure of the lead governor terminates in advance of the 12 month period and the governor holding office is re-elected to serve a further term, then the unexpired portion of their appointment as lead governor will be served out by that governor.

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

3. Criteria

3.1 Governors wishing to undertake the role of lead governor must have:

- Excellent communication skills;

- Commitment to the values and behaviours of the Foundation Trust and support for its goals and objectives;
- Ability to work with others as a team and encourage participation from less-experienced members;
- Time management skills;
- Availability to commit the time to this role and attend meetings.

3.2 Desirable personal qualities for a lead governor include:

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

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

4.1 An election of the role of lead governor needs to be held in anticipation of expiry of the term of the current post holder on 17 July 2019.

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

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

4.4 Governors may not vote for more than one candidate.

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

5. Responsibilities of the Lead Governor

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

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

5.2 To lead the Council of Governors in circumstances where is may not be considered appropriate for the Chair, Deputy Chair or another one of the Non-Executive Directors to lead (e.g. chairing a meeting to discuss the appointment of a new chair).

5.3 On behalf of the Council of Governors, to raise issues for discussion at the Trust Board.

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

5.5 To act as a point of contact and liaison for the Chair and the Senior Independent Non-Executive Director

5.6 To contribute to the agenda setting of the Council of Governors meetings

5.7 To attend the Nominations and Remunerations Committee of the Council of Governors and lead the Governors on this Committee in the process for appointing the Chair and Non-Executive Directors

5.8 To attend the Annual General Meeting of the Trust

5.9 To act as a point of contact for the Governors with the Care Quality Commission

Recommendation:
To approve the process for the election of the lead governor for 2019

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

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

Appendix 1

DRAFT TIMELINE FOR THE APPOINTMENT OF LEAD GOVERNOR

TIMELINE 2019

DATE	ACTION
11 April 2019	Procedure approved at Council of Governors meeting
w/c 15 April 2019	Public governors to email the Corporate Governance Manager (Amber.Fox@cht.nhs.uk), to self-nominate for the post of lead governor
29 April 2019	Deadline for receipt of expressions of interest from public governors
20 May 2019	Deadline for receipt of Candidate Supporting Statements (no more than 250 words) on their suitability for the post and why they wish to become lead governor with letters of support from **four** governors
27 May 2019	Voting takes place – voting papers and Candidate Supporting Statements sent to all governors
24 June 2019	Voting closes for lead governor appointment
17 July 2019	Formal announcement of lead governor appointment at Annual General Meeting
18 July 2019	Appointment effective

Appendix 2

The role of the nominated lead governor with NHS Improvement

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

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

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

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

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

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

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

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

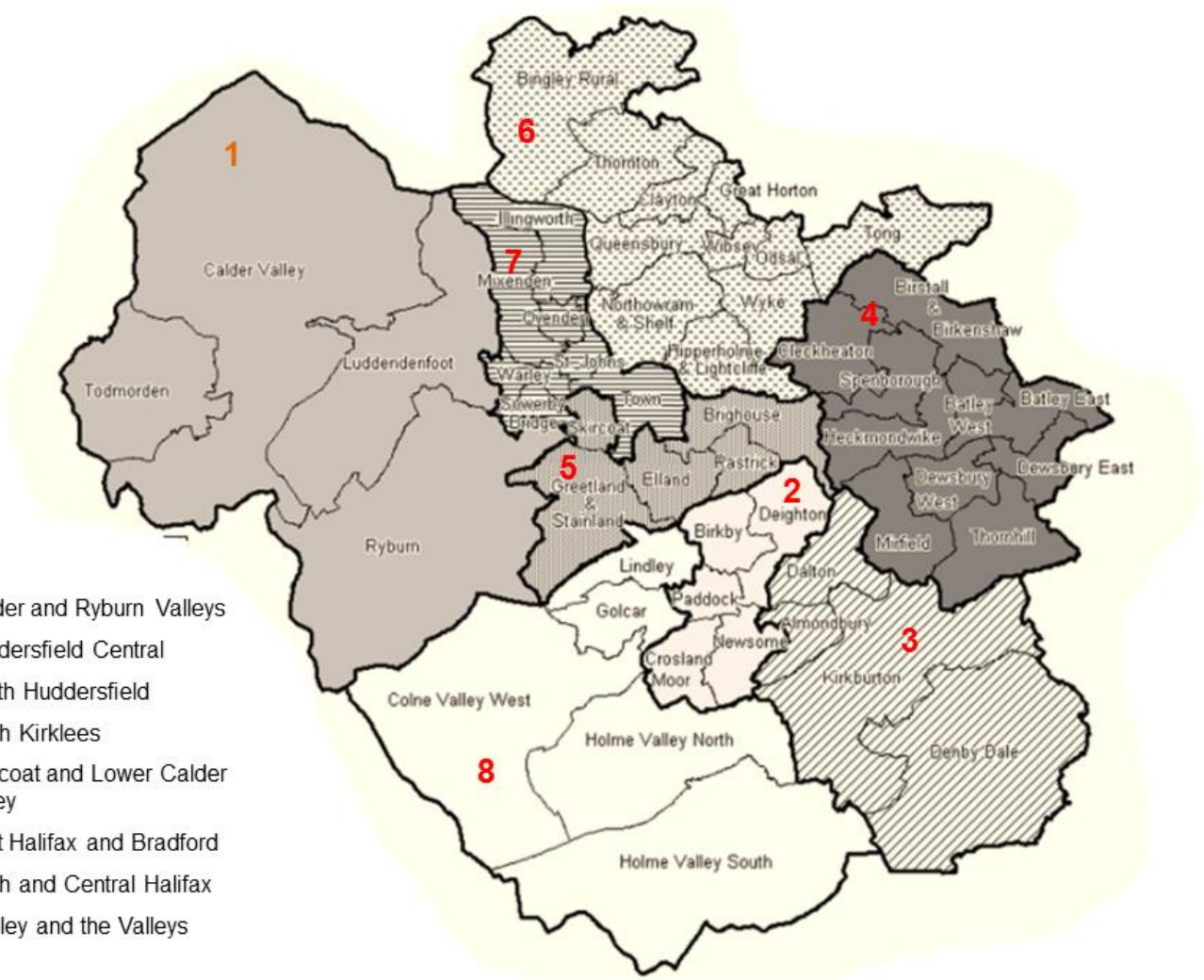
Calderdale and Huddersfield NHS Foundation Trust

Appendix E2

COUNCIL OF GOVERNORS REGISTER AS AT 23 JULY 2018

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1 – Calder and Ryburn Valleys	Jude Goddard	19.7.18	3 years	2021
1 – Calder and Ryburn Valleys	Donald Rodgers-Walker	19.7.18	3 years	2021
2 – Huddersfield Central	Sheila Taylor	19.7.18	3 years	2021
2 – Huddersfield Central	Christine Mills	19.7.18	3 years	2021
3 – South Kirklees	Dianne Hughes	19.9.13 15.9.16	3 years 3 years	2016 2019
3 – South Kirklees	John Richardson	15.9.17	3 years	2020
4 – North Kirklees (Cons. 4 from 15.11.17)	Veronica Maher	15.9.16	3 years	2019
4 – North Kirklees	Nasim Banu Esmail	15.9.16	3 years	2019
5 – Skircoat and Lower Calder Valley	Stephen Baines	15.9.16	3 years	2019
5 – Skircoat and Lower Calder Valley	Brian Richardson	18.9.14	3 years **3 years**	2017 **2020**
6 – East Halifax and Bradford	Annette Bell	19.7.18	3 years **3 years**	2018 **2021**
6 – East Halifax and Bradford	Paul Butterworth	15.9.17	3 years	2020
7 – North and Central Halifax	Lynn Moore	18.9.14	3 years **3 years**	2017 **2020**
7 – North and Central Halifax	Alison Schofield **(Lead Governor from 19.7.18)**	15.9.17	3 years	2020
8 – Lindley and the Valleys	Brian Moore	19.7.18	3 years **3 years**	2018 **2021**
8 - Lindley and the Valleys (Reserve Register from 23.7.18)	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	Linzi Jane Smith	15.9.17	3 years	2020
12 - Ancilliary	**VACANT POST**			
13 – Nurses/Midwives	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	Helen Wright	2.10.17	3 years	2020
Locala	Chris Reeve	21.11.17	3 years	2020
South West Yorkshire Partnership NHS FT	Salma Yasmeen	18.10.17	3 years	2020



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

APPENDIX E3

ANNUAL COUNCIL OF GOVERNORS MEETINGS PLAN 2019 – LATEST UPDATE – 4.4.2019

	24 Jan 2019	11 April 2019	17 Jul 2019 (AGM)	18 Jul 2019	17 Oct 2019	COMMENTS
Date of agenda setting						
Date final reports required						
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests	✓ Receive updated Register of Declaration of Interests	✓ Receive updated Register of Declaration of Interests		✓ Receive updated Register of Declaration of Interests	✓ Receive updated Register of Declaration of Interests	
Minutes of previous meeting	✓	✓		✓	✓	Upload approved minutes to public website
Matters arising	✓	✓		✓	✓	
Chair's Report	✓	✓	✓	✓	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register	✓ Review Register	✓ Receive updated Register of CoG	✓ Review Register	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - • **Audit & Risk Cttee** • **Finance & Performance Cttee** • **Quality Cttee** • **Workforce Cttee** • **Nomination and Remuneration Cttee** • **Charitable Funds** • **Organ Donation**	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	✓ Receive update – as appropriate	Private: • Feedback from DRG meetings • Feedback from private Board meetings • Any Questions

	24 JAN 2019	11 APRIL 2019	AGM – 17 JULY	18 JULY 2019	17 OCT 2019	COMMENTS
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	✓ Receive an update from DOF	
Integrated Performance Report	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	✓ Receive an update from COO	
Quarterly Quality Report Extract (Complaints)	✓	✓		✓	✓	
Updated CoG Calendar	✓	✓		✓	✓	
REGULAR ITEMS						
Election Process	✓Agree proposed timetable for election	✓ Progress on elections report	✓Ratify appointment of newly elected members			
Nomination and Remuneration of Chair and NEDs	✓Receive update on tenures	✓ Ratify decisions of Nom and Rem Com Meeting		✓ Ratify decisions of Nom & Rem Cttee Meeting		
Strategic Plan & Quality Priorities	Receive update: • Notes from BOD/COG Workshop • Quality Accounts	✓ Receive update on progress	✓Receive updated plan and priorities		✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission		✓ Receive Annual Plan (discussed at Workshop on 14				**SUBMISSION DATE TO BE CONFIRMED**

	24 JAN 2019	11 APRIL 2019	AGM – 17 JULY	18 JULY 2019	17 OCT 2019	COMMENTS
		February 2019) (GB, AB)				Receive draft submission and agree delegated sign off (Extra-ordinary MC Meeting or MC Dev. Session)
Appointment Lead Governor		✓ Paper to be presented to discuss election process **(if required)**	✓ Appointment confirmed			
Chair/NED Appraisal		✓ Approve Chair process	✓Receive informal report	✓ Approve NED appraisal process		April – Approve process July – receive report
Constitutional Amendments				✓ Review amendments		Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts.			✓ Receive presentation on audit of Accounts and Quality Accounts			
Future COG Meeting Dates				✓ Draft – meeting dates agreed	✓ Venues confirmed	
Council of Governors Sub Committees					✓ Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
COG Self Appraisal of Effectiveness		✓Update on proposed Self-				Outcome to be received through

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

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

APPENDIX E4

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	11.4.19	TOTAL
PUBLIC ELECTED										
1	Jude Goddard **(from 19.7.18)**					×	✓	✓		**2/3**
1	Donald Rodgers-Walker **(from 19.7.18)**									**0/3**
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)**					✓	✓	✓		**3/3**
2	Christine Mills **(from 19.7.18)**					✓	✓	✓		**3/3**
2	Kate Wileman **(Reserve Register)**	✓	×	✓	✓	✓				**4/5**
2	Katy Reiter **(until 19.7.18)**	×	×							**0/4**
3	Dianne Hughes	✓	✓	✓	✓	✓	✓	✓		**7/7**
3	John Richardson	×	×		×	×	✓	×		**1/7**
4	Veronica Maher **(Reserve Register)**	✓	✓	×	×	×	×	×		**2/7**
4	Nasim Banu Esmail	×	✓	×	×	✓	×	×		**2/7**
5	Stephen Baines	✓	✓	✓	✓	✓	✓	✓		**7/7**
5	Brian Richardson	✓	×	×	×	×	✓	×		**2/7**
6	Annette Bell	✓	✓		✓	✓	✓	×		**5/7**
6	Paul Butterworth	✓	✓	✓	✓		✓	×		**5/7**

7	Lynn Moore		✓	✓	×	✓	✓	×	✓		**5/7**
7	Alison Schofield		×	×	✓	✓	✓	✓	×		**4/7**
8	Brian Moore		✓	✓	✓	✓	✓	✓	✓		**7/7**
8	Rosemary Hedges **(from 19.7.18)**							✓	✓		**2/3**
8	Michelle Rich		×	×							**0/2**
9 - Drs/Dentists		Dr Peter Bamber	✓	✓	✓	×	×	✓	✓		**5/7**
11 - Mgmt/Admin/Clerical		Linzi Smith	✓	✓	✓	✓	✓	✓	✓		**7/7**
12 - Ancillary		Theodora Nwaeze	×	×							**0/6**
13 - Nurses/Midwives		Sian Grbin	✓	✓	✓	×	×	✓	✓		**5/7**
University of Huddersfield		Prof Felicity Astin	✓	✓		✓	✓	✓	×		**5/7**
Calderdale Metropolitan Council		Cllr Megan Swift	✓	✓	×	×	×	×	×		**2/7**
Kirklees Metropolitan Council		Vacant Post									**0/6**
Locala		Chris Reeve	×	✓	×	×	×	×	×		**1/7**
South West Yorkshire Partnership NHS FT		Salma Yasmeen	×	×			✓		×		**1/7**
Healthwatch Kirklees		Helen Hunter						×	✓		**1/2**
Healthwatch Kirklees		Rory Deighton **(until 20.7.18)**	✓	✓	×	×	×				**2/5**

DIRECTOR / NON-EXECUTIVE DIRECTOR	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
Philip Lewer **(Chair)**	✓	✓	✓	✓	✓	✓	✓		**7/7**
Alastair Graham		✓	✓	×	×	✓	×		**3/7**
Andy Nelson	✓	✓			✓	×	×		**3/7**
Karen Heaton				✓	✓	×	✓		**3/7**
Linda Patterson					✓	×	×		**1/7**
Phil Oldfield				×	×				**0/7**
Richard Hopkin	✓	×	×	×	×	✓	×		**2/7**
David Anderson **(until end of September 2018)**	✓	×	✓	×	✓				**3/5**
David Birkenhead	✓	×	×	×	✓	×	×		**2/7**
Gary Boothby	✓	×	✓	✓	✓	✓	✓		**6/7**
Helen Barker	✓	×	✓	✓	✓	✓	✓		**6/7**
Jackie Murphy **(from June 2018)**			×	✓	×	✓	✓		**3/5**
Lesley Hill	✓	✓	✓	✓	✓	✓	×		**6/7**
Owen Williams	✓	✓	✓	×	✓	✓	✓		**6/7**
Suzanne Dunkley	✓	×	×	×	✓	✓	✓		**4/7**
Victoria Pickles (resigned February 2018)	✓	✓	✓	✓	✓	✓	✓		**7/7**
Andrea McCourt							✓		**1/1**

Appendix E5
Proposal for An Additional Stakeholder Governor

Background

The Trust established Calderdale and Huddersfield Solutions as a wholly owned subsidiary in September 2018.

CHS staff who worked for the Trust prior to 1 September 2018 were already registered as staff members of the Trust.

It is proposed that the Constitution be amended to include Calderdale and Huddersfield Solutions Ltd as a stakeholder governor, also known as a partnership governor.

The Trust Constitution states

Stakeholder Governors are not elected as local representatives but are invited and appointed by the Trust on the recommendation of their organisations.

The Council of Governors comprises the following:

16 elected Public Governors,
Up to 6 elected Staff Governors and
Six appointed Stakeholder Governors, excluding the 2 local councils, one from each of the following as identified in the Trust's Constitution:

- Locala;
- South West Yorkshire Partnership Foundation Trust;
- Huddersfield University;
- Healthwatch Voluntary

Appointed Stakeholder Governors have equal rights as other governors (i.e. one vote); however, elected Public Governors form the majority of members on the Council of Governors.

All Governors are volunteers; they do not undertake the operational management of the Trust; rather they provide a vital link to the wider community, challenge the Board of Directors and collectively hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

Governors are responsible for regularly feeding back information about the Trust, its vision and its performance to the constituencies and stakeholder organisations that either elected or nominated them.

The statutory duties of NHS Foundation Trust Governors are set out in the National Health Service Act 2006 and the Health and Social Care Act 2012. It is vital that Stakeholder Governors are aware of the need to commit time to attend Council of Governor meetings in order to fulfil the statutory duties in addition to their employee responsibilities.

Tenure

The Trust's Constitution states at 11.6.2 that, appointed Stakeholder Governors:

11.6.2.1 shall normally hold office for a maximum period of three years commencing from the date of their appointment;

11.6.2.2 subject to the next sub-paragraph, are eligible for reappointment after the end of that period;

11.6.2.3 may not hold office for longer than nine years in total or three terms of office; and,

11.6.2.4 shall cease to hold office if the appointing organisation terminates their appointment.

Commitment

There are four Public Council of Governor meetings per year and all Governors are expected to attend. Constitutionally each Governor must attend a minimum of two. In addition, the Council of Governors convene the Annual Members' Meeting and again attendance is expected. In order to fulfil an effective role as a Governor, there are a range of other meetings which Governors should attend where possible. These include:

- Informal Governor Meetings.
- Non-Executive: Governor meetings in order to hold NEDs to account as per the constitution.
- Sub-committees of the Council where possible.
- Participation in recruitment of Non-Executive Directors as part of core constitutional responsibility.

Summary

It is appreciated that Stakeholder Governors have many commitments due to their primary professional role and, therefore, the Trust recognises that a flexible approach regarding contribution and commitment will be required.

Other Resources

- NHS Providers: So you're thinking about being a governor - https://nhsproviders.org/programmes/governwell/information-and-guidance/so-youre-thinking-about-becoming-a-governor

Recommendation

The Council of Governors are asked to **APPROVE** that the Constitution be amended to include Calderdale and Huddersfield Solutions Ltd as a stakeholder governor, also known as a partnership governor.

Appendix E6
Holding to Account training – Governors

Governor	Attended Y/N	Date
Dianne Hughes	Y	June 2015 **
Nasim Esmail	Y	January 2017 **
Stephen Baines	Y	January 2017 **
Rosemary Hedges	Y	January 2017
Annette Bell	Y	March 2018
Lynn Moore	Y	March 2018
Brian Moore	Y	March 2018
Veronica Maher	Y	March 2018
Jude Goddard	Y	October 2018 (at induction)
Sheila Taylor	Y	October 2018 (at induction)
Christine Mills	Y	October 2018 (at induction)
Brian Richardson	Y	Brian unsure of date
Paul Butterworth	N *	
Sian Grbin	N *	
Linzi Smith	N *	
Donald Rodgers-Walker	N	DNA October 2018
Alison Schofield	N	DNA March 2018
John Richardson	N	
Peter Bamber	N	

** on attendance sheet as having booked a place but not clear whether they did actually attend.

N * was not part of induction when these governors started in role (2017) and none attended session in March 2018.

Calderdale and Huddersfield NHS Foundation Trust

Appendix E7

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS

TERMS OF REFERENCE

DRAFT

Version:	1.1 Reviewed by Nominations and Remuneration Committee 8 March 2017 1.2 Amended following name change to Council of Governors – June 2017 2.1 Review by Nominations and Remuneration Committee 25 March 2019 2.2 Review by Council of Governors 11 April 2019
Approved by:	Board of Directors & Council of Governors
Date approved:	5 April 2017 Membership Council 6 April 2017 BOD 25 March 2019 Council of Governors
Date issued:	April 2019 (tbc)
Review date:	April 2020

NOMINATIONS AND REMUNERATION COMMITTEE OF THE COUNCIL OF GOVERNORS TERMS OF REFERENCE

1. Constitution

1.1 In line with the Constitution the Trust hereby resolves to establish a Committee to be known as the Nominations and Remuneration Committee of the Council of Governors. The Committee has no executive powers other than those specifically delegated in these terms of reference.

1.2 All references in these terms of reference to Non-Executive Directors are to be taken to include the Chair, unless specifically indicated otherwise.

1.3 All procedural matters in respect of conduct of meetings shall follow the Constitution and Standing Orders of the Council of Governors.

2. Purpose

The Committee, which is directly accountable to the Council of Governors, is established for the purposes of:

- Carrying out the duties of Governors with respect to the appointment, re-appointment and removal of the Chair and other Non-Executive Directors.
- Setting the remuneration of the Chair and other Non-Executive Directors.
- Receiving reports from the Trust Chair on issues of Governor conduct, eligibility and removal.

3. Authority

3.1 The Nominations and Remuneration Committee of the Council of Governors, hereafter referred to as the Committee, is constituted as a standing committee of the Council of Governors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Council of Governors meetings.

3.2 The Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Nominations and Remuneration Committee.

3.3 The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

3.4 The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

4. Conflicts of Interest

4.1 The Chair of the Trust, or any Non-Executive Director present at committee meetings, will withdraw from discussions concerning their own re-appointment, remuneration or terms of services.

4.2 In order to sit as a member of the committee, the Governors must sign a declaration that they have no intention to apply for a Non-Executive Director appointment within at least 12 months following attendance at the meeting of the Nominations and Remuneration Committee.

5. Nominations role

The Committee will:

5.1 Recommend to the Council of Governors potential candidates for appointment as Chair and / or Non-Executive Director.

5.2 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and, having regard to the view of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.

5.3 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills, diversity, knowledge and expertise needed on the Board of Directors in the future, having regard to any relevant legislation and requirements of the independent regulator.

5.4 To ensure a formal and transparent procedure is in place to monitor the performance and undertake the appraisal of the Chair and other Non-Executive Directors and report the outcome of these reviews to the Council of Governors on an annual basis.

5.5 Review annually the time commitment requirement for Non-Executive Directors.

5.6 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities and expected time commitment required and review the job description and person specification for the role of the Chair and Non-Executive Directors via the Nominations and Remuneration Committee of the Council of Governors.

5.7 Make recommendations to the Council of Governors concerning plans for succession, particularly for the key role of Chair.

5.8 Keep the leadership needs of the Trust under review at Non-Executive level to ensure the continued ability of the trust to operate effectively in the health economy.

5.9 Keep up-to-date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

5.10 Agree with the Council of Governors a clear process for the selection and nomination of candidates for the office or Chair or Non-Executive Director of the Trust, taking into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

5.11 To establish an appointments panel for the purposes of managing the process for the appointment of a Chair and / or Non-Executive Director.

5.12 To identify, interview and nominate suitable candidates who meet the 'Fit and Proper Persons Test' to fill vacant posts within the Committees remit and make a recommendation for approval of the appointment to the Council of Governors.

5.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

5.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest as well as with compliance with 'Fit and Proper Person' requirements are reported.

5.15 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board of Directors meetings.

5.16 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review and be subject to annual re-appointment.

5.17 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director.

6. Remuneration role

The Committee will:

6.1 Recommend to the Council of Governors remuneration packages and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of his own remuneration and terms of service), the Chief Executive, and any external advisers.

6.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms of office, of the Non-Executive Directors.

6.3 Receive and evaluate reports about the collective performance of Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.

6.4 In adhering to all relevant laws and regulations establish levels of remuneration which:

6.4.1 are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust;

6.4.2 reflect the time commitment and responsibilities of the roles;

6.4.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and

6.4.4 are sensitive to pay and employment conditions elsewhere in the Trust.

6.5 Oversee other related arrangements for Non-Executive Directors.

7. Governor Conduct Matters

7.1 To promote high standards of conduct by Governors and assist Governors to observe the code of conduct. All Governor members of the Committee must have attended "holding to account" training to be a member of this Committee.

7.2 To review the Governor code of conduct annually and make relevant recommendations to the Council of Governors for approval.

7.3 To receive and consider reports from the Trust chair on issues of Governor conduct, eligibility and removal.

7.4 To provide recommendations to the Council of Governors on issues of:

7.4.1 Governor conduct, eligibility and removal;

7.4.2 Process for dealing with any reports of breaches of the Code of Conduct or Trust Constitution.

8. Membership and attendance

8.1 The membership of the committee shall consist of:

- at least six Council of Governors appointed by the Council of Governors, four of whom must be public Governors. The lead Governor should be one of these four public Governors.
- The Trust Chair (or in the absence of the Chair the Senior Independent Non-Executive Director)

The Senior Independent Non-Executive Director will attend as appropriate and will chair any discussions relating to the appointment, re-appointment or remuneration of the Trust Chair.

The following will attend in a professional advisory capacity:

- Deputy Director of Workforce and Organisation Development
- Company Secretary and / or Corporate Governance Manager

Membership of the Committee will be reviewed annually.

9. Chair of the Committee

9.1 The Committee will be chaired by the Trust Chair.

9.2 Where the Trust Chair has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Senior Independent Non-Executive Director.

10. Quorum

10.1 A quorum shall be three members, two of whom must be public Governors, one of who should be the lead governor, or a governor nominated by the lead governor should the lead governor be unable to attend. Either the Trust Chair or the Senior Independent Non-Executive Director should be present.

11. Secretary

11.1 The Corporate Governance Manager shall be the secretary to the Committee.

12. Training

12.1 The Trust will ensure the availability of and access to appropriate training to enable members of the committee to fulfil their roles and responsibilities.

13. Attendance

13.1 Only members of the Committee have the right to attend Committee meetings.

13.2 At the invitation of the Committee, meetings shall normally be attended by the Chief Executive and Director of Workforce.

13.3 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

14. Frequency of Meetings

14.1 Meetings shall be held as required, but at least once in each financial year.

15. Minutes and Reporting

15.1 Formal minutes shall be taken of all Committee meetings and once approved by the Committee, circulated to all members of the Council of Governors unless a conflict of interest, or matter of confidentiality exists.

15.2 The Committee will report to the Council of Governors after each meeting.

15.3 The Committee shall receive and agree a description of the work of this Committee, its policies and all Non-Executive Director remuneration in order that these are accurately reported in the required format in the Trust's Annual Report.

15.4 Members of the Committee will be required to attend the Annual General meeting to answer questions from the Foundation Trust members and the wider public.

11. Performance Evaluation

11.1 The Committee shall review annually its collective performance.

12. Review

12.1 The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually.

Appendix 1

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS

Membership	Member / Attendee	Role
Trust Chair **(Chair)**	Philip Lewer	Chair
Senior Independent Non-Executive Director (SINED)	Phil Oldfield	Non-voting member unless Chairing the meeting due to conflict of interest by the Chair
Lead Governor	Alison Schofield	Member
Public Governor	Paul Butterworth	Member
Public Governor	Stephen Baines	Member
Public Governor	Jude Goddard	Member
Public Governor	Veronica Maher	Member
Staff Governor	Linzi Smith	Member
Company Secretary	Andrea McCourt	Attendee
Deputy Director of Workforce and Organisational Development	Jason Eddleston or representative	Attendee

March 2019

VERBAL UPDATE FROM BOARD SUB COMMITTEES

13. Quality Committee - C Mills

Charitable Funds Committee - S Taylor

Organ Donation Committee - P Lewer

Audit & Risk Committee - P Oldfield

Finance & Performance Committee - S Grbin

Workforce Committee - A Schofield

INFORMATION TO RECEIVE

To Note

14. Council of Governors Calendar 2019

To Note

Presented by Andrea McCourt

2019 MEETING SCHEDULE FOR GOVERNORS

Calderdale and Huddersfield NHS Foundation Trust

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
CHS 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	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Calderdale Royal Hospital, Large Training Room, Learning & Development Centre
CoG Training Session – An Introduction to NHS Finance Attend: Any	Monday 20 May 2019	9:30 – 11:30 am	Huddersfield Royal Infirmary, Meeting Room 3, Learning Centre
Board of Directors / Council of Governors Workshop Attend: All	Tuesday 21 May 2019	1:00 – 4:00 pm	Calderdale Royal Hospital, Boardroom, Trust Headquarters

2019 MEETING SCHEDULE FOR GOVERNORS

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Surgery Divisional Reference Group Meeting
Attend: **Brian Richardson, John Richardson, Jude Goddard, Nasim Esmail, Brian Moore, Donald Rodgers-Walker, Christine Mills**

Community Divisional Reference Group Meeting
Attend: **Annette Bell, Sheila Taylor, Sian Grbin, Lynn Moore, Stephen Baines, John Richardson**

CHS Divisional Reference Group Meeting
Attend: **Brian Moore, Alison Schofield, Stephen Baines, Sheila Taylor, Annette Bell**

FSS Divisional Reference Group Meeting
Attend: **Rosemary Hedges, Peter Bamber, Christine Mills, Paul Butterworth, Veronica Maher, Annette Bell**

Medicine Divisional Reference Group Meeting
Attend: **Brian Richardson, Alison Schofield, Dianne Hughes, Donald Rodgers-Walker, Linzi Smith**

CoG Training Session: Working Together to Get Results
Attend: Any

Joint Board of Directors / Council of Governors Annual General Meeting
Attend: All

Council of Governors Meeting
Attend: All

Governor/NED Induction Day 1
Attend: New Governors/NEDs

Governor/NED Induction Day 2
Attend: New Governors/NEDs

Tuesday 4 June 2019	10:00 – 11:30 am	Huddersfield Royal Infirmary, Meeting Room 3, Learning Centre (CHANGE)
Thursday 6 June 2019	4:00 – 5:30 pm	Meeting Room, Lister Lane Surgery, Halifax (CHANGE)
Wednesday 12 June 2019	10:00 – 11:30 am	Huddersfield Royal Infirmary, Forum B, Sub-Basement
Thursday 13 June 2019	2:00 – 3:30 pm	Calderdale Royal Hospital, Boardroom, Trust Headquarters
Wednesday 26 June 2019	2:00 – 3:30 pm	Acre Mills Outpatients (3rd Floor), Room 3
Wednesday 3 July 2019	9:30 – 11:30 am	Calderdale Royal Hospital, Syndicate Room 3, Learning & Development Centre
Wednesday 17 July 2019	5:00 – 7:00 pm (Event starts at 6:00 pm)	Acre Mills Outpatients (3rd Floor)
Thursday 18 July 2019	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Huddersfield Royal Infirmary Boardroom, Sub-Basement
September (TBC)	9:00 – 4:30 pm	TBC
September (TBC)	9:00 – 4:30 pm	TBC

2019 MEETING SCHEDULE FOR GOVERNORS

Calderdale and Huddersfield NHS Foundation Trust

Governors / Non-Execs Informal Workshop Attend: All	Thursday 26 September 2019	4:00 – 6:00 pm	Calderdale Royal Hospital Medium Training Room, Learning & Development Centre
Council of Governors Meeting Attend: All	Thursday 17 October 2019	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Calderdale Royal Hospital, Large Training Room, Learning & Development Centre
Surgery Divisional Reference Group Meeting Attend: **Brian Richardson, John Richardson, Jude Goddard, Nasim Esmail, Brian Moore, Donald Rodgers-Walker, Christine Mills**	Tuesday 12 November 2019	3:00 – 4:30 pm	Acre Mills Outpatients (3rd Floor), Room 3
CHS Divisional Reference Group Meeting Attend: **Brian Moore, Alison Schofield, Stephen Baines, 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 (3rd 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, John Richardson**	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

15. Any Other Business

16. DATE AND TIME OF NEXT MEETINGS:

Council of Governors meeting
Date: Thursday 18 July 2019
Time: 3:30 – 5:30 pm (Private meeting 2:00 – 3:15 pm)
Venue: Boardroom, Sub-Basement, HRI

Annual General Meeting
Date: Wednesday 17 July 2019
Time: Commencing at 6:00 pm
Venue: 3rd floor, Acre Mills Outpatients

To Note

Presented by Philip Lewer