NHS

Calderdale and Huddersfield

NHS Foundation Trust

Annual Report and Accounts 2018/19

compassionate care

Calderdale and Huddersfield NHS Foundation Trust

Annual Report and Accounts

2018/19

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Paragraph 25 (4) (a) of the National Health Service Act 2006.

Contents

Cover picture

Two recovery nurses celebrating International Nurses' Day in May: Lisa McCallion, left, and Rosemarie Gorny


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HUDDERSFIELD
ROYAL INFIRMARY
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WAY

Introduction

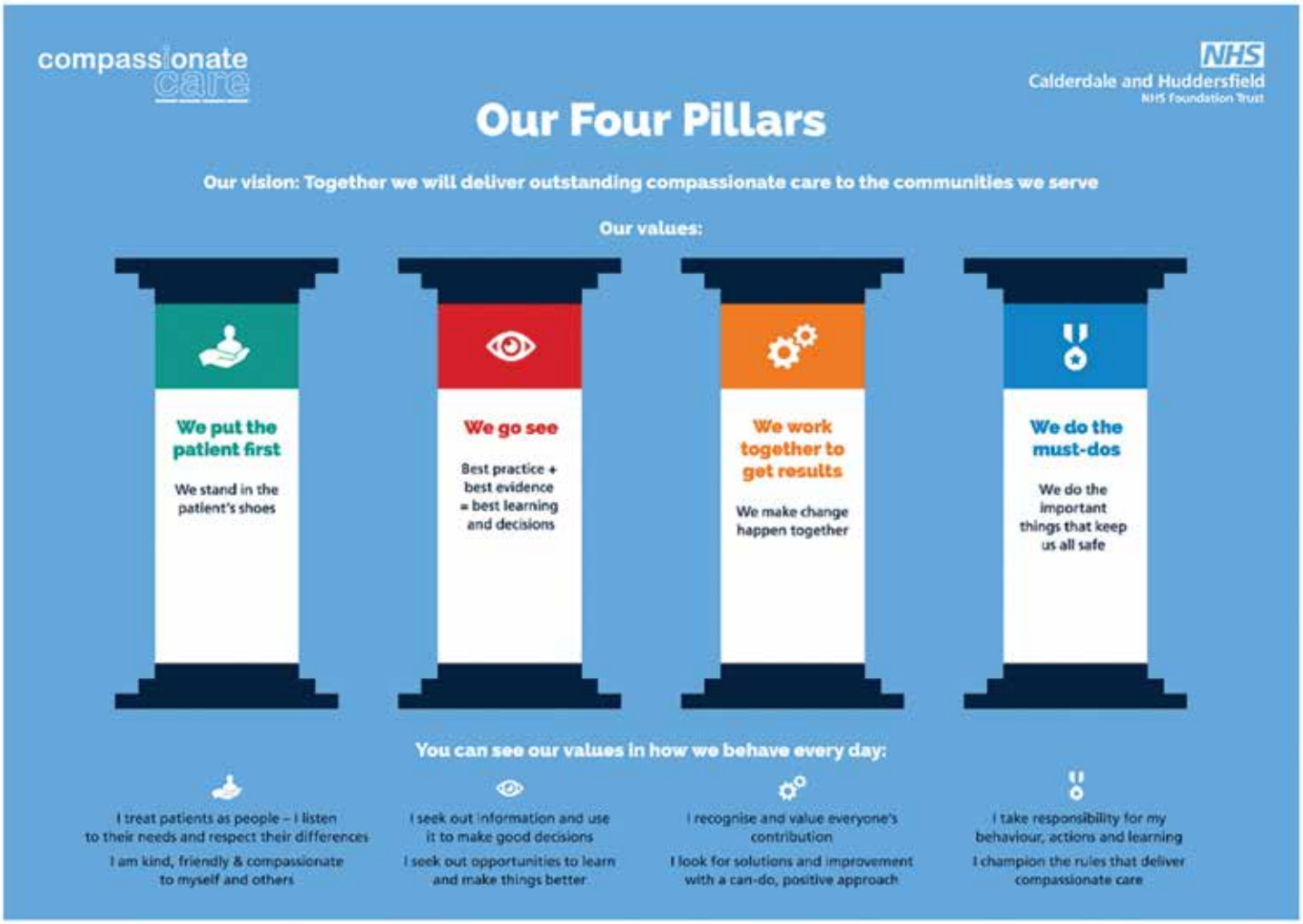
Introduction

Our vision and values

Together we will deliver outstanding compassionate care to the communities we serve

This is supported by the Trust's values, the four pillars of behaviour that it expects all employees to follow and which are embedded into the organisation so that every member of staff understands their responsibilities. These are:

- **We put the patient first**
- **We go see**
- **We work together to get results**
- **We do the must dos**



Chairman's statement

What a brilliant year I have had as Chair of this lovely, vibrant and amazing Trust providing care for our communities in Calderdale and Huddersfield.

And what a year it has been. First and foremost, it was one of discovery and amazement for me and so a top priority was, and still is, to visit as many areas and the colleagues who work there and that's been a real pleasure and my visits will continue.

Then, back in June 2018 the Trust gained a 'Good' rating from the Care Quality Commission, after, believe me, a very intense few weeks of inspection affecting all areas of the Trust. Just to give you some idea of the rigour of CQC, around 30 inspectors, over several days talked to my colleagues, our patients, their families about the care provided here. The Good rating was entirely due to the dedication and commitment of my 6,000 colleagues in all roles and in all areas of the Trust.

Every time I see the 'Good' certificate in our main entrances it makes me smile and feel very proud to be part of this Trust and work alongside such dedicated colleagues. We are trying hard to achieve 'outstanding' next time.

Later in the year there was more encouraging news from the Department of Health. They granted an application from West Yorkshire and Harrogate Health and Care Partnership for nearly £200m public funding in support of our proposals to reconfigure our health services. This is still very much 'work in progress', together with our stakeholders and communities with many more steps along the way.

Both these were real developments for the direction we want Calderdale and Huddersfield NHS Foundation Trust to be heading in – to be the very best local, long term provider of quality healthcare services in our hospitals and in our communities.

I look back over my first year with tremendous pride, affection and appreciation of the work begun by colleagues over recent years, for this Trust.

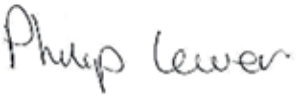
As a first timer, the staff awards in December were among a personal highlight. I was in awe listening to all the innovative and challenging work which is going on each day. It was a real honour to meet those colleagues driving innovation and improvement at such a pace. It was humbling to hear about long-serving colleagues, for example one of whom has been at the Trust for over 44 years and has so many different roles he could wear six uniforms a day!

As well as our frontline clinical and non-clinical colleagues, this Trust could not function without all our supporters. I would like to take this opportunity to thank the Trust's Council of Governors, the Board, and all our hundreds of hospital volunteers, always there with a smile to help our patients and their families.

One year in and I am really aware just how this Trust is one of the friendliest and professional places I have ever worked. This I know is built on 100% commitment to providing compassionate care for our patients, and their families.

I know that will continue and I look forward to being part of Calderdale and Huddersfield NHS Foundation Trust in the coming year.

Regards



Philip Lewer, Chair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Performance Report


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Overview of performance

Statement from the Chief Executive

I am going to start by hailing the past 12 months as another great year of providing Compassionate Care.

As you know we place great store on our Four Pillars of behaviour which are:

- we put the patent first
- we go see
- we do the must dos
- we work together to get results.

In some respects, the words are easy but putting them into practice every single day and night is something else altogether. Providing Compassionate Care underpinned by the application of our Four Pillars binds us all together whether we work in one of our hospitals or in our numerous community locations.

And, by working together through some of the toughest times ever, our fellow CHFT colleagues, volunteers and partners have truly produced a year which has featured compassion not just for our patients but from one colleague to the other.

Despite the financial challenges and the "big bang" introduction of electronic patient records (EPR) here at the Trust in May 2017, we have never consciously waivered, or compromised, or taken our eye off the ball and let our standards fall.

We continue to be one of the best performing Trusts in the country when it comes to the three core NHS Constitutional patient targets: referral to treatment times, the emergency care standard of waiting four hours or less in A&E and cancer referral times.

As well as the high performance against these three targets we also worked hard to improve care in other areas which are important to us. For example, we have seen our mortality rates fall, our service performance for patients with a fractured neck of femur has improved and we have halved the number of still-births.

We also had an NHS England led external assessment of the impact of the implementation of our EPR. While that has not been without its many challenges, we have achieved an improvement in our position nationally in the digital maturity index to joint 1st. This is considered exceptional performance and has been described as a positive 'case study' by Deloitte who conducted the external assessment on behalf of NHS England.

As ever, there remains much to do. Like many other Trusts, our financial position presents us with ongoing challenges and increasingly working as a part of the West Yorkshire & Harrogate Partnership, will continue to become a key part of the way we work.

We also want to ensure that our colleagues feel that we are as explicit about having Compassionate Care for each other as well as our patients and their friends and relatives. That's why initiatives such as our "Cupboard" (https://thecupboard.cht.nhs.uk/) and our desire to celebrate success and continually improve will be important.

So, in conclusion, there is much to look forward to, and much work ahead. However, we have nothing to fear and I would like to take this opportunity to give my heartfelt thanks to my CHFT colleagues and our partners for continuing to provide Compassionate Care for our local people and their families.

Owen Williams
Chief Executive

The purpose of this overview section of our Annual Report is to provide a short summary of the Trust, our purpose, history, the key risks to the achievement of our objectives and our performance during the year.

Our purpose and activities

The principal purpose of the Trust is the provision of goods and services for the purpose of health care in England. The principal location of business of the Trust is
:
Trust Headquarters, Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield, West Yorkshire HD3 3EA

In addition, the Trust has the following locations registered with the Care Quality Commission:

- Calderdale Royal Hospital, Salterhebble, Halifax, West Yorkshire, HX3 0PW
- St John's Health Centre, Lightowler Road, Halifax, West Yorkshire, HX1 5NB
- Todmorden Health Centre, Lower George Street, Todmorden, West Yorkshire, OL14 5RN
- Broad Street Plaza, 51 Northgate, Northgate, Halifax, West Yorkshire, HX1 1UB

The Trust is registered with the Care Quality Commission without conditions and provides the following regulated activities across the stated locations:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening services
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Nursing care
- Surgical procedures
- Termination of pregnancy
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust. It provides acute and community health services. The trust serves two populations; Greater Huddersfield which has a population of 250,000 people and Calderdale with a population of 220,000 people. The trust operates acute services from two main hospitals; Calderdale Royal Hospital and Huddersfield Royal Infirmary. The trust has approximately 800 beds and 6,000 staff.

We provide a range of services including urgent and emergency care; medical; surgical; maternity; gynaecology; critical care; children's and young people's services; end of life care and outpatient and diagnostic imaging services.

We provide community health services, including sexual health services in Calderdale from Calderdale Royal and local health centres. These include Todmorden Health Centre and Broad Street Plaza. St Johns Health Centre was used until September 2018.

In 2018/19 we cared for more than 119,000 men, women and children as inpatients (stayed at least one night) or day cases. There were also over 440,000 outpatient attendances; over 150,000 accident and emergency attendances and over 5,000 babies delivered. There were some 260,000 adult services contacts by our community teams as well as 283,000 contacts with our therapy services.

Our 6,000 colleagues provide compassionate care from our two main hospitals, the Calderdale Royal Hospital, and the Huddersfield Royal Infirmary, as well as in our community sites, health centres and in our patients' homes.

A brief history

Calderdale and Huddersfield NHS Foundation Trust is a statutory body, which became a public benefit corporation on 1 August 2006 following its approval as a NHS Foundation Trust by the Independent Regulator of NHS Foundation Trusts (Independent Regulator) authorised under the Health and Social Care (Community Health and Standards) Act 2006 (the 2006 Act).

The Trust was formed in 2001 combining hospitals in Halifax and Huddersfield to deliver healthcare for the populations of Calderdale and Huddersfield.

Since then we have expanded beyond our hospital-based services and we now also provide a range of community services in Calderdale to meet the changing healthcare demands of our population.

As a Foundation Trust - a status gained in 2006 - we have had the freedoms to develop and invest in our services to make sure they are tailored to the best needs of our local patients.

In 2006 maternity and surgical services were reconfigured to provide obstetric maternity care and most children's inpatient services on the Calderdale site and trauma surgery on the Huddersfield site. Stroke care was also centralised on the Calderdale site.

In 2015 we opened our state of the art outpatients centre in Acre Mills in Lindley, Huddersfield. We also won the tender to provide sexual health services in Calderdale in a joint bid with the Calderdale GP Federation. We continue to work with partners in both Calderdale and Huddersfield to develop and deliver high quality, compassionate health care services for our patients.

During 2017 medical services were reconfigured in response to recommendations from the Royal College of Physicians (RCP) Invited Service Review (ISR) for Elderly Care Services and Respiratory Medicine. In November 2017 cardiology and respiratory services were co-located at Calderdale Royal Hospital and all elderly medical services were moved to Huddersfield Royal Infirmary alongside a new frailty service on both sites.

In 2018/19 our acute stroke service, cardiology and respiratory services were delivered from the Calderdale site, with elderly care and our frailty service being developed on the Huddersfield site. Patients presenting to either hospital site are treated and transferred accordingly depending on their need.

Key issues and risks

The Trust continued to strengthen its risk management processes during 2018/19 with a review and update of the risk management strategy, risk management policy and incident reporting policy. The Trust commissioned a review of its governance structure and effectiveness of Committees reporting to the Board from internal audit to ensure clarity on assurance and accountability

There is a regular review of the Board Assurance Framework and the high level risk register at the Board and its sub-committees. A description of the principal risks and uncertainties facing the Trust is set out in the Annual Governance Statement on page 88.

In June 2018, the Board of Directors agreed the annual plan – setting out its key areas of delivery for year three of the five year plan. The plan aims to achieve the Trust vision of '*Together we will deliver outstanding compassionate care to the communities we serve'* and is built around the four goals of the Trust:

- Transforming and improving patient care
- Keeping the base safe
- A workforce fit for the future
- Financial sustainability

The risks to the achievement of the goals are described in the Board Assurance Framework as:

Transforming and improving patient care

- Risk that the Trust will not secure agreement to implement the proposals set out in the Full Business Case resulting in poor quality of care and impacting on workforce resilience.
- Risk of non-delivery of the West Yorkshire Association of Acute Trusts programme as part of the wider West Yorkshire Sustainability and Transformation Partnership due to internal focus, lack of partnership working and capacity resulting in enforcement action and inability to achieve a rating of 'advanced'.
- Risk that the Trust will be unable to deliver appropriate services across seven days resulting in poor patient experience, greater length of stay and reduced quality of care.
- Risk that the Trust does not involve and engage patients and the public in the delivery and improvement of services due to lack of clear processes, capacity and capability resulting in poor patient experience, poor quality of care and challenge to service change decisions.
- Risk that the Trust will not realise the safety, quality and financial benefits from the implementation of the Trust's electronic patient record due to lack of optimisation of the system.

Keeping the base safe

- Risk that patients do not receive high quality, safe care due to poor compliance with internally and externally set standards on quality and safety resulting in patient harm or poor patient experience.
- Risk that the Trust does not deliver the necessary improvements required to achieve full compliance with NHS Improvement resulting in enforcement action
- Risk of failure to achieve local and national performance targets resulting in patient harm, poor patient experience or enforcement action.
- Risk of failure to maintain current estate and equipment and to develop future estates model due to lack of available capital or resources resulting in patient harm, poor quality patient care or regulatory enforcement.

A workforce fit for the future

- Risk of not being able to deliver safe and effective high quality care and experience for patients due to insufficient medical and nursing staff caused by an inability to attract, recruit, retain, reward and develop colleagues.
- Risk of not having colleagues who are confident and competent to provide clinical and managerial leadership due to a lack of clear strategy and focus on development for current and aspiring leaders resulting in an inability to deliver the Trust's objectives and sustainable services for the future.
- Risk of not appropriately engaging all colleagues across the Trust and a failure to embed the culture of the organisation due to a lack of robust engagement mechanisms.

Financial sustainability

- Risk that the Trust will not deliver the long term financial plan due to reduced income, inability to deliver the cost improvement plan and additional pressures, resulting in regulatory intervention.
- Risk that the Trust will not secure sufficient capital funding to maintain facilities over the longer term and meet safety and regulatory standards resulting in patient harm and regulatory intervention.

The Board has been updated on the potential risks for the Trust relating to the United Kingdom leaving the European Union. Given the matters were being dealt with directly by NHS central bodies and HM Government and the Trust has complied with all relevant national requirements this was not identified as a significant strategic risk for the organisation.

The management and mitigation of these risks is reported to the Board each month. More information on the Trust's risk management arrangements is included in the Annual Governance Statement on page 88.

Following approval in March 2018 by the Board of Directors, on 1 September 2018 a wholly owned subsidiary company of Calderdale and Huddersfield NHS Foundation Trust began operating to provide estates, facilities and procurement. The company, Calderdale and Huddersfield Solutions Ltd, employs around 450 staff and is led by its own executive and management teams.

Capital funding to progress plans for reconfiguration of hospital services was confirmed in December 2018 following changes to plans in response to the findings of an Independent Reconfiguration Panel, subject to further approval stages.

Financial sustainability

The Trust continues to operate in a difficult financial environment. This sits alongside the continued challenges of ensuring safe staffing levels in the context of shortages in the available clinical workforce; delivering year on year efficiency savings; investing in developing technology and maintaining facilities; and responding to increasing demand and seasonal pressures.

The Trust has used its 2018/19 financial performance to shape the plan for 2019/20 alongside detailed service demand and capacity modelling and is planning for the following income and expenditure position:

- Underlying deficit of £42.8m;
- Cost improvement programme savings delivery at £11m. This is above the nationally required level, recognising the need to cover specific financial pressures and contain the Trust's deficit;
- Receipt of central funding of £22.1m from the Provider Sustainability Fund and Financial Recovery Fund combined.
- Planned deficit position of £9.7m after achievement of efficiencies.

The Trust is also planning to continue to invest in information technology, medical equipment and essential estate schemes in 2018/19. The total capital expenditure planned is £21.4m.

The Trust is reliant upon external cash support in order to continue to operate. The total additional borrowing to be drawn down in 2019/20 will be £26.5m to cover the day to day running of services as represented by the revenue position and the capital investment programme. This is planned to be secured through Department of Health and Social Care and Public Works Loan Board borrowing.

The plan is mindful of the work in support of the West Yorkshire and Harrogate Integrated Care System and West Yorkshire Association of Acute Trusts collaborative. New models of service delivery working with partners will be developed to deliver sustainable services in the future. This sits alongside the Trust's own plans for service reconfiguration which aim to support CHFT's strategic objectives, delivering benefits for patients, staff, the Trust and the local health economy.

Going Concern

The accounting concept of Going Concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate indefinitely and not go out of business or liquidate its assets in the foreseeable future.

Under International Financial Reporting Standards, management are required to assess, as part of the accounts process, the NHS Foundation Trust's ability to continue as a going concern. The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of services to another entity, or has no realistic alternative but to do so.

The Trust Board has assessed various sources of information in order to determine whether it is appropriate to prepare the accounts on a going concern basis. These include both internal and external reporting, the Trust's long term financial plan, audit reports and dialogue with NHS Improvement.

Given the deficit position and the challenge within the financial plans for 2019/20 further areas require consideration to be able to demonstrate that the Trust is a going concern.

The following has been taken into account when going concern is considered:

- The year-end financial position of £43.0m deficit (excluding impairments as described in note to the SOCI) was in line with the deficit plan agreed with the regulator. Whilst still a deficit position; this secures a level of confidence from NHS Improvement in the Trust's financial management.
- The Trust is supported by loan funding from the Department of Health and Social Care with a balance totalling £144.9m at 31 March 2019.
- The Trust closed the year with £2.0m of cash but cannot sustain the planned deficit position within 2019/20 without the requirements of external cash support. Loan agreements are in place with the Department of Health and Social Care and draw down will take place on a rolling monthly basis.
- The Commissioners continue to buy services from the Trust and contracts with commissioners have been agreed and were signed in April 2019. This leads to regular monthly transfers of fixed levels of cash based on contracted values for 2019/20. This incoming cash along with the loan facility will allow the Trust to meet all its obligations and liabilities.
- From Internal Audit reports completed in 2018/19 there have been no other indications of significant financial risk or weaknesses in financial risk management.
- In 2018/19 a cost improvement programme of £18m was delivered. A project management office is in place which ensures that the CIP plans for 2019/20 are robust and oversees their delivery. The programme methodology is built around a gateway approach for project design, development and delivery that includes a rigorous quality and equality impact assessment review. Delivery of the 2019/20 planned deficit position requires an efficiency saving of a further £11m.
- The Trust is continuing to work upon a service transformation strategy working closely with local partners, aided by reconfiguration, to deliver a sustainable long-term future. This strategy has been supported by regulators.
- In December 2018 the Department of Health and Social Care announced that 100% public capital funding of £197m had been earmarked to support implementation of the proposals described in the Trust's Strategic Outline Case for reconfiguration.

There is a reasonable expectation that Calderdale and Huddersfield NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, we continue to adopt the going concern basis in preparing the accounts.

As with any Trust placing reliance on the DHSC for financial support, the directors acknowledge that there can be no certainty that this support will continue although, at the date of approval of these financial statements, they have no reason to believe that it will not do so.

Based on these indications the directors believe that it remains appropriate to prepare the accounts on a going concern basis. However, the matters referred to above represent a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern and, therefore, to continue realising its assets and discharging its liabilities in the normal course of business. The financial statements do not include any adjustments that would result from the basis of preparation being inappropriate.

Performance Analysis

How we measure performance

Like all Trusts, Calderdale and Huddersfield NHS Foundation Trust is under enormous pressure to meet the health care needs of a growing and diverse population, alongside great changes to the infrastructure of the NHS and a difficult financial climate. The Trust provides hospital services to both Calderdale and Greater Huddersfield and community services in Calderdale.

The Trust's performance against a range of national targets and standards is assessed and reported internally and externally. These measures include the regulatory measures of 4-hour emergency care standard; cancer referral targets; infection control standards; 18-week waiting times and staffing levels as well as many other quantitative and qualitative standards including patient experience, workforce measures such as sickness and safety metrics including harm free care. This integrated approach to performance ensures all elements of care and service delivery are balanced.

The Board considers an Integrated Performance Report at each meeting which describes performance against these targets and any action being taken to address dips in performance and celebrate success. This is informed by detailed review at a divisional and executive level prior to the Board meeting.

There is also detailed scrutiny of the different elements of the Integrated Performance Report through the Board sub-committees - Finance and Performance Committee, Quality Committee and the Workforce Well-Led Committee. Each quarter the Board confirms the position of each of these metrics to NHS Improvement.

CHFT has a strong Data Quality programme within the organisation comprising a monthly Data Quality board and fortnightly Data Quality Group. During 2018/19 the Trust has managed to stabilise its data quality, including the coding of its RTT activity following its EPR implementation back in 2017 and is now focusing on a period of improvement with a series of measures in place involving clinicians, nurses, administrative staff and a strong validation team.

Performance Management Framework

The Trust Integrated Performance Report (IPR) consists of a Performance Summary and for each domain there is exception reporting where adverse performance is observed. The report is presented with variances, trends over the last 13 months and benchmarking information to illustrate areas of good and adverse performance. NHS Improvement's Single Oversight Framework (SOF) is one key source of performance measures but also included are key metrics which the Trust would like to focus on derived from the Trust's strategy and operational priorities.

The Trust Integrated Board Report supports the work of various board committees. The quality domains are the focus of the Quality Committee, the workforce domains the focus of the Workforce and Well-led Committee and the responsive, finance and efficiency domains are reported into Finance and Performance Committee which also looks at the overarching performance position. In addition, Divisional IPRs are also produced in a similar format which also show directorate level with current month and year to date indicators.

The production of the Divisional IPRs ensure the timely flow of information, prompt escalation and a 'golden thread' from ward to Board. Divisions hold Performance Review Meetings with Directorates and in turn the Directors hold a monthly Performance Review Meeting with each Division.

Deep dive reviews are commissioned for continued performance challenges and performance escalation with individual teams take place where assurance through routine performance meetings is not secured. During 2018/19 performance escalation took place in 2 Divisions for the finance and efficiency domain, several directorates for cancer performance, three Divisions for Complaints management and all Divisions for data quality.

Areas of outstanding performance are highlighted through Divisional Performance Review Meetings and associated Committees including the Council of Governors forum.

Our performance

Calderdale and Huddersfield NHS Foundation Trust has performed remarkably well during the year against the key regulatory national targets in the face of significant challenges and this is shown in the table below. Although the Trust missed the Emergency Care 4-hour Standard during 2018/19 it continued to perform in the top 10% of all Trusts nationally for this indicator.

Other than the Emergency Care Standard the Trust managed to hit every quarterly target for 2018/19 with overall improvement seen in quarter four which is regarded as the most challenging quarter for delivery. This improvement is a reflection of the adoption of the Four Pillars approach across CHFT.

The Trust has developed a set of around 100 key performance indicators across its 6 domains to measure its performance and benchmark against all West Yorkshire trusts and also trusts nationally and have ensured no domain was red in 2018/19.

The Trust provided safe, compassionate care for all of its patients with a high level of patient satisfaction while continuing to achieve the demanding efficiency savings.

Indicator	Target	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total time in ED under 4hrs	95%	93.22%	91.09%	90.08%	90.74%
Referral to Treatment Time, 18 wks. in aggregate, Incomplete pathways	92%	94.05%	93%	92.19%	92.05%
Cancer 2 week wait (all)	93%	97.76%	98.41%	99.11%	98.53%
Cancer 2 week wait Breast Symptomatic	93%	99.03%	98.43%	98.58%	97.06%
Cancer 31 days from diagnosis to first treatment	96%	99.57%	100%	99.61%	99.34%
Cancer 31 days for second or subsequent treatment – surgery	94%	100%	98.82%	98.57%	98.94%
Cancer 31 days for second or subsequent treatment – drug treatment	98%	100.%	100.%	100.%	100%
Cancer 62 day wait for first treatment (urgent GP)	85%	88.67%	86.69%	88.94%	89.29%
Cancer 62 day wait for first treatment (NHS Cancer Screening Referral Service)	90%	90.91%	97.22%	92.65%	96.15%

Emergency Care Standard

Like many other Trusts, CHFT has had significant challenges in the Emergency Care 4-hour standard with performance for 2018/19 at 91.29%.

Although attendance rates were similar to 2017/18 there were significant daily variations in demand for non-elective services and this was a challenge throughout the year. Staffing in both Accident and Emergency Departments, AEDs, remains a challenge particularly senior medical staff availability. The teams at CHFT deliver a high level of activity per staff member in comparison to many organisations and ensure safe services are maintained.

January was challenging in both AED departments due to the high volume of acutely unwell patients attending however winter plans in place ensured no corridor waits and much improved flow from the previous January.

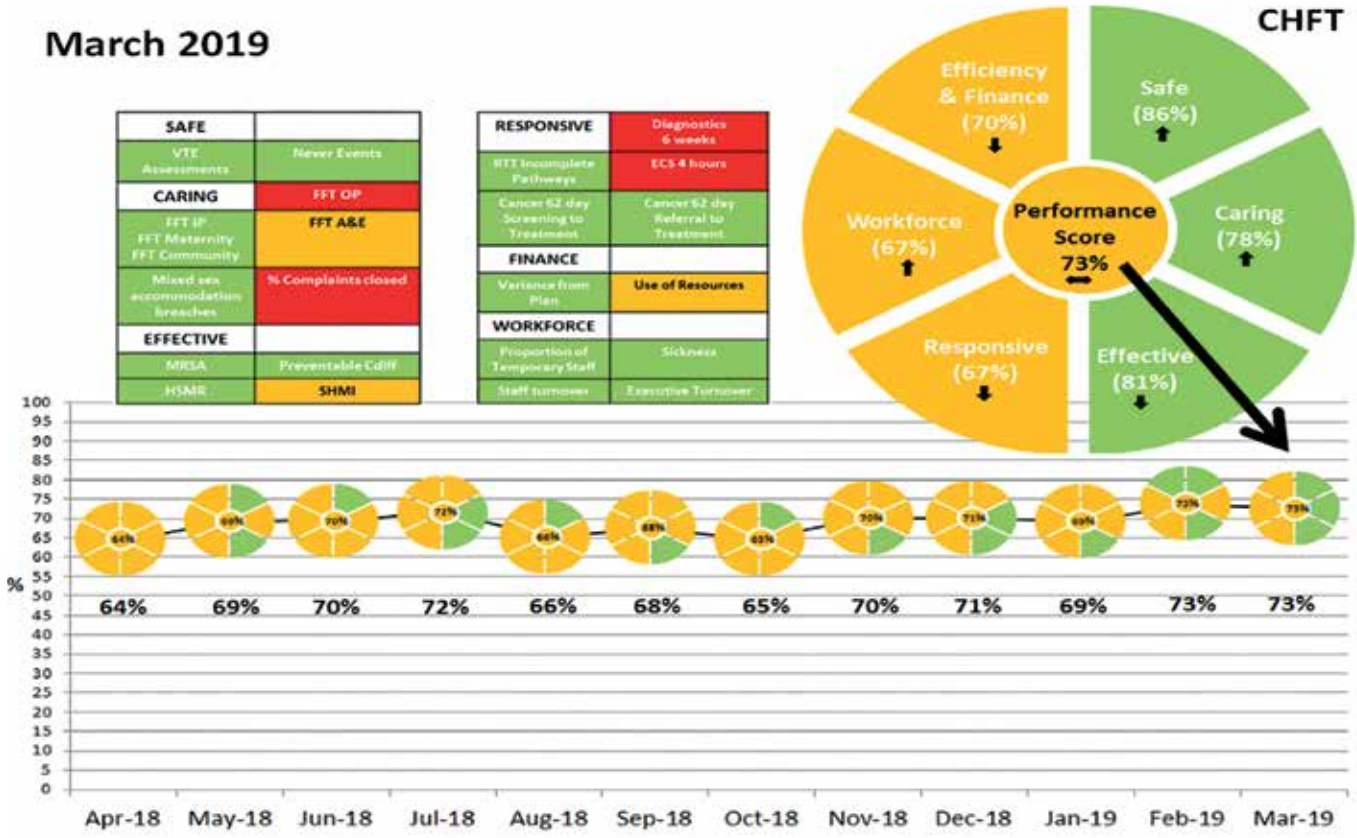
Building on the success of the Acute floor changes at Calderdale in 2017/18 the same model was adopted in Huddersfield Royal Infirmary, HRI, which supported improved flow. Its launch in December was combined with changes between Medical and Surgical assessment locations where both services worked together to ensure patient outcomes improved. Frailty development and expansion continued in 2018/19 increasing the volume of patients who were seen rapidly by frailty experts and supported back into their own homes without the need for prolonged inpatient admission. The readmission rates of this cohort of patients are among some of the best in England and the service is further expanding in 2019/20 including the move to deliver some of this capacity in community settings. This success reflects the commitment from the wider health and social care teams. Moving to these models also released Acute Physician capacity into the Emergency Department further reducing admissions, working closely with the Emergency Department team.

During the summer months surgical demand was higher than usual, a picture seen across West Yorkshire. AED attendances and the weather resulted in higher admission rates for frail patients suffering heat related illness.

CHFT was in a very small group of large acute Trusts that performed to such a level for its Emergency Care Standard in 2018/19.

Below is the Performance Summary taken from the March 2019 Integrated Performance report which shows a split by domain of Trust performance during 2018/19. Trust performance continued to improve throughout the year with not one single domain showing a 'red' (< 50% performance) during this time period.

Performance Summary



Benchmarking performance

Although the Trust missed the Emergency Care 4-hour standard during 2018/19 it has benchmarked extremely well nationally when all 3 key metrics (Emergency Care, 18 weeks Referral to Treatment and 62 day Cancer) are considered together.

2018/19 – 8th out of 128 acute organisations

Performance against our strategic objectives

In May 2018, the Board of Directors agreed the One Year Plan and quality priorities for 2018/19. The plan described the four goals of the Trust:

- Transforming and improving patient care
- Keeping the base safe
- A workforce fit for the future
- Financial sustainability

These goals are underpinned by our four behaviours:

- We put the patient first
- We go see
- We work together to get results
- We do the must dos

The plan set out the key areas of delivery to support the achievement of each of the goals described in the table below. The risks of not delivering the goals were assessed and included in the Board Assurance Framework. The risks associated with each area of delivery were also assessed and included in the corporate risk register.

Objectives for the Year Ending 2019				
Our Vision	*Together we will deliver outstanding compassionate care to the communities we serve*			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Financial sustainability
Our response	Achieve a regulatory approved proposal for the reconfiguration of hospital and care closer to home services that puts the patient at the centre of care	Deliver a Single Oversight Framework rating of 2 for the agreed quality and operational performance metrics	Achieve a retention rate of 90% and reduce vacancies by 10% to address recruitment and retention of key roles in CHFT	Deliver a regulatory compliant financial plan for 2018/19 including CIP
	Deliver all GIRFT actions in selected pathways of care to reduce variation and deliver agreed out comes	Achieve a BRAG rating of blue for all actions resulting from the findings of the CQC and Use of Resources inspection	Baseline / assess staff and patient equality & diversity experience and develop a plan of action to improve	Develop a regulatory and Integrated Care System compliant capital plan to meet the organisation's requirements
	Continue to meet 7 day NHS England standards (2,5,6 and 8) in agreed specialties	Launch the Quality Improvement Strategy and deliver the 18/19 agreed quality KPIs (including the 3 selected by the Council of Governors see separate page).	Create a health & wellbeing strategy to achieve 96% attendance and improve our overall engagement score	Maintain a Single Oversight Framework rating of 3 or better for financial and Use of Resources performance metrics
	Implement the agreed digital health next step proposal whilst deploying the technical infrastructure to create a shared care record across local health and social care community	Implement year 3 of the health & safety action plan; with specific focus on ensuring each service has tested their business continuity plan, has a COSHH super user (where required) and identified staff have completed risk assessment training	Create an OD Strategy to co-ordinate all workforce activities and develop an action plan to achieve our workforce key performance indicators and improve our overall engagement score	Progress key WYAAT work streams and capital bids including vascular; pharmacy; imaging; pathology; wholly owned subsidiary and elective procedures.
	Improve patient flow and achieve a 10% reduction in stranded (over 7 days) and super stranded (over 21 days) patients.	Develop & ensure delivery of the KPIs for the WOS to provide a safe environment that is efficient and supports effective patient care		

The Board received a report on progress against each of these areas during 2018/19. At the year end, 15 of the 18 deliverables had been fully delivered. These were: we met the 7 day NHS England standards in agreed specialties, we improved patient flow and achieved a 10% reduction in stranded patients (over 7 days) and super stranded patients (over 21 days), we had a Single Oversight Framework rating of 2 for quality and operational performance metrics and 3 for financial and Use of Resources performance metrics and we developed a capital plan to meet the organisation's requirements.

Three of the deliverables were rated as amber as being 'off-track' at that point (i.e. slightly delayed) but with a clear plan for improvement in place. These three areas, which are being progressed in 2019/20 were:

- Implement the agreed digital health next step proposal whilst deploying the technical infrastructure to create a shared care record across local health and social care community
- Launch of the Quality Improvement Strategy
- Baseline / assess staff and patient equality and diversity experience and develop a plan of action to improve

During 2018/19 the Trust continued its digital development with notable achievements including the roll out of digital platforms, including ECG and Blood Tracking. Clinicians are now able to view and share real time patient data in multiple care settings across primary, acute and community care. In terms of digital maturity, a notable success for the organisation is through national benchmarking which scores CHFT as joint 1st in the clinical digital maturity index which is an improvement from the previous joint 3rd ranking.

Sustainability and sustainable development

In 2018/19 the Trust has continued to implement measures to reduce its environmental impact. A Sustainable Development Group including Executive and Non-Executive Directors overseas the Sustainable Development Management Plan and associated action plan.

The Sustainable Development action plan has been revised to be in line with the outcomes that are expected by the NHS Sustainable Development Unit. Key areas of interest for this year have been travel and logistics and the sustainable Use of Resources.

Links to the wider public health agenda are made through regular meetings with both Kirklees and Calderdale Councils; encouraging active travel has been a focus of these meetings in the past year.

Energy usage continues to be a priority; the Trust has successfully secured funds from the NHS Energy Efficiency Fund (NEEF) to replace all non-LED light fittings for highly efficient LED replacements across the Trust therefore lowering energy and Carbon Emissions.

Our role in the local community – social and community issues

The Trust has been concentrating on increasing an already significant profile across our local Community. We have done this by introducing local volunteer partners to work alongside the Trust including RNIB, Age UK and Stroke Association. Our newest initiative has been to introduce Therapy Pets into the Trust by liaising with Pets as Therapy and Therapy Dogs Nationwide. We conducted a trial on our Paediatric Wards and the feedback was excellent from patients, parents and colleagues. We are also looking at introducing therapy pets to our Dementia Café which is open to inpatients and families. Colleagues in the Occupational Therapy Department are also looking to introduce a therapy dog into their work with Stroke Rehabilitation patients.

The number of volunteers has increased over the last year and we now have over 350 throughout the Trust. We have also introduced more volunteers to new departments across both hospitals including our Pharmacy department. The volunteers are helping deliver the patients medication to their ward which means that our nursing colleagues can stay on the ward and our patients are discharged sooner.

After the success of our Sixth Form Enrichment programme last year we have introduced new schools into the Trust across both sites. These students come into the Trust every Wednesday afternoon for a year where they work with our Dementia patients. They keep the patients company, play games and make crafts with them. We currently have over 40 students across the site, with another 24 joining us in the next few months.

The Chief Executive and other members of the senior team have been involved in Takeover Days and have given talks to various schools across the region to encourage and advise students with regards to careers in the NHS. The Trust has also held "So you want to be a Doctor?" day and Midwifery Taster Days.

Our work experience scheme has grown from 200 students last year to placing over 400 students since April 2018 in various medical and non-medical environments. We currently also support 191 colleagues on an apprenticeship which is 3.4% of our workforce.

We are currently working with Yorkshire Smoke Free and have a goal to becoming a smoke free trust in the future. Our Occupational Health department has also been working with social enterprises such as Incredible Edible who grow fruit, herbs and vegetables in the garden boxes at Calderdale Royal Hospital and then hold cookery classes on how to use them promoting healthy eating for our patients and families.

The Trust's Charity, League of Friends, has continued to support the hospital by purchasing much needed items for wards and departments including physiotherapy equipment, equipment for vulnerable inpatients and birthing scales.

We have a number of policies in place which cover social, community, counter fraud, bribery and human rights matters. A process is in place to ensure that none of our policies have an adverse or discriminatory effect on patients or staff.

Important events since the end of the financial year 2018/19

The Strategic Outline Case (SOC) for the reconfiguration of Hospital Services was approved by the Trust Board at a meeting held in private on 22 March 2019. This is the next step in the process following the announcement in December 2018 by the Department of Health and Social Care that the Trust had been allocated £197m to fund the reconfiguration of hospital services in Calderdale and Huddersfield. The SOC was formally submitted to NHS England and NHS Improvement on the 25th April 2019 and published on the Trust website.

Overseas operations

The Trust has no overseas operational activity and has received no commercial income from overseas activity during the year.
Signed

Owen Williams
Chief Executive
24 May 2019


Toilet &
Bathroom
Female

Accountability Report

Directors' Report

Composition of the Board of Directors

The members of the Board during 2018/19 were:

- Philip Lewer – Chair from 1st April 2018
- Owen Williams – Chief Executive
- Helen Barker – Chief Operating Officer
- Dr David Birkenhead – Executive Medical Director
- Gary Boothby – Executive Director of Finance
- Brendan Brown – Executive Director of Nursing/ Deputy Chief Executive until June 2018
- Jackie Murphy – Chief Nurse appointed June 2018
- Lesley Hill – Executive Director of Planning, Estates and Facilities until August 2018
- Suzanne Dunkley – Executive Director of Workforce and Organisational Development

- Dr David Anderson – Non-Executive Director and Senior Independent Non-Executive Director – tenure ceased September 2018
- Karen Heaton – Non-Executive Director and Chair of Workforce Committee
- Richard Hopkin – Non-Executive Director and Chair of Audit and Risk Committee
- Phil Oldfield – Non-Executive Director, Deputy Chair, Senior Independent Non-Executive Director and Chair of the Finance and Performance Committee
- Dr Linda Patterson – Non-Executive Director and Chair of the Quality Committee
- Andy Nelson – Non-Executive Director
- Alastair Graham – Non-Executive Director and Chair of Calderdale and Huddersfield Solutions Limited

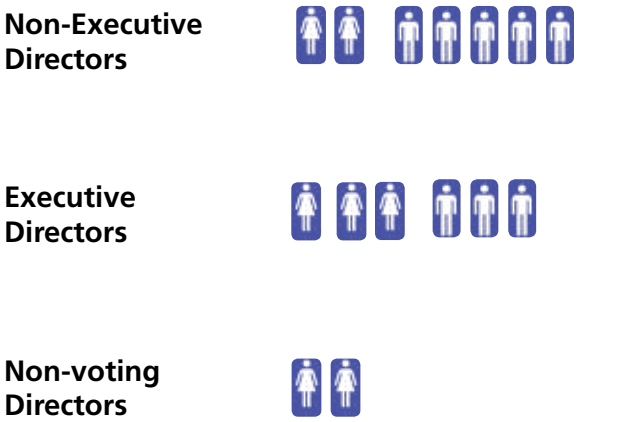
The Board also has two additional non-voting Directors:

- Anna Basford – Director of Transformation and Partnerships
- Mandy Griffin – Managing Director – Digital Health

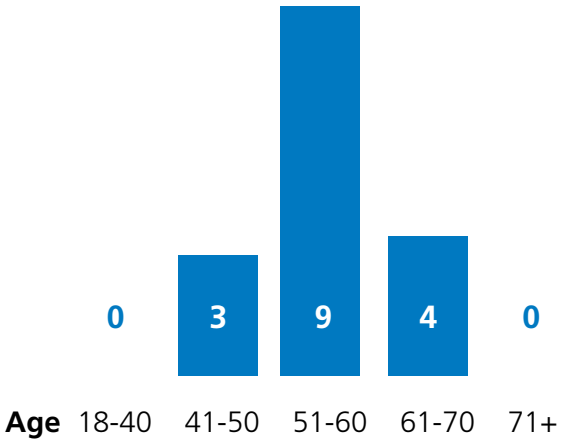
The following changes in the membership of the Board occurred during the year:

- Andrew Haigh – Chair – resigned 31.03.18
- Brendan Brown – Executive Director of Nursing/ Deputy Chief Executive – resigned May 2018
- Jackie Murphy – Chief Nurse – appointed June 2018
- David Anderson – Non-Executive Director and Senior Independent Non-Executive Director – tenure ceased September 2018

The gender balance of the Board as at 31 March 2018 was:



The age profile of the Board as at 31 March 2019 was:

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Meetings of the Board of Directors

The Board of Directors met 10 times during 2018/19 including the Annual General Meeting.

NAME OF DIRECTOR	BOARD OF DIRECTOR MEETINGS ATTENDED
P Lewer (Chair)	10/10
D Anderson	07/07 (tenure ceased Sept 2018)
A Graham	09/10
K Heaton	09/10
R Hopkin	08/10
A Nelson	08/10
P Oldfield	08/10
L Patterson	09/10
O Williams	09/10
H Barker	08/10
D Birkenhead	09/10
G Boothby	10/10
B Brown	02/02 (resigned May 2018)
J Murphy	07/08 (appointed June 2018)
S Dunkley	07/10
L Hill	06/06 (appointed to Calderdale and Huddersfield Solutions Limited – September 2018)

Appraisal of Board members

A robust appraisal process is in place for all board members and other senior executives. The Chair appraises the Chief Executive, and the Chief Executive carries out performance reviews of the other executives.

The Chair undertakes the performance review of Non-Executive Directors using the Trust's appraisal documentation and the outcomes of these appraisals are reported to the Council of Governors. During 2018-19, the performance review of the Chair was led by the Senior Independent Non-Executive Director in accordance with a process agreed by the Council of Governors. All Governors are invited to contribute to the appraisal process for the Chair. The outcome is then reported to the Council of

Biographies of the Board of Directors

Our Board of Directors is a unitary board and has a wide range of skills with a number of directors having a medical or nursing background. The Non-Executive Directors have wide-ranging expertise and experience with backgrounds in finance, audit, estates, property, business development, primary care, human resources, organisational development and research. The Board believes that it is balanced and complete in its composition and appropriate to the requirements of the organisation. All the Non-Executive Directors are considered independent.

Philip Lewer
Chair

Appointed: 1 April 2018

Philip was born in Lancashire and has lived in Yorkshire for over 40 years. His professional career began as a Mental Welfare Officer. He has worked for Bradford Council and was the Group Director for Health and Social Care at Calderdale Council and a Regional Director for the Department of Health where he also served on the government's Standing Commission on Carers. He was chair of 'Mind the Gap' theatre company and a non-executive at Calico Housing. He was, until February 2018, Chair of NHS Leeds South and East Clinical Commissioning Group for over 5 years.

Owen Williams
Chief Executive

Appointed: May 2012

Owen has been the Chief Executive of Calderdale and Huddersfield NHS Foundation Trust (CHFT) since May 2012. This represents his third Chief Executive role across Local Government and the NHS during a career which has spanned both the public and private sectors. He is also a Trustee and Vice Chair of the NHS Confederation, a national body that brings together, and speaks on behalf of, the whole health and care system. He is passionate about providing compassionate care built on CHFT's four pillars of putting the patient first; going to see; working together to get results and doing the must do's.Owen believes that diversity of leadership and greater colleague engagement are essential to meeting increased expectations regarding the quality of care and patient safety, together with the reality of the financial resources available.

Helen Barker
Chief Operating Officer

Appointed: January 2016
Helen joined the Trust substantively as Chief Operating Officer on 1 January 2016; she held a similar post for the previous two years in Bradford having spent her career before that working in acute trusts in West Yorkshire. Helen is a nurse by background and remains committed to providing the best experience possible for both patients and staff. With experience of leading performance improvement and transformational change programmes she brings this expertise to services across the Trust and wider community.

David Birkenhead
Executive Medical Director

Appointed: June 2014.
David has been working in the Trust as a Consultant Microbiologist since 2000. He has held a number of senior clinical leadership roles in the Trust and was appointed to the post of Medical Director in July 2015. He is currently taking a temporary break from his clinical duties as a Consultant Microbiologists to allow him to focus on his work as Medical Director. In addition to his medical degrees David was awarded a Doctorate from the University of Manchester for his research into Campylobacter bacteria. As Medical Director, David shapes and leads the clinical services delivered by the Trust in order to drive the best health outcomes. Current large-scale projects include reviewing how the Trust delivers care across the community and the hospitals, the development of 7 day services, and the ongoing implementation and development of an electronic patient record. He is the Medical Director lead for Stroke and Pathology across West Yorkshire and Harrogate. The Medical Director provides a professional lead for allied health professionals and medical staff and as the Trust's Responsible Officer makes recommendations to the General Medical Council around medical revalidation. David also takes the lead on education and training, research and development and infection control.

Gary Boothby
Executive Director of Finance

Appointed: November 2016
Gary Boothby has been Finance Director since November 2016. Previously he was the Deputy Director of Finance from March 2016. Mr Boothby joined the Trust from the Mid Yorkshire Hospitals NHS Trust where he had been the Deputy Director of Finance. Mr Boothby has over 25 years NHS experience and has been a Chartered Management Accountant since 1996. A large part of his career has been in senior divisional finance roles at both Mid Yorkshire Hospitals NHS Trust and at Pennine Acute Hospitals where there was a strong track record of working closely with Divisions to deliver both patient improvements and financial efficiencies.

Brendan Brown
Executive Director of Nursing/Deputy Chief Executive

Appointed: June 2016 – Resigned May 2018
Brendan joined the Trust from Burton Hospitals, and has previously held Board positions at Chief Nurse, Chief Operating Officer and Deputy Chief Executive level. Brendan left the Trust in May 2018 to take up the post of Chief Executive at Airedale NHS Foundation Trust.

Jackie Murphy
Executive Director

Appointed: June 2018
Jackie has worked in a number of leadership roles at CHFT, most recently as Executive Nurse Director. Prior to this as Chief Nurse she led the Trusts ambitious modernisation agenda. In 2018 she was awarded the Chief Clinical Information Nursing Officer (CCINO) of the Year at the Digital Health Awards for her exemplary leadership around digital transformation. She has an extensive clinical background having trained in Leeds working in both medicine and surgery; she has also held senior nurse leadership positions at Mid Yorkshire Hospitals Trust. Jackie holds a degree in Health and Community Care Management and has a master's in leadership and Management from the Nuffield Institute. She relishes her role as trustee at Overgate Hospice and is passionate about delivering consistent high quality compassionate care through strong visible, clinical leadership.

Suzanne Dunkley
Executive Director of Workforce and Organisational Development

Appointed: February 2018
Suzanne joined the Trust in 2018 with experience across both the private and public sector in strategic HR roles. Beginning her career at Pinderfields Hospital, Suzanne spent eight years leading a dotcom business before moving into Local Authority and Transport Sectors. Suzanne believes that the role of HR is to spot talent and help it grow, that a great employee experience leads to a great patient experience.

Lesley Hill
Managing Director- Calderdale and Huddersfield Solutions Ltd

Appointed: May 2006
Lesley started her NHS career as a Pharmacist, and then went into NHS management and has done a wide variety of operational and commercial roles in Hospital Trusts and commissioning bodies. Lesley joined the Trust as Director of Service Development, then became the Director of Planning, Estates and Facilities, and moved into her currently role as the Managing Director of Calderdale and Huddersfield Solutions Ltd in September 2018. Calderdale Huddersfield Solutions is a wholly owned subsidiary of CHFT and is part of the CHFT Group. As Managing Director, Lesley now leads Calderdale and Huddersfeld Solutions Ltd, which has a turnover of £60m, a team of 450 staff, and provides Estates, Facilities and Procurement Services to CHFT and other providers. Lesley believes that good services come from good people, who are looked after and developed, and this is a key part of the Calderdale Huddersfield Solutions People Strategy.

Dr David Anderson
Non-Executive Director

Appointment: September 2011 to September 2018
David was the Senior Independent Director and a member of the Charitable Funds Committee prior to the end of his tenure in September 2018.

Alastair Graham
Non-Executive Director

Appointed: December 2017
Alastair was the Director of Golden Lane Housing (GLH), a leading UK charity providing housing for over 1,700 people across England, Wales and Northern Ireland. Alastair has helped GLH to develop innovative new ways of enabling people with a learning disability to live and thrive as part of the mainstream community. Prior to this current role, Alastair led one of the largest regeneration programmes in the north of England as Director of the Oldham Rochdale Housing Market Renewal Pathfinder. Alastair has also worked in housing in a variety of housing and support roles in London and in Buckinghamshire. Alastair has a degree, a Diploma in Management Studies and the Chartered Institute of Housing Professional Qualification. He has two sons and has lived in Calderdale for the past 25 years.

Karen Heaton
Non-Executive Director

Appointed: March 2016
Karen lives in Hade Edge, Holmfirth and is Director of Human Resources at the University of Manchester where she is responsible for developing and implementing people strategies to support the University's goal to be a world leading research led University by 2020.

Karen has held a number of senior human resource positions across different sectors including the not-for-profit and private sectors. As a member of the Chartered Institute of Personnel and Development she has operated as a Director Human Resources for over 25 years and is very experienced in transformational change within complex organisations. Karen is a member of the CBIs employment and skills Board.
Until recently Karen served as a Non-Executive Director of One Manchester and Chair of the Remuneration Committee. She has also served as an independent member of the Prison Service Review Body advising the Government on pay and terms and conditions for staff in the prison service. Karen is Chair of the Workforce and Well Led Committee at the Trust.

Richard Hopkin
Non-Executive Director

Appointed: March 2016
Richard Hopkin lives in Sowerby Bridge and is a chartered accountant with 20 years' commercial experience as Finance Director / Company Secretary with two PLCs and a large private company, following 11 years in the accounting profession with a major international firm. He now runs his own business, providing financial consultancy advice, primarily to small and medium-sized enterprises and voluntary sector organisations. He is also a Non-Executive Director of a housing association, Derwent Living, and is Treasurer of the Community Foundation for Calderdale. Within the Trust, he Chairs the Audit and Risk Committee and is a member of the Finance and Performance Committee and Pharmacy Manufacturing Unit Board. Richard is married with two children.

Andy Nelson
Non-Executive Director

Appointed: October 2017
Andy is an experienced Technology and Business Transformation executive with a successful 30-year track record in Central Government, Management Consulting, Retail and Finance sectors. Key positions held include being the group executive with global responsibility for Strategy, IT and turnaround programmes at RSA Insurance and several large-scale CIO roles in the private and public sectors including HM Government CIO. He is now working in a non-executive, advisory, teaching and voluntary capacity for a wide range of organisations. He is a Non-Executive for the Disclosure and Barring Service and for The Law Society, a guest lecturer at Lancaster University Management School and is a volunteer with the Princes Trust. With the Trust he is a member of the Audit and Risk Committee and the Workforce Committee. He is married with three grown-up sons and has lived in Barkisland since 1996.

Philip Oldfield
Non-Executive Director

Appointed: September 2013
Phil is a Chartered Accountant and MBA and he has a wide range of senior management experience within Retail, Manufacturing, Healthcare and Consultancy. He has over 15 years' experience at Board level and has held a number of senior management roles in Logistics, IT and Operations. Previous Healthcare experience includes Finance and Commercial Director for Nuffield Hospitals, Finance Director for Health and Social Care in Guernsey and a number of consultancy projects across the NHS. Phil grew up in the Huddersfield area. Phil is Chair of the Finance and Performance Committee, is a member of the Charitable Funds Committee and Estates and Sustainability Committee.

Dr Linda Patterson
Non-Executive Director

Appointed: October 2013
Dr Linda Patterson OBE lives in Hebden Bridge and was a consultant physician in general and geriatric medicine. She worked in clinical practice at the East Lancashire Hospitals Trust. She has been a clinical director and has been at Board level for over 20 years as a Trust Medical Director, and the medical director of the first NHS regulator of quality, the Commission for Health Improvement (now the Care Quality Commission). She has also been a Non-Executive director for the National Patient Safety Agency. She was Clinical Vice-President of the Royal College of Physicians 2010-13 and is a Trustee of the Healthcare Quality Improvement Partnership (HQIP) which oversees the national clinical audits. She is passionate about improving quality of care, particularly using patient experiences to drive up quality. Linda chairs the Quality Committee.

Register of Directors' Interests

All members of the Board must disclose details of company directorships and other positions held, particularly if they involve companies or organisations likely to do business or seeking to do business with the Trust. The Trust holds a register detailing any interest declared by a member of the Board of Directors. A copy of the register is available on the Trust's website at www.cht.nhs.uk or can be requested by writing to:
The Company Secretary
Calderdale and Huddersfield NHS Foundation Trust
Acre Street
Lindley
Huddersfield
HD3 3EA

Committees of the Board of Directors

The Board of Directors has six committees. Two are required as set out in the Trust's Standing Orders:

- Nominations and Remuneration Committee – see Remuneration Report, page 50.
- Audit and Risk Committee

In addition, the Board has established four committees to carry out detailed scrutiny and provide assurance on key areas of the Trust business:

- Quality Committee
- Finance and Performance Committee
- Workforce Committee
- Estates Sustainability Committee

Each committee is chaired by a Non-Executive Director/ independent member and is supported by Executive Directors and managers from across the Trust.

Audit and Risk Committee – Chaired by Richard Hopkin

The role of the Audit and Risk Committee is to review critically the governance and assurance processes on which the Board places reliance, to ensure the long-term viability of the organisation. The Committee is charged with ensuring the adequacy and effective operation of the overall control systems of the organisation, with specific focus on the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives.

The Audit and Risk Committee has approved terms of reference which are reviewed annually and are available on request.

The membership of the Audit and Risk Committee during 2018/19 was:

- Richard Hopkin – Non-Executive Director and Chair of the Committee
- Philip Oldfield – Non-Executive Director
- Andy Nelson – Non-Executive Director
- Linda Patterson – Non-Executive Director

There was a change of members during the year with Philip Oldfield leaving the Committee following the July 2018 meeting and Linda Patterson, chair of the Quality Committee joining the Audit and Risk Committee from October 2018, strengthening links with quality governance.

The Committee was supported by a number of officers from the Trust including:

- Gary Boothby – Executive Director of Finance
- Victoria Pickles – Company Secretary – resigned February 2019
- Andrea McCourt – Company Secretary – appointed February 2019

One governor from the Council of Governors was also invited to attend and observe each meeting.

The Trust and the Committee are supported by the Internal Audit and Counter-fraud Service provided by Audit Yorkshire and its external auditors, KPMG. If necessary, the Committee may also seek independent legal or other professional advice.

The Committee met five times during 2018/19. The meeting in May specifically looks at the Annual Report and Accounts. The attendance at the Committee for the financial year 2018/19 was:

Member	Attended
Richard Hopkin, Non-Executive Director	5/5
Andy Nelson, Non-Executive Director	5/5
Philip Oldfield, Non-Executive Director (from April-July 2018)	3/3
Dr Linda Patterson, Non-Executive Director (from Oct 2018-March 2019)	1/2

The principal activities of the Committee over the year were:

Financial Reporting

The primary role of the Committee in relation to financial reporting is to review, with both management and the external auditor, the appropriateness of the annual financial statements concentrating on:

- the quality and acceptability of accounting policies and practices;
- the clarity of the disclosures, compliance with financial accounting standards and the relevant financial reporting requirements;
- material areas in which significant judgements have been applied or there has been discussion with the external auditor.

To aid the review, the Committee received reports from the Director of Finance and also reports from the external auditor on the outcomes of their interim and year-end audit process.

The key significant risks highlighted by the external auditor in their 2018/19 plan were:

- Valuation of land and buildings
- Recognition of NHS and non-NHS income
- Management override of control
- Fraudulent accrued expenditure recognition
- Value for money financial sustainability

The external auditor's audit report following the completion of the audit provided the Committee with assurance that there were no material misstatements in the accounts and that no major internal control weaknesses had been identified

The Committee received a paper from the Director of Finance detailing the evidence to support the Trust's going concern status. The Committee reviewed this paper and confirmed their support for recommending to the Trust Board that the financial statements should be prepared on a going concern basis. The external auditors noted this assumption and the related uncertainties in the audit report.

The auditors also provided a qualified report on the Trust's value for money arrangements as a result of the continued breach of licence regarding the Trust's financial position.

Governance and Risk Management

Throughout the year the Committee has continued to ensure the Trust's governance arrangements are reviewed in line with the Code of Governance for Foundation Trusts published by NHS Improvement. Any changes are reflected within the relevant Trust policies and procedures and reported to the Committee for approval.

The Committee has continued to pay attention to the Trust's risk management arrangements, having reviewed the risk appetite and the Risk Management Strategy and supporting Risk Management Policy. The Committee was pleased to note the CQC well-led inspection earlier in the year had provided positive feedback in relation to the systems for risk management. The rating of requires improvement from the assessment undertaken by NHS Improvement regarding use of resources was noted by members. The Committee received a report from the Head of Governance and Risk on a review of the risk management arrangements of the Trust which provided an overview of activity undertaken to strengthen risk management processes within the Trust from November 2017 to October 2018. In addition, the Committee reviewed and approved updated terms of reference for the Risk and Compliance Group on 11 July 2018. The Company Secretary role from March 2019 onwards includes specific risk management responsibilities which will further strengthen the role of the Committee in relation to its oversight of risk management.

The Committee reviews, on a regular basis, the strategic risks that are described within the Trust's Board Assurance Framework and the operational risks in the Trust's high level risk register. Reports were commissioned from internal audit to compare the Trust's risk register and the Board Assurance Framework against other organisations and identify and learn from best practice. The Committee has oversight of, and relies on, the work of the Risk and Compliance Group to monitor compliance registers and risk registers and performance against national risk and safety standards. The Committee strengthened assurance on the quality of clinical care by inviting the Chair of the Quality Committee to join the Committee. The Trust commissioned an Internal Audit benchmarking report of the Board Assurance Framework to identify best practice and inform future development of the Board Assurance Framework – further details of this are given in the Annual Governance Statement.

During the year the Data Quality Group began reporting to the Committee and the Committee considered in detail, in January 2019, data quality issues, primarily arising from the recent implementation of Electronic Patient Records. The Committee also sought assurance on accounting processes relating to the newly established Calderdale and Huddersfield Solutions Limited and preparations for a new electronic system for declaring interests.

The Committee also reviewed the disclosure statements that flow from the Trust's assurance processes, particularly in relation to the requirement to identify any significant internal control weaknesses within the Annual Governance Statement. The Committee discussed and agreed there were no such areas of internal control gaps which need to be reflected within the 2018/19 Annual Governance Statement.

The Committee undertook a self-assessment and from this identified actions to improve its effectiveness which included:

- An annual meeting of Board Committee Chairs to review and improve governance arrangements of the various Board committees, as well as to consider areas of interaction and possible duplication between committees
- Clarify linkage between the internal audit plan and the risk register and Board Assurance Framework
- Receive an annual report on clinical audit processes

Regulatory Relationships

The Committee is briefed by the Executive Directors on the Trust's relationship with its key regulators and any significant changes that affect the Trust's operational environment. The Committee receives the minutes of the Risk and Compliance Group which reviews compliance registers six times a year.

Internal Audit and Counter Fraud

The internal audit and counter fraud service is supplied by Audit Yorkshire.

The Committee receives regular reports from the Internal Auditor and Local Counter Fraud Specialist.

The Committee agrees a defined work plan and monitors progress against this plan in addition to any specific, pro-active pieces of work that have been identified by management within the year.

The plans as agreed for 2018/19 and the additional work programmes were completed and culminated in an annual opinion of significant assurance from the Head of Internal Audit (HOIA).

The HOIA opinion is received and discussed by the Committee as part of the year end assurance process.

External Audit

The external audit service is provided by KPMG LLP (KPMG). KPMG was appointed in 2017 following market testing following national guidance and approval by the Council of Governors.

The Committee recognises that certain non-audit related services may be provided by KPMG. However, in order to maintain KPMG's independence, the Committee has been informed of the robust internal procedures that KPMG apply when considering the undertaking of any non-audit services. In addition to this control, any significant non-audit services would require the pre-approval of the Committee. In the year 2018/19 there were no significant non-audit related services provided by KPMG.

The Committee reviewed and approved the External Audit plan for 2018/19. The auditors explained the programme of work they planned to undertake to ensure that the identified audit risks did not lead to a material misstatement of the financial statements and it is through the monitoring of this audit plan that the Committee gain assurance of the quality and effectiveness of the service received from KPMG.

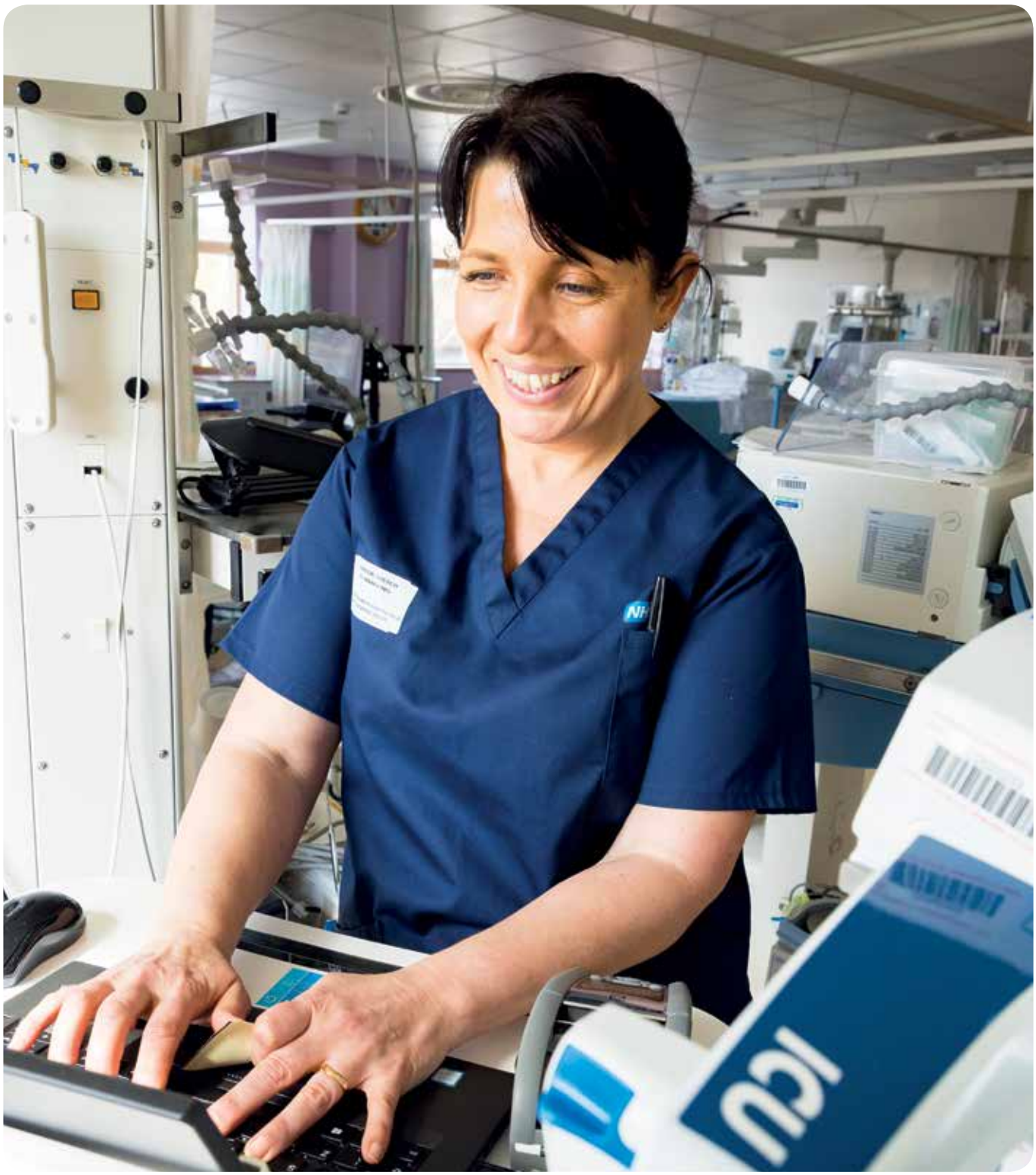
The key audit risks they identified for 2018/19 were as described in the financial reporting section above.

As part of the year-end audit process the auditor confirmed that there are no material misstatements within the financial statements. The auditors also reported on the unadjusted audit differences that they had identified in the course of their work. The auditor confirmed their intention to issue an [unqualified audit opinion].

The fee for the audit was £77,000 (including VAT).

Expressions of Concern

The Committee maintains, on behalf of the Trust, an oversight function with regards to expressions of concern. This function acts as a backstop to the processes that are in place within the Trust.



The Trust has a Freedom to Speak Up Guardian and details on ways in which staff are encouraged to speak up about issues of concern are given in the Trust Quality Account. A Freedom to Speak Up annual report for 2018/19 will be presented to the Trust Board.

Other areas of focus

In addition to the items noted above, during the year the Audit and Risk Committee considered a number of other key areas:

- The Committee closely monitored progress with delivery of recommendations from internal audit reports;
- The Committee received reports on counter fraud work and investigations
- The Committee noted changes to governance documentation relating to the establishment of the wholly owned subsidiary, Calderdale Huddersfield Solutions Limited,
- The Committee reviewed the capital plan

Directors' Statements

Details of political donations

The Board confirmed that no political donations have been made during the year.

Compliance with HM Treasury cost allocation and charging guidance

The Trust has fully complied with all guidance relating to cost allocation and charging guidance.

Better payment practice code

Our Trust is committed to dealing fairly and professionally with all of our supplier partners. One way that we do this is by working to the Better Payment Practice Code. In short, this means that we aim to pay at least 95% of invoices within the agreed terms, unless there is a dispute. For most of our partners, this would be within 30 days of the date of invoice. During the year the Trust has not met the 95% target, however action continues to take place to improve performance against this target.

	Better Payment Practice Code - 17/18					
Paid to	Total Invoices paid - Volume	No Invoice's Paid on Time - Volume	% paid within target	Total Invoices paid - £	Value Paid on Time	% £ paid within target
Non - NHS Orgs	90,059	41,824	46.44%	173,124,852.86	£109,246,006.26	63.10%
NHS - Orgs	1,936	771	39.82%	£20,574,990.88	£16,730,940.45	81.32 %

	Better Payment Practice Code - 18/19					
Paid to	Total Invoices paid - Volume	No Invoice's Paid on Time - Volume	% paid within target	Total Invoices paid - £	Value Paid on Time	% £ paid within target
Non - NHS Orgs	89,413	32,281	36.10%	160,819,540.02	£82,363,619.37	51.21%
NHS - Orgs	2,592	873	33.68%	£29,242,339.49	£23,667,382.19	80.94%

Income disclosure

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that income from the provision of goods and services for the purposes of the health service in England must be greater than its income for the provision of goods and services for any other purpose. The Trust can confirm it has met these requirements. Note 6.1 to the accounts confirms that the Trust does not have income from fees and charges where the full cost exceeds £1m.

Disclosure to the Auditors

All directors have confirmed that, so far as they are aware, there is no relevant audit information of which the auditor is not aware. All directors have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

Preparation of the Annual Report and Accounts

All directors understand that it is their responsibility to prepare the annual report and accounts, and that they consider the annual reports and accounts, taken as a whole, to be fair, balanced, understandable, and to provide the information necessary for patients, regulators and other stakeholders to assess the performance of Calderdale and Huddersfield NHS Foundation Trust, including our business model and strategy.

Our accounts, which begin on page 199 of this document, have been prepared under a direction issued by NHS Improvement under the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

Patient Care

We continue to use learning from patient and staff experience through continuous testing and measurement and aligned to local and national drivers to develop services and improve patient care.

We have continued to work with patients, members, commissioners, regulators and colleagues to identify our patient care and improvement priorities.

Throughout the year the Trust Board received a quarterly quality report, including updates on care quality indicators (CQUINS) as well as presentations on quality improvement in services, such as the development of our award winning Acute Floor and Frailty Service, and Respiratory Medicine floor, falls prevention and assurances regarding the delivery of patient safety actions to improve care, such as naso-gastric tube feeding.

We have in place quality governance arrangements from ward to board to ensure we can effectively monitor the delivery of care and learn lessons from any incidents or clinical issues across the Trust.

The Audit and Risk Committee received an annual report on the work of the Quality Committee which included progress against Divisional and Trust wide patient care priorities as well as external accreditation visit updates.

During 2018/19 we have strengthened our ward to board assurance programme, increasing the visibility of senior leaders across the organisation. Our programme includes Quality Friday Clinical Visits, the Exemplar Ward Accreditation Programme and Ward Assurance documentation audit.

Quality Friday clinical visits provide a weekly opportunity for our senior nursing, medical and management teams to visit colleagues and patients in clinical areas to discuss what's working well and needs to be shared and scaled up, and what needs to be revised, refined or stopped. The visits enable face to face communication about matters of importance for our colleagues as well as an opportunity to test out improvements or changes made following learning from safety alerts, incidents, complaints and concerns.

The Exemplar Ward Accreditation Programme is based on the nationally recognised National Assessment and Accreditation System (NAAS) programme and acknowledged by CQC as part of the recent well led assurance standard. The programme is based on the continuous improvement principle and recognises and shares adherence to best practice in the interests of patient care. The accreditation process provides a comprehensive assessment comprising interviews with key members of the team, direct observation, patient and staff feedback and review of quality metrics.

The Ward Assurance audit utilises the digital technology including the electronic patient record to undertake a snapshot audit of best practice. Results and performance can be viewed by colleagues on the Knowledge Portal. Ward managers and matrons for each area use the results to identify and address areas for improvement.

The Trust has revised its Risk Management strategy during the year, ensuring the risk management framework and organisational governance structure for risk management is refreshed. The Trust has an electronic patient record and any digital risks arising from this are managed through divisional digital boards and the risk management framework.

More information on quality governance is included within the Annual Governance Statement on page 88 and the Quality Report starting in Section 4.

The Trust confirms that there are no material inconsistencies between the Annual Governance Statement, the annual and the quarterly board statements.

Care Quality Commission registration

The Trust is required to register with the Care Quality Commission (CQC) and has full registration without conditions.

CQC carried out an inspection of the Trust between 6 and 8 March 2018. The Trust was rated as good overall.

Well-led at trust level was inspected in a separate inspection between 3 and 5 April 2018. The Trust was rated as good for well-led. Use of resources was rated as requires improvement.

The combined rating for quality and use of resources is good.

Reports from the CQC inspection were published on their website in June 2018 and can be found at the following link: https://www.cqc.org.uk/provider/RWY

Following the inspection, the Trust developed an improvement action plan to address all must-do and should-do recommendations. Governance of the action plan is through the CQC Response Group which reports to Board through the Quality Committee. All but two actions were completed by the end of the year. The two actions not progressing to plan have been risk assessed, escalated to Trust Board and to the CQC, and mitigating actions agreed.

Based on current information provided by the CQC, the Trust anticipates an annual programme of planned and unannounced inspections. The Trust programme of improvement against CQC standards and ongoing preparation for inspection continues. Frequent relationship meetings between Trust Executives and the CQC Relationship and Inspection Managers, along with data in CQC Insight, will provide information the CQC will use to determine when the next inspection will take place and what will be inspected.

Our Patients - Patient Experience

1. Aims and Objectives of Work

Measuring patient experience is essential in order to assess the delivery of the Trust's vision: *Together we will deliver outstanding compassionate care to the communities we serve along with the strategic goal of: Transforming and improving patient care.*

Analysis of patient feedback helps us to better understand our patients' expectations, their experience and their satisfaction. For example, their views of the environment in which their care and treatment was delivered, whether they were kept informed, whether they were treated with respect and dignity and how their interactions with staff made them feel.

It is important that the feedback is used to influence changes in practice; this may often be about the small things as well as any large system changes. Staff from across the Trust recognise the importance of listening and responding to patient and carers views, this is championed through the representatives on the Trust Patient Experience and Caring Group.

2. Feedback methods

The primary method of measuring the patient experience in the Trust remains through the Friends and Family Test (FFT) which is now well established across all inpatient and day case areas, as well as in the A&E and outpatient departments, maternity services and across community services.

When carrying out the FFT, the Trust takes the opportunity to ask supplementary questions, to identify what patients report as working well and also what could be done better. These comments are accessible for individual teams about their own area and at a Trust level to identify any system wide issues.

More innovative approaches continue to be introduced to gather feedback and create opportunities to 'listen', through a range of feedback options that sit alongside the more formal methods of FFT, complaints, patient advice service and surveys.

These include direct patient contact through rounding by the ward managers and matrons, debriefs, guest books and graffiti boards. Opportunistic engagement is also carried out to gather service user opinions to support improvements the teams are taking forwards, as well as more formal enquiries to support service evaluations.

3. Friends and Family Test

The FFT question asks, *"How likely are you to recommend our ward / department to friends & family if they needed similar care or treatment?" Performance is monitored internally against national performance baselines.*

Top 20%	Super Green
50%-79%	Green
21%-49%	Amber
Bottom 20%	Red

Information for the year for the FFT response rate as well as the percentage who would recommend the service is given below.

2018/19 % Response Rate & Would Recommend

	2018/19 Response Rate	2018/19 Would Recommend
Inpatient	36.39%	97.46%
A&E	13.03%	83.80%
Maternity	36.51%	98.64%
Community	4.91%	94.64%
Outpatients	10.75%	90.92%

4. Local Quality Improvement Work

The Trust Patient Experience and Caring Group has taken forward a number of priorities over the last 12 months, including work with external partners, below are some examples of these.

4.1 PRASE (Patient Reporting and Action for a Safe Environment:

The Trust has worked with the Yorkshire & Humber Improvement Academy using the PRASE survey, which is conducted by trained volunteers at ward level. This approach enables patients to provide anonymised feedback (positive and negative) on the safety and quality of care experienced during their ward stay. The questions are linked to 8 safety domains:

- Communication and teamwork
- organisation and care planning
- access to resources
- the ward environment
- information flow
- staff roles and responsibilities
- staff training
- delays

This year the Trust participated in some research with the University of Leeds, which used clinical students to carry out the patient surveys, analyse the results and feedback to the wards. In the main the surveys show positive results, however there have also been improvement opportunities identified regarding patient understanding of staff roles and responsibilities and staff knowledge when a doctor changes the plan of care.

4.2 Co-design:

- The Trust's Patient Experience and Caring Group have championed the use of evidence-based co-design (EBCD) as an opportunity for service users and staff to come together to design, monitor and improve the care provided. The Trust held an event with women attending the antenatal Diabetic Clinic and staff who provide the service. Outputs include creating a greater awareness of the Specialist Midwife and improved access to the Dietician during clinic hours. Opportunities to utilise technology for the remote review of results is also being progressed.
- Staff, former patients and members of the Stroke Association have reviewed and redesigned the way rehab related activities in stroke units is provided in the early days and weeks after a stroke. This was part of the CREATE (Collaborative Rehabilitation in Acute Stroke Project) trial as one of the four stroke centres involved.

4.3 NHS England Always Events – the ambulatory area of the Surgical Assessment Unit are working with patients to identify an always event priority that can be embedded into practice and monitored for impact

4.4 Research – the Trust is working with the University of Huddersfield in a study with the aim of promoting sleep and reducing noise for hospitalised patients at night.

4.5 Outpatient transformational work – this programme is focused on improvements and efficiencies that will lead to a better experience for patients. The programme known as Project 20-20 has an objective of delivering 20 improvement projects by 2020. The projects are governed by a multi-organisational Board, including Healthwatch, patients representatives and GP's. The focus is on how to deliver outpatient activity differently – including how and where patients have their consultation, how results are received. New pathways are being co-designed with patients engagement.

4.6 Learning Disabilities – the Trust is currently part of 2 national initiatives:

- CHFT are in the first phase of Royal Mencap Treat me well campaign, which is a campaign to transform how the NHS treats people with learning disability in hospital. "Simple changes in hospital care can make a big difference, better communication, more time, and clearer information." A local Treat me well group has been established and following a successful response to a survey the group are taking forward some improvements which relate to improved communication and raising awareness of VIP passports and the matron role.
- CHFT is one of the pilot sites working with NHS Improvement to test an improvement toolkit based on standards for improving learning disability care in NHS Trusts. There are 4 standards in total with 3 that relate to secondary care: Respecting and protecting Rights; Inclusion and engagement and Workforce. In October 2018 the Trust was the first Trust to pilot NHSI improvement toolkit. This allowed the Trust to benchmark itself against the standards and develop a local action plan.

4.7 Dementia – a revised strategy has been developed following consultation with local stakeholders and carers. The strategy focuses on 6 main themes:
Early Identification, Promoting health and well-being; Developing dementia friendly communities; Supporting carers of people with Dementia; Preventing and responding to crisis; Evidence based care.

4.8 Divisional reporting:
The reports received quarterly from divisions provide an opportunity to share good practice about how patient experience has been improved through:

- Feedback: encouraging feedback, receiving positive feedback and responding to feedback
- Involvement: approaching service users as active partners in their care and engaging on service development and improvement
- Delivering a patient centred culture recognising emotional and social needs

Examples from the reports include:

- Introducing an interactive app to help reduce anxieties for children coming into hospital using a story telling approach about what to expect
- Use of a Board in the Emergency Department (ED) to explain the journey through the department
- Involvement of a relative to inform end of life care training events
- Changes to community transport to avoid lengthy journeys for patients
- Development of a you and your medicines leaflet for use at the point of discharge
- Work with Healthwatch to gain an understanding of booking appointments and attending outpatients following the implementation of an electronic patient record
- Early work regarding changes to the traditional outpatient clinics – virtual clinics and receiving results by telephone
- Improvements to the food provision in response to feedback– homemade soups at both lunch and evening meals; installation of a blast chiller to prevent dried up food
- Commencement of a Dementia pop-up cafe

- Running a surgery school for patients prior to colorectal surgery
- Introduction of bereavement cards, offering condolence and the opportunity to discuss any questions
- Use of secret shoppers (2 with physical disabilities) to test out facilities and the environment in the Endoscopy units.

5. National surveys

CHFT participate in all the national patient experience surveys, results from these surveys inform a number of national indicators and are used by the CQC as part of the 'Insight' reporting.

For all of the national surveys each question is scored out of 10, a higher score is better. Trust scores for each question are also compared with the range of results from all other Trusts that took part. An analysis technique called the 'expected range' is used to determine whether a Trust performs 'about the same', 'better' or 'worse' than other trusts. This analysis is based on a rigorous statistical analysis and therefore any scores outside the expected range means it performs significantly better / worse than what would be expected and unlikely to have occurred by chance.

Inpatient: published June 2018, CHFT were reported as scoring **about the same** for all but one of the questions. The Trust was reported as scoring **better** than the majority of other Trusts for the question: After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition? **Scoring 7.6**

The Trust was also noted to have made a statistically **significant increase** since last year in the score for one of the questions: During your hospital stay, were you ever asked to give your views on the quality of your care? **Improving from a score of 1.7 to 2.5**

Emergency Department: no survey results published during 2018/19, next set of results anticipated October 2019.

Children and Young People: no survey results published during 2018/19, next set of results anticipated November 2019.

Maternity: published January 2019. CHFT results were **about the same** as other Trusts for 46 questions, **better than** the majority of other Trusts for 1 question:

- Did the staff treating and examining you introduce themselves? **Scoring 9.6**

The Trust's results were worse than most trusts for 4 questions:

- Did you have skin to skin contact (baby naked, delivered directly on your chest or tummy) with your baby shortly after the birth? **Scoring 8.4**
- Were you given a choice about where your postnatal care would take place? **Scoring 2.4**
- Did you feel the midwife or midwives that you saw always listened to you? **Scoring 8.1**
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 6-8 weeks after the birth) **Scoring 7.3**

Cancer Patient Experience Survey: published October 2018, CHFT scored outside the expected range on five questions (three better than and two lower than)

Questions which scored outside expected range

	Question	Number of respondents for this Trust	2017 Case-mix Adjusted 2017 Score for this Trust	Lower limit of expected range	Upper limit of expected range	National Average Score
Support for people with cancer						
Q23	Hospital staff told patient they could get free prescriptions	171	88%	76%	87%	81%
Hospital care as an inpatient						
Q29	Patient had confidence and trust in all doctors treating them	211	79%	80%	90%	85%
Q35	Patient was able to discuss worries or fears with staff during visit	153	42%	45%	60%	53%
Care from your general practice						
Q53	Practice staff definitely did everything they could to support patient	234	68%	54%	67%	60%
Your overall NHS care						
Q55	Patient given a care plan	270	42%	29%	41%	35%

A regional review of the survey findings from the West Yorkshire & Harrogate Cancer Alliance comparative report on the National Cancer Patient Experience Survey noted:

- CHFT was top in all six trusts and above the national average for staff always treating cancer patients with dignity and respect (91% of patients)
- CHFT was rated second in the six trusts for cancer patients average rating of care for cancer (and also above the national average) (88%)
- CHFT was above the national average in terms of definitely involving patients in decisions about their care and treatment (80%)

Other key points for CHFT from the most recent national cancer patient experience surveys (both 2017) were:

- 89% patients were given the name of a Clinical Nurse Specialist (CNS) who would support them through their treatment
- 85% said it was easy or very easy to contact their CNS during treatment
- 94% were told who to contact if they were worried once they had left hospital

More patients than the national average were:

- given a care plan
- able to discuss worries and fears during outpatient appointments with staff
- given enough support from health or social services after treatment ended
- staff gave information on the impact cancer can have on people's lives
- staff gave information on financial help and free prescriptions

The Trust's lead cancer nurse is working with each cancer team to deliver individual plans based on their results. The main focus for the teams is clinical nurse specialist interaction and the continued development of the cancer information service.

Across all surveys, for the questions where the Trust scored 'worse' the services are taking forward action as required. Progress with these will be monitored through their internal governance arrangements and reported through Divisional reports to the patient experience and caring group.

Complaints
In line with the NHS regulations for complaints, all complaints received by the Trust have a written investigation report. All our complainants are contacted, following our acknowledgment of their complaint, by their complaints investigator to discuss the concern and the method of investigation.
During the year we have focussed on:

- Improving the timeliness of responses for complainants, so we respond in the timescale agreed, ensuring staff kept complainants updated about the progress of their complaint and ensuring that processes are in place to escalate any delays
- Improving how we respond to complaints following feedback we received from service users – new investigation report.
- Identifying learning from complaints to improve services for patients and working with Patient Experience leads on the patient Experience and Caring Group to inform this
- Providing focused support to the Divisions for more complex complaints

We closely monitor the complaints investigations being carried out and report our performance against these quarterly to the Patient Experience and Caring Group and through a monthly performance report to the Board. This is supplemented by weekly monitoring reports to ensure that staff are aware of all complaints response deadlines.

During 2018/19 we received 565 complaints, of which 80% were upheld or partially upheld. There has been a decrease of 8% in the number of complaints received compared with 2017/18.

The highest number of complaints were about A & E services, which is consistent with national figures showing this as an area with a high number of complaints.

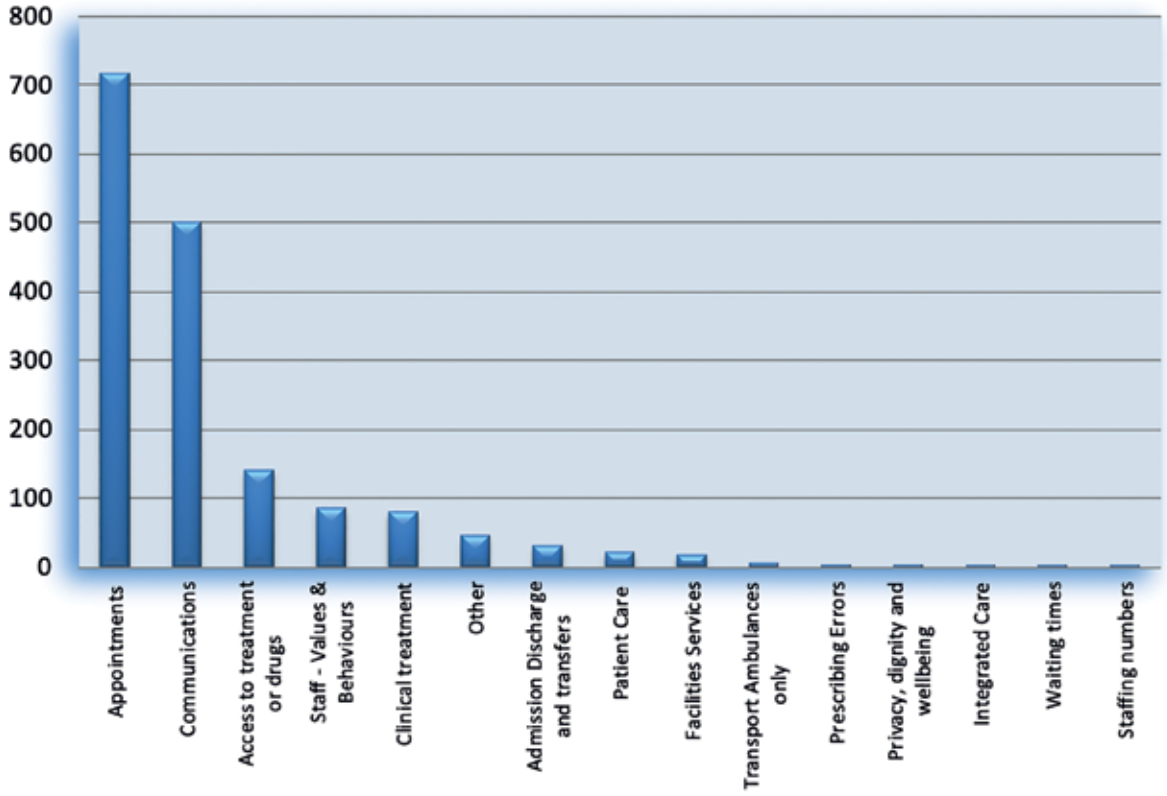
The main themes from complaints during the year were consistent with the previous year, being communication, patient care (including nutrition and hydration) and clinical treatment.

Complainants can request an independent review of their complaint by the Parliamentary Health Service Ombudsman. During 2018/19 thirteen complaints regarding the Trust were accepted by the Ombudsman for investigation. During 2018/19 eight complaint investigations were completed; three complaints were not upheld, five were partially upheld or upheld. Further information on complaints is given in the Quality Account.

Patient Advice and Liaison Service (PALS)
The role of the PALS team is to be the first point of contact in the Trust for suggestions, answer queries and help resolve concerns promptly. They provide advice about the Trust's service and support people to get answers if they don't know who to ask.

During 2018/19 our PALS team dealt with 2049 contacts, a 3% increase in the number of concerns received in 2017/18. Key themes were appointments (including delays and cancellations) and communications, this remains the same from previous years. The PALS team also dealt with 651 enquiries, feedback, referrals to other organisations and service to service issues, compared to 523 in 2017/18.

Analysis of Concerns by Theme



Appointments (including delays and cancellations), was the top subject of concern in 2018/19 representing 35%. This was an increase of 2% from 2017/18, from 648 to 718 concerns. The second highest subject of concern was Communication representing 24% and the third highest subject was Access to Treatment or Drugs, representing 7% of all concerns in 2018/19.

Both appointments including delays and cancellations, and communications figure prominently in both complaints and concerns.

Compliments

In 2018/19 366 compliments were received centrally by the Trust, which is a 34% increase from 2017/18. This is a small proportion of the feedback that is sent directly to teams, wards and departments across our organisation. It is always a real pleasure to see the very kind cards, letters, emails and social media posts from patients, their family and friends thanking the staff that have cared for them and giving us feedback on how our services have made a difference. We share as much of this feedback as we can through the Trust's monthly newsletter, screensavers and weekly news round up. Wherever it is possible to identify a team or individual we send the feedback directly to them.

Here is just one of the compliments received in 2018/19:

"There are no words good enough to describe how thankful we are for your kindness, expertise and dedication to looking after our son and all the other babies in your care. Our little boy is home, happy and healthy thanks to all your efforts from the moment he surprised us all on New Years Day. We will never forget each and every one of you who work to make SCBU such a success in looking after our babies. You are all amazing thank you from the bottom of our hearts!"

More information about our learning from patient feedback is included in our Quality Account.

Stakeholder relations
The Trust continues to work closely with neighbouring health and social care organisations and agencies to provide safe, high quality healthcare to our local communities. Through collaborative working and effective relationships with all of our stakeholders we can maximise the benefits to patients and have open and honest dialogue during challenging times.

We have continued to work closely with our local commissioners, regulators and Health and Wellbeing Boards on the development of the hospital reconfiguration proposals, and we are a key partner on the local Urgent Care and System Resilience Boards. We are also working with both Calderdale Council and Kirklees Council in preparation for the 'place' CQC assessments. This year we have with our partners introduced the Kirklees Integrated Provider Board and Kirklees Integrated Care Workforce Development Group; shared forums where we work together developing services for the Kirklees population. We have representation on our Council of Governors from Calderdale local authority, the University of Huddersfield, Locala (a local community provider) South West Yorkshire Partnership Foundation Trust (the mental health care provider) and Healthwatch.

Our relationships with the GP Federations remain strong in both Calderdale and Kirklees.

We have embraced the finding of the Healthwatch survey and are implementing alternative models of outpatient care fully embracing the digital technology now available for us.

West Yorkshire Health and Care Partnership

Proud to be part of the West Yorkshire and Harrogate Health and Care Partnership
West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs). It brings together all health and care organisations in our six places: Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield to meet the needs of people as close to home as possible.

Our organisation is one of the partners which make up this unique Partnership

In February 2018, the Partnership published 'Our Next Steps to Better Health and Care for Everyone'. This document describes the progress made since the publication of the initial WY&H plan in November 2016. You can read it at www.wyhpartnership.co.uk/next-steps or ask us for a printed copy.

In order to realise the ambitions of the Partnership we need to recruit, train, develop and retain our skilled and caring workforce so that health and social care services are fit for the future - for generations to come. The Partnership's workforce plan 'A healthy place to live, a great place to work' can be found at www.wyhpartnership.co.uk/our-workforce-strategy. This document describes the challenges we face and the work we will be doing together to address them.

The NHS Long Term Plan
The Long Term Plan for the NHS gives formal backing to systems like West Yorkshire and Harrogate Health and Care Partnership. It gives a further boost to the priorities that we have been working on locally and the help we need to deliver reductions in health inequalities and unwarranted variations in care (often referred to as the post code lottery). For example, the focus on mental health services, cancer, preventing ill health, and primary care (GPs, district nurses and occupational therapists) will build on our approach and the progress we have already made. The recognition of workforce challenges is welcome, and we are keen to understand how the full workforce plan will further support local efforts to secure a workforce for the future. This is perhaps our biggest single challenge.

Alongside the NHS long-term plan we will need additional resources and support for social care and for local government. Without these we cannot deliver our ambitions.

The way we work
WY&H HCP includes nine clinical commissioning groups (which buy and plan healthcare for local people), eight local councils, and services provided by a number of health and social care organisations, including hospitals, mental health care providers, the ambulance service, Healthwatch, and community organisations. The nine clinical commissioning

groups make up the WY&H Joint Committee. They have a shared work plan and meet in public every other month.

West Yorkshire Association of Acute Trusts
The West Yorkshire Association of Acute Trusts (WYAAT) was established in 2016. It is a partnership of the six acute trusts in West Yorkshire and Harrogate (WY&H). WYAAT provides a strong voice for the acute trusts into the WY&H HCP and acts as the vehicle for delivery of its acute hospitals' collaboration programme (known as "Hospitals Working Together"). WYAAT's work is already underway aiming to ensure our local populations receive the very best care from the hospitals services in the West Yorkshire area through twelve programmes covering corporate support, clinical support and clinical services. Each programme is led by a Chief Executive, Executive Director and Medical Director, supported by a programme manager. The twelve programmes are:

Corporate
- Procurement
- Estates and facilities
- Information Management and Technology
- Workforce

Support services
- Scan 4 Safety
- Pharmacy
- Pathology
- Radiology – technology
- Radiology – transformation

Clinical services
- Service Sustainability
- Elective surgery
- Vascular services

WYAAT working together is already delivering change – and savings - in the way the region provides healthcare services for our patients. This means more of our money is spent on care and less wasted through duplication.

For example, WYAAT has already:
- **Introduced better information supporting our patients ahead of elective surgery.** By providing this ahead of a planned operation our patients are better prepared about what will be happening before, during and, importantly, after surgery and during their recovery.
- **Improved how our pharmacists work.** We want more of our pharmacists on clinical duties and have set up a regional supply chain and a central medicines warehouse providing standardised medicines.
- **Improved how we shared X-ray and scan images.** We have/are aiming for a shared Picture Archiving and Communications System so all our hospitals can access and share them to prevent delays in getting results to our patients.
- **Implemented Scan4Safety which is an electronic recording system to enable our hospitals record the products used to treat our patients**. This makes it easier to track them and replaces searching manually through paper records.
- **Recommended to NHS England the creation of a vascular service network across West Yorkshire.** There would be two acute vascular hubs at Leeds General Infirmary and Bradford Royal Infirmary for the most complex patients who require a stay in hospital overnight after having vascular surgery or radiological intervention. Vascular day-case surgery, diagnostics, outpatient appointments and rehabilitation services will be provided in hospitals throughout West Yorkshire, including Huddersfield Royal Infirmary, Pinderfields General Hospital and Airedale General Hospital.

Partnership priorities
Partners also work together on priority programmes for the whole of West Yorkshire and Harrogate, including mental health, hospitals working together, maternity, urgent and emergency care; preventing ill health and improving peoples' wellbeing. We do this where it makes sense to share learning, expertise and workforce skills.

We know that more needs to be done to prevent ill health. Peoples' life chances are shaped in their early years of life and with an ageing population, helping frail and older people stay healthy and independent, tackling loneliness, avoiding hospital stays unless needed and giving children and young people the best start in life is a priority. We also know that not only hospitals and doctors keep people well; a person's life choices and where they live are also important. Housing and health go hand in hand.

Working alongside communities is therefore essential and our work with community and carer

organisations is extremely important if we want to build on the good work taking place across the area.

What next?
We have now developed our WY&H programmes of work into clear plans for delivery and begun to deliver in these important areas. We will be refreshing our plan in 2019. This will set out further our goals for the next five years.

Our goals include better access to GP services weekends and evenings; reducing the number of people who take their own life; reducing waiting times for autism assessment; supporting people with learning disabilities better; helping children and young people with mental health concerns; tackling alcohol related harm; reducing the number of people who smoke and identifying people at risk of diabetes, heart disease and stroke so we can keep them healthy.

A key part of our plans is rethinking the way urgent and emergency care is provided to ensure more options are available away from hospital, ensuring our A&Es are supported by better primary and social care for both children and adults. We are also working hard to return people home quickly and safely after a stay in hospital. This way of working needs a joined-up approach that is better suited to people's needs and provided by NHS services, councils and community organisations working together.

Moving forward we will build on our early success in attracting £32 million of transformation funding and £38 million of capital funding last year and the £230 million additional funding as part of the £963million of capital funding, announced by Matt Hancock, Health and Social Care Secretary of State in December 2018 to boost health facilities across England. This additional funding will benefit three large acute and mental health care schemes including pathology and rehabilitation. This is particularly important to help reach our ambition for a more radical approach to empowering people to get the care and support they need as early and as locally as possible and to build up our community-based services.

This is just a snap shot of some of the work the Partnership are doing – find out more at www.wyhpartnership.co.uk, read the difference the Partnership is making here or follow us on twitter @wyhpartnership.

Remuneration Report

I am pleased to present the Remuneration Report for 2018/2019. At Calderdale and Huddersfield NHS Foundation Trust we recognise that our remuneration policy is important to ensure that we can attract and retain skilled and experienced leaders who are able to deliver our ambitious plans for delivering compassionate care. At the same time, it is important to recognise the broader economic environment and the need to ensure we deliver value for money.

The report outlines the approach adopted by the Nomination and Remuneration Committee when setting the remuneration of the executive directors and the other executives who have authority or responsibility for directing or controlling the major activities of the organisation. The following posts have been designated as fitting the criteria by the committee and are collectively referred to as the executives within this report:

- Chief Executive
- Chief Operating Officer
- Director of Finance
- Chief Nurse
- Medical Director
- Director of Estates and Facilities (to August 2018), then Managing Director for Calderdale and Huddersfield Solutions Limited
- Director of Workforce and Organisational Development

The Committee also considers other director-level posts that are not members of the Board.

Details of the membership of the Nomination and Remuneration Committee and individual attendance can be found below.

Annual statement on remuneration

The Nominations and Remuneration Committee (Board of Directors), in setting the pay of the Executive Directors, based its decisions on Department of Health guidance and available benchmarking data.
The membership of the committee during 2018/19 was as follows:

- Philip Lewer – Chair
- Dr David Anderson – Non-Executive Director (tenure ceased Sept 2018)
- Alastair Graham – Non-Executive Director
- Karen Heaton – Non-Executive Director
- Andy Nelson – Non-Executive Director
- Phil Oldfield – Non-Executive Director
- Dr Linda Patterson – Non-Executive Director
- Richard Hopkin – Non-Executive Director, for nomination items only

Advice to the Committee was provided by the Assistant Director of Human Resources (at the meeting on 23 August 2018) and the Deputy Director of Workforce and Organisational Development (at the meeting on 14 December 2018).

During 2018/19 two meetings were held and were attended by all required members except Dr Linda Patterson, Richard Hopkin (for the meetings on 23 August and 14 December 2018), Andy Nelson for the meeting on 23 August 2018 and Philip Lewer for the meeting on 14 December 2018. The following were discussed:

- Recruitment to posts within Calderdale Huddersfield Solutions – Managing Director, Interim Director of Finance, Chair and Non-Executive Director
- Recruitment to the post of Executive Director of Nursing / Chief Nurse

Remuneration Policy
The Trust's remuneration policy applies equally to Non-Executive Directors, Executive Directors and senior managers below Board level posts and is based upon open, transparent and proportionate pay decisions. All pay decisions are based on market intelligence and are designed to be capable of responding flexibly to recruitment imperatives to secure high calibre people.

When setting levels of remuneration, the Trust's Nominations and Remuneration Committees take into account the remuneration policies and practices applicable to our other employees, along with any guidance received from the sector regulator and the Department of Health and Social Care. The Committees also access professional independent reports as required based on objective evidence of pay benchmarking across a range of industry comparators. The conclusion reached in professional independent reports is that 'weightings accredited to the various posts in relation to market comparisons had resulted in remuneration that is in line with current pay practice.' The way in which the Committees operate is subject to audit scrutiny. The work of the Committees is subject to an independent level of scrutiny by the Audit and Risk Committee and this scrutiny can be exercised at any time. The scrutiny role is set out in the Terms of Reference of the Audit and Risk Committee and the Committee Chair does not sit on the Remuneration part of the Nomination and Remuneration Committee.

The Trust has well established performance management arrangements and each year I undertake an appraisal for each of the executives and I am appraised by the Chair. We do not have a system of performance-related pay and therefore in any discussion on remuneration an individual's performance is considered alongside the performance of the executive team and the organisation as a whole.

The Executive Directors are employed on permanent contracts with a six month notice period. In any event where a contract is terminated without the executive receiving full notice, compensation would be limited to the payment of the salary for the contractual notice period. There would be no provision for any additional benefit over and above standard pension arrangements in the event of early retirement. Non-Executive Directors are requested to provide six months' notice should they wish to resign before the end of their tenure. They are not entitled to any compensation for early termination. The Trust has no additional service contract obligations.

Salary and pension contributions of all executive and non-executive directors
Information on the salary and pensions contributions of all executive and non-executive directors is provided in the tables on the following pages. The information in these tables has been subject to audit by our external auditors KPMG LLP.

Owen Williams
Chief Executive
24 May 2019

Salary, Expenses and Pension entitlements of senior managers

A) Remuneration

It is the view of the Board of Directors that the authority and responsibility for directing and controlling the major activities of the trust is retained by the board of directors and is not exercised below this level.

Name and Title	2018 - 19					
	Salary	Taxable Benefits	Annual Performance Related Bonuses	Long Term Performance Related Bonus	Pension Related Benefits	Total
	(bands of £5,000) £000	£	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
P Lewer ~ Chair (A)	50 - 55	0	0	0	0	50 - 55
D Anderson ~ Senior Independent Non Executive Director (Note B)	5 - 10	0	0	0	0	5 - 10
L Patterson ~ Chair of Quality Committee	10 - 15	0	0	0	0	10 - 15
P Oldfield ~ Deputy Chair and Chair of Finance & Performance Committee, Senior Independent Non Executive Director (Note C)	10 - 15	0	0	0	0	10 - 15
Prof P Roberts ~Independent Member	5 - 10	0	0	0	0	5 - 10
R Hopkin ~ Chair of Audit and Risk Committee (Note D)	15 - 20	0	0	0	0	15 - 20
K Heaton ~ Chair of Workforce (Well Led) Committee (Note E)	10 - 15	0	0	0	0	10 - 15
A Nelson ~ Non-Executive Director	10 - 15	0	0	0	0	10 - 15
A Graham ~ Non-Executive Director	10 - 15	0	0	0	0	10 - 15
G Boothby ~ Director of Finance	130-135	0	0	0	0 - 2.5	130-135
L Hill ~ Director of Estates and Facilities (Note F)	130-135	0	0	0	17.5 - 20	150 -155
S Dunkley ~ Director of Workforce and Organisational Development	125-130	0	0	0	27.5 -30	150 -155
D Birkenhead ~ Medical Director	225-230	0	0	0	0 - 2.5	225-230
B Brown ~ Deputy Chief Executive/Director of Nursing (Note G)	20 - 25	0	0	0	0 - 2.5	20 - 25
J Murphy ~ Director of Nursing (Note H)	110-115	0	0	0	252.5 - 255	360 -365
H Barker ~ Chief Operating Officer	135-140	0	0	0	0 - 2.5	135-140
O Williams ~ Chief Executive	185 -190	0	0	0	7.5 -10	195 - 200
Additional disclosure						
Band of the highest paid Director's total remuneration	225-230					
Median Total (£'000)	27,622					
Remuneration ratio	8.24					

Name and Title	2017-18 Salary (bands of £5,000) £000	Taxable Benefits £	Annual Performance Related Bonuses (bands of £5,000) £000	Long Term Performance Related Bonus (bands of £5,000) £000	Pension Related Benefits (bands of £2,500) £000	Total (bands of £5,000) £000
A Haigh ~ Chair (Note I)	50 - 55	0	0	0	0	50 - 55
D Anderson ~ Senior Independent Non Executive Director	10 - 15	0	0	0	0	10 - 15
J Wilson ~ Vice Chair (Note J)	5 - 10	0	0	0	0	5 - 10
L Patterson ~ Chair of Quality Committee	10 - 15	0	0	0	0	10 - 15
P Oldfield ~ Deputy Chair and Chair of Finance & Performance Committee	10 - 15	0	0	0	0	10 - 15
Prof P Roberts ~Independent Member	10 - 15	0	0	0	0	10 - 15
R Hopkin ~ Chair of Audit and Risk Committee	10 - 15	0	0	0	0	10 - 15
K Heaton ~ Chair of Workforce (Well Led) Committee	10 - 15	0	0	0	0	10 - 15
A Nelson ~ NED (Note K)	5 - 10	0	0	0	0	5 - 10
A Graham ~ NED (Note L)	0 - 5	0	0	0	0	0 - 5
G Boothby ~ Director of Finance	125-130	0	0	0	147.5 -150	275 - 280
L Hill ~ Director of Estates and Facilities (Note F)	135-140	0	0	0	30 - 32.5	165 - 170
I Warren ~ Director of Workforce and Organisational Development (Note M)	105 -110	0	0	0	5 -7.5	110 - 115
J Eddleston ~ Director of Workforce and Organisational Development (Note N)	60 - 65	0	0	0	85 - 87.5	150 - 155
S Dunkley ~ Director of Workforce and Organisational Development (Note O)	20 - 25	0	0	0	2.5 - 5	25 -30
D Birkenhead ~ Medical Director	225-230	0	0	0	27.5 -30	255 -260
B Brown ~ Deputy Chief Executive/Director of Nursing	140-145	5,900	0	0	32.5 - 35	175 -180
H Barker ~ Chief Operating Officer	135-140	0	0	0	20 - 22.5	155 - 160
O Williams ~ Chief Executive	185 -190	0	0	0	30 - 32.5	220 - 225
Additional disclosure						
Band of the highest paid Director's total remuneration	225-230					
Median Total (£'000)	27,425					
Remuneration ratio	8.30					

Non-Executive Directors (NED) do not receive pensionable remuneration; there will be no entries in respect of pension related benefits for Non-Executive Directors.

A. P Lewer appointed as Chair 4.1.18
B, D Anderson, Non-Executive Director, left 22.9.18.
C, P Oldfield, Senior Independent Non-Executive Director from 22.9.18
D, R Hopkin, Non-Executive Director – tenure extended from 28.02.19. – 27.02.22
The Nominations and Remuneration Committee agreed the extension at its meeting on 14 February 2019 for a further 3 years.
The Council of Governors ratified this on 11 April 2019
E, K Heaton – Non-Executive Director, tenure extended from 28.02.19. – 27.02.22
The Nominations and Remuneration Committee agreed the extension at its meeting on 14 February 2019 for a further 3 years.
The Council of Governors ratified this on 11 April 2019
F, L Hill 1.9.18 transferred to Calderdale and Huddersfield Solutions Ltd
G, B Brown left 01.06.18
H, J Murphy – Interim Director of Nursing 04.06.18.
I, A Haigh, Chair, left 31.03.18
J, J Wilson, Non-Executive Director, left 30.11.17
K, A Nelson, Non-Executive Director, from 01.10.17
L, A Graham, Non-Executive Director, from 1.12.17.
M, I Warren left 31.07.17
N, J Eddleston – acting dates: 11.07.17. – 31.01.18.
O, S Dunkley, Director of Workforce and Organisational Development, appointed on 01.02.18.
B Brown was paid £13,894 for removal expenses in 17/18, of which £5,900 was a taxable benefit.

Additional disclosure
Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Calderdale and Huddersfield NHS Foundation Trust in the financial year 2017/19 was £225k (2017/18 was £228k). This was 8.24 times (2017/18, 8.30) the median remuneration of the workforce, which was, £27,622 (2017/18, £27,425).
In 2018/19, 5 (2017/18, 2) employees received remuneration in excess of the highest paid director. In 2018/19 remuneration ranged from £232k to £286k (2017/18 £234k to £334k).
The salary for the Medical Director is their total remuneration package, in 2017/18 of which £52k relates to their clinical role. In 2018/19 the Medical Director had no direct clinical activity, for which payment was made.

The Trust has two senior managers who are paid more than £150,000 per annum

The Trust's remuneration policy applies equally to Non-Executive Directors, Executive Directors and senior managers below Board level posts and is based upon open, transparent and proportionate pay decisions. All pay decisions are based on market intelligence and are designed to be capable of responding flexibly to recruitment imperatives to secure high calibre people.

When setting levels of remuneration, the Trust's Nominations and Remuneration Committee also take into account the remuneration policies and practices applicable to our other employees, along with any guidance received from the sector regulator and the Department of Health and Social Care. The Committees also receive professional independent reports based on objective evidence of pay benchmarking across a range of industry comparators. The conclusion reached in professional independent reports is that 'weightings accredited to the various posts in relation to market comparisons had resulted in remuneration that is in line with current pay practice.' The way in which the Committee operates is subject to audit scrutiny. The work of the Committees is subject to an independent level of scrutiny by the Audit and Risk Committee and this scrutiny can be exercised at any time. The scrutiny role is set out in the Terms of Reference of the Audit and Risk Committee and the Committee Chair does not sit on the Nominations and Remuneration Committee.

B) Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real Increase in Lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2018	Real Increase/ (Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
G Boothby ~ Director of Finance	0 - 2.5	0 - 2.5	50 - 55	75- 80	609	87	734	0
L Hill ~ Director of Estates and Facilities (Note F)	0 - 2.5	0 - 2.5	55 - 60	155-160	1,029	119	1,198	0
S Dunkley ~ Director of Workforce and Organisational Development	0 - 2.5	0 - 2.5	0 - 5	0 - 5	22	0	29	0
D Birkenhead ~ Medical Director	0 - 2.5	0 - 2.5	75 - 80	220 -225	1,478	106	1,656	0
B Brown ~ Deputy Chief Executive /Director of Nursing (Note G)	0 - 2.5	0 - 2.5	5- 10	0 - 5	90	13	109	0
J Murphy ~ Director of Nursing (Note H)	10 -12.5	42.5 - 45	50 - 55	155 - 160	738	269	1,157	0
H Barker ~ Chief Operating Officer	0 - 2.5	0 - 2.5	60 - 65	150 -155	1,028	111	1,189	0
O Williams ~ Chief Executive	0 - 2.5	0 - 2.5	75 - 80	0 - 5	881	122	1,056	0

Cash Equivalent Transfer Values
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase/ (Decrease) in CETV
This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Staff Report

We employ 5604 colleagues (6026 including Calderdale and Huddersfield Solutions Limited) across our two hospitals and in the community in Calderdale.

Gender

Director*	8 (50%) 	8(50%) 
Senior Manager	34(30%) 	81 (70%) 
Other employees	1154 (19%) 	4872 (81%) 

* includes Non-Executive Directors and non-voting Directors

Staff costs

In line with the HM Treasury requirements, some previous accounts disclosures relating to staff costs are now required to be included in the staff report section of the annual report instead.

Staff costs

	Group			
			2018/19	**2017/18**
	Permanent	**Other**	**Total**	**Total**
	£000	**£000**	**£000**	**£000**
Salaries and wages	184,384	13,901	**198,285**	189,114
Social security costs	18,288	-	**18,288**	17,515
Apprenticeship levy	946	-	**946**	915
Employer's contributions to NHS pensions	23,729	-	**23,729**	22,893
Pension cost - other	4	-	**4**	16
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	12,489	**12,489**	17,005
NHS charitable funds staff	-	-	**-**	-
Total gross staff costs	**227,350**	**26,390**	**253,740**	**247,458**
Recoveries in respect of seconded staff	**-**	**-**	**-**	**-**
Total staff costs	**227,350**	**26,390**	**253,740**	**247,458**
Of which				
Costs capitalised as part of assets	397	-	**397**	2,515

Average number of employees (WTE basis)	Group			
			2018/19	2017/18
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	558	49	**607**	639
Ambulance staff	-	-	**-**	-
Administration and estates	925	39	**964**	1,396
Healthcare assistants and other support staff	1,530	100	**1,630**	1,232
Nursing, midwifery and health visiting staff	1,583	107	**1,690**	1,748
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	682	17	**699**	565
Healthcare science staff	-	-	**-**	106
Social care staff	-	-	**-**	-
Other	-	-	**-**	-
Total average numbers	**5,278**	**312**	**5,590**	**5,686**
Of which:				
Number of employees (WTE) engaged on capital projects	10	-	**10**	56

Reporting of compensation schemes - exit packages 2018/19
This was a mutual agreed termination based on the changed personal circumstances of the post holder

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	1	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**-**	**1**	**1**
Total cost (£)	**£0**	**£87,000**	**£87,000**

Reporting of compensation schemes - exit packages 2017/18

	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages
	Number		Number		Number
Exit package cost band (including any special payment element)					
<£10,000	-		-		-
£10,000 - £25,000	-		-		-
£25,001 - 50,000	1		-		1
£50,001 - £100,000	-		1		1
£100,001 - £150,000	-		-		-
£150,001 - £200,000	-		-		-
>£200,000	-		-		-
Total number of exit packages by type	1		1		2
Total resource cost (£)	**£28,000**		**£71,000**		**£99,000**

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	1	87	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	1	71
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**1**	**87**	**1**	**71**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

This related to a mutual agreed termination based on the changed personal circumstances of the postholder.

All our payroll engagements are subject to a risk-based assessment and where considered necessary, we seek assurance as to whether the individual is paying the right amount of tax. The Trust is continuing to work with agencies to ensure contractual clauses are in place.

Off payroll engagements

Table 1: For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months

Number of existing engagements as of 31 March 2019	0
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	8

Consultancy spend

During 2018/19 the Trust spent £206,000 on consultancy.

A workforce fit for the future

2018 staff survey

The NHS staff survey is conducted annually. From 2018, the results from the questions are grouped to give scores in 10 domains. The scores in each are rated out of 10. We run a census survey and our response rate to the 2018 survey was 51% (2779 respondents), an 8% increase from 43% in 2017.

We are rated against a benchmark comprising another 88 acute trusts in England and our results in each domain compared to the average of this group are presented below:-

Response rate				
	2017	**2018**		**Trust Improvement/ deterioration**
	Trust	**Trust**	**Trust Type Average**	
Response rate	43%	51%	46%	Increase of 8% points

	2018/19		**2017/18**		**2016/17**	
	Trust	**Benchmarking Group**	**Trust**	**Benchmarking Group**	**Trust**	**Benchmarking Group**
Equality, diversity and inclusion	9.1	9.1	9.2	9.1	9.3	9.2
Health and wellbeing	5.6	5.9	5.7	6.0	5.9	6.1
Immediate managers	6.6	6.7	6.6	6.7	6.5	6.7
Morale	6.0	6.1				
Quality of appraisals	5.2	5.4	5.1	5.3	5.1	5.3
Quality of care	7.4	7.4	7.3	7.5	7.6	7.6
Safe environment – bullying and harassment	8.0	7.9	8.1	8.0	8.1	8.0
Safe environment – violence	9.4	9.4	9.5	9.4	9.4	9.4
Safety culture	6.7	6.6	6.6	6.6	6.6	6.6
Staff engagement	6.9	7.0	6.9	7.0	7.0	7.0

Our scores are not statistically different from those from the last survey in 2017. We are above the average in 2 domains and below the average in 5 domains. From our analysis of the feedback from our people we intend to focus our attention on improvement in those service areas in the Trust where domain scores are lower than our organisation average score; on the quality of appraisals which continue to be an important feature in the views shared in the survey; and specifically on our healthcare assistants and people with disabilities in whatever role they work who tell us in their feedback that their experience as employees, when compared to others, is less positive in the majority of the areas that the surveys measures. Our response to the survey results is overseen by our Workforce Committee.

Investors in People, IIP

We were delighted to hear that our rating improved, and we've been accredited as a Silver Award holder through to 2021. The new rating was awarded following responses received to an online survey conducted between July and August 2018 and open to all colleagues, one-to-one interviews and focus groups. The responses provided go a long way in helping us to understand what we're doing well and what we can do to improve the working lives of colleagues. The IIP Assessor said, "we should be enormously proud of what colleagues are saying about working at CHFT". They said we are seeing improvements in a very tough environment when others in less tough environments are not always improving. And virtually everyone that the IIP Assessor met with said CHFT is a great place to work. Some of the comments shared were:

"The recruitment process was amazing – it was so professionally done"
"My colleagues have been so supportive with my training – they take time out and show you how to do things"
"I can honestly say this is the best job I've ever had"
"Coming to work here is the best thing I've ever done"
"I love my job – I have no intention of packing it in"
"The reason I have stayed so long is they give you so many opportunities to progress".

The Assessor identified some key areas leading to our improvement: -

- the quality of leadership at all levels
- excellent feedback for our Work Together to Get Results (WTGR) model
- informal coaching and mentoring works well at CHFT – this is accepted as our 'style'
- improved engagement and face-to-face activities with colleagues especially the Tea Trolley Rounds
- our managers create good conditions within their teams which is motivating their colleagues.

Staff engagement

Colleague engagement is about listening to and sharing our ideas so that we take action which improves patient care and the organisation that we work in. We want a place to work that feels open, and honest; where we aren't shy about saying how we feel, where we can suggest good ideas; and where we knew we'll be supported if we pick up on other people's behaviour that isn't OK. We want to make the best contribution to compassionate care that we can, and this means that we will be contributing to making our Trust a successful organisation too. Great colleague engagement, where everyone knows that we can add our bit and have a 'feel good' factor when we help deliver compassionate care, means that we make the best decisions about the care of our patients.

Formal engagement takes place with staff side representatives through the Staff Management Partnership Forum which meets on a monthly basis and the Medical and Dental Pay and Conditions Committee. We have six elected staff members on our Council of Governors, all of whom are active in engaging with employees of the Trust as Foundation Trust Members and ensuring that they are involved in developing the work of the Trust. The Trust has established BAME and LGBTQ networks for the purposes of informing, testing and communicating its approach to improving the colleague experience. More generally, we engage with our workforce directly through a range of channels and mechanisms that promote engagement, communication and information sharing including: -

- The Tea Trolley, a relaxed informal way of having a drink and a chat about what it's like to work at the Trust and what colleagues want us to improve to make their work better
- Staff surveys including the annual staff survey and quarterly Staff Friends and Family Test
- 'Hot house' events when people come together at an event to concentrate on a particular topic and come up with ideas to make it grow. Whenever there's something that affects us, and we need some good ideas, we'll have a Hot House event to create a solution together. We've had Hot Houses on how best to use apprenticeships; our approach to health and wellbeing; how best to recruit people; and our staff survey results
- Team Brief on a monthly basis, which ensures

all staff receive regular updates from the Board of Directors and Executive Board meetings as well as Divisional and Departmental updates
- Quality Fridays when senior staff 'go back to the floor'
- CHFT Weekly, an electronic newsletter for staff sharing top news stories for the week which provides a lively mixture of service, performance and financial information as well as items about individual, team and Trust achievements
- Our staff intranet
- Team meetings, briefing sessions, workshops and meetings which involve the Chief Executive and other members of the Executive Team
- A Freedom to Speak Up Guardian, a Champion and Ambassador network and a well-established raising concerns policy
- Executive Directors and senior staff visit clinical areas and departments to meet with colleagues and give them the opportunity to raise any workplace issues
- The 'Ask Owen' facility provides an opportunity for colleagues to raise issues directly with the Chief Executive with questions and answers available to all staff through the intranet
- An appraisal season during which a line manager and direct report can engage in meaningful conversation about development needs as well as performance
- A Workforce and Organisational Development Line Manager Bulletin is published regularly with a focus on developing/enhancing a manager toolkit that is informative, educational and practical for colleagues dealing with day to day workforce/employee issues in the Trust.

Our People Strategy

The following is based on a true story. From June 2018 we started to have conversations with different people right across the Trust. These conversations were about what kind of place we want our organisation to be. The conversations were also about making sure that everyone had a chance to contribute; about making it easy for people to talk about what was important to them; about making sure that the report on the back of these conversations was not long and boring; and about us keeping on having these conversations so that they're not just a one-off thing. We already know that at CHFT we're all about delivering compassionate care. And we've already said that we need 'a workforce for the future'. As well as having these conversations we looked at other things too like our Investors in People report and the feedback received through staff surveys. What came out from this loud and clear is "let's create an organisation that's known for one culture of care. This means we care for each other in the same way as we care for our patients". From this we built a bottom up, co-created, colleague-crafted approach that we've called The Cupboard! It's available at https://thecupboard.cht.nhs.uk/. The Cupboard is simply what we call our people strategy - it's all about us.

The strategy comprises 7 important priorities – equality, diversity and inclusion, health and wellbeing, colleague engagement, talent management, workforce design, corporate social responsibility and work together to improve. These are the 7 things that affect everyone who works here and are the things that we're going to concentrate on. These are our 'recipes for success' and we've put them onto 7 magnificent recipe cards! The way everyone has helped to create The Cupboard says a lot about how we do things in the Trust.

Attendance Management

The Department of Health and Social Care provides sickness absence data for NHS organisations and requires it to be reported in the annual report on a calendar year basis. For 2018 the absence data calculated for the Trust is as follows:
- Average 2018 full time equivalent (fte) staffing was 5268.6
- Adjusted fte days lost: 46,314.09
- Average sick days per full time equivalent: 8.79

The Trust recognises that good health and wellbeing results in better morale, involvement and motivation. If employees are unwell they are supported to recover or helped to not go off sick in the first place. Having a reputation as somewhere that values the health and wellbeing of its workforce as well as its patients means the Trust is able to attract and keep the best new colleagues too. High rates of absenteeism are costly, from an economic point of view as well as the impact on morale and potentially on the quality and safety of care. The Trust has a policy which supports regular attendance at work that enables managers to manage attendance fairly, with a focus on avoiding absence, rehabilitation and return to work wherever possible. Our people tell us that we can do more to support their health and wellbeing. In this regard, it is an important feature of our people strategy.

Appraisal and Development

We run an appraisal season each year running from April to June, 95% of colleagues met with their line manager for a conversation about their development needs opportunities and their contribution to the work we do. We recognise improvements to the appraisal experience are required and we are working towards this. Essential safety training is really important to us and we delivered >94% compliance for 2018/2019. The training programme, which largely comprises e-learning, enables the Trust to demonstrate that employees regularly have mandatory training designed to ensure they can undertake their job roles safely and maintain a safe and healthy work environment. The Trust's approach identifies

what training employees are required to complete, how often they are required to complete the training and how to access the training.

Trade Union (Facility Time Publication Requirements) Regulations 2017

The Trade Union (Facility Time Publication Requirements) Regulations 2017 which implement section 13 of the Trade Union Act 2016 came into force on 1 April 2017.

The Regulations require public sector employers (including NHS Trusts) to publish the cost of paid facility time taken by employees who are union officials. Employers must report the required information for each 12 month period from 1 April to 31 March both on their websites and in their annual reports. No penalties or enforcement mechanisms have been set out in the Regulations. The intent is accountability through visibility to stakeholders, the public and the media.

The Trust introduced a Recognition and Facilities Agreement in January 2019 which sets out clear procedures on time off for trade union duties and this recognises the valuable work undertaken by Trade Unions working in partnership with the Trust. The Trust believes that partnership working brings significant benefits to service users and staff and the spirit of the Agreement is in keeping with these principles.

The Recognition and Facilities Agreement requires trade union representatives to record their time off under these Regulations and they are required to record their time off under the Electronic Staff Record (ESR) Employee Self Service function. This in turn facilitates the production of reports on time off for trade union duties.

The data for 1st April 2018 to 31st March 2019 is as follows:-
1.FTE Days used for trade union duties: 77.53
2.Total available FTE days(all staff): 1,968,449.73
3.% of staff time(all staff): 0.004%
4.Estimated cost of trade union duties: £7068
5.Number of staff undertaking trade union duties: 8

The Trust recognises that this data set is incomplete and although it is an improvement from the previous year's data. Workforce and OD staff and line managers will continue to work with trade union colleagues to improve the recording of data through ESR.

The Trust will publish information under these Regulations by 31 July 2019 on its website.

Medical Education

2018-2019 was a busy and successful year for the Medical Education/Library and Knowledge Service (LKS) and Clinical Skills and Simulation.

- March 2019 saw the completion of a £60K refurbishment of the Library space at CRH funded by Health Education England (HEE) following a successful bid. The area provides and attractive space for staff and students to meet, work and study.
- The clinical skills and simulation service continues to grow and has successfully bid for funding and the LKS now has a range of manikins and part task trainers available on each site. Acute Simulation Core Medical Emergency and Maternity Acute Illness Management are now established courses within the regional educational circuit. We are also organising and hosting numerous educational events for our own clinical staff and students.
- We had a successful HEE Quality Review visit in March 2019 for Urology and Obstetrics and Gynaecology which was a very successful visit, with notable areas of good practice within the department to be shared regionally.
- We have organised the inaugural CHFT's Got Medical Talent Awards - an opportunity to recognise, value and thank our doctors in training for all the fabulous work they do. The number of nominations was great for doctors in training across all specialties who have been recognised for their efforts in different categories.
- We hosted another very successful Mock OSCE (Observed Structured Clinical Examination) for the Leeds Medical School 5th year medical students receiving positive feedback.
- We continue to link with local schools and sixth form colleges and hosted our interactive 'So you want to be a doctor?' event where sixth form students have the opportunity to meet with medical students and a range of different grades of doctors across different specialties as well as gain some important tips for applying to medical school.
- Building on our first cohort of Physician Associate (PA's) in 2017 we have now recruited a further 8 PA's within the Medicine Division The PA programme is running well with an established teaching programmes in place and Educational Supervisors for each PA to ensure they are well supported educationally. We have also facilitated protected teaching time for the PA's.
- We have become the GP Specialty Training Lead employer for the GP Specialty Trainee Pennine Scheme which covers Calderdale and Kirklees.

Volunteers

Details of how volunteers contribute to the smooth running of the hospital, is given in the Performance Report section entitled "Our role in the local community" at page 23.

Disclosures set out in the NHS Foundation Trust Code of Governance

Calderdale and Huddersfield NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The purpose of the code of governance is to assist NHS foundation trust boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance. The code is issued as best practice advice but requires a number of disclosures to be made within the annual report.

The NHS Foundation Trust Code of Governance contains guidance on good corporate governance to NHS foundation trusts to help them deliver effective corporate governance, contribute to better organisational performance and ultimately discharge their duties in the best interests of patients. NHS Improvement, as the healthcare sector regulator and the code's author, is keen to ensure that NHS foundation trusts have the autonomy and flexibility to ensure their structures and processes work well for their individual organisations, whilst making sure they meet overall requirements. For this reason, the code is designed around a "comply or explain" approach.

Comply or explain

NHS Improvement recognises that departure from the specific provisions of the code may be justified in particular circumstances, and reasons for non-compliance with the code should be explained. This "comply or explain" approach has been in successful operation for many years in the private sector and within the NHS foundation trust sector. Trusts are required to assess their compliance with the Code and explain any departures to NHS Improvement. In providing an explanation for non-compliance, NHS foundation trusts are encouraged to demonstrate how its actual practices are consistent with the principle to which the particular provision relates.

Whilst the majority of disclosures are made on a "comply or explain" basis, there are other disclosures and statements (which we have termed "mandatory disclosures" in this report) that we are required to make, even where we are fully compliant with the provision.

As a licensee, the Trust is required to apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS. To do this, the Trust has regard to guidance from NHS Improvement, the sector regulator for healthcare, including the NHS Foundation Trust Code of Governance. All directors and the Council of Governors have signed a declaration indicating their compliance with the "fit and proper persons" test introduced through condition G4 of the provider licence.

There are a number of key policies and documents that capture the main and supporting principles of the Code:

- Standing Orders, Standing Financial Instructions, Scheme of Delegation and Constitution.
- Standards of Business Conduct and Register of Declarations of Interest
- Integrated Performance Report
- Board and Committee reports and the supporting minutes
- Annual business cycle of the Board of Directors and its Committees
- Risk Management Strategy
- Risk Management Policy
- Job description and role description of the Senior Independent Director
- Terms of reference of the committees and sub-committees of the Board of Directors and Council of Governors
- The Board of Directors skills and capabilities matrix
- Non-Executive Director candidate information pack and induction programme
- Appraisal policy
- Well-led Governance Review report
- Council of Governors standing orders
- Council of Governors' Charter
- Membership Strategy and Policy for Engaging Members
- Governor's Recruitment and Induction Pack
- Policy for the expulsion of Membership Councillors (Governors)
- Chairs' Information Exchange
- Internal and External Auditor reports
- Fit and Proper Person Annual Self-declaration

The Trust reviewed its governance arrangements in light of the code and makes the following statements:

Directors
The Trust is headed by a Board; it exercises its functions effectively, efficiently and economically. The Board is a unitary board consisting of a non-executive chair, seven non-executive directors and seven executive directors. Full details of members of the Board can be found on page 28 including changes to the membership of the board during 2018/19.

The Board provides active leadership within a framework of prudent and effective controls and monitors compliance with the terms of its licence. The Board meets a minimum of six times a year so that it can regularly discharge its duties.

The non-executive directors hold executive directors accountable through scrutiny of performance outcomes, management of business process systems and quality controls, and satisfy themselves as to the integrity of financial, clinical and other information. Financial and clinical quality control systems of risk management are robust and defensible.

In addition, members of the Board undertake an annual personal skills and knowledge assessment. The proposition 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 non-executive directors, through the Nomination and Remuneration Committee, fulfil their responsibility for determining appropriate levels of remuneration of executive directors. The Committee is provided with benchmark data to support the decision being made about the level of remuneration for the executive directors. More details about the Nominations and Remuneration Committee can be found on page 50.

Annually the Board reviews the strategic aims and takes responsibility for the quality and safety of healthcare services, education, training and research. Day-to-day responsibility is devolved to the executive directors and their teams. The board of directors is committed to applying the principles and standards of clinical governance set out by NHS England, NHS Improvement, the Department of Health and Social Care and the Care Quality Commission. As part of the planning exercise the Board of Directors reviews its membership and undertakes succession planning.

The Board of Directors has reviewed its values and standards to ensure they meet the obligations the Trust has to its patients, members, staff and other stakeholders.

The appointment of the Chair and Non-Executive Directors forms part of the information included in the standing orders written for the Council of Governors. Each year the Chair and Non-Executive Directors receive an appraisal which is reviewed by the Council of Governors. The Chair undertakes an appraisal on the Chief Executive and the Chief Executive undertakes the appraisal of the Executive Directors. Details of the approach to appraisals can be found on page 30 of this report.

The Chair
A clear statement outlining the division of responsibility between the Chair and the Chief Executive has been approved by the Board of Directors.

Governors
The Trust has a Council of Governors which is responsible for representing the interests of the members of the Trust, partner, voluntary organisations within the local health economy and the general community served by the trust. The Council of Governors holds the non-executive directors individually and collectively to account for the performance of the Board of Directors, including ensuring that the Board of Directors acts within the terms of the licence. Governors feedback information about the Trust to members and the local community through a regular newsletter and information placed on the Trust's website.

The Council of Governors consists of elected and appointed governors. More than half are public governors elected by community members of the trust. Elections take place once every year or on other occasions if required due to vacancies or a change in our constitution. The next elections will be held during summer 2019.

Information, development and evaluation
The information received by the Board of Directors and the Council of Governors is timely, appropriate and in a form that is suitable for members of the Board and Council to discharge their duty.

The Trust runs a programme of development throughout the year for Governors and Non-Executive Directors. All Governors and Non-Executive Directors are given the opportunity to attend training sessions during the year.

The Council of Governors has agreed the process for the evaluation of the Chair and Non-Executive Directors and the process for appointment or re-appointment of the Non-Executive Directors.

The Chair, with the support of the other Non-Executive Directors, reviews the performance of the Chief Executive as part of the annual appraisal.

The Chief Executive evaluates the performance of the Executive Directors on an annual basis and the outcome is reported to the Chair. The Chair provides the Chief Executive with his view of the Executive Directors' performance in the board meeting.

Performance evaluation of the board and its committees

During the year the members and attendees of each of the committees undertake a self-assessed evaluation of the committee's effectiveness against compliance with the terms of reference and the annual work plan. The results of the self-assessment form a development plan for the committee over the year.

The feedback from the CQC Well Led and Use of Resources inspections formed part of the CQC action plan for 2018/19.

Resolution of disputes between the Council of Governors and the Board of Directors

The code of governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved.

The Board of Directors promotes effective communications between itself and the Council of Governors. The Board, through the Chief Executive and the Chair, provide regular updates to the Council of Governors on the developments being undertaken in the Trust. The Board encourages the governors to raise questions and concerns during the year and ask for further discussions at their public meetings where they feel further detail is required. The Chief Executive and any invited director or Non-Executive Director will ensure that the Governors are provided with any information when the financial standing of the trust has materially changed or the performance of its business has changed or where there is an expectation as to performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the Trust.

The Chair of the Trust also acts as chair of the Council of Governors. The chair's position is unique and allows him to have an understanding of a particular issue expressed by the Council of Governors. Where a dispute between the Council of Governors and the Board occurs, in the first instance, the chair of the trust would endeavour to resolve the dispute.

If the Chair is not willing or able to resolve the dispute, the Senior Independent Non-Executive Director and the lead governor of the Council of Governors would jointly attempt to resolve the dispute.

In the event of the Senior Independent Non-Executive Director and the lead governor not being able to resolve the dispute, the board of directors, pursuant to section 15(2) of Schedule 7 of the National Health Service Act 2006, will decide the disputed matter.

Governors also have the right to refer concerns to NHS Improvement, the sector regulator in exceptional circumstances where the internal mechanisms have not satisfied the Council of Governors concern.

The Board makes decisions about the functioning of the Trust and where appropriate consults with the Council of Governors prior to making a decision where appropriate. Any major new development in the sphere of activity of the trust which is not public knowledge is reported to the Council of Governors in private session and to NHS Improvement.

The Council of Governors is responsible for the decisions around the appointment of the non-executive directors, the appointment of the external auditors in conjunction with the Audit and Risk Committee, the approval of the appointment of the chief executive and the appointment of the Chair. The Council of Governors set the remuneration of the non-executive directors and Chair. The Council of Governors are encouraged to discuss decisions made by the Trust and highlight any concerns they have. The Council of Governors also has in place a statement that identifies at what level the Board of Directors will seek approval from the Council of Governors when there is a proposed significant transaction.

Understanding the views of the Council of Governors and members
Directors develop an understanding of the views of the Council of Governors and members about the organisation through attendance at members' events, council of governors' meetings, and attending the annual general meeting. The directors also hold a joint workshop with the governors twice a year.

Board balance, completeness and appropriateness
As at year ending 31 March 2019 the Board of Directors for Calderdale and Huddersfield NHS Foundation Trust comprised of six Executive Directors, six independent Non-Executive Directors and an independent Non-Executive Chair. One Executive Director post and one Non-Executive Director post ceased during the year.

Appraisal of board members
The Chair has conducted a thorough review of each Non-Executive Director to assess their independence and contribution to the Board of Directors and confirmed that they are all effective independent Non-Executive Directors. A programme of appraisals has been run during 2018/19 and all Non-Executive Directors have undergone an annual appraisal as part of the review.

The appraisal of the Chief Executive is undertaken on an annual basis by the Chair in line with the Trust's appraisal process.

The Board of Directors maintains a register of interests as required by the constitution and Schedule 7 section 20 (1) National Health Service Act 2006 published at www.cht.nhs.uk.

The Board of Directors requires all Non-Executive Directors to be independent in their judgement. The structure of the Board and integrity of the individual Directors ensures that no one individual or group dominates the decision-making process.

Each member of the Board of Directors upholds the standards in public life and displays selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

All Board members have confirmed that they are fit and proper persons to hold the office of Director in the Trust and have no declarations to make that would be contrary to the requirements. All Board members have confirmed that they do not hold any additional interests that are not declared in the Trust's Declaration of Interest.

The Board, in relation to the appointment of Executive Directors, has an annual meeting of the Nominations and Remuneration Committee which can be convened at other times if required.

Biographies for the Board of Directors can be found on page 30 of this report.

Internal audit function
The Trust has an internal audit function in place that provides support to the management of the organisation. Details of the internal audit function can be found on page 36.

Attendance of non-executive directors at the council of governors
All Non-Executive Directors have an open invitation to attend the council of governors' meetings. In addition, Non-Executive Directors are required to attend on a rotational basis. The Trust has also held joint board of directors and council of governors workshops during the year which focussed on the development of strategy and the performance of the Trust.

Governors and Non-Executive Directors work together on other occasions through various groups and committees and meet on a one-to-one basis during the year.

Corporate Directors' remuneration
The Nomination and Remuneration Committee meets on a regular basis and as a minimum once a year to review the remuneration of the corporate directors. Details of the work of the Nominations and Remuneration Committee can be found on page 50. The Council of Governors has a Nominations and Remuneration Committee which meets as required during the year. Part of the role of this Committee is to review the remuneration of the non-executive directors. Details of the Council of Governors Nomination and Remuneration Committee can be found on page 76.
Accountability and audit

The Board of Directors has an established Audit and Risk Committee that meets on a quarterly basis, as a minimum. A detailed report on the activities of the Audit and Risk Committee is on page 34.

Relations and stakeholders
The Board of Directors has ensured that there is satisfactory dialogue with its stakeholders during the year. Examples of the Trust working with stakeholders can be found on page 47.

Mandatory disclosures

Code provision	Requirement	Location in Annual Report
A.1.1	This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	Accountability Report Page 27
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	Accountability Report Pages 50 and 76
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Accountability Report Page 72
FT ARM	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	Accountability Report Page 75
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	Accountability Report Page 28
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Accountability Report Pages 28-33
FT ARM*	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	Accountability Report Page 28
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Accountability Report Page 50
FT ARM*	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	N/A

Code provision	Requirement	Location in Annual Report
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise and included in the next annual report.	No other significant commitments to report
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Accountability Report Page 72
FT ARM*	If, during the financial year, the Governors have exercised their power to require one or more of the directors to attend a meeting for the purpose of providing information about the Trust's performance of its functions or the directors' performance of their duties, then information on this must be included in the annual report.	N/A
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	Accountability Report Page 28
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust.	Performance Report N/A
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Accountability Report Pages 38 and 92
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	Accountability Report Page 99

Code provision	Requirement	Location in Annual Report
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Accountability Report Page 36
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	N/A
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Accountability Report Page 34
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	N/A
E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	Accountability Report Page 79
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Accountability Report Page 72
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Accountability Report Page 78

Code provision	Requirement	Location in Annual Report
FT ARM*	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership, including progress towards any recruitment targets for members.	Accountability Report Page 78
FT ARM*	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust.	Accountability Report Page 74

*FT ARM disclosures are required by the NHS Foundation Trust Annual Reporting Manual rather than the code of governance.

Other disclosures in the public interest

NHS foundation trusts are public benefit corporations and it is considered to be best practice for the annual report to include "public interest disclosures" on the foundation trust's activities and policies in the areas set out below:

Summary of disclosure required	
Actions taken to maintain or develop the provision of information to, and consultation with, employees;	Page 61
The foundation trust's policies in relation to disabled employees and equal opportunities;	Page 62
Information on policies and procedures with respect to countering fraud and corruption;	Page 86
Statement describing the better payment practice code, or any other policy adopted on payment of suppliers, performance achieved and any interest paid under the Late Payment of Commercial Debts (Interest) Act 1998	Page 38
Details of any consultations completed in the previous year, consultations in progress at the date of the report, or consultations planned for the coming year.	N/A
The number of and average additional pension liabilities for, individuals who retired early on ill-health grounds during the year.	Accounts
Detailed disclosures in relation to "other income" where "other income" in the notes to the accounts is significant.	Accounts
A statement that the NHS foundation trust has complied with the cost allocation and charging guidance issued by HM Treasury	Accounts
Details of serious incidents involving data loss or confidentiality breach	Annual Governance Statement

Voluntary disclosures

The "voluntary disclosures" (as defined by the foundation trust annual reporting manual) have also been covered in this annual report. These can be found as follows:

Summary of disclosure	
Sustainability reporting	Performance Report page 23
Equality reporting	Accountability Report page 98
The NHS Constitution	Accountability Report page 86

Our Council of Governors (CoG)

Governors have an important role in the governance and accountability of the Trust. They help to hold us to account for the decisions that are made about patient services and bring the 'eyes and ears' of the lay person into discussions about developing those services in the future.

The Council of Governors comprises of 28 seats for 16 publicly elected governors, six staff elected governors and six nominated stakeholder governors. Governors are broadly representative of the population that the Trust serves. They listen to the views and ideas of the Trust's membership and of the wider public. In turn, the Trust offers a range of events and opportunities for the governors to share those views and engage with the board of directors in order to influence strategy and develop services for patients.

The Council of Governors has selected a lead governor who is currently Alison Schofield. The Chair of the Trust is also the Chair of the Council of Governors.

Elections

In order to refresh the Council of Governors and bring a diverse range of views into the Trust, elections are held every year. These elections are held in the various geographical or staff constituencies of the Trust.

During 2018 the following elections were made with each governor being offered a three year term with effect from 19 July 2018:

CONSTITUENCY	GOVERNOR	RE-ELECTED/ELECTED	ELECTION TURNOUT
1 Calder & Ryburn Valleys	Jude Goddard Donald Rodgers-Walker	Elected unopposed Elected unopposed	N/A
2 Huddersfield Central	Sheila Taylor Christine Mills	Elected Elected	8.8%
6 East Halifax & Bradford	Annette Bell	Re-elected	11%
8 Lindley & the Valleys	Brian Moore	Re-elected unopposed	N/A

Governors and the Trust working together

Governors get to know and understand the business of the Trust through their involvement in a range of committees and groups. These help governors to hold the non-executive directors to account for the performance of the Trust and help the non-executive directors to develop an understanding of the views of governors.

These committees and groups are:

Council of Governor (CoG) meetings

There are four Council of Governor meetings per year, plus the Annual General Meeting. Board directors are invited to attend and report on standing agenda items such as business planning, service developments, quality and the Trust's financial position. Non-executive directors attend as observers. The Council of Governors receives the Integrated Performance Report at each of its meetings presented by the Chief Operating Officer, the Director of Finance, and the Chief Nurse.

Trust Board meetings
Two governors are invited to attend each monthly Trust board meeting to act as observers. An opportunity is given to governors to share any comments or observations.

Trust Board sub-committees
Governors sit on each of the sub-committees of the Trust board. These are: Finance and Performance, Audit and Risk, Charitable Funds, Quality, Workforce Committees and the Nomination and Remuneration Committee of the Council of Governors.

Divisional Reference Group meetings
Divisional Reference Group meetings between governors and divisional staff take place three times per year. They are attended by the senior management team of the respective division and a selection of governors, and they are chaired by a publicly-elected governor. These meetings give governors the opportunity to ask questions of senior clinical and managerial Trust colleagues, and challenge decisions as necessary. Divisional plans and performance are discussed, along with compliments and complaints, staffing and clinical issues.

Governor training and development
In order for its governors to discharge their duties, the Trust provides a range of training and development offerings. These are:

Governor Induction
All newly-elected or appointed governors are required to attend a comprehensive two-day induction course. This consists of presentations, discussion, provision of information and Trust guest speakers. Attended by the chair, this induction introduces governors to the structure, services and strategy of the Trust; and it clarifies their role in terms of governance and accountability. It marks the beginning of the process of governors becoming familiar with and engaging in the development of Trust plans and services.

Governor Training Programme
The Trust offers a range of optional training opportunities throughout the year. These take the form of two-hour sessions which allow governors to learn about the systems and processes of the NHS and of the Trust. The sessions support our governors to feel more confident in their duty to hold non-executive directors to account for the performance of the board. These interactive and informative sessions cover such topics as 'Understanding Quality in the NHS and Patient Experience', 'An Introduction to NHS Finance' and 'Holding to Account'.

Council of Governor Development Days
In addition to the training sessions, the Trust has a programme of Council of Governors development sessions. These are held throughout the year and are attended by governors, the Trust chair and board directors. The content of these sessions typically includes guest speakers, information items and group exercises where governors can explore healthcare topics in more depth. An 'open space' discussion is always included allowing governors to debate current key challenges and opportunities. These debates and discussions help to shape future Trust plans.

Understanding Governors' views

Non-Executive Directors develop an understanding of the views of governors through a variety of mechanisms. This helps to contribute to the good governance of the Trust and include:

Chair's One-to-One meetings

The Trust chair meets quarterly with the lead governor of the CoG for an exchange of views and an update on current topics. In addition, each newly-elected or appointed governor is offered the opportunity to meet with the Trust chair on a one-to-one basis. These meetings help to set expectations and clarify the role of the CoG/the governors and the support available to them.
The chair has met on a one-to-one basis with each of the governors.

Joint workshops with directors and non-executive directors

Governors meet with the full board of directors at a workshop twice a year. These workshops enable all parties to both look back and review progress on key developments and to look forward and jointly plan future strategic initiatives. Governors also meet separately at least twice a year with just the non-executive directors. These workshops allow everyone to learn about their respective roles, and share with each other their knowledge about, and involvement in, the Trust's services.

Approval of Annual Plan

Governors are asked to consider and comment upon proposals for the Trust's forward plan. A joint workshop of the Board of Directors and Council of Governors was held for this purpose and discussions from the Divisional Reference Group meetings are used to inform this process. Following this discussion, and with the agreement of the Council of Governors, proposals were then submitted to the board for final approval.

Expenses claimed by Governors during 2018/19

Governors do not receive payment for their work with the Trust. However, we do have a policy for re-imbursement of any travel expenses incurred while on Trust business at a rate of 0.28p per mile.

During 2018/19 the following expenses were claimed, compared with 2017/18:

	2017/18	2018/19
Number of Governors	25	24
Number claiming expenses	8	3
Total expenses claimed	£1,388.06	£898.35

Related party transactions

Under International Accounting Standard 24 'Related Party Transactions', the Trust is required to disclose, in the annual accounts, any material transactions between the NHS Foundation Trust and members of the Council of Governors or parties related to them.

There were no such transactions for the period 1 April 2018 to 31 March 2019.

Attendance at Membership Council meetings – 2018-19

Attendance at Council of Governor meetings – 2018-19									
MEETING DATES		**4.4.18**	**8.5.18**	**4.7.18**	**19.7.18**	**19.7.18 AGM**	**18.10.18**	**24.1.19**	**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	✖	✖	✔	✔	✔	✖	✖	3/7
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

Attendance at Council of Governor meetings – 2018-19								
MEETING DATES	**4.4.18**	**8.5.18**	**4.7.18**	**19.7.18**	**19.7.18 AGM**	**18.10.18**	**24.1.19**	**TOTAL**
PUBLIC ELECTED								
Calderdale Metropolitan Council: Cllr Megan Swift	✔	✔						2/7
Kirklees Metropolitan Council: Vacant Position								0/6
Locala: Chris Reeves	✖	✔	✖		✖	✖	✖	1/7
South West Yorkshire Partnership NHS FT: Salma Yasmeen	✖	✖			✔		✖	1/7
Healthwatch Kirklees: Helen Hunter						✖		0/2
Healthwatch Kirklees: Rory Deighton	✔	✔		✖	✖			2/5

KEY:

Attendance	✔	Apologies	✖	Not elected/co-opted	
				Did not attend	

Register of Council of Governors' interests
All Governors have a responsibility to declare relevant interests as defined in our Constitution. These declarations are made to the Company Secretary and are reported to the Council and entered into a register.

The public can access the register at www.cht.nhs.uk or by making a request in writing to:
The Company Secretary
Calderdale and Huddersfield NHS Foundation Trust
Acre Street
Lindley
Huddersfield
HD3 3EA

Membership of the committees and groups
The Council of Governors has established a Nomination and Remuneration Committee to consider the pay and succession arrangements for the non-executive directors.

Nominations and Remuneration of Non-Executive Directors
The Nominations and Remunerations Committee (Council of Governors) met on 14 February 2019 and 25 March 2019:

- reviewed and agreed a revised terms of reference.
- reviewed the Board skills and expertise.
- Agreed the extension of Karen Heaton and Richard Hopkin for a further 3 year tenure from 28 February 2019 to 27 February 2022.

The sub Committee for the Nominations and Remuneration Committee (Council of Governors during

2018/19 comprised of: -

Philip Lewer, Chair
Linzi Smith, Staff Governor
Paul Butterworth, Public Governor
Jude Goddard, Public Governor
Stephen Baines, Public Governor
Veronica Maher, Public Governor
Alison Schofield, Public Governor (lead Governor)

NAME	Role	14.02.19.	25.03.19
Philip Lewer	Chair	✔	✔
Philip Oldfield *	Senior Non-Executive Independent Director	N/A	✔
Alison Schofield	Publicly Elected and lead governor	✔	✖
Stephen Baines	Publicly Elected Governor	✖	✔
Paul Butterworth	Publicly Elected Governor	✔	✔
Jude Goddard	Publicly Elected Governor	✖	✖
Veronica Maher	Publicly Elected Governor	✖	✖
Linzi Smith	Staff Elected Governor	✔	✔

*Following a terms of reference review at the meeting on 14 February 2019 the membership was revised to include the Senior Independent Non-Executive Director.

The Chair of the Board is also required to disclose any other significant commitments to the Council of Governors. The Chair did not have any other significant commitments to disclose during 2018/19.

Our Membership

Membership is free and aims to give local people and staff a greater influence over how our services are provided and developed. It also helps the Trust to work much more closely with local people and service users.

Our members have the chance to:

- Find out more about the hospitals, our community services, the way they are run and the challenges they face
- Help us work with local people to improve the care and experience of patients and their carers
- Elect representatives to the Council of Governors

Public membership is open to people aged 16 or over who live within our defined membership area (irrespective of whether or not they have been a patient of the Trust).

All eligible staff members automatically become Foundation Trust staff members on appointment unless they choose to opt out. We reviewed our practice in view of the introduction of the GDPR (General Data Protection Regulation) in May 2018, and now make it clear in employment offer letters that staff are free to opt out of being a member on appointment.

Staff are eligible for membership provided that they fulfil one of the following criteria:

- they hold a permanent contract of employment with us
- they have been employed by the Trust on a temporary contract of 12 months or longer
- they are employed by the Trust or one of its partners (eg local government, other NHS Trusts) on a permanent basis or fixed-term contract of 12 months or more

Our membership as at 31 March 2019

Public members by constituency	
Constituency	**Members**
1 Calder and Ryburn Valleys	494
2 Huddersfield Central	1,522
3 South Huddersfield	952
4 North Kirklees	429
5 Skircoat and Lower Calder Valley	989
6 East Halifax & Bradford	588
7 North and Central Halifax	1,134
8 Lindley and the Valleys	1,637
Total	7,745

Our membership is broadly representative of the communities that we serve.

Staff members by constituency (staff group)

Constituency (staff group)	**Members**
9 Doctors/Dentists	700
10 AHPs/NCS/ Pharmacists	838
11 Management/Admin/ Clerical	1,250
12 Ancillary	1,838
13 Nurses/Midwives	1,825
Total	**6,451**

Membership Strategy and Getting Involved

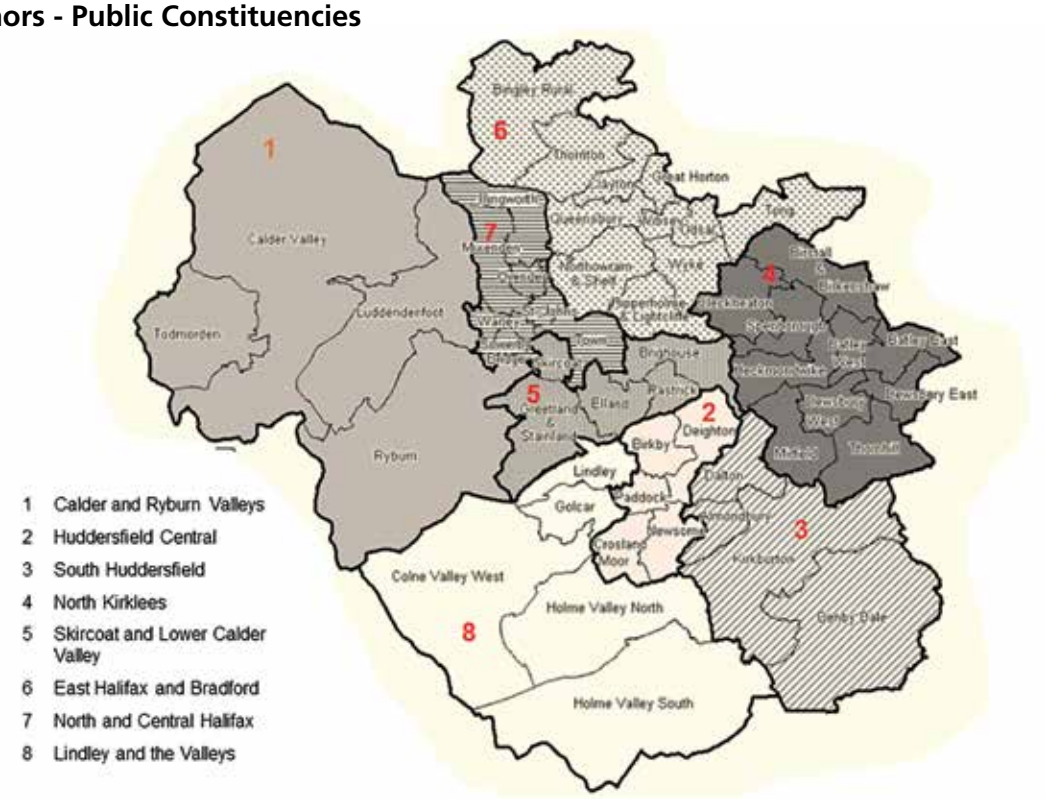
Our membership strategy is designed to help us reach out to the local communities that we serve, and to offer opportunities to become involved with the work of the Trust. Here are some examples from 2018/19:

- The views of members and governors are an important element in the recruitment process for senior Trust clinical staff. Governors and members have been part of the user panels for the appointment of new consultants, senior nurses and senior non-clinical staff.
- Members and governors took part in the PLACE (Patient Led Assessment of the Care Environment) inspections on both hospital sites.
- Governors have undertaken a mini-audit of the environment in the Emergency Department at HRI.
- Members and governors have taken part in patient food tasting exercises.
- Governors have taken part in familiarisation tours to clinical and non-clinical areas to help their understanding of the Trust's services for patients. Governors talk to both patients and staff to form a view about culture and performance. Areas covered this year included the Frailty Service, the Gastro ward at HRI, our Reception/Appointments service, our Radiology Department and Head and Neck services at HRI.
- In the community governors have undertaken a series of "meet the teams" events to gain an understanding of the work of the teams.
- Governors are involved in choosing quality indicators for our Quality Accounts. They discuss the indicators and are invited to give their views on these or to add their own suggestions. Members and governors then vote on the suggested improvement indicators, and progress against them is published in the Trust's Quality Accounts.
- Twice a year our newsletter, 'Foundation News', is published and distributed electronically to all of the Trust's members who have provided us with an e-mail address. Through this, members get to learn about Trust services for patients, the work of their Council of Governors and about forthcoming events.
- Members and governors have been involved in a "secret shopper" exercise in one of our clinical departments prior to an accreditation visit.
- A governor has been involved, from a disability perspective, in the re-design of the public toilets in the main entrance at HRI.
- A governor performed a reading during the Christmas Carol Service at a local church.
- Members can contact the governors via the Trust's dedicated 'Contact Your Council' inbox.

How to get in touch

If you would like to get in touch with a governor, or would like to find out more about becoming a member of the Trust, please contact the Membership Office on 01484 347342 or email: membership@cht.nhs.uk or write to The Membership Office, Calderdale and Huddersfield NHS Foundation Trust, Freepost HF2076, Acre House, Acre Street, Lindley, Huddersfield HD3 3EA.

The Council of Governors - Public Constituencies



1 Calder & Ryburn Valleys	Todmorden, Calder Valley, Luddendenfoot, Ryburn
2 Huddersfield Central	Birkby, Deighton, Paddock, Crosland Moor, Newsome
3 South Huddersfield	Dalton, Almondbury, Kirkburton, Denby-Dale
4 North Kirklees	Cleckheaton, Birstall & Birkenshaw, Spenborough, Heckmondwike, Batley West, Batley East, Mirfield, Dewsbury West, Dewsbury East, Thornhill
5 Skircoat & Lower Calder Valley	Skircoat, Greetland & Stainland, Elland, Rastrick, Brighouse
6 East Halifax & Bradford	Northowram & Shelf, Hipperholme & Lightcliffe, Bingley Rural, Thorton, Clayton, Queensbury, Great Horton, Wibsey, Odsall, Wyke, Tong
7 North & Central Halifax	Illingworth & Mixenden, Ovenden, Warley, Sowerby Bridge, St Johns, Town
8 Lindley & the Valleys	Lindley, Golcar, Colne Valley West, Holme Valley North, Holme Valley South

Regulatory report

All NHS foundation trusts require a licence from Monitor (now NHS Improvement) stipulating the specific conditions they must meet to operate, including financial sustainability and governance requirements. NHS Improvement's (NHSI) Single Oversight Framework (SOF) provides the framework for overseeing providers and identifying potential support needs.

The SOF aims to enable NHSI to identify the support needed by Trusts to deliver high quality, sustainable healthcare services and to help providers attain and maintain CQC ratings of 'good' or 'outstanding'.The SOF assesses providers' performance against five themes:

1. Quality of care
2. Finance and use of resources
3. Operational performance
4. Strategic change
5. Leadership and improvement capability (well-led)

Depending on the extent of support needs identified through its oversight process and performance against the above measures, NHSI segments providers into one of four categories. Segmentation is based on:

- All available information on providers – both obtained directly and from third parties
- Identifying providers with a potential support need in one or more of the above themes
- Using NHSI's judgement, based on relationship knowledge and/or findings of formal or informal investigations, or analysis, consideration of the scale of the issues faced by a provider and whether it is in breach or suspected breach of licence conditions (or equivalent for NHS trusts).

Of the five themes, providers are clearly assessed in two areas: finance and use of resources; and operational performance.

Finance and use of resources metrics

NHS Improvement oversees and supports providers in improving financial sustainability, efficiency and compliance with sector controls such as agency staffing and capital expenditure.

Area	Weighting	Metric	Definition	Score			
				1	2	3	4[1]
Financial sustainability	0.2	Capital service capacity	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	< 1.25x
	0.2	Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)
Financial efficiency	0.2	I&E margin	I&E surplus or deficit / total revenue	>1%	1-0%	0-(1)%	≤(1)%
Financial controls	0.2	Distance from financial plan	Year-to-date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/ deficit	≥0%	(1)-0%	(2)-(1)%	≤(2)%
	0.2	Agency spend	Distance from provider's cap	≤0%	0%-25%	25-50%	>50%

Providers score 1(best) to 4 against each metric and the score is averaged across all the metrics to derive a use of resources score.

The Trust's performance ratings against the Single Oversight Framework for 2018/19 were:

2018/19	Annual Plan	Q4
Use of Resources score	3	3

In January 2015 Monitor / NHS Improvement (the regulator of foundation trusts at that time) declared the Trust to be in breach of licence as a result of an unplanned year-end deficit position of £4.3m and set out the undertakings it expected of the Trust.

NHS Improvement issued the Trust with a certificate of compliance for two of the three undertakings relating to board governance and effectiveness and general action.

The remaining undertaking requires the Trust to 'ensure the Licensee's clinical and financial stability is maintained from the end of the financial year 2016/2017'. The Trust's reconfiguration business case represents the planned route to financial stability and this continues to be progressed through the stages of approval to secure funding. In the meantime, the Trust remains in a deficit position and therefore NHS Improvement has not certified compliance with this final undertaking.

Operational performance metrics

The operational performance metrics are those that are used for our Sustainability and Transformation Funding. NHS Improvement will consider whether there is a potential support need if a provider fails to meet any trajectory for at least two consecutive months.

Standard	Frequency	Standard
A&E maximum waiting time of 4 hours from arrival to admission/ transfer/discharge	Monthly	95%
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Monthly	92%
All cancers – maximum 62-day wait for first treatment from: - urgent GP referral for suspected cancer - NHS cancer screening service referral	Monthly	 85% 90%
Maximum 6-week wait for diagnostic procedures	Monthly	99%

The operational performance metrics are monitored monthly by the Board through the Integrated Performance Report. More information on the Trust's performance against these standards and further disclosures in relation to income and the Going Concern statement can be found in the Performance Report on page 17.

Voluntary Disclosures

Equality, Diversity & Inclusion

The Trust strives to provide the highest quality of service to all of its patients. Equality, diversity and inclusion considerations are part of the Trust's work to improve the experience and health outcomes for everyone in its care.

The Trust also has a legal obligation under the Equality Act 2010 to provide services and employment in a manner that eliminates discrimination, advances equality and fosters good relationships between people who identify with a protected characteristic. These characteristics are: age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, and sexual orientation.

NHS Employers defines Equality, Diversity and Inclusion in the following way:
"Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. Inclusion is about an individual's experience within the workplace and in wider society and the extent to which they feel valued and included."

By adopting this definition we can be clear with both patients and staff about what we mean by Equality, Diversity and Inclusion and therefore develop a shared understanding of what we are trying to achieve.

The outcomes of the NHS' Equality Delivery System 2 (EDS2) help us to focus our work around equality and diversity, and to decide on our equality objectives.

We identified our priority outcomes for 2016 to 2020 as:
- Individual people's health needs are assessed and met in appropriate and effective ways.
- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
- When at work, staff are free from abuse, harassment, bullying and violence from any source.
- Papers that come before the Board and other major committees identify equality-related impacts including risks and say how these risks are to be managed.

Some examples of what we have done in 2018/19 to achieve these outcomes are shown below:

Protected Group	What we have done
All	During 2018 we have worked with colleagues in our Project Management Office to further embed the EQUIP (equality impact process) into work schemes that may impact on patients with a protected characteristic. This has ensured that the needs of this group of patients are fully assessed before any schemes are implemented.
	Further work has been undertaken and a task and finish group set up to address the Accessible Information Standard requirements in our key patient facing areas: outpatients and diagnostics. An action plan has been developed.
Age (older people)	One of our elderly care wards at HRI introduced Dementia Pop-Up cafés during 2018. The aim of the cafes is to create a place where patients with dementia and memory problems can relax and interact with fellow patients, staff and their family and friends.
Age (older people) & Disability (visual impairment)	At CRH we have specifically introduced a new colour pallet to Wards 7A,D and 6A,B,C,D, which helps orientate patients with dementia. The scheme also helps patients with impaired vision as door frames/openings and bathroom facilities are highlighted.

Protected Group	What we have done
Age (younger people)	Children's Outpatients have linked with a local author and mother, to introduce books with a focus on cultural inclusion, differentiation and diversity for patients that may not be able to relate to some of the more common children's books. The author's books pull in all members of the community and as an example, "Bollywood Princess" has been used at Calderdale as a distraction technique for children coming in to have their bloods taken.
	The Children's Diabetes team has introduced a new app to help share key messages with local families of children who have diabetes. This is saving time for both the team and the families and has been well received. The app has been used for sending out patient surveys and favourable response rates have been achieved.
Age (younger people)/ Disability	In conjunction with a Consultant Paediatrician and our Paediatric Specialist Nurse Practitioner, our Matron Complex Care Needs Co-ordinator has introduced a policy for transition from children's to adults' services within secondary health care. Engagement with Kirklees Transition Group, patients and their parents took place prior to the policy being introduced.
Age (younger people)/ Sexual orientation	We invited a representative from the LGBTQ community from Barnardo's to attend the Paediatric Forum. The purpose was to provide training and raise awareness for staff about the issues faced by younger people around sexual orientation. Public facing supporting information has since been shared in clinical areas such as the teenage room and the OP clinics.
Disability (hearing impairment)	We continue to closely monitor the quality of BSL provision from our local provider, Topp Language Solutions. Fulfilment rates are monitored by our Procurement team and the rates during 2018 have been consistently high. Topp meet regularly with the local deaf community to get the views of users on the service they provide.
Disability (physical)	The upgrade of the public toilets in the main entrance on the HRI site during 2018 included the introduction of a semi-accessible toilet in the same area.
	We have held a number of Health and Wellbeing events, funded by Macmillan, aimed at cancer patients and their families who have completed treatment. They are education and support events to prepare the person for the transition to supported self-management. The events include advice on the relevant consequences of treatment and the recognition of issues, as well as details of who to contact. They also provide information and support about psychological wellbeing, finance, healthy lifestyles and physical activity. The Lead Cancer Nurse, Clinical Psychologist, Macmillan Information Service and Cancer Nurse Specialist have input to the events and patient feedback has been extremely positive.
Gender reassignment	Our Radiology Department has adapted its information posters which advise patients who may be pregnant to inform staff before their x-rays due to the risk of radiation to an unborn baby. This is to ensure that patients who are transitioning from female to male and who do not identify as female are protected in the same way.
	We have reviewed and updated our policy for eliminating mixed sex accommodation to ensure that the needs of transgender patients are met appropriately. The policy has a section containing comprehensive guidance for staff who may need to care for a transgender patient, including children and adolescents who may be exploring their gender identity.
Religion/ belief	Our work with the Horizon Group has continued in 2018, and its purpose has been to seek to promote end of life care amongst communities who may experience difficulty accessing services or be unclear about what services are available.
	Inter-faith relations continue to be an important part of the work of our Chaplaincy Department. In 2018, our co-ordinating chaplain gave a presentation on peace-making and faith to a national symposium in Huddersfield.

Protected Group	What we have done
Pregnancy/ Maternity	A new initiative has been introduced to enable parents to have a diary of their neonatal journey. The purpose is to give parents the best experience possible whilst on the unit and give them something that they can share with their friends and family as they can download the pictures to share. Parents' views on the initiative so far have been very positive.
	We have set up a facebook group for women and their families who are thinking of having a baby, have had a baby or are currently expecting a baby to share information. There is useful information for people to access such as links to antenatal courses, fetal movement information and public health information.
	A Maternity Voices Partnership (MVP) is a NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. The local MPV is currently engaging with local women via a survey to gain views of the Maternity services – 'Let's Talk Maternity'. This has led to a proposal for a co-design event which will focus on the information that is made available to women during pregnancy and after delivery of their baby.
Disability (learning)	The Trust is part of the first phase of the "Treat me Well" campaign working with Royal Mencap to improve the care of patients with a learning disability in hospital. Our Matron Complex Care Needs Co-ordinator heads up the working group, which meets monthly with members from Mencap, Kirklees Council, Cloverleaf advocacy and members of Kirklees Involvement network self-advocacy group. An easy read survey has been co-created with people with learning disabilities to capture feedback on their care; this will be used to prioritise our improvements.
	We have introduced easy read material in the Radiology Department for patients attending for an x-ray or a scan. The Radiology department, working in collaboration with the Matron Complex Care Needs Co-ordinator, patients, families and carers now offers "familiarisation" visits for any patient who may benefit from being familiar with the surroundings or conditions they will find themselves in before they come for their examinations.
	We have established a special needs blood clinic which takes place once a month for people with learning disabilities who have not managed to have bloods taken by mainstream services. The clinic uses distraction techniques tailored to the patient
Pregnancy/Maternity & Disability (learning)	In conjunction with the Trust's Matron Complex Care Needs Co-ordinator, Maternity services have produced a toolkit – a pictorial guide – to help pregnant ladies with a learning disability and other ladies who may have additional communication needs. Easy read material is now also available for this group of patients.
Disability (physical)	At CRH, our estates staff worked closely with the Rehab team, whose patients regularly use the Courtyard Garden adjacent to Ward 5, to improve wheelchair access through the space.

As part of its collaborative approach to the EDS2, early in 2018 staff from CHFT attended two grading panels (made up of members of third sector organisations) in Kirklees and Calderdale.

They presented on the topic of Inclusive Engagement to Improve Patient Experience at CHFT. This was an area that was flagged as requiring improvement at the event the previous year.

Overall the panels agreed with our grading of 'developing', although four of the panel members graded the Trust as 'achieving'.

There is awareness across the Trust of the importance of listening to, and responding to, patient feedback. This is championed through the representatives on the Trust's Patient Experience and Caring Group. More innovative approaches are being introduced to gather feedback and create opportunities to listen, through a range of feedback options that sit alongside the more formal methods of feeding back such as through the Friends and Family test, complaints, PALs and surveys.

The Friends and Family test has been implemented across the Trust in line with national guidance; this is the main opportunity for service users to provide their feedback. A range of methods is used to engage patients with this initiative: postcards, text messaging and web-based solutions. Easy read cards are also available for patients with a learning disability.

Wards and departments use a variety of other methods to encourage patient feedback, including direct contact through rounding by the ward managers and Matrons, debriefs, guest books and graffiti boards.

The Trust continues to focus on efforts to engage with as wide a range of service users and stakeholders as possible. During 2018 we engaged fully with service users for a number of planned service changes, including the reconfiguration of our medical services which saw the Cardiology and Respiratory services being consolidated on the CRH site, and elderly services at HRI.

The UK's population is changing, and so is its workforce. Nationally and locally we have far more cultures and we are living much longer than we did when the NHS was born 70 years ago.

In addition, the rise of social media and higher customer expectations mean that patients and staff expect more involvement in the decisions that affect them and require more information in formats that suit them quicker than ever before.

More people are continuing to work instead of retiring, women make up more than 70% of the NHS working population (83% of the CHFT workforce is female) and around one in ten of the UK population are from an ethnic minority, while one in four primary school children are from an ethnic minority.

The Trust's vision is to provide compassionate care to the populations of Calderdale and Kirklees. To do this, we need to understand the different needs of those changing populations, and what compassionate care looks like to them. By understanding our patients' different needs, we can adapt our environment and services to better suit them.

We also need to respect the different needs of the people who provide that compassionate care – our staff. More than 80% of our staff reside in either Calderdale or Kirklees and will therefore be both a member of the team, a protected characteristic and a patient at some point in their lives. By understanding the different needs of our staff we can create a positive productive culture which will lead to better patient care.

The Trust annual slavery and human trafficking statement is given at page 100.

Counter-fraud policies and procedure

The Trust's counter-fraud arrangements are compliant with the NHS Standards for providers: fraud, bribery and corruption. These arrangements are underpinned by the appointment of accredited local counter fraud specialists and the introduction of a Trust-wide countering fraud and corruption policy. An annual counter fraud plan identifying the actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud is produced and approved by the Trust's Audit and Risk Committee.

The NHS Constitution

All NHS bodies are required by law to comply with the NHS Constitution, the national document which details the principles and values of the NHS in England. The Constitution sets out rights to which patients, the public and staff are entitled and pledges that the NHS is committed to achieve. It also describes the responsibilities that patients, staff and the public owe to one another to ensure the NHS operates fairly and effectively. Our Trust is fully compliant with the requirements of the NHS Constitution.

Owen Williams
Chief Executive
24 May 2019

Statement of the chief executive's responsibilities as the accounting officer of Calderdale and Huddersfield NHS Foundation Trust

The National Health Service Act 2006 (NHS Act 2006) states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Calderdale and Huddersfield NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Calderdale and Huddersfield NHS Foundation Trust and of its income and expenditure, items of other comprehensive income and cash flows for the financial year.

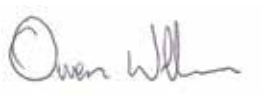
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and;
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed



Owen Williams
Chief Executive
Date: 24 May 2019

Annual Governance Statement 2018/19

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

There are arrangements in place for sharing views and working with other organisations. Those operating at Chief Executive level are as follows:

- West Yorkshire Association of Acute Trusts
- West Yorkshire and Harrogate Integrated Care System (ICES)
- NHS Calderdale Clinical Commissioning Group
- NHS Greater Huddersfield Clinical Commissioning Group
- Health Overview and Scrutiny Committees (Calderdale, Kirklees)
- Health and Wellbeing Boards (Calderdale, Kirklees)
- Healthwatch (Calderdale, Kirklees)
- Yorkshire and Humber Learning Education and Training Board

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Calderdale and Huddersfield NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Calderdale and Huddersfield NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust recognises that risk management is key to developing and maintaining a robust system of internal control to manage risks to achieving the Trust objectives and compliance with licence, constitution, statutory, regulatory and contractual obligations.

The leadership and accountability arrangements for risk management are included in the Trust's Risk Management Strategy. As Chief Executive I have overall responsibility for the management of risk and have delegated responsibility for the implementation of risk management to Executive Directors as follows:

Strategic risk	Chief Executive
Clinical and quality risk	Executive Director of Nursing, Chief Nurse / Medical Director
Financial, environmental and facilities risks	Executive Director of Finance
Workforce risk	Executive Director of Workforce and Organisational Development
Staffing risk	Chief Nurse / Executive Medical Director
Operational risk	Chief Operating Officer
IT risk	Managing Director – Digital Health

The Board of Directors is collectively and individually responsible for ensuring sound risk management systems are in place. The Board is supported by Board sub-committees with a remit to oversee and scrutinise the effectiveness of risk management, internal control and assurance arrangements including:

- Audit and Risk Committee
- Quality Committee
- Finance and Performance Committee
- Workforce Committee

The Committees of the Board are chaired by Non-Executive Directors and minutes and relevant reports are submitted to the Board of Directors. During the year the tenure of one Non-Executive Director expired and one Executive Director post

was removed from the Board to focus on managing a wholly owned subsidiary which was established during the year.

A review of the governance structure to ensure clarity on lines of assurance and accountability began in July 2018. An internal audit report on the effectiveness of Committees of the Board and reporting lines provided a high level of assurance opinion. The Audit and Risk Committee reviewed and approved changes to the governance structure in January 2019. A review of sub-groups reporting to the Quality Governance Committee continues and is expected to be completed during quarter 1, 2019/20.

The Risk Management Strategy describes the roles and responsibilities of all staff in relation to the identification, management and control of risk. This was reviewed and approved in year, reflecting changes to Director responsibilities for risks due to the establishment of a wholly owned subsidiary. The revised strategy also described the risk reporting arrangements for the wholly owned subsidiary.

The Board has set out the minimum requirements for staff training required to control key risks through a mandatory training programme and during 2018/19 we achieved 94.45% compliance against this programme. Training is also provided through the induction programme, on incident investigation, including root cause analysis, risk registers and duty of candour. Further training is provided to staff and the Trust Board as required. The Trust has as a core value of "go see", an approach where staff visit other services and organisations to learn from best practice elsewhere.

The risk and control framework

The Trust's risk and control framework consists of:

- Risk Management Strategy
- Risk Management Strategy for Maternity
- Risk Management Policy and reporting
- Board Assurance Framework
- Risk registers and assessment processes
- The Trust's governance structure

The Trust risk management processes cover all of its activities. The Trust Risk Management Strategy, which describes the Trust's vision for risk management, is aligned to the Trust's values and strategic objectives and details the lines of defence that the Trust has in place to manage and mitigate risk, the tools used to manage risk and the process for managing risk. The Risk Management Policy, which supports the Risk Management Strategy, provides details of risk management systems and processes at an operational level, including risk assessment, the risk register and the compliance register. These documents are available to staff on the intranet.

The Board reviewed and refreshed its risk appetite during the year and added an additional category of partnership risk which it approved in October 2018. The aim is to encourage considered risk taking into account the risk appetite, with a low tolerance for risks that impact on patient harm and safety and regulation and compliance.

The Risk Management Strategy provides the framework for proactive risk identification and management of risk, through risk assessment, risk registers, compliance registers and the Board Assurance Framework (BAF) and consideration of this through the governance structure. Trust risks are aligned to the Trust's five year strategy and one year plan.

The Trust Risk Management Policy sets out how risks are proactively identified and evaluated using a risk assessment matrix, risk treatment and the reporting process across the organisation for risks. It provides guidance for staff to help identify, assess, score, action and monitor risk and when to escalate risks. Significant risks scoring 15 or above are reported at each formal meeting of the Board of Directors. Risks that potentially threaten the achievement of strategic objectives are included within the BAF.

Operational Risk Management

Risk management is firmly embedded into the activity of the Trust and operational responsibility is delegated to individual management teams, responsible for identifying, assessing, scoring and recording risk, mitigating risks and maintaining local risk registers. Patient Safety Quality Boards discuss risk registers in detail and, as a digitally led organisation, divisional digital boards are in place to identify digital risks and report these through the risk management framework. Divisional risk registers are reviewed on a bi-monthly basis by the Risk and Compliance Group.

Risk management is embedded within the organisation in a variety of ways including.

- **Incident reporting –** the Trust has an open reporting culture and actively sought to increase the number of incidents reported over the year through its electronic incident reporting system, for example through the use of trigger lists for staff to encourage reporting, with an 9% increase in incident reporting over the year. An external service review commissioned in March 2019 following a cluster of Never Events highlighted that the Trust had an "excellent reporting culture". There is a clear process for reporting incidents and Director review of serious incidents on a weekly basis. A Serious Incident Review Group, chaired by the Chief Executive and with senior clinical divisional representation, also reviews serious incidents and aims to ensure that cross divisional learning from serious incidents is taking place.

- **Quality Governance –** quality impact assessment process – the Trust had a quality impact assessment governance process in place over the year to support cost improvement programme (CIP) management which provided assurance that all risks to quality and performance, including workforce, had been considered at the planning stage of any service change and would be periodically refreshed throughout the business cycle. This approach was commended by CQC as an exemplar approach in their Use of Resources report which stated:

"The Trust has a very strong model of cost improvement programme governance arrangements in its systems and processes which have been promoted as an exemplar for others to adopt. "

- **Stakeholders –** stakeholders, including the public, are involved in Trust activities with a range of communication and consultation mechanisms with relevant stakeholders. The Patient Experience Group leads on patient experience and the Council of Governors provide significant representation of stakeholder interest.

- **Equality impact assessment process –** when developing service changes or introducing or reviewing policies all staff follow an equality impact process based on the nine protected characteristics so that patients and colleagues specific and individual needs are taken into account.

- **Use of risk registers to support capital planning –** when agreeing the capital plan for 2019 /20 during quarter 3 divisional risk registers were reviewed and risk management colleagues consulted as part of the capital planning process, to understand the clinical and operational risk of schemes proposed, thereby informing decisions about which schemes were progressed.

Operationally the Risk and Compliance Group which comprises senior management representation from all divisions oversees all risk management activity and reports directly to the Audit and Risk Committee. It provides a regular report on the high level risks and mitigating actions to the Board as well as to the Quality Committee for review of clinical risks. Each division and directorate is responsible for maintaining its own risk register. These risk registers are reviewed regularly by directorate and divisional forums and are required to escalate risks, where the rating warrants this, for inclusion on the high level risk register.

A wholly owned subsidiary of the Trust, Calderdale Huddersfield Solutions Limited, began operating from 1 September 2018 managing estates, facilities and procurement services. A governance framework was put in place which detailed the governance structure and process for reporting of risks.

The high level risk register continues to be reported to each public Board meeting setting out the risks scoring 15 or above.

Board Assurance Framework (BAF)

The BAF provides the mechanism for the Trust Board to monitor risks, controls and the outputs of its assurance processes. The BAF is reviewed regularly at the Audit and Risk Committee prior to being reported to the Board.

During the year a standard operating procedure was agreed for the BAF, describing the key components of the assurance process, roles and responsibilities for maintaining a dynamic BAF, monitoring and review of the BAF and the annual Board assurance schedule.

The Board Assurance Framework is linked to the high level risk register through a consideration of the risks on the risk register and the assurance statement included in the Board Assurance Framework. Risks on the BAF and high level risk register are cross referenced to each

other, with a summary of the BAF risks included with the high level risk register and vice versa and inclusion on both of the risk appetite.

The Risk and Compliance Group receives both the Board Assurance Framework and high level risk register and considers the detail included. A report was commissioned to benchmark the Trust's Board Assurance Framework with other organisations. The Trust had a similar volume of risks on the BAF compared to other organisations. There was also consistency with the types of risks recorded by the Trust on the BAF and other organisations, which related to quality of services and patient safety, staffing, finance and continuity of service. Estates risks were highlighted as one of three types of risks with the highest scores, again consistent with the Trust's estate risk. The report raised a number of points for consideration to inform continued improvement of the BAF

The Audit and Risk Committee receives the Board Assurance Framework on a regular basis to satisfy itself that the processes for populating, updating and formatting the document remain relevant and effective for the organisation.

The Board Assurance Framework has been independently reviewed by Internal Audit in March 2019 and an opinion of significant assurance was given.

Trust Strategic Plan

In June 2018, the Board of Directors agreed the 2018 / 19 annual plan setting out its key areas of delivery for year four of the five year plan. The plan aims to achieve the Trust vision of '*Together we will deliver outstanding compassionate care to the communities we serve*' and is built around the four goals of the Trust:

- Transforming and improving patient care
- Keeping the base safe
- A workforce fit for the future
- Financial sustainability

The risks to the achievement of the strategic objectives described in the Board Assurance Framework at quarter 4 are as follows:

Transforming and improving patient care

- Progressing the reconfiguration of hospital services and development of services in the community closer to people's homes
- Non-delivery of the West Yorkshire Association of Acute Trust's programme for hospital services
- Not delivering hospital services across seven days
- Not involving and engaging patients and the public in the delivery and improvement of services
- Not optimising benefits from the Electronic Patient Record

Keeping the base safe

- Patients not receiving high quality, safe care due to poor compliance with standards
- Not achieving full compliance with NHS Improvement
- Risk relating to achievement of local and national performance targets
- Risk regarding the hospital estate, equipment and future estates model

A workforce fit for the future

- Workforce risks relating to recruitment and retention
- Clinical and managerial leadership and development
- Engagement with colleagues

Financial sustainability

- Non-delivery of the long term financial plan
- Insufficient capital funding to maintain facilities and meet regulatory standards.

These risks are considered to be relevant for 2018/19 and future years.

As at 31 March 2019 Calderdale and Huddersfield NHS Foundation Trust had identified a number of risks, which are being managed and mitigated, scoring 15 or above on the high level risk register which could impact on the achievement of corporate objectives, compliance with its licence or Care Quality Commission. These risks are in the following areas:

- Financial planning and performance
- Hospital estate maintenance and safety
- Medical and nursing workforce
- Quality and safety risks including digital system risks and capacity risks

Capital funding to progress plans for reconfiguration of hospital services was confirmed in December 2018 following changes to plans in response to the findings of an Independent Reconfiguration Panel, subject to further approval stages. The Trust has submitted a Strategic Outline Case for the reconfiguration of hospital services which details the quality, financial and clinical challenges the Trust faces due to the current configuration of services. Information on these risks, which are included on the Board Assurance Framework and the high level risk register where appropriate, is given below.

Quality Governance

The key elements of quality governance are described below.

Quality Committee

The Quality Committee is responsible for providing the Board with assurance on all aspects of the quality of clinical care, clinical governance systems, clinical audit and standards of quality and safety. The Quality Committee structures its workplan around the CQC domains. It is a formal Committee of the Board and chaired by a Non-Executive Director and reports to the Board of Directors. During the year the chair of the Quality Committee began to attend meetings of the Audit and Risk Committee to strengthen the links between the two Board sub committees.

The Quality Committee scrutinises the quality information within the monthly Board performance report and also the clinical risks within the high level risk register. It also began to review any quality related internal audit reports with limited assurance during the latter part of the year.

The Quality Committee receives reports from specialist governance committees e.g. Safeguarding, Clinical Outcomes Group, Patient Safety Group, Serious Incident Review Group and seeks assurance from divisional Quality Boards about the governance of the quality of their services.

Care Quality Commission Compliance

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). Assurance on compliance with CQC requirements is achieved through the governance structure with regular reports regarding CQC provided to both the Quality Committee and the Board.

A well-led inspection completed by the Care Quality Commission (CQC) in April 2018 focussed on the Trust's integrated governance and leadership across quality, finance, operations, organisational culture, improvement and systems working. These are consistent with the well-led framework from NHS Improvement. The Trust received an improved overall rating of "good" by the CQC, with a "requires improvement" rating for Use of Resources. The Quality Committee oversees the Trust's progress with recommendations arising from the CQC well-led inspection report.

With regard to the NHS Improvement well-led framework, the "good rating" from the well-led inspection and progression of the actions from the CQC inspection support the Trust in improving the governance of quality.

Annual Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

There is clear clinical leadership for the development of the Annual Quality Account by the Executive Director of Nursing / Chief Nurse, in close collaboration with the Executive Medical Director.

Both the Quality Committee and the Council of Governors received assurance on the progress against quality priorities during the year with outcomes highlighted within the Annual Quality Account.

The Quality Committee is responsible for overseeing the production of the Annual Quality Account and for overseeing monitoring indicators and data quality. There has been engagement with governors to gain their views and identify quality account priorities for 2019/20.

An assurance report is provided by external audit on the content of the quality account and selected key performance indicators, two national indicators – A&E 4 hour emergency care standard, 62 day cancer pathways and mortality (Summary Hospital-level Mortality Indicator).


FIRE EXIT

Board leadership for quality and effectiveness of Clinical Governance Systems
Our Board of Directors takes an active role in the leadership of quality, with the quality of our services an integral part of discussions on business matters and business decisions.

The Trust seeks to learn from national reports to improve care. The Quality Committee and Board received a detailed report regarding the effectiveness of clinical governance systems following questions asked of Trusts nationally by NHS Improvement in response to the Gosport report, which identified a high number of unnecessary deaths from excessive opiate usage. In two areas the need for further review was identified and work was commissioned from internal audit to review death certification and use of the care of the dying process.

Assessment of the quality of performance information
To ensure the quality of performance information, the Board reviews the Integrated Performance Report (IPR). The IPR is reviewed monthly by the executive team and there is detailed scrutiny each month by the Finance and Performance Committee. The IPR sets out the operational, quality, workforce and financial performance targets and indicators. The monthly Integrated Performance Report uses statistical process control to identify special cause variation that may need explaining to confirm that variation is not a result of data quality.

Assurance that the performance data used within the Trust and reported by the Trust is of a high standard has been via the Trust Data Quality Board, which reports to the Audit and Risk Committee with escalation in to a weekly meeting of Executive Directors as appropriate. A Data Quality Group, which meets fortnightly and reports into the Data Quality Board, focuses on specific data quality measures from both a corporate and service position. The Trust Data Quality Strategy confirms that *"robust data quality will support consistent achievement of all national and local patient performance targets"* plus assessment of data quality standards. Requests for data quality deep dives form part of the internal audit programme.

Workforce Safeguards
A people strategy, that captures the key ingredients for sustainable and effective services including recruitment, retention, talent management, health and wellbeing and equality, diversity and inclusion has been considered and approved by the Board of Directors.

The Trust has an established workforce planning toolkit which 'makes workforce planning everyone's business' that provides the platform on which conversations in relation to workforce requirements are held and plans identified. The Calderdale Framework, a systematic, objective method of reviewing skill, role and service design is part of the workforce planning resources we use. Workforce plans, using detailed clinical activity data, commissioning intentions and priorities and financial information, are created in specialty areas supported through annual planning events, further developed, critiqued and prioritised at divisional level and after testing approved by Directors to form a Trust wide workforce plan. An integrated quality, activity, finance and workforce plan is signed-off by Directors and the Board. Monthly workforce reports are submitted to the Board which allow compliance and performance against the plan to be tracked. Hard Truths data reporting forms part of the integrated quality, activity, finance and workforce performance report considered by the Executive Board monthly and the Board at its meeting.

The Board received two reports from the Executive Director of Nursing during the year on nursing, midwifery and care staffing capacity in line with the ten expectations set by the National Quality Board. These confirmed that there were clear governance arrangements and oversight in place to ensure that safe and sustainable staffing levels were achieved to ensure high quality compassionate care for patients across the Trust. A nursing workforce group has been established. Nursing workforce models were reviewed in December 2018 and where skill mix was altered an assessment of the quality of care was undertaken.

A Workforce Committee provides assurance to the Board on the quality and impact of workforce and organisational development strategies and the effectiveness of workforce management. Workforce risks are included in the Board Assurance Framework and the high level risk register considered by the

Board and the Workforce Committee regularly. Monthly Director led Performance Review Meetings with divisional management teams allow a focus on quality, activity, finance and workforce issues and ongoing testing of service plans.

A Medical Workforce group has been established and a quarterly detailed analysis of vacancies is produced specifically for medical recruitment and retention purposes. A vacancy tracker has been designed which sets out a plan for every vacant medical post.

The Trust has implemented e-rostering systems for nursing and is currently implementing similar systems for medical staff in 2019.

The Board receives reports from the Trust's Guardian of Safer Working Hours and Freedom to Speak Up Guardian, the annual NHS staff survey and General Medical Council, GMC, doctors in training survey.

Financial Governance

The Trust continues to operate in a challenging financial environment being shaped by the national financial picture. This sits alongside the continued pressures maintaining clinical staffing ratios, managing a challenging hospital estate and responding to increasing demand. The Trust also continues to be under enforcement action from its regulator NHS Improvement following the breach of licence with an unplanned deficit in 2014/15.

This breach of licence resulted in a number of actions which have been completed with the exception of the undertaking to 'ensure the Licensee's clinical and financial stability is maintained from the end of the financial year 2016/2017'. Whilst the Trust's business case for reconfiguration set out how clinical and financial stability could be achieved; the Trust remains in a deficit position at present and therefore NHS Improvement has not certified compliance with this undertaking.

The Trust is rated as level 3 under the Single Oversight Framework and has regular performance review meetings with NHS Improvement.

Clinical, operational and financial challenges are outlined below.

Clinical challenges;

- The provision of dual site services is impacting on the quality of care provided to patients.
- A number of independent reviews and inspections of services have recommended that changes to the configuration of Trust services are needed to improve outcomes and safety, including the National Clinical Advisory Team, Independent Reconfiguration Panel, NHS England, NHS Improvement, local and regional partners and stakeholders
- Emergency departments do not meet Royal College recommendations / standards.

Operational challenges;

- The Trust is not able to recruit for or retain an adequate workforce of substantive staff to meet demand. In particular, there are difficulties in recruiting middle grade doctors in A&E and consultants in a number of key medical specialties.
- Provision of dual services is impacting operational performance in terms of patient pathways and workforce cover.

Financial challenges;

- The Trust is planning an underlying deficit of £31.85m for next financial year, 2019/20 which is the control total deficit set by the regulator NHS Improvement. Achievement of this control total deficit will allow the Trust access to additional central funding totalling £22.14m, with the final planned deficit for 2019/20 of £9.71m
- Provision of dual services across two sites is a less efficient model, due to duplication of costs and the additional difficulties this presents in relation to recruiting and retaining staff.
- The Trust's estate presents financial challenges due to upgrade requirements and PFI contractual commitments.

The Trust has a detailed cost improvement programme managed through a programme management office arrangement which reports to Executive Directors and works on system wide efficiencies in partnership with commissioners governed by a joint System Recovery Group. All of the programmes are required to complete a Quality Impact Assessment. Any risks identified through this process are reported and mitigation plans put in place. These are reported to the Quality Committee.

Financial risks are identified and escalated for detailed scrutiny by the Finance and Performance Committee.

At 31 March 2019 the Trust reported a year end deficit of £43m (on a control total basis, excluding impairments) and a use of resources risk rating of 3. The Trust also delivered a cost improvement programme of £18m against the planned level of £18m.

Internal Audit

Internal Audit work was commissioned to review the adequacy of controls and assurances in place via a comprehensive audit programme. There were 26 finalised reports during 2018/19 and a further 3 reports which are in draft. Of the 26 reports that have been issued there were:

- 3 high assurance opinions
- 15 significant assurance opinions
- 5 limited assurance opinions
- 3 no opinion (benchmarking)

There have been no 'No Assurance' reports this year. Five internal audits received limited assurance. These were: study leave process for consultants, controlled drugs storage, death certificates, care of the dying, clostridium difficile incident investigation and data quality – self assessment.

All reports where an opinion is provided have recommendations, with an action plan in place to address these recommendations and a target date set until all actions are completed. This is monitored by the Audit and Risk Committee.

External Audit

External audit provides independent assurance on the accounts, annual report, Annual Governance Statement and on the Annual Quality Account.

These documents and internal and external audits of specific areas of internal control provide the Board of Directors with the information it requires to gain assurance that the Trust is meeting its objectives to protect patients, staff the public and other stakeholders against risks of any kind, which allows the Board to support me in signing this Annual Governance Statement.

The Trust has published an up-to-date register of interest for decision-making staff within the past 12 months, as required by the *"Managing Conflicts of Interest in the NHS"* guidance.

Information governance

Robust information governance is extremely important to the Trust. The Trust uses NHS Digital's Data Security and Protection toolkit framework to assist in the identification of risks and weakness in relation to its information assets, including the systems and media used in processing and storing of information. The existing framework is used for the process of identification, analysis, treatment and evaluation of potential and actual information governance risks, with risks being recorded on the relevant divisional or corporate risk register.

The Trust's Senior Information Risk Owner (SIRO) supported by information asset owners, is responsible for the information risk programme within the Trust and works closely with the Caldicott Guardian. Information Governance risks are managed in accordance with compliance with the standards contained within the Data Security and Protection Toolkit, and, where appropriate, recorded on the Corporate Risk Register. Detailed scrutiny of Information Governance risks is undertaken through the Information Governance Group. The Risk and Compliance Group and the Quality Committee will receive ad-hoc reports when a significant issue is identified.

The Caldicott Guardian is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information.

The Trust's Data Protection Officer (DPO) is the point of contact for the public and Information Commissioner's Office (ICO). The DPO is in place to inform the organisation and its employees of their obligations under the data protection regime and monitors compliance with the law, including conducting audits and advising on data protection impact assessments.

The Chief Executive has overall responsibility for all aspects of information management, including security and governance, and is accountable to the Board of Directors.

The General Data Protection Regulation, GDPR, was approved in 2016 and has become directly applicable as law in the UK on 25 May 2018. The now current Data Protection Act 2018 (DPA18), fills in the gaps of the GDPR, addressing areas in which flexibility and derogations are permitted. Achievement of compliance with the regulation is overseen by the Data Protection Officer.

The organisation is continuing with significant areas of work and development to ensure that systems and processes are in place to meet the GDPR requirements as well as communicating what it means for staff and patients. This is covered within a the GDPR action plan which is monitored by the Data Protection Officer and presented 6 monthly to the Board of Directors. The organisation has significant assurance regarding compliance to the regulations.

The Trust takes data security and management very seriously. The Trust has well established systems to ensure data security and management is maintained at all times. The Trust has implemented a number of measures to mitigate the risk of loss and disclosure of personal identifiable information including a programme of encryption which has ensured that all existing and new supported laptop devices should be encrypted. Additionally, removable media used to transfer confidential information must be encrypted, in line with the Trust's Data Encryption and Protection Policy. A number of policies and supporting staff guidance materials set the parameters and expectations around the safe and secure handling and transfer of confidential information.

Confidentiality and information security awareness training is provided to all staff in the Trust's Induction Programme and through mandatory annual Information Governance training which is monitored by the Board through the Integrated Performance Report. Training is also targeted at specific areas or staff groups on a risk basis. Progress with Information Governance compliance is measured on a yearly basis through the Trust's self-assessment against the NHS Digital's Data Security and Protection Toolkit.

The organisation has a disaster recovery plan for data which aims to ensure that data, and access to data is not compromised or vulnerable at a time of any unexpected system downtime. Detailed reviews are undertaken following any incidence of systems failure and learning shared across systems.

All staff are governed by the NHS code of confidentiality, and access to data held on IT systems is restricted to authorised users. Information governance training is incorporated into the statutory/ mandatory training programme and supplemented as appropriate in all IT training sessions.

There have been two Information Commissioner's Officer (ICO) reportable incidents in the last 12 months reported in October 2018 and February 2019. The first related to inappropriate access to personal data and the second the destruction of paper records. Both incidents have been closed by the ICO and Trust and mitigation/lessons learned are in place.

The Trust is compliant with all the standards and assertions within the Data Security and Protection Toolkit.

Compliance with the NHS foundation trust condition 4

The Trust remains in breach of its licence and continues to meet regularly with NHS Improvement. The assurance processes described in this statement allow the Board to issue an accurate Corporate Governance Statement, required under NHS foundation trust condition 4(8)(b) of NHS Improvement's provider licence.

The Trust has applied the principles, systems and standards of good corporate governance.

The Board has overall responsibility for the performance of the Trust and is accountable to NHS Trust Foundation governors through its Chair.

Compliance with NHS pension scheme regulations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are

accurately updated in accordance with the timescales detailed in the Regulations.

Compliance with equality, diversity and human rights legislation

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. There is a detailed requirement to undertake equality analysis as part of the formulation of any new or updated policy.

Climate change and Adaptation Reporting requirements under the Climate Change Act 2008

Calderdale and Huddersfield Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place. This takes account of emerging tools and techniques made available to the NHS which are supported by the Department of Business, Energy and Industrial Strategy, the Department for Environment, Food and Rural Affairs and the UK Climate Projects 2018. The Trust has developed and tested inclement weather business continuity plans which involve working closely with our local met office and other providers. The Trust ensures that its obligations under the Climate Change Act 2008 and Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer, I am responsible for ensuring that the organisation has arrangements in place for securing value for money in the use of its resources. To do this I have:

- Put in place systems to set, review and implement strategic and operational objectives;
- Established a programme management office to oversee the development and implementation of robust cost improvement plans;
- Monitored and improved organisational performance; and
- Developed engagement processes with patients, staff, members and other stakeholders to ensure key messages about services are received and acted upon.

Role of the Board

The Trust produces an annual operational plan and supporting detailed financial plan which is approved by the Board and submitted to NHS Improvement. This includes an assessment of the resources required to deliver the commissioned level of clinical activity, whilst ensuring that these resources are used economically, efficiently and effectively. This informs the detailed operational plans and budgets which are also approved by the Board. The plans are shared with the Council of Governors and their views are taken into account by the Board prior to approval.

The Trust has also established quality improvement arrangements to ensure that resources are deployed effectively.

The Board agrees annually a set of strategic objectives which are communicated to colleagues. This provides the basis for appraisals at all levels. The Board keeps operational performance and delivery against the objectives under constant review through scrutiny at each meeting of the Integrated Performance Report covering patient safety, quality, access and experience metrics in addition to a finance performance report. In addition, detailed review of the quality aspects of the Integrated Performance Report is undertaken each month by the Quality Committee. Additional financial scrutiny is also provided by the Finance and Performance Committee each month. The Trust's Workforce Committee provides more detailed scrutiny and assurance on workforce.

The resources of the Trust are managed through various measures, including the adoption of a robust budgetary control system, the consistent application of internal financial controls and effective procurement and tendering procedures.

The resource and financial governance arrangements are further supported by both internal and external audit to secure economic, efficient and effective use of the resources the Trust has at its disposal. Assurances on the operation of controls are commissioned and reviewed by the Audit and Risk Committee and, where appropriate, the Quality Committee or other sub-committee of the Board of Directors as part of their annual cycle of business. The implementation of recommendations made by Internal Audit is overseen by the Audit and Risk Committee.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive directors within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Board sub-committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Board of Directors

The Board has set out the governance arrangements including the committee structure within the Standing Orders and its Constitution. The Chairs of the Board's sub-committees report to the Board at the first available Board meeting after each Committee meeting. Urgent matters are escalated by the Committee Chair to the Board as appropriate. The Board has agreed, in conjunction with the Council of Governors, the strategic objectives for the Trust. The Executive Directors have assessed the risks to their achievement, along with risk controls and assurance mechanisms. As part of this risk assessment process, gaps in controls and assurances have been highlighted. This information is incorporated in the Trust's Board Assurance Framework document reviewed regularly by the Board of Directors.

Audit and Risk Committee

The Audit and Risk Committee, which comprises three Non-Executive Director members is responsible for establishing an effective system of internal control and risk management and provide an independent assurance to the Board. The Committee takes an overview of the organisation's governance activity supported by the internal auditors who provide opinions on compliance with standards and the systems of internal control. The Committee ensures that any recommendations from these audits are implemented. The Committee also reviews, on a regular basis, the risks that are described within the Trust's Board Assurance Framework. The Committee has oversight of and relies on the work of the Risk and Compliance Group to monitor the risk management process and risk registers. The Committee also ensures that the Trust is meeting its corporate compliance requirements through a regular review of the compliance register and has oversight of expressions of concern and whistleblowing arrangements.

Quality Committee

The work of the Quality Committee is detailed in the Quality Governance section above.

Finance and Performance Committee

The Finance and Performance Committee scrutinises the financial risks and targets and monitors any significant risks to activity and performance. The Committee is responsible for ensuring that there are robust financial control procedures in place. The Finance and Performance Committee is chaired by a Non-Executive Director and reports to the Board of Directors.

In year matters discussed at the Committee included clinical waste and the establishment of a wholly owned subsidiary as detailed below:

- In October 2018, the Trust was one of a number nationally to terminate its existing contract for the collection of clinical waste. This action was as instructed by the regulator NHS Improvement as the existing contractor Healthcare Environmental Services (HES) was subject to legal action by the Environment Agency. The Trust has transitioned to a new government negotiated contract. This transition has caused operational challenges and financial pressure but has not affected patient care.

- The Board of Directors had previously approved the establishment of a wholly owned subsidiary for the provision of estates, facilities and procurement services and the company, known as Calderdale and Huddersfield Solutions Limited came into operation from 1 September 2018 and employs over 400 staff, with services being contracted by the Trust. The Trust's group accounts incorporate the Calderdale Huddersfield Solutions financial position in its first part year of operation.

Workforce Committee
The work of the Workforce Committee is detailed in the Workforce Safeguards section above.

Conclusion
In summary I am assured that the NHS foundation trust has an overall sound system of internal controls in place and that no significant internal control issues have been identified.

Owen Williams
Chief Executive
24 May 2019

MODERN SLAVERY ACT 2015

The Modern Slavery Act 2015 is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is also obliged to comply with the Act.

Summary
The legislation addresses slavery, servitude, forced or compulsory labour and human trafficking, and links to the transparency of supply chains.

Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods or services with a total turnover of not less than £36 million per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include the steps an organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its business. The statement must be approved by the board of directors.

The aim of the statement is to encourage transparency within organisations, stating what steps have been taken during the financial year to ensure that the business and supply chain is modern slavery free.

There are potential consequences for those organisations that do not appear to make progress in this area; especially for those that are funded wholly, or in part, by public money.

The Trust is required to review its modern slavery statement on an annual basis and include it within the Annual Report and Accounts.

Modern Slavery and Human Trafficking Act 2015 Annual Statement

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps it has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

The aim of this statement is to demonstrate that the Trust follows good practice and all reasonable steps are taken to prevent slavery and human trafficking.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility lead for overall compliance.

Calderdale and Huddersfield NHS Foundation Trust provides acute hospital and specialist healthcare services from its two main hospitals, Calderdale Royal Hospital and Huddersfield Royal Infirmary. The Trust also provides a range of community services in Calderdale. Our annual turnover is over £330 million.

The Trust has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking. The top 80% of suppliers nationally, affirm their own compliance with the modern slavery and human trafficking act within their own organisation, sub-contracting arrangements and supply chain.

The Trust's standard terms and conditions (as provided by the Department of Health and Social Care) require all suppliers to be compliant with relevant legislation including modern slavery:

- 10.1.21 it shall: (i) comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and (ii) notify the Authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains;
- 10.1.22 it shall at all times conduct its business in a manner that is consistent with any anti-slavery Policy of the Authority and shall provide to the Authority any reports or other information that the Authority may request as evidence

of the Supplier's compliance with this Clause 10.1.22 and/or as may be requested or otherwise required by the Authority in accordance with its anti-slavery policy.

Internal audit undertake an annual audit on financial control as part of their audit plan. The audit includes a statutory compliance element. In future this will include the modern slavery and human trafficking act requirements.

The procurement department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and abide by the CIPs code of professional conduct. Over the next year, specific training will be provided for the Trusts internal supply chain management related to modern slavery and human trafficking.

Human Trafficking training is delivered as part of the Level 2 eLearning package and Level 3 Safeguarding Training. Some staff have also attended 'Hope for Justice's' bespoke training regarding Human Trafficking.

The Trust has evaluated the principal risks related to slavery and human trafficking as:

- Lack of assurances from suppliers
- Insufficient resource to enable monitoring of compliance with contract clause
- Lack of appropriate clauses in contracts
- Reputational.

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

Signed on behalf of the Board of Directors by

Philip Lewer
Chair

Owen Williiams
Chief Executive

Date: 24 May 2019

Independent auditor's report

to the Council of Governors of Calderdale and Huddersfield NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Calderdale and Huddersfield NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

— the financial statements give a true and fair view of the state of the Group and Trust's affairs as at 31 March 2019 and of the Group and Trust's income and expenditure for the year then ended; and

— The Group and Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview	
Materiality: Group financial statements as a whole	£6.6m (2018:£3.65m) 1.8% (2018: 1%) of total group revenue

Risks of material misstatement		**vs 2018**
Event driven	**New:** Accrued expenditure recognition	▲
Recurring risks	Valuation of land and buildings	◄►
	Recognition of income from patient care activities	◄►
	Material uncertainty related to going concern	◄►

2. Material uncertainty related to going concern

	The risk	Our response
We draw attention to note 1.1.2 in the financial statements which highlights events that indicate uncertainties concerning the ability of the Trust to continue as a going concern. The Trust has incurred a significant deficit in year of £69.6m (2017/18: £48.6m). Loan borrowing has increased at the Trust, with loans from the Department of Health now totalling £144.9m (2017/18: £103.9m). with £42.8m due for repayment in the 2019/20 period. The Trust delivered £18.0m of Cost Improvement Programme {CIP) in line with plan. The Trust has submitted a financial plan for 2019/20 that forecasts an operating deficit of £9.7m with a CIP delivery of £11m required in order to meet this target. This planned position includes receipt of Marginal Rate Emergency Tariff (MRET) reimbursement, Provider Sustainability Funding (PSF) and Financial recovery Funding (FRF) at a combined total of £28.3m. Receipt of this central funding is dependent upon acceptance and delivery of the control total set by NHS Improvement. In December 2018 the Department of Health and Social Care announced that 100% public capital funding of £197m had been earmarked to support implementation of the proposals described in the Trust's Strategic Outline Case for reconfiguration. These events and conditions, along with the other matters explained in note 1.1.2, constitute a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.	**Disclosure quality** There is little judgement involved in the Accounting Officer's conclusion that the risks and circumstances described in note 1.1.2 to the financial statements represent a material uncertainty over the ability of the Trust to continue as a going concern for a period of at least a year from the date of approval of the financial statements. However, clear and full disclosure of the facts and the Accounting Officer's rationale for the use of the going concern basis of preparation, including that there is a related material uncertainty, is a key financial statement disclosure and so was the focus of our audit in this area. Auditing standards require that to be reported as a key audit matter.	Our procedures included: — **Assessing transparency:** we assessed the completeness and accuracy of the matters covered in the going concern disclosure by: — Using our professional judgement to determine whether the basis of preparation note adequately describes the challenges facing the Trust; — Agreeing the financial balances disclosed back to the Trust's financial statements for 2018/19 and their financial plan for 2019/20; — Agreeing the extent to which recurrent cost improvement schemes were achieved in 2018/19 and identified for 2019/20 to Board reporting and to the financial plan for 2019/20; — Reviewing the number of material contracts with commissioners which have been agreed for 2019/20; — Reviewing the Trust's cash flow forecasts and the requirement of additional distress funding: — Confirming the terms of the loans and considering the timing of future repayments and the availability of funding; and — Reviewing long-term forecasts to assess the cash and loan position in the Trust.

3. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on:the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. Going concern is a significant key audit matter and is described in section 2 of our report. In arriving at our audit opinion above, the other key audit matters, in decreasing order of audit significance, were as follows:

	The risk	Our response
Valuation of land and buildings Land and buildings (£160.0 million; 2017/18: £219.7 million) *Refer to page 39 (Audit Committee Report), note 1.6 , 1.20 (accounting policy) and note 8 (financial disclosures – Annual Accounts).*	**Subjective valuation:** Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost (DRC).of a modern equivalent asset that has the same service potential as the existing property (MEA) The Trust's accounting policy requires an annual review for impairment, a periodic desk top valuation (usually every three years) and a full valuation (usually in five yearly intervals). When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic. The valuation is undertaken by an external expert engaged by the Trust, using construction indices and so accurate records of the current estate are required. Valuations are inherently judgmental. There is a risk that the methodology, assumptions and underlying data, are not appropriate or correctly applied. The Trust last had a full valuation at 1 April 2018. An interim desktop valuation was performed at 31 March 2019 resulting in a £59.7 million decrease in the value of the land and buildings when compared to the prior year. **Accounting Treatment** There is a risk that the valuation is not applied to the financial statement balances appropriately to recognise the valuation gains and impairment losses in line with the requirements of the Department of Health Group Accounting Manual 2018/19. The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole, and possibly many times that amount.	Our procedures included: — **Assessing valuer's credentials**: We assessed the competence, capability, objectivity and independence of the Trust's external valuer and considered the information provided to the Trust in 2018/19 for consistency with the requirements of the DHSC Group Accounting Manual; — **Test of detail:** We critically assessed the Trust's formal consideration of indications of impairment and surplus assets within its estate, including the process undertaken. — **Test of detail:** We tested the accuracy of the estate base data provided to the valuer to complete the desktop valuation to ensure it accurately reflected the Trust's estate. — **Methodology choice:** We critically assessed the assumptions used in preparing the desktop valuation of the Trust's land and buildings to ensure they were appropriate. — **Accounting analysis:** We undertook work to understand the basis upon which any movements in the valuation of land and buildings had been classified and treated in the financial statements and determined whether they had complied with the requirements of the DHSC Group Accounting Manual 2018/19.

3. Key audit matters: our assessment of risks of material misstatement (continued)

	The risk	Our response
Recognition of income from patient care activities Income from activities (£368.8 million; 2017/18: £360.5 million) *Refer to page 39 (Audit Committee Report), note 1.4 (accounting policy) and notes 3 and 4 (financial disclosures – Annual Accounts)*	**Subjective estimate** The main source of income for the Trust is the provision of healthcare services to the public under contracts with NHS commissioners. The Trust participates in the national Agreement of Balances (AoB) exercise for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department of Health's resource accounts. The AoB exercise identifies mismatches between income and expenditure and receivable and payable balances recognised by the Trust and its commissioners, which will be resolved after the date of approval of these financial statements. Mis-matches can occur for a number of reasons, but the most significant arise were: — the Trust and Commissioners record different accruals for completed periods of healthcare which have not yet been invoiced; or — income relating to partially completed period of healthcare is apportioned across the financial years and the Commissioners and the Trust make different apportionment assumptions. Where there is a lack of agreement, mis-matches can also be classified as formal disputes as set out in the relevant contract.	Our procedures included: — **Test of detail:** We compared the actual income for the Trust's most significant commissioners against the block contracts agreed at the start of the year and checked the validity of any significant variations between the actual income and the contract via agreement to appropriate third party confirmations; — **Test of detail:** We inspected confirmations of balances provided by the Department of Health as part of the AoB exercise and compared the relevant income recorded in the Trust's financial statements to the expenditure balances recorded within the accounts of Commissioners. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising income from Commissioners; — **Test of detail:** We considered the impact of any identified audit adjustments on the delivery of the Trust's control total and reconciled the year-end performance to the original plan to understand any deviations.

3. Key audit matters: our assessment of risks of material misstatement (continued)

	The risk	Our response
Accrued expenditure recognition Trade and other payables (£38.8 million; 2017/18: £41.1 million) Provisions (£2.8 million; 2017/18: £3.2 million) *Refer to page 39 (Audit Committee Report), note 1.5, 1.11 (accounting policy) and note 29, 30 and 31(financial disclosures – Annual Accounts)*	**Effects of irregularities** As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may be greater than the risk of fraud related to revenue recognition. There is a risk that the Trust may manipulate expenditure to meet externally set targets and we had regard to this when planning and performing our audit procedures. This risk does not apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the manipulation of creditors and accrued non-pay expenditure at year-end, as well as the completeness of the recognition of provisions or the inappropriate release of existing provisions.	Our procedures included: – **Test of detail:** We inspected all material items of expenditure in the March and April 2019 cashbooks and evaluated whether these had been accounted for correctly by reference to when the service had been delivered; – **Test of detail:** We inspected all material items of expenditure in the April 2019 bank statements to identify if there were any unrecorded liabilities that should have been accounted for in the 2018/19 financial statements; – **Test of detail:** We vouched a sample of individual accruals to supporting documentation to confirm the method of calculation and to confirm inclusion in the correct period; – **Test of detail:** We considered the completeness of provisions based on our cumulative knowledge of the Trust, inquiries with Directors, and inspection of legal correspondence. We considered whether there were events that would require a contingent liability disclosure in the accounts. We also considered the appropriateness of releases of provisions made in year by critically assessing the justification for the release against the relevant accounting standards; – **Test of detail:** We vouched a sample of journals posted before and after the year end to supporting documentation to confirm inclusion in the correct period and to critically assess whether any manual adjustments to expenditure were appropriate; – **Test of detail:** We vouched a sample of creditor balances to supporting documentation and post year-end cash payments to agree the correct treatment as a payable at year-end; and — **Test of detail:** We inspected confirmations of balances provided by the Department of Health as part of the AoB exercise and compared the relevant payables recorded in the Trust's financial statements to the receivables balances recorded within the accounts of other providers and other bodies within the AoB boundary. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising expenditure to other providers and other bodies within the AoB boundary.

4. Our application of materiality

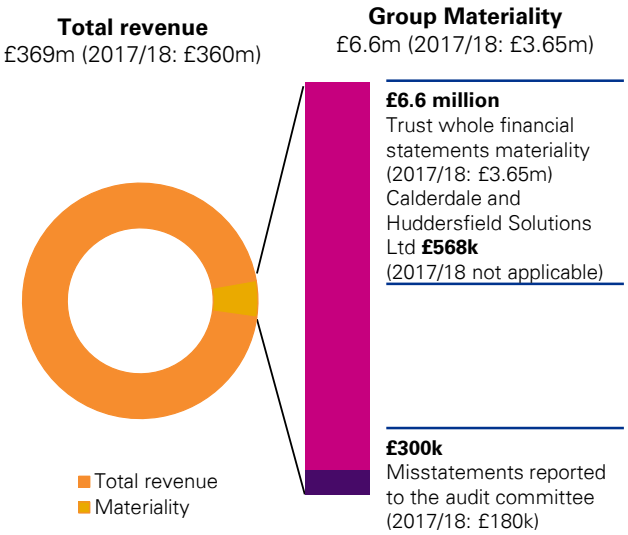
Materiality for the Group financial statements as a whole was set at £6.6 million (2018: Trust only £3.65 million), determined with reference to a benchmark of operating income (of which it represents approximately 1.8%, 2017/18 1%). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

Materiality for the parent Trust's financial statements as a whole was set at £6.6 million (2018: £3.65 million), determined with reference to a benchmark of operating income (of which it represents approximately 1.8%, 2017/18 1%).

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £300 thousand (2017/18:£180 thousand), in addition to other identified misstatements that warranted reporting on qualitative grounds.

The Group's only component was subject to full scope audit for group purposes.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's finance office in Huddersfield.



5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

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In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Group's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6 Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 87, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

KPMG

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

Our conclusion in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources is qualified

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

Adverse conclusion

As a result of the matters outlined in the basis for adverse conclusion paragraph below, we are unable to satisfy ourselves that, in all significant respects Calderdale & Huddersfield NHS Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2019.

Basis for adverse conclusion

In considering the Trust's arrangements for securing financial resilience and its arrangements for challenging how it secures economy, efficiency and effectiveness in the use of its resources we identified the following:

The Trust's outturn position for 2018/19 was a deficit of £69.6 million, £43.0m before impairments against a planned deficit of £43 million. During the year, the Trust received £40.3 million of interim revenue funding from the Department of Health and Social Care (DHSC).

The Trust's financial plans for 2019/20 show a planned deficit of £9.7m. This includes cost savings of £11.0 million, the full value of which is currently unidentified and £2.5 million of which are high risk. This also includes an assumption of further DHSC revenue support of £7.1 million in the financial year and £9million of capital support. The Trust has already drawn down £3.8 million of interim revenue funding (borrowing) in 2019/20. Without this support, the Trust would not be able to continue to operate.

Whilst the Trust has identified efficiency schemes that will support the achievement of the Trust's short-term financial plans, its long-term plans are not yet sufficiently progressed to achieve a break-even position in the imminent future or an ability to repay the loans from the DHSC.

In June 2018 the CQC issued its well-led report on the Trust which concluded that the Trust requires improvement for use of resources.

These issues are evidence of weaknesses in proper arrangements for planning finances effectively to support the sustainable delivery of the Trust's strategic priorities.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
Overall financial performance	Due to a combination of regulatory scrutiny and significant financial challenge in the sector and locally across the health economy, we undertook a detailed review of the Trust's arrangements for planning its finances effectively to support the sustainable delivery of strategic priorities and the maintenance of its statutory functions.	Our work included: — Performing an analysis of the Trust's forecast position against plan; — Considering the core assumptions in the Trust's 2019/20 Annual Plan submission; — Considering the extent to which recurrent cost improvement schemes were achieved in 2018/19 and identified for 2019/20; and — Reviewing the number of material contracts with commissioners which had been agreed for 2019/20 and the supporting risk analysis as reported to the Board. **Our findings on this risk area:** The Trust reported a deficit of £69.6 million in 2018/19. The Trust achieved £18 million of cost savings in 2018/19 with a recurrent full year effect of £15.4m, against a target of £18 million in year. The target for 2019/20 is £11.0 million which is fully identified. The current 2019/20 forecasts show a (pre-impairments) planned £9.7m deficit position. This has been agreed with NHSI. Contracts with the Trust's main Commissioners, Calderdale CCG and NHS Greater Huddersfield CCG have been signed. Whilst the Trust has identified efficiency schemes that will support the achievement of the Trust's short-term financial plans, its long-term plans are not yet sufficiently progressed to achieve an underlying break-even position in the foreseeable future or an ability to repay the loans from the DHSC. As a result of these matters, we are unable to satisfy ourselves that the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

Significant Risk	Description	Work carried out and judgements
Borrowing and cash levels	As at March 2018 the Trust had £144.9 million of loans from the Department of Health. The Trust has drawn down an additional £40.3 million of interim revenue funding in 18/19, and has drawn down £3.8million of interim revenue funding in April 2019, with a further £3.0 million drawn down in May 2019. Cash balances are monitored on a daily basis to inform the Trust's quarterly cash-flow forecasts. The current level of borrowing increases pressure on financial performance with increased debt servicing costs.	Our work included: – Reviewing the Trust's cash flow forecasts and the use of distress funding; – Reviewing correspondence with NHS Improvement around the Trust's current financial health, financial risk ratings and requirements for further distress funding; – Confirming the terms of the loans to consider the timing of future repayments and the availability of funding; – Considering the overall level of debt within the Trust and impact on cash flow forecasts for debt servicing costs; and – Reviewing long-term forecasts to assess the cash and loan position in the Trust to support the going concern assessment. **Our findings on this risk area:** We are satisfied that the Trust has appropriate arrangements in place to: - Manage working capital, including forecasting cash flow requirements on a quarterly basis; - Monitor cash flow against forecasts to identify any unexpected variances; - Forecast and communicate the level of required cash flow, such that DHSC cash can be accessed in a way that enables the Trust to continue to meet its obligations as they fall due; and - Produce accurate and complete monthly finance reports for Trust Board and Finance and Integrated Governance Committee. However, the Trust's financial plans for 2019/20 show a forecast deficit position. This also includes an assumption of further DHSC revenue support (borrowing) of £17.5 million in the financial year (£9.7m relating to the deficit and £7.8m relating to PSF and FRF which will not be received until the following year) and £9 million of capital support. Without this revenue and capital support, the Trust would not be able to continue to operate. At present, there are no viable means for the Trust to repay its existing DHSC support loans of £144.9 million, or any new loans which are received during 2019/20. The Trust has already drawn down £6.8 million of interim revenue funding in 2019/20. As a result of these matters, we are unable to satisfy ourselves that the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Calderdale and Huddersfield NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Clare Partridge
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
1 Sovereign Square, Leeds, LS1 4DW
24 May 2019

KPMG


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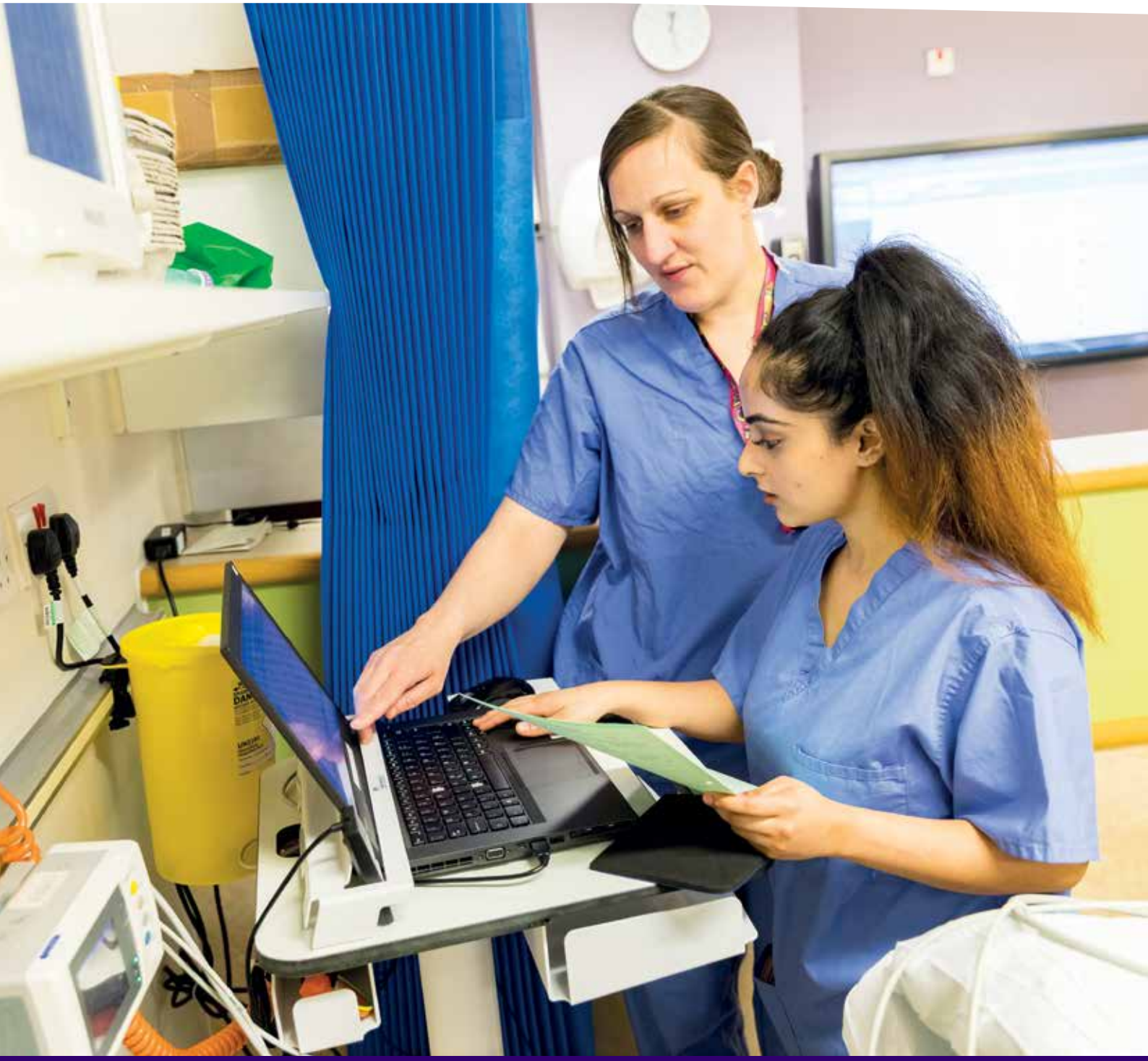
Calderdale and Huddersfield

NHS Foundation Trust



Quality Account 2018/19

compassionate care

Part 1: Chief Executive's Statement

Welcome to the 2018/19 Calderdale and Huddersfield NHS Foundation Trust (CHFT) Quality Account.

This report gives us the opportunity to let you know about the quality of services we deliver to our patients. It includes information on how we have performed against key priorities that were identified for further work last year and those areas that, together with our members and our Governors, we have identified as priorities for the coming year.

The Care Quality Commission concluded their onsite well-led inspection on 5 April 2018 and in June 2018 we were delighted to receive the published report rating the overall quality of care provided by the Trust as "good", an improvement from our previous rating from 2016 of "requires improvement", with some areas of outstanding practice also highlighted.

Following work with partners during the summer of 2018 an enhanced proposal for the future model of care was submitted to the Secretary of State for Health and Social Care in August 2018 and in December 2018 it was announced that capital funding of £197 million had been allocated to support implementation of the enhanced proposal.

The year has seen colleagues continue to focus on ensuring our patients receive timely and effective care with performance continuing to improve across all domains.

A focus on Infection Control has yielded the desired results for our patients. We continue to focus on the patient experience with improvements to our 'would recommend' across many wards and departments.

Our delivery of Emergency care services for patients is recognised as being amongst the best nationally. We spent a lot of time learning from last winter and, with clinical colleagues, agreed a very different winter plan for 2018/19 that was successful. We have worked closely with partners across health and social care all year and our partnership working has seen a significant improvement with people being cared for at the right time, in the right place by the right people.

Our Calderdale Community division has seen increasing numbers of patients, supporting them to remain at home and avoid hospital admission as well as securing a prompt and safe discharge. Patients on cancer pathways are treated within an appropriate timescale and we have seen significant improvements in Stroke care, attaining the highest possible rating in the most recent national audit.

Our continued focus on quality uses our Work Together Get Results methodology to engage colleagues to ensure the patient is at the centre of care.

We describe in the following Quality Account a detailed appraisal of all the hard work under way to maintain safe, quality care. This is always top of the agenda for our Board of Directors and in this increasingly challenging financial environment, combined with increased demands for our services, it is even more important to ensure that any changes we make are assessed for their impact on quality and how digital technology can improve care before they are able to go ahead.

There are some excellent examples of high quality care and services across all of our community and hospital services. I hope you will find the following pages informative and helpful in giving you an insight into the vast amount of improvement work we continue to do in the Trust.

To the best of my knowledge the information in this report is accurate.

Owen Williams, Chief Executive, May 2019

Part 2: How the Trust performed against the three priorities set for 2018/19

Each year the Trust works on a number of quality priorities. Last year the Trust identified three projects to be highlighted as key priorities for 2018/19.

This section of the Quality Account shows how the Trust has performed against each of these priorities and the plans going forward.

Improvement Domain	Improvement Priority	Were we successful in 2018/19?
Safety	Improving outcomes through recognition, response and prevention of deteriorating patients	Yes
Effectiveness	Patient Flow – Improving Timely & Safe Discharge	Yes
Experience	Improve experience of patients on care of the dying pathway	Yes

Priority One: Care of the Acutely Ill Patient: improving outcomes through recognition, response and prevention of deteriorating patients

Why we chose this

Timely recognition and response to a patient's changing needs can make a difference in their clinical outcomes and their overall experience of care. The Trust has an established Deterioration Programme which is subdivided into key areas of focus namely recognition, response and prevention of deterioration in inpatients.

Within each subheading there are separate work streams that are thought to be significant enablers for improvement. Since the implementation of a number of electronic systems the Trust is able to gain ever more meaningful insights in to the way patients are cared for.

Improvement work and how we did during 2018/19

The Deteriorating Patient Group has met on a monthly basis chaired by the Associate Medical Director for Quality & Safety. The focus has remained on timely recognition and response to patients who deteriorate in hospital and where possible the prevention of further deterioration. The scope of this group is patients with a NEWS, national early warning score of 5 or more excluding patients with suspected sepsis.

Recognition

Early recognition of patients who are deteriorating is reliant on timely and accurate patient physiological observations. Following an observational study during the year it was noted that the majority of patient observations are carried out by healthcare assistants, HCAs. All HCAs complete competency assessments prior to independently carrying out patient observation tasks. The study showed that there is the need for ongoing training to ensure that measurements remain accurate. This work will be carried out during 2019-20. Observations performed on time performance continued to be lower than in previous years for the first six months of this reporting period. However, with a focussed effort especially from within the clinical divisions this has improved once again and remains above 70%. There is scope to improve this further by ensuring that observations are 'skipped' if the patient is for example, off the ward.

The Trust is expected to implement NEWS2, national early warning system, in 2019 and this has been identified as a quality priority for the 2019-20 period. The additional training mentioned above will include focus on the changes seen within NEWS2 including the online e-learning tool. Evaluation of NEWS2 will be a key measurement in 2019-20.

Response

In line with NEWS2 the escalation policy has been revised as part of the overall Adult Physiological Observation policy. In-hours escalation of patients with a NEWS of 5 or more remains through ward based teams. A Critical Care Outreach Nurse responds to patients with a NEWS of 7 or more during the period of 8am to 8pm seven days a week. In the out of hours period the HOOP team will respond to patients with a NEWS of 5 or more. There remains a gap in a centrally coordinated response (not just ward based teams) to patients with a NEWS of 5 to 7 in normal working hours. In order to address this there are plans to review how Critical Care Outreach and HOOP could collaborate to provide a more cohesive approach to all patients who deteriorate. In order to facilitate this there will be a Work Together, Get Results session planned for the summer of 2019.

Previously patients with a NEWS of 5 or more were also screened for Sepsis. However this no longer occurs given that screening for Sepsis is through the EPR algorithm.

Prevention

It was proposed that safety huddles are promoted to ensure that all team members are aware of those patients who are deemed to be at risk of deterioration. Safety huddles are in place across the Trust however the quality and focus of these has been variable. Furthermore it was hoped that a 'ward view' could be projected on flat screen televisions to more easily identify patients with raised NEWS scores. Unfortunately, neither the screens nor the 'ward view' on the electronic patient record, EPR are available. Wards are being encouraged to continue with safety huddles however any further improvement on using EPR will need to be carried into 2019-20.

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

Why we chose this Patient Flow – Improving timely and safe discharge

Why we chose this
As we know there is a considerable evidence base for the harm caused by inefficient and untimely patient flow. Delays lead to poor outcomes for patients, both in terms of safety, experience and the level of need for the patients when they are finally discharged. Unnecessarily prolonged stays in hospital are a poor experience for patients. This is due to the risk of unnecessary waiting, sleep deprivation, increased risk of falls and fracture, low mood, prolonging episodes of acute confusion (delirium) and transmitting healthcare associated infections. All can cause an avoidable loss of muscle strength leading to greater physical dependency (commonly referred to as deconditioning).

Tackling long stays in hospital will reduce risks of patient harm and disability particularly for those who are intrinsically vulnerable because they have mild or moderate frailty and/or cognitive disorder. For this patient group a different, more positive outcome can be achieved if the right steps are taken very early in their admission.

Hospital-related functional decline in older patients and the subsequent harm has dreadful consequences for many patients, and is something we should not tolerate and with our system partners we have agreed that we will not.

Safe and timely discharge planning for all patients is an essential part of their overall plan of care and treatment and should always start on admission.

Good patient flow and transfer of care across the health and social care system is now widely recognised as a key indicator of how the system is working in collaboration. The agenda for the system Transfer of Care Group and A&E Delivery Board has a clear focus on safer patient flow and discharge.

Improvement work

SAFER Patient Flow Programme
The work has continued throughout 2018/19 through three work streams, bed avoidance, bed efficiency and bed alternates.

There have been a number of successful quality initiatives developed and implemented through the SAFER Programme and in collaboration with partner organisations.

Schemes implemented through the work streams are:

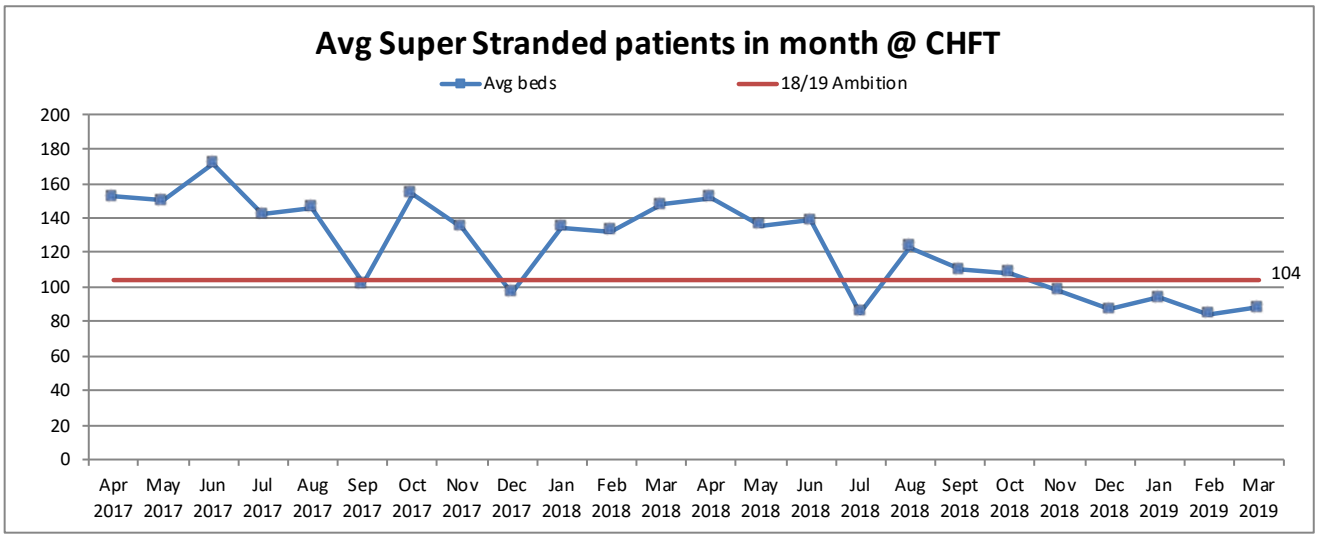
- **Trusted Assessment –** discharge coordinators complete all assessments for patients appropriate for referral into the reablement pathway, with quality control in place, this has enabled a smoother, quicker transfer into reablement services.
- **Trusted Assessor –** A dedicated Trusted Assessor funded by Local Authority works within CHFT Discharge Team to provide onsite immediate assessments for patients who need to be transferred into a care home facility. This nurse has built strong relationships with care home managers who trust her to assess the needs of the patients, communicate these to the home to prevent the need for the home managers to attend the hospital, which was in many cases causing delays of up to a week. She also has improved communication and handover with the nursing home.

- **Home First Team –** working with the discharge team focusing on reducing the number of stranded (patients with a LOS 7 days and over) and long stay patients (patients with a LOS of 21 days and over). The teams ensure discharge planning commences on admission, patients have a clear clinical plan that is reviewed timely, and the patients clinical and discharge plan is tracked to ensure any delays are prevented.
- **Standardised Multi-disciplinary (MDT) meetings –** Elderly Care consultants have developed daily MDTs.
- **Enhanced reablement –** a service that is dedicated to support patients being discharged from hospital.
- **Continuing Healthcare Assessments –** all assessments are now completed following discharge and not prior.
- **Introduction of the Non-weight bearing pathway –** patients with long leg plaster casts or bi-lateral arm plaster casts often struggle to go home as their own accommodation cannot be adapted for them to manage independently. They are provided with alternate accommodation rather than waiting in hospital for the cast to be removed, often 6 weeks.
- **Community Care Discharge to Assess Beds –** Enable long term decisions to be made away from an acute setting with an opportunity for further recovery. Enable families and representatives time to visit and select preferred care home settings. Enable ongoing assessments for long term care home provision to be completed in an alternate setting.

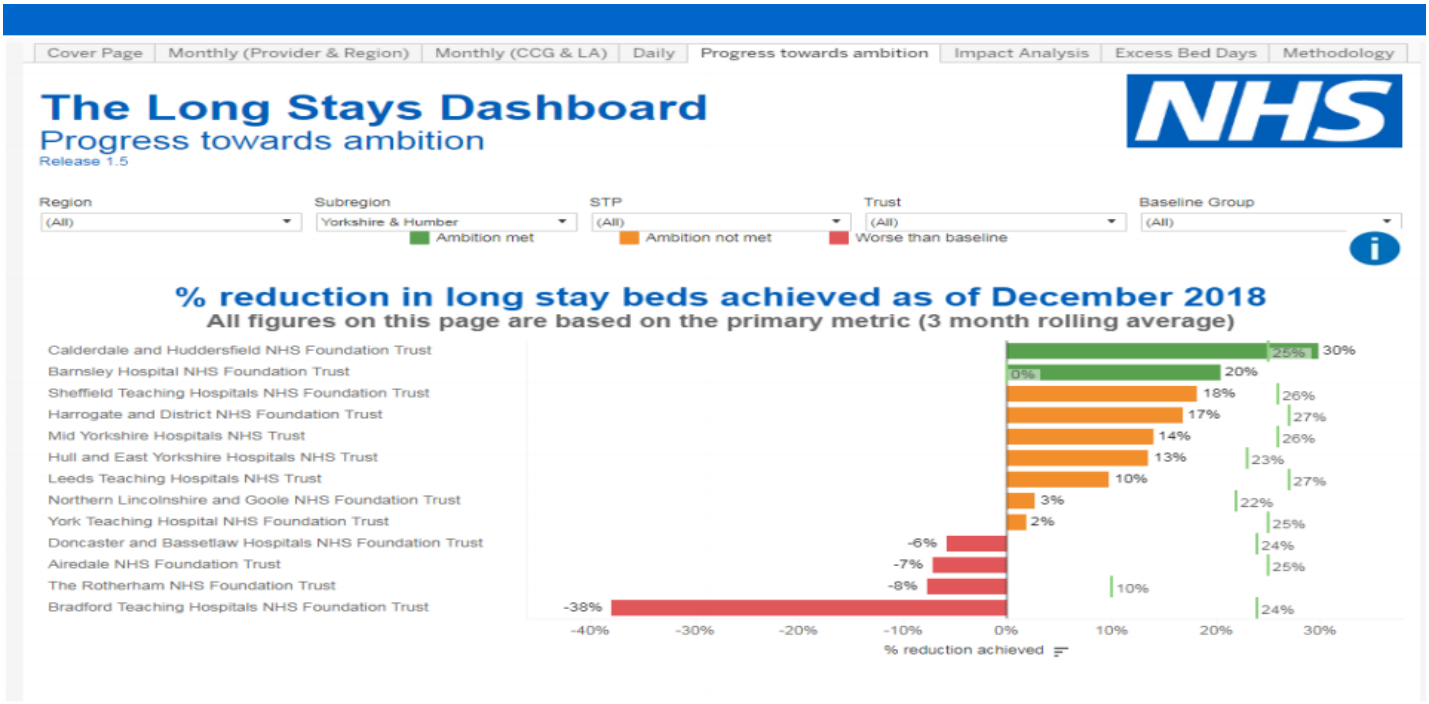
All of these schemes have enabled patients to be discharged, safely and in a much more timely way.

How have we done?

Below the table demonstrates the gradual improvement in the reduction of beds used for long stay patients since August 2018, it also shows that we are now below target and have sustained this ambition since October 2018.



The table below also shows the achievement compared to other Trusts in the Yorkshire and Humber Region.



NHS Calderdale

NHS Greater Huddersfield

The SAFER Patient Flow Programme will continue into 2019/20 with an ambition to continue the discharge improvements and work closer with community colleagues on providing care closer to home.

Priority Three: Improve experience of patients on care of the dying pathway

End of Life Care – Why we chose this

Improving end of life care (EOLC) continued to be a priority area for the Trust during 2018/19, as regardless of where patients die, whether their death is expected, it is vital that they receive appropriate end of life care. During the year the Trust has looked to sensitively establish that patient's relatives felt that the needs of their loved one were met in a compassionate and appropriate way.

How Did We Do

End of Life Care Improvement work during 2018/19

Bereavement Survey
The bereavement survey is part of the Trusts Learning from Deaths (LfD) programme. This programme supports a quality improvement plan relating to death and dying primarily for improved patient and family/carer experience and patient outcomes. We undertook an annual bereavement audit with a small number of patients with a response rate of 30%

In order to gather more feedback to both highlight the areas of excellent care and areas that we can improve on, a 6 month pilot audit has been undertaken on our stroke wards at Calderdale Royal Hospital, CRH. Prior to sending the survey, a bereavement card was sent to families to offer support and also inform them of the upcoming survey. The Trust had a 47% response rate which is an increase on the last bereavement survey (30%). The audit has now finished and the results are being shared with the stroke team and an action plan is to be developed.

Bereavement Cards
A bereavement card has been developed and co designed with bereaved relatives. This card will be sent out 1-2 weeks after the death of a loved one offering our condolences as a Trust and also offering a phone number for relatives to ring if they have any question/concerns or compliments. The card is being used initially within the Surgical division and has started to be sent out to our bereaved relatives. The cards will be reviewed after 3 months with the plan to disseminate it Trust wide. The bereavement cards sent from the stroke wards during the pilot are also going to continue.

Bereavement café
The Chaplaincy department alongside the end of life care facilitator have developed the "Marigold café" which is a bereavement café started in September 2018 and is open to anyone who has suffered bereavement. The café is open on both hospital sites on the first Friday of each month. An information leaflet about the Marigold café is given to families when collecting the death certificate. We also plan to advertise the café further within the communities we serve.

End of life Care (EOLC) Education
End of Life Care (EOLC) education is part of the Trust's essential skills training framework for clinical staff including Doctors, Nurses and Health Care Assistants. A DVD about the Individualised Care of the Dying document (ICODD) has been made part of the essential training to help staff support patients and families and also for colleagues to be more confident in using the ICODD and having end of life care conversations.
The Trust continues to provide;

- Communication skills training
- Full EOLC education days for Drs, Nurses, HCAs, AHP and Apprentices.
- Deliver EOLC training on the Trust induction and preceptorship courses.
- We provide and support HCAs to complete EOLC competencies across the Trust.
- Ad hoc teaching and in- reach is provided across areas that ask and also if there have been issues identified in an area we provide support to increase skills.

End of life care champions
Ten community CHFT nursing staff are now EOLC Champions. Our second cohort started in October 2018 with 24 nursing staff from both community and hospital. This six month course helps to increase confidence and skills in EOLC to bridge the gap between specialists and generalists. The Champions take everything they have learnt back to the areas they work and become a resource and a support for other staff. We are also starting healthcare assistant, HCA, Champions in April 2019 and have 14 HCAs signed up for this. The first cohort of Champions still meet regularly to continue the education and training. Since completing the course there has been an increase in the use of an electronic palliative care record known as EPaCCs (a system which stores all palliative care and end of life information about a patient in one place and can be viewed by community colleagues, Trust staff, primary and secondary care colleagues and hospice staff) and Champions having Advance care planning and DNACPR discussions.

End of life care companions
End of life companions are volunteers who are available to sit with dying patients so they are not alone and for supporting family who may need a break. The role of the companion is simply that - companionship. They are not there to perform nursing tasks. Companions are not there to 'push' any beliefs or attitudes, they go there to be with the dying patient with compassion. Twenty companions have been trained to support our dying patients, their families and the ward teams. Some of the new Companions are Trust staff that want to give something back to the Trust in their own time.

Horizon group
This is a collaborative group which includes CHFT, Calderdale Council, the Council of Mosques and Overgate Hospice. The group was started to support and develop end of life concerns raised by Muslim patients and families with issues around end of life care – such as feeding and decisions on resuscitation (DNACPR). We feel we have improved the understanding and relationships between healthcare providers and the South Asian Community improving patient and families experiences of dying in CHFT. The group has also developed;

- Faith cards which have cultural and religious basics for each faith in our localities – to all wards and Hospice.
- An audio tape produced locally but distributed nationwide by MacMillan Cancer Support.
- Improvements to education – cultural and religious aspects added to all end of life care training modules
- Changes in hospice practices to enable faith to be celebrated.
- Worked with skills for care nationally to produce a training DVD on being Confident with difference. Two videos have been developed with the Horizon group with skills for care.
- Future EOLC events are planned, including one for May 2019 at the Sikh temple in Huddersfield and one at the Madni Mosque in Halifax for the South Asian community. The group is also developing materials to help support the LGBTQ (lesbian, gay, bisexual, transgender and questioning) community in the last year of life.
- We are also seeking some funding for a two year project for a Cultural Support worker to enhance and develop the work of the Horizon Group.

Priorities for 2019/2020

- End of Life Care education to be embedded on the essential skills training framework
- Increase in the use of the ICODD to provide consistent evidenced based care to our patients.
- Bereavement cards to be implemented Trust wide
- Promote awareness of the Marigold café
- Increase use of the End of Life Companions

Reporting
Reporting on End of Life Care during 2018/19 has been to the Trust's Clinical Outcomes Group.

Looking ahead to 2019/20

A 'long list' of potential priorities for 2019/20 was developed from the following sources:

- Regulator reports,
- Incidents and complaints,
- On-going internal quality improvement priorities,
- National reports and areas of concern,
- Evaluating the Trust's performance against its priorities for 2018/19,
- Council of Governors workshop.

This long list was discussed with the Trust's Council of Governors; an opportunity to vote was also given via the Trust's internet site advertised in Foundation Trust News which is circulated to the Trust membership. This work has helped identify the following quality improvement priorities for 2019/20.

All previous priorities will continue to be monitored as part of the Trust's on-going improvement programmes.

The three priorities 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

Priority One: Safe

Clinical outcomes linked to waiting times in the Emergency Department

Why we chose this
The waiting times in the Emergency Department have an impact on clinical outcomes as well as patient experience. The length of time that patients wait in ED can lead to poorer patient outcomes, with some patients leaving without being seen.

We endeavour to see and treat patients as quickly possible, measuring ourselves within the 4 hour emergency care standard, ECS target and monitoring our patients waiting over 8 and 10 hours.

Improvement work
To reduce the number of patients waiting over 8 and 10 hours we will review all the clinical rotas to ensure we have the right number of appropriately trained staff to meet the demand.

As part of this we will have clear escalation protocols for the teams, explaining how to request support when patients are experiencing delays in their pathways.

We will work to embed the Trust action cards, which are Trust agreed rules to ensure patients receive timely specialty reviews, transfer to the ward and are treated in the most appropriate environment for their care, to ensure patients are transferred to the next location in their journey (e.g. the ward) as soon as possible.

Reporting
We will monitor performance against the Emergency Care Standard and patients waiting over 8 and 10 hours in the Emergency Department through the Emergency Department directorate board.

Priority Two: Effective:

Deteriorating Patients – NEWS 2 Implementation

Why we chose this
Implementing NEWS2, the National Early Warning Score will allow us to more accurately recognise and respond to patients who critically unwell or who deteriorate in hospital. NEWS2, in comparison to NEWS, will now alert Trust colleagues to patients who are 'confused' as part of their assessment of consciousness. This is in addition to changes in their physiological parameters such their heart rate, breathing and temperature. NEWS2 is also more accurate for patients with known chronic lung disease, such as Chronic Obstructive Pulmonary Disease, COPD, who at present over alert. As with all patients who deteriorate, early recognition will allow for a more timely response and better outcomes for patients.

Improvement work
In 2019/20 we will:
- embed the changes needed within Nervecentre and the electronic record, EPR, to allow the NEWS2 score to be recorded
- support all clinical colleagues to access the online e-learning training for NEWS2
- revise the escalation policy with respect to raised NEWS
- facilitate additional training of nursing staff to ensure that physiological observations are timely and of high quality
- review and evaluate the use of the Confusion score and support any training required
- analyse outcome data from patients with raised NEWS

Reporting
There will be verbal and data reporting of progress of all of the above to the Deteriorating Patient Group. A quarterly narrative will also be provided.

Priority Three: Experience:

Mental Health in the Emergency Department

Priority Three: Experience: Improving psychological and social support for mental health patients in the Emergency Department

Why we chose this
The number of mental health patients attending the Emergency Departments is increasing. We need to ensure we are providing appropriate support for these patients who present at the Emergency Department..

Improvement work
We are seeking to improve the environment for high risk patients in the Emergency Department, requiring a ligature free environment, by now having a ligature free room on both sites. We will ensure staff have access to the best guidance on how to appropriately support and manage the patients requiring access to these rooms by using a clear standard operating procedure to guide staff on using these rooms with patients.

We have recently received some funding from our commissioners to have a mental health nurse on site 24/7 to provide 1:1 support to mental health patients in the emergency department and will develop this service during 2019/20.

We continue to work with the mental health liaison team to ensure timely review and care planning for mental health patients

Reporting
We will report regularly on progress in this area within the Emergency Directorate and the Patient Experience Group.

Statements of assurance from the Board

Review of services
During 2018/19 Calderdale and Huddersfield NHS Foundation Trust provided and/or sub-contracted 36 designated Commissioner Requested Services.

Calderdale and Huddersfield NHS Foundation Trust have reviewed the data available to it on the quality of care in all these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 90% of the total income generated from the provision of relevant health services by Calderdale and Huddersfield NHS Foundation Trust for 2018/19.

Participation in Clinical Audit
During 2018/19, 48 of the national clinical audits and four national confidential enquiries covered relevant NHS services provided by Calderdale and Huddersfield NHS Foundation Trust.

During that period Calderdale and Huddersfield NHS Foundation Trust participated in 92% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in. These are detailed in Appendix A.

Participation in clinical research
Calderdale and Huddersfield NHS Foundation Trust is committed to research as a driver for improving the quality of care and patient experience.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Trust clinical staff remain abreast of the latest possible treatment possibilities and active participation in research leads to improved patient outcomes.

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2018/19 that were recruited into trials during that period to participate in research approved by NHS Health Research Authority and the National Research Ethics Committee was 1563 (as at end of February 2019).

The Trust was involved in conducting 89 clinical research studies all of which were actively recruiting (excludes student and Participant Identification Centre - PIC studies), 28 were closed to recruitment (but participants were still involved e.g. in follow-up) and 26 new recruiting studies were opened. A further 28 studies were undergoing 'capacity and capability assessment'.

During 2018/19 actively recruiting research studies were being conducted across all 5 Trust Divisions across twenty eight clinical specialties:
- Families and Specialist Services, 18 studies, 9 specialties
- Corporate, 1 study
- Medical Services, 49 studies, 11 specialties
- Surgical and Anaesthetic Services, 9 studies 6 specialties
- Community, 1 Study

There were 110 clinical staff (supported by 18 non clinical staff) participating in research at the Trust during 2018/19, of which 51 were local principal investigators.

Also, in the year nine publications have resulted from Trust involvement in National Institute for Health Research, which shows Trust commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Learning From Deaths – Adult Inpatients
During 2018/19, 1464 CHFT adult inpatients died. This comprised the following number of adult deaths which occurred in each quarter of that reporting period:
- 363 in the first quarter;
- 329 in the second quarter;
- 381 in the third quarter;
- 391 in the fourth quarter

The process for learning from adult deaths evolved during 2018-19. ISR's (Initial Screening Reviews) remain first line as a case note review however these are no longer randomly allocated across the consultant body. ISR's are now reviewed within specialty using the generic ISR online tool with or without specialty specific questions. Cases where the quality of care has been assessed as poor or very poor are escalated for a more in depth and independent (of the specialty) SJR (Structured Judgement Review). Similarly the SJR assesses the quality of care in line with the Royal College of Physician's recommendations. Themes from SJRs are collated quarterly and are fed back to clinical teams to inform quality improvement.

Certain cases are escalated directly for a SJR including deaths in patients admitted for elective procedures, patients with learning disabilities, patients with significant mental health disorders, deaths where there is a Serious Incident and/or complaints from relatives/carers.

As at the end of March 2019, 397 initial screening reviews and 91 Structured Judgement reviews have been carried out. It should be noted that the overall number of reviews has declined however should improve with the revised allocation of ISR's within specialties. This improvement should be evident in Q1 of 2019/20.

The number of Structured Judgement Reviews carried out per quarter was:
- 22 in the first quarter;
- 16 in the second quarter;
- 28 in the third quarter;
- 25 in the fourth quarter

During 2018/19 39 Structured Judgement reviews identified problems with care provided to the patient. The reviewers are asked to make a judgement as to if the problem led to patient harm. The breakdown of responses was:
- Yes – 5
- Probably – 20
- No – 13

In one case a judgement regarding harm was not recorded

In 5 cases representing 0.34% of all adult inpatient deaths during 2018/19 a problem with care was judged to have led to patient harm.

From a thematic analysis of cases between August 2017 and end of July 2018 (total number of 101 SJR's) the top 5 areas of good practice are:
- Good quality of care in approximately 85% of cases reviewed
- Excellent junior doctor decision making
- Good pre and post procedural care
- Excellent specialist palliative care in-reach
- Timely and appropriate in-reach into the emergency department,

And the main areas where improvement in care is needed are:
- Communication between healthcare professionals, patients and their families and carers
- Documentation especially of communication, diagnoses and cause of death
- Timely senior review at all levels
- Timely escalation or decision making not to escalate
- Recognition of the dying phase and full implementation of the Individualised Care of the Dying document (ICODD)

The next step is to share this learning across the Trust and formulate quality improvement plans.

Child deaths – deaths in 0 to 18 year olds
Deaths of all children from birth to 18 years in the area are notified to the Calderdale and Kirklees Safeguarding Children Boards Joint Child Death Overview Panel (JCDOP).

During 2018/19, 13 of CHFT's paediatric inpatients died 10

This comprised the following number of child deaths which occurred in each quarter of that reporting period:
- 3 in the first quarter
- 2 in the second quarter
- 3 in the third quarter
- 2 in the fourth quarter

By March 2019, for all 7 cases a case record review.

Deaths that were subject to an investigation are included in the case record review numbers. The number of deaths in each quarter for which a case record review was carried out was:
- 1 in the first quarter
- 1 in the second quarter
- 3 in the third quarter
- 2 in the fourth quarter

Due to the nature of the child case record review process it is not possible to report the number of deaths which were more likely than not, to have been due to problems in the care provided. Each case is written as a narrative summary as opposed to being given a discrete avoidability score.

Seven day services

The 7 Day Hospital Services (7DS) Programme was developed to support trusts to deliver high quality care and improve outcomes on a 7 day basis for patients admitted to hospital in an emergency through ten clinical standards. Since 2015, acute trusts such as Calderdale and Huddersfield Foundation Trust have been asked to focus on the following four priority standards:

Standard 2 specifies that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible, but at the latest within 14 hours from the time of hospital admission.

Standard 5 covers the availability of six consultant-directed diagnostic tests for patients either on site or offsite by formal network arrangements: Microbiology, CT, Ultrasound, Echocardiography, MRI, Upper GI endoscopy

Standard 6 covers the 24/7 access to nine consultant directed interventions, either on site or via formal network arrangements: Critical Care, Interventional Radiology, Interventional Endoscopy, Emergency Surgery, Emergency Renal Replacement Therapy, Urgent Radiotherapy, Stroke Thrombolysis, Percutaneous Coronary Intervention, Cardiac Pacing

Standard 8 relates to on-going consultant-directed review of patients admitted acutely once they have had their initial consultant assessment. This means that patients with high dependency needs, usually sited in AMU, SAU and ITU, should be reviewed by a consultant twice daily. All other patients admitted in an emergency should be reviewed by a consultant once daily, unless the consultant has delegated this review to another competent member of the multi-disciplinary team, having determined that this would not affect the patient's care pathway.

The Trust has implemented the newly developed national seven day services board assurance framework and template and submits audit data to NHS England bi-annually using an online survey tool and the compliance target score for each priority standard is 90%.

The Trust reviewed and completed the draft NHS England Board Assurance Framework for 7 Day hospital Services during the year which is self-assessment of seven day service performance. The Trust is one of two sites in the North of England to pilot the new assurance template for seven day services and in July 2018 a repeat audit was conducted on standards 2 and 8.

	Mar-18	Sep-18
Clinical Standard 2	**91%**	**94%**
Clinical Standard 5	**100%**	**100%**
Clinical Standard 6	**100%**	**100%**
Clinical Standard 8	**98%**	**96%**

The Trust submitted the new methodology and pilot audit results to the Executive Board to confirm that this provides the Board with sufficient assurance. Going forward we look to provide additional assurance through consultant job plans of:

- sufficient daily consultant presence to support the delivery of Standard 2
- twice daily consultant ward rounds for high dependency patients and once daily ward rounds for all other patients in all specialities which cover emergency admissions every day of the week (Standard 8)

The Trust has confirmed continued compliance against the 4 priority standards in September 2018 using the new NHS England methodology.

Guardians of Safe Working Hours
The Trust has a Guardian of Safe Working who acts as a champion of safe working hours for doctors in approved training programmes within the Trust and provides assurance that doctors work hours that are safe and in compliance with the terms and conditions of service for NHS Doctors and Dentists in Training 2016.

At the Trust many of our trust grade doctors work side by side with doctors in training. The Trust recognises that the rota gaps can have a noticeable impact on both the training experience and the quality of work life balance. We have a dedicated Medical Human Resources team who can focus directly on recruitment to medical and dental recruitment. There are a number of initiatives in place to fill vacancies which include;

- Focussed recruitment meetings with senior clinical leaders and managers
- Foundation Year 3, 'FY3' posts created to attract trust doctors in a number of specialties. Whilst not recognised for training these posts offer junior doctors an opportunity to enhance experience in a number of specialties
- Expanding the number of posts for Medical Training Initiatives (MTI doctors).
- Encouraging the opportunity to appoint doctors at 'middle grade' level in Specialty doctor posts that the trust will support to gain the relevant competencies to gain Specialist registration with the General Medical Council and therefore able to practice at consultant level. These are known as CESR posts (certificate of equivalence for specialist registration). This allows us to 'grow our own' and develop people
- Attending the British Medical Journal Careers Fair in October 2018 to promote the Trust as an attractive place to work
- The board signed up to adopt the SAS Charter (Staff and Associate Specialists)
- Clinical Leadership Programme for our Clinical Directors
- Improving Junior Doctors' Working Lives - focused group looking at a number of measures to enhance the trainees' experience at the Trust

A report from the Guardian of Safe Working presented a report to the Board in March 2019 confirmed the following in relation to rota gaps:

- Within the Medical Division registrar level gaps are an issue with 11 gaps across two sites – these are being covered out of hours by bank / agency staff
- Within Emergency Medicine, from February 2019 the Trust has had a full complement of junior doctor trainees. Registrar level gaps persist, some are covered by long term bank staff and there are five advanced nurse practitioners, some of whom are on the junior trainee rota to help fill gaps
- During quarter 4 there was an improvement in middle grade doctors in the surgery division with a full complement of such doctors for the first time in five years
- Within the Family and Specialist Services division Obstetrics, Gynaecology and Paediatrics have some registrar gaps

Freedom to Speak Up
The Trust encourages all staff to speak up through a variety of means including:

- through the Raising Concerns policy by which staff can access the Trust's Freedom to Speak Up Guardian
- "Ask Owen", an option on the Trust intranet where staff can raise issues directly with the Chief Executive
- the DATIX incident reporting system
- regular team briefings

Staff can also speak up regarding patient safety issues through the above processes and their divisional governance processes. Bullying and harassment issues are dealt with under the Trust's bullying and harassment policy and staff can also raise issues via the Trust's Grievance Procedure.

The Trust CQC inspection report, published in June 2018 following an inspection in April 2018, commented on the open culture in the Trust, stating:

"There was strong visible and effective leadership across the majority of the services we inspected. There was an open culture and most staff felt supported by their line managers."

The Trust has a Raising Concerns Policy in place and is currently revising this. Work will take place on a process to ensure feedback is given to staff who have raised a concern.

The Trust's new Freedom To Speak Up Guardian commenced in late March 2019 and will be supported by a well-established network of Freedom to Speak Up ambassadors who come from a wide cross section of the Trust's workforce.

The Trust's Raising Concerns policy makes it clear that staff who speak up must not suffer a detriment. Where there is evidence that this has occurred action will be taken as appropriate. The Raising Concerns Policy is under review and this work will be completed by the Freedom to Speak Up Guardian with support from workforce and organisational development staff at the earliest opportunity.

Goals agreed with commissioners

A proportion of Calderdale and Huddersfield NHS Foundation Trust's income in 2018/19 was conditional upon achieving quality improvement and innovation goals agreed between Calderdale and Huddersfield NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with, for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

For CCG's and NHS England – Direct Services the 2017-19 National CQUIN Guidance split the usual 2.5% CQUIN funding as follows:

- 1.5% agreed scheme indicators
- 1% to support engagement with service transformation plans (STPs)

For NHS England – Specialised the 2017-19 National CQUIN Guidance the full 2.0% CQUIN funding was all for national indicators.

The contract value for CQUINs in 2018/19 was £6.85m (£6.56m for CCGs and £0.29m for NHS England compared to 2017/18 when the CQUIN achieved was £6.67m..

The schemes were as follows

CQUIN	Community or Acute
1. Improving Staff Health and Wellbeing	Acute
2. Reducing the impact of serious infections (Antimicrobial resistance and Sepsis)	Acute
3. Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI)	Acute
4. Improving services for people with mental health needs who present to A&E	Community
5. Offering Advice and Guidance	Acute
6. e-Referrals	Acute
7. Preventing ill health by risky behaviours – alcohol and tobacco	Acute
8. Improving the assessment of wounds	Community
9 .Personalised care and support planning	Community

Further details of the nationally agreed goals for 2018/19 are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

The Trust did not fully achieve the following:
- 1% reduction in antibiotic prescribing
- Risky Behaviours (Alcohol and Tobacco Screening)

The Trust entered into an Aligned Incentive Contract (AIC) in 2018/19 with its main commissioners, NHS Calderdale CCG and NHS Greater Huddersfield CCG. The AIC was a fixed value contract with CQUIN protected at contract levels. The Trust also had a year-end agreement with NHS England – Specialised based on full achievement of CQUIN. The actual value of CQUIN achieved in 2018/19 therefore was £6.85m.

The Trust is required to register with the Care Quality Commission (CQC) and has full registration without conditions.

Following a CQC well-led inspection in April 2018, the CQC published its inspection report in June 2018. The Trust improved its overall CQC rating from 'Requires Improvement' to 'Good'. The report can be found at the following link: http://www.cqc.org.uk/provider/RWY

Our ambition is to achieve an overall rating of 'Outstanding' at the next inspection.

The overall 'Good' rating was aggregated from core service and domain ratings and ratings from the Use of Resources and Well Led inspections. A summary of the domain ratings is given below, comparing this with those of the previous inspection.

The Trust achieved:
- 'Requires improvement' for the safe question.
- 'Good' for all other core service questions.
- 'Requires improvement' for the Use of Resources inspection.

Following the inspection action plans were developed and a process for monitoring progress via a schedule of core service updates to the CQC Response Group was implemented. The CQC Response Group reports to the Quality Committee.

Most actions are due to be completed and embedded by 31 March 2019 and are on track to deliver. Two actions (Medical Staffing Urgent and Emergency Care and Medical Staffing Critical Care) are not progressing to plan; these actions will not be fully completed until service reconfiguration.

Calderdale and Huddersfield Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Data Quality
The Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

Which included the patient's valid NHS number was:

Admitted Patient Care = 99.9%
Outpatient care = 100%
Accident & Emergency Care = 99.4%

Which included the patient's valid General Practitioner's Registration Code was:

Admitted Patient Care = 100%
Outpatient Care = 100%
Accident & Emergency Care = 100%

These figures are based on April 2018 to December 2018, which are the most recent figures in the Data Quality Dashboard.

A number of specific data quality KPIs were agreed as priorities and the delivery of progress against these is monitored at the Trust's fortnightly Data Quality Group. This group actively scans for any new issues and responds to these as required, supported by the Cymbio Dashboard.

The Trust has a data quality strategy and a Data Quality Board in place. Further detail on the governance structure for data quality and ways of assuring the quality of data is given in the Annual Governance Statement.

As the Electronic Patient Record, EPR deployment was a joint deployment between Calderdale and Huddersfield Foundation Trust and Bradford Teaching Hospital Foundation Trust, certain aspects of the system (specifically the Master Patient Index and system design) require ongoing joint working by both organisations to help address system and data issues. This approach has helped in overcoming some challenges and it is hoped this will continue as we gain more experience and familiarity with the new EPR.

The recommendations made following a review of the corporate data quality structure were accepted and additional staff have been recruited. This is a positive step as the introduction of the EPR has raised the profile of data quality within the organisation.

Information Governance
The Trust Information Governance assessment report overall score was 73% compliance in March 2018. Work is continuing with the gathering of evidence for the March submission of the Data Security and Protection Toolkit (Replaced IG Toolkit)

There have been online and face to face awareness raising events and visits to wards and departments across the Trust to interact with staff and ensure that all information governance standards are being adhered to.

Staff are mandated to complete the Information Governance training on a yearly basis through the electronic staff record, ESR, in addition to this from January 2018 the team have been conducting face to face overview sessions to raise awareness on the General Data Protection Regulation (GDPR) which came into force on 25 May 2018.

Clinical Coding Error Rate
Calderdale and Huddersfield Foundation Trust were not subject to the Payment by Results clinical coding audit during 2018/19.

Review of quality performance – how we compare with others

In this section you will find more information about the quality of services that the Trust provides by looking at performance over the last year and how the Trust compares with other Trusts.

The NHS Outcomes Framework 2016/17 sets out high level national outcomes which the NHS should be aiming to improve. The framework provides indicators which have been chosen to measure these outcomes. An overview of the indictors is provided in the table. It is important to note that whilst these indicators must be included in the Quality Accounts the more recent national data available for the reporting period is not always for the most recent financial year. Where this is the case the time period used is noted underneath the indicator description. It is also not always possible to provide the national average and best and worst performers for some indicators due to the way the data is provided.

The information in the table is followed by explanatory narrative for all indicators, ordered by outcome domain.

Summary table of performance against mandatory indicators

Outcome Domain	Indicator	Most recent data	National Average	Best	Worse	last report period	last report period	last report period
Preventing people from dying pre-maturely	SHMI Reporting Period:	Oct 17- Sept 18				Oct16 -Sept17	(Oct 15 – Sept 16)	(Oct 14 - Sept 15)
	Summary Hospital-Level Mortality Indicator (SHMI) value and banding	100.25 Band 2 – As Expected	100	NA	NA	100.81 Band 2 = As expected	108 Band 2 = As expected	112 Band 1 = higher than expected
	The percentage of patient deaths with palliative care coded at either diagnosis or Specialty level for the Trust for the reporting period.	41.6%	33.3%	NA	NA	30.3%	27.9%	18.8%
Helping people recover from episodes of ill health or following injury	18. PROMS; Patient Reported Outcome Measures Reporting Period:	2017/18				(2016/17)	(2015/16)	(2014/15)
	(i) hip replacement surgery,	0.47	0.46	N/A	N/A	0.44	0.45	0.45
	(ii) knee replacement surgery.	0.36	0.33	N/A	N/A	0.32	0.32	0.33
	(iii) Groin Hernia	0.06	0.09	N/A	N/A	0.07	0.07	0.08
	(iv) Varicose Veins	0.08	0.10	N/A	N/A	0.12	0.12	0.12
	19. Patients readmitted to a hospital within 28 days of being discharged. Reporting Period:	Apr18-Mar19				(2017/18)	(2016/17)	(2015/16)
	(i) 0 to 15; and	10.51%	Not released by NHS Digital			10.3%	10.32%	11.43%
	(ii) 16 or over.	9.07%				11.1%	8.96%	11.95%

Outcome Domain	Indicator	Most recent data	National Average	Best	Worse	last report period	last report period	last report period
Ensuring that people have a positive experience of care	National Survey Reporting Period:					2016	2015	2014
	20. Responsiveness to the personal needs of patients.	6.9	NA	NA	NA	6.8	7.1	7.1
	Reporting Period:						2016	2015
	21. Staff who would recommend the Trust to their family or friends.	3.72 (Significant increase)	NA	4.21	3.27	3.63	3.72	3.67
Treating and caring for people in a safe environment and protecting them from avoidable harm	Reporting Period:	2018/19				2017/18	2016/17	2015/16
	23. Patients admitted to hospital who were risk assessed for venous thromboembolism.	97%	N/A	N/A	N/A	94.39%	95.11%	95.4%
	C.difficile Reporting Period:	2017/18				16/17	15/16	14/15
	24. Rate of C.difficile per 100,000 bed days	16.5	14	NA	NA	12.7	10.4	11.4
	Patient Safety Incidents - Reporting Period: Oct 17 -March 18					April 17-Sept 17	Oct 16 - Mar 17	April 16 - Sept 16
	(i) Rate of Patient Safety incidents per 1000 Bed Days	42	42.1	NA	NA	41.7	39.6	41.2

Domain: Preventing people from dying prematurely

The Summary Hospital Mortality Index (SHMI) is a measure of mortality developed by the Department of Health, which compares our actual number of deaths with the predicted number of deaths. Each hospital is placed into a band based upon their SHMI, the Trust is currently in the 'expected range' category.

There is a six month time lag in the availability of data for this indicator. SHMI cannot be used to directly compare mortality outcomes between trusts and it is inappropriate to rank trusts according to their SHMI.

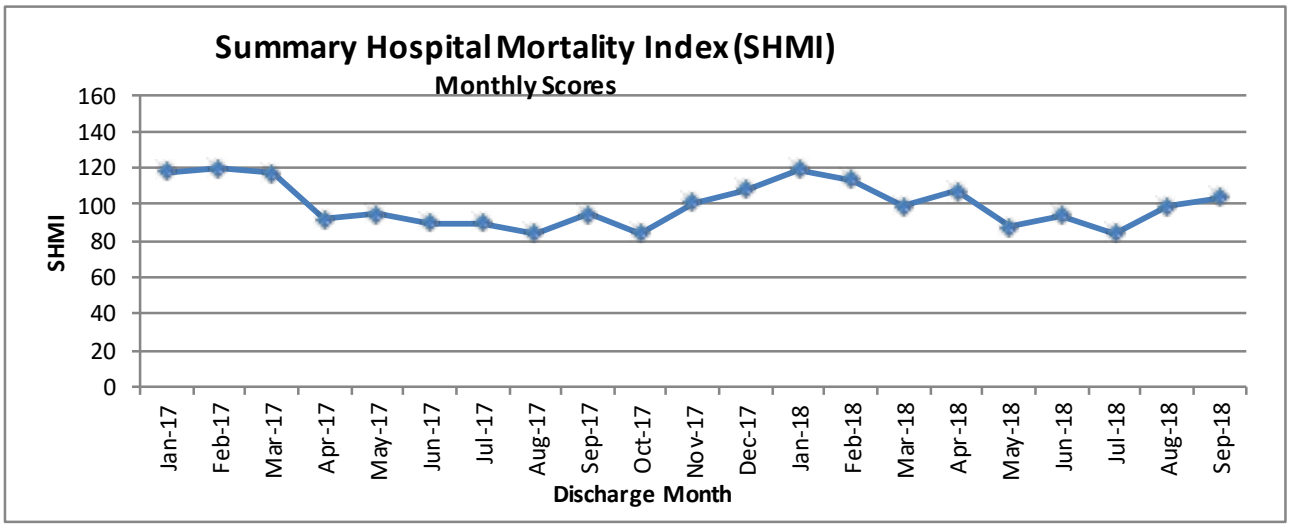


Chart 3: SHMI

Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

The Trust has established a monthly Mortality Surveillance Group reporting to the Quality Committee through the Clinical Outcomes Group.

As a Trust we recognise the significant improvements in HSMR and SHMI as measures of mortality. The emphasis will continue to be learning from deaths through the established Learning from Deaths structure and process.

During 2018/19 The Trust continued its work around mortality case note review.
The Trust has performed both initial screening reviews and more in-depth structured judgement reviews, information on the learning so far can be seen in the Learning from Deaths section on page 126.

Domain: Helping people recover from episodes of ill health or following injury

Patient reported outcome measures (PROMs)
A patient reported outcome measure is a series of questions that patients are asked in order to gauge their views on their own health. In the examples of hip replacement surgery and knee replacement surgery, patients are asked to score their health before and after surgery. We are then able to understand whether a patient sees a 'health gain' following surgery.

The data provided gives the average difference between the first score (pre-surgery) and the second score (post-surgery) that patients give themselves

Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

Participation rate across both procedures, for CHFT was 90.4% for Hip procedures and 89.4% for knees, which is above the national average of 86% for hips, 87.3% for knees.

(i) Hip replacement surgery,

	2013/14	2014/15	2015/16	2016/17	2017/18
Calderdale & Huddersfield	0.44	0.45	0.45	0.44	0.47
National	0.41	0.43	0.44	0.44	0.46

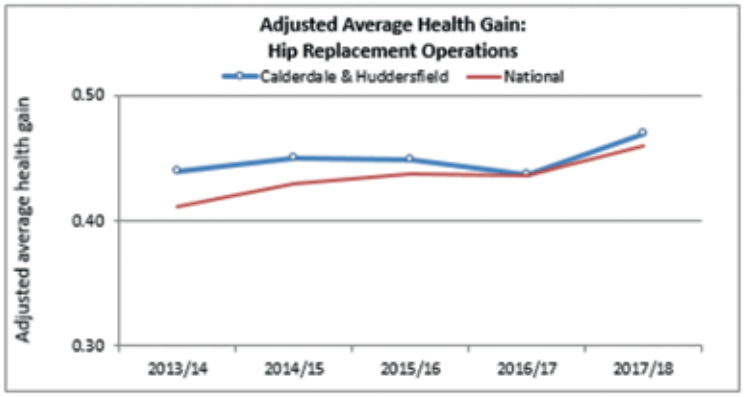


Chart 4: PROMS – Hips

(ii) Knee replacement surgery.

	2013/14	2014/15	2015/16	2016/17	2017/18
Calderdale & Huddersfield	0.34	0.33	0.33	0.32	0.36
National	0.32	0.31	0.32	0.32	0.33

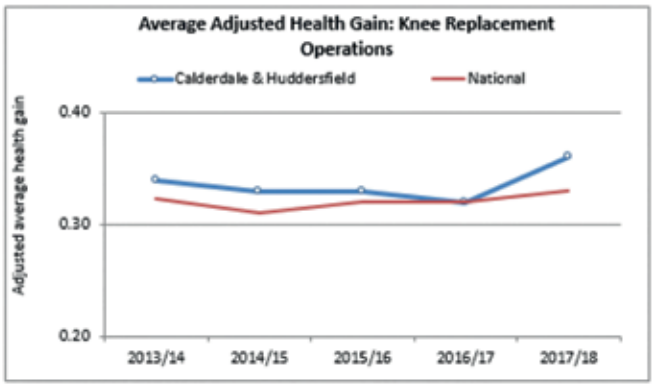


Chart 5: PROMS - Knees

Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

Continuing to ensure this data is accessible at consultant level so it can be used for clinical revalidation and to help drive improvements in practice.

(iii) Groin Hernia

	2013/14	2014/15	2015/16	16/17	17/18
Calderdale & Huddersfield	0.09	0.08	0.07	0.07	0.06
National	0.08	0.08	0.09	0.09	0.09

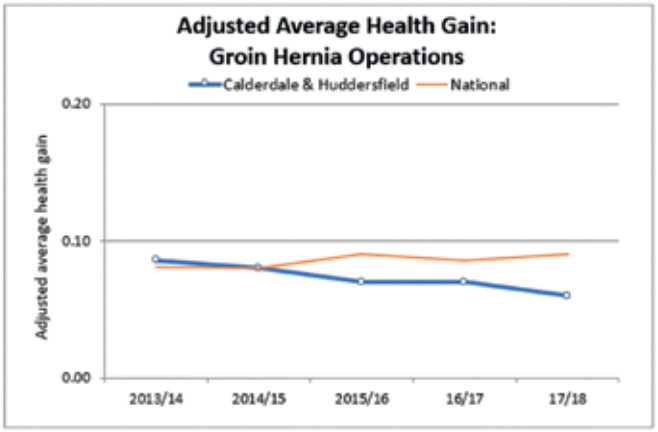


Chart 6: Groin Hernia

(iv) Varicose Veins

	2013/14	2014/15	2015/16	16/17	17/18
Calderdale & Huddersfield	0.11	0.12	0.12	0.12	0.08
National	0.10	0.09	0.10	0.09	0.10

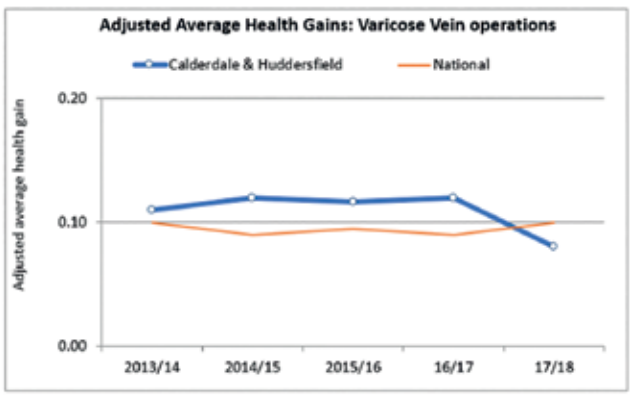


Chart 7: Varicose Veins

Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

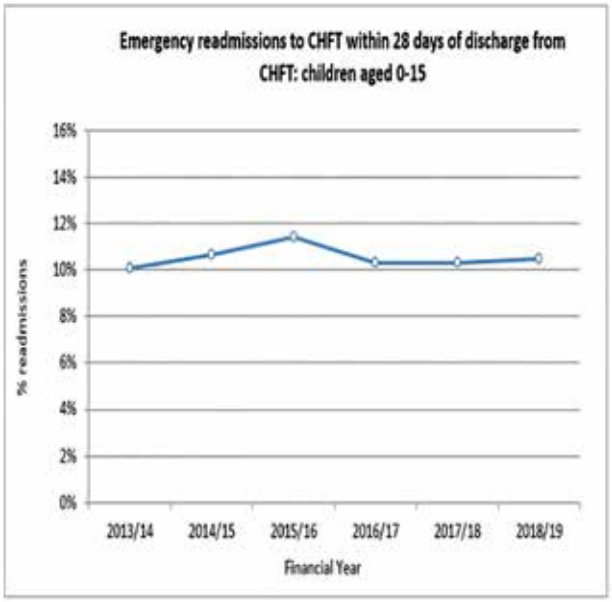
Continuing to ensure this data is accessible at consultant level so it can be used for clinical revalidation and to help drive improvements in practice. It should be noted that Groin Hernia and Varicose Vein PROMs ceased to be part of the national reporting framework in October 2017.

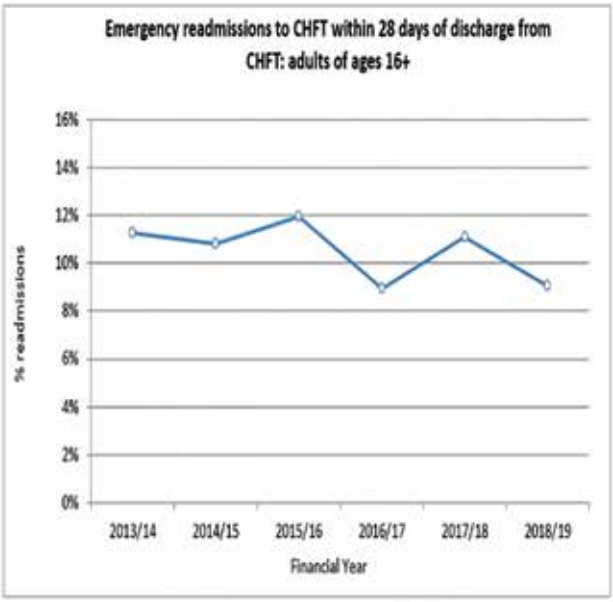
READMISSIONS WITHIN 28 DAYS
The charts show the percentage of patients readmitted within 28 days of discharges, aged:

1. 0 to 15; and
2. 16 and over;

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
0-15	10.06%	10.64%	11.43%	10.32%	10.30%	10.51%
16+	11.26%	10.80%	11.95%	8.96%	11.10%	9.07%

Chart 8: Readmissions within 28 days of discharge





Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

- At present there is no national 28 day readmission rate available. NHS Digital has undertaken a methodological review and the metric will be updated in future years to be in line with other standardised readmission figures.
- The data included in these charts differs from the Trust board performance report as the parameters used are slightly different. This variance makes the internal report more meaningful to the Trust.

Calderdale and Huddersfield NHS Foundation Trust intend to take the following actions to improve this score and so the quality of its services by:

- Through better planned discharges which will lead to fewer readmissions
- Continuation of the SAFER Patient Flow Programmes.

In Patient Survey - Responsiveness to the personal needs of patients (Question 20).
Improving the patient experience is central to the work that the trust undertakes, Patient Experience section at page 164 for a full review. This section requires an overview of one of the key questions within the National Inpatient Survey.

The national indicator is a composite of the following questions and calculated as the average of five survey questions from the National Inpatient Survey.

Each question describes a different element of the overarching theme, "responsiveness to patients' personal needs" (based on the 2017 survey).

- *Q35: Were you involved as much as you wanted to be in decisions about your care and treatment?*
- *Q38: Did you find someone on the hospital staff to talk to about your worries and fears?*
- *Q40: Were you given enough privacy when discussing your condition or treatment?*
- *Q63: Did a member of staff tell you about medication side effects to watch for when you went home?*
- *Q69: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*

20. Responsiveness to the personal needs of patients.	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
	7.0	6.9	7.1	7.1	6.8	6.9

Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

The National Inpatient Survey was sent to 1250 patients who had been discharged from inpatient wards at Huddersfield Royal Infirmary (HRI) or Calderdale Royal Hospital (CRH) in July 2017. People were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Overall, we had 487 patients who returned completed questionnaires giving a response rate of 39%. This has dropped slightly compared to previous surveys, see the table below:

% of Responses for National Inpatient Survey	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
	50%	51%	49%	44%	47%	39%

Calderdale and Huddersfield NHS Foundation Trust intend to take actions to improve this score and the quality of its services by continuing to use patient feedback to create improvement plans for both the overall Trust and individual areas.

Staff Experience

The Trust carried out a census survey in 2108. A total of 2779 colleagues completed the survey. The survey is anonymous and is conducted by our survey co-ordinator, the Picker Institute Europe.

Our response rate increased from 43% to 51% - 4% above average. This is the highest response rate for CHFT in six years and is a positive indicator of improved colleague engagement.

Our best performance areas are:

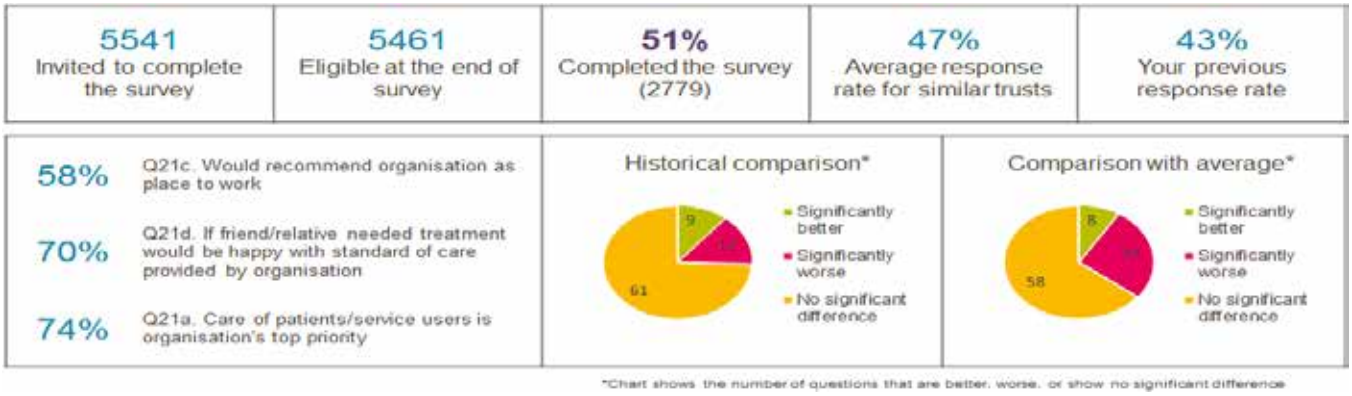
- Percentage of staff appraised in last 12 months
- Percentage of staff who don't work additional paid hours per week, over and above their contracted hours
- Percentage of directorate/departments which collect patient/service user feedback
- Percentage of staff not experiencing harassment, bullying or abuse from managers
- Percentage of staff who feel the organisation acts fairly regarding career progression

Our key improvements since 2017 are:

- Disability: The organisation made adequate adjustment(s) to enable me to carry out work
- The organisation treats staff involved in errors fairly
- Staff are given feedback about changes made in response to reported errors
- Percentage of staff who are satisfied with level of pay
- Percentage of staff who are would recommend the organisation as place to work

Our worst performance areas are:

- Percentage of staff who feel the organisation takes positive action on health and well-being
- Percentage of staff who don't work additional unpaid hours per week, over and above their contracted hours



- Percentage of staff who receive regular updates on patient/service user feedback
- Percentage of staff who feel that feedback from patients/service users is make informed decisions within the directorate/department
- Percentage of staff whose appraisal/performance review identified learning or development needs

Calderdale and Huddersfield NHS Foundation Trust has an Organisational Development strategy. This aims to support all staff to understand the Trust's business priorities and deliver compassionate care. The Trust's priorities are underpinned by our four pillars, and demonstrated through our behaviours:

- **We Put The Patient First**
  "I treat patients as people – I listen to their needs and respect their differences."
  "I am kind, friendly & compassionate to myself and others."
- **We Go See**
  "I seek out information and use it to make good decisions."
  "I seek out opportunities to learn and make things better."
- **We Work Together to Get Results**
  "I recognise and value everyone's contribution."
  "I look for solutions and improvement with a can-do, positive approach."
- **We Do the Must-Dos**
  "I take responsibility for my behaviour, actions and learning."
  "I champion the rules that deliver compassionate care."

The Trust continues to work to embed these key values and behaviours through its Working Together, Get Results programme, which is available to all staff.

Question/ Indicator	CHFT 2018	CHFT 2017	National
KF1 - Staff recommendation of the Trust as a place to work or receive treatment	3.72	3.63	3.76
Q21a Care of patients/service user is my organisations top priority	74	70	76
Q21c I would recommend my organisation as a place to work	58	54	62
Q21d If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	70	66	71

The responses to KF21, KF25, KF26 and Q17b are reported for the Workforce Race Equality Standard

Question/ Indicator	CHFT 2018	CHFT 2017	National Average
Q13a (Indicator 5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White – 29% BAME – 30%	White – 28% BAME – 21%	White – 28% BAME – 30%
KF26 (Indicator 6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White – 24% BAME – 27%	White – 23% BAME – 25%	No national breakdown provided
Q14 (Indicator 7) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White – 86% BAME – 75%	White – 88% BAME – 68%	White – 86% BAME – 70%
Q15b (Indicator 8) In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White – 7% BAME – 12%	White – 5% BAME – 20%	White – 6% BAME – 15%

Domain: Treating and caring for people in a safe environment and protecting them from avoidable harm

Patients admitted to hospitals that were risk assessed for venous thromboembolism.

Risk assessing inpatients for venous thromboembolism (VTE) is important in reducing hospital acquired VTE. The chart shows the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the report period from April 2018 to March 2019. The target for VTE risk assessment for all patients admitted was set at 95%

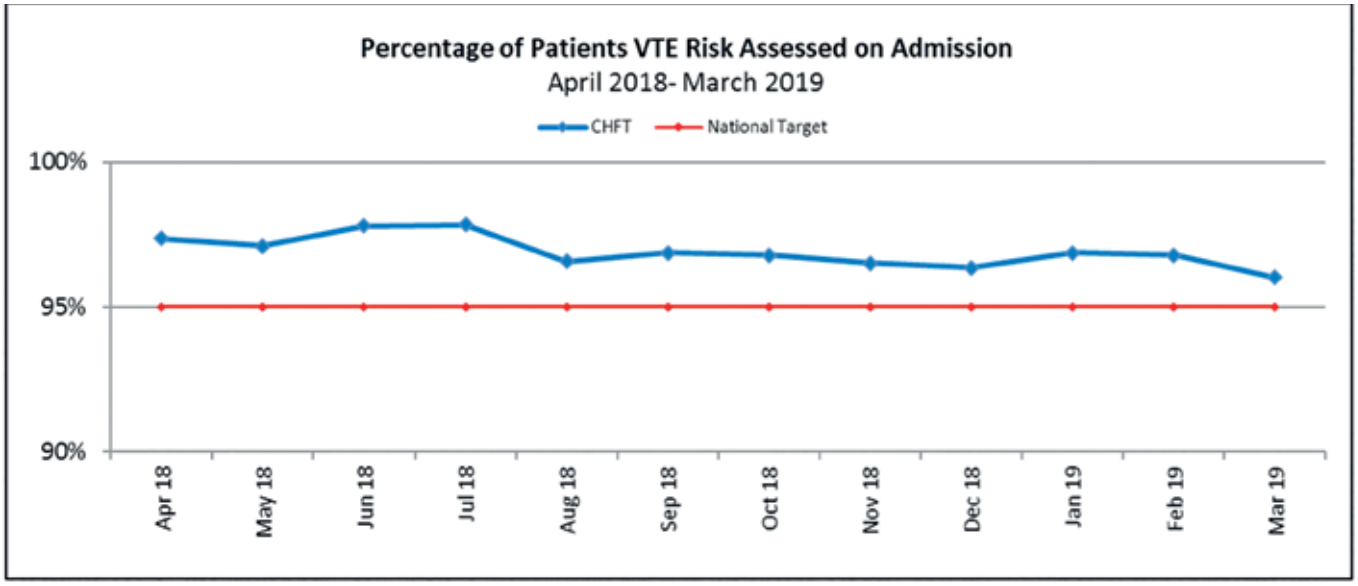


Chart 9: % VTE Risk Assessment Completed

Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

Compliance data is now retrieved through our Electronic Patient Record (EPR) when the patient has been discharged from hospital and coded.

The new cohorting system that has been designed and signed off for use by the Medical Director now uses a method of looking at the procedure code for the spell, along with taking into account the LOS of the spell. This involved identifying low risk procedures, and looking at patients with a LOS of less than 24 hours and identifying them as having a low risk of VTE. In doing this it was felt that this was a much more accurate measure of Trust performance around VTE assessments.

This cohorting is carried out for reporting purposes only and does not mean that a VTE assessment is not required for patients that fall within these cohorts.

The benchmarking graph shows the Trust to be in the top third of Trusts for Q2 2018/19 data, this figure ranks the trust at 41 of 150 acute trusts nationally.

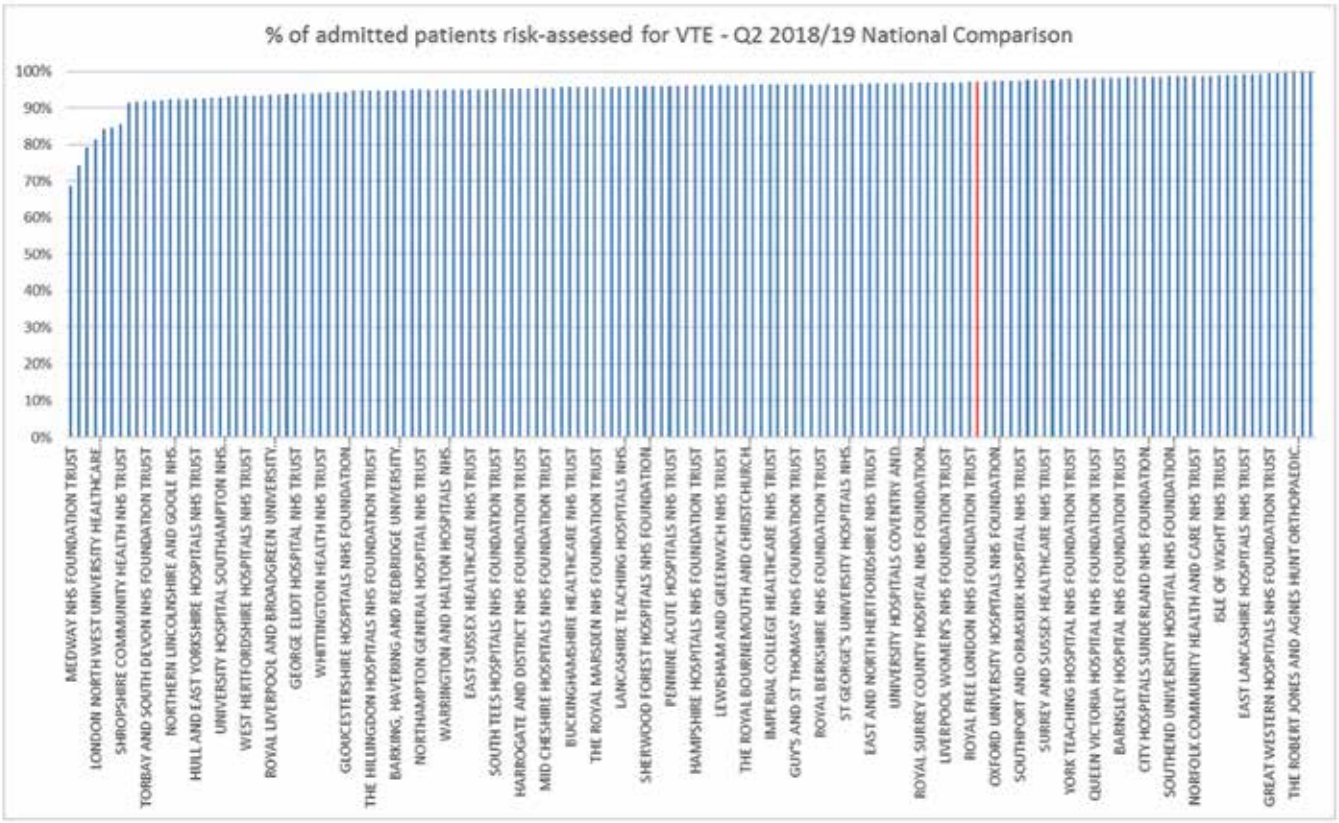


Chart 10: % VTE Risk Assessment Benchmarking

Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this and so the quality of its services by:

- Undertaking work to improve reliability of data and patient care, with work underway to have the VTE assessment incorporated in the new EPR for doctors to complete. This will allow data on compliance with the process to be reviewed live so any issues can be addressed immediately. In addition to this the system will include a prompt to the doctors to review the VTE assessment after 24 hours.

Ensuring there is a reliable process so that when hospital associated VTE's are identified they are investigated for any failings of care and actions taken wherever necessary

Rate of C.difficile per 100,000 bed days

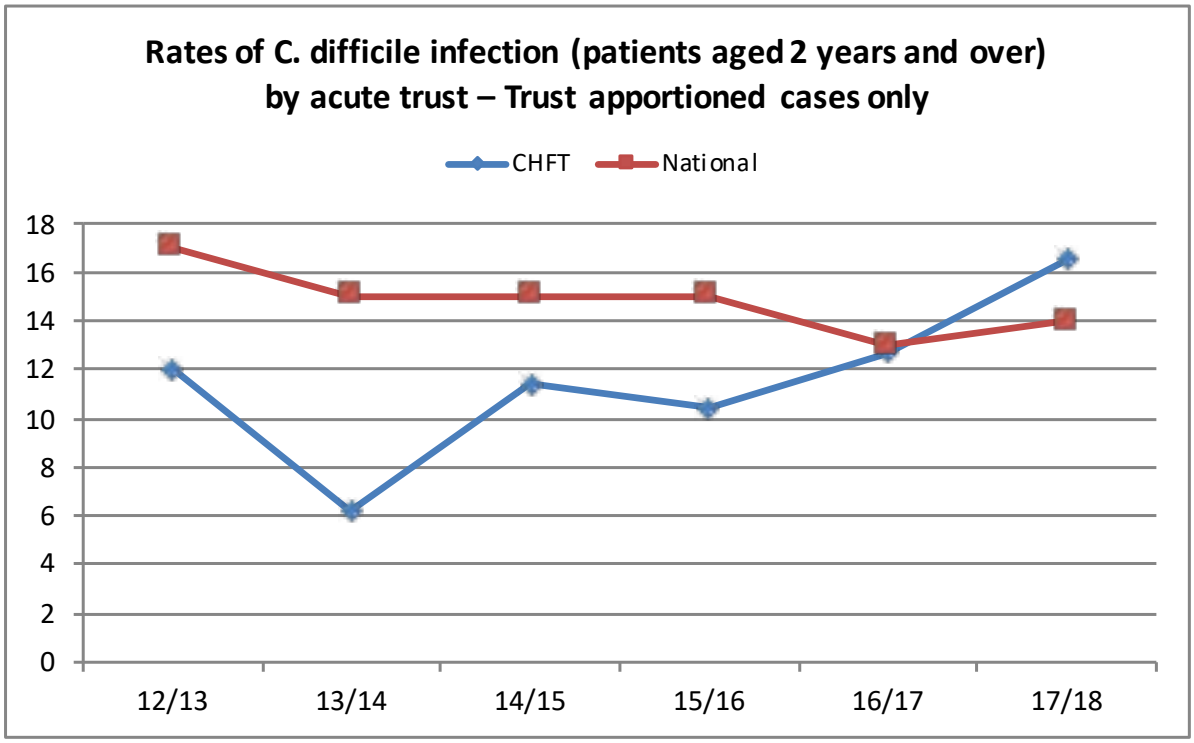


Chart 11: C.Diff Trust apportioned cases

2017/18 was a challenging year in relation to our absolute numbers of *Clostridium difficile infections (CDI)*, specifically in relation to our performance versus our target.

Of 153 reporting Trusts, Calderdale and Huddersfield NHS Foundation Trust were 116th.

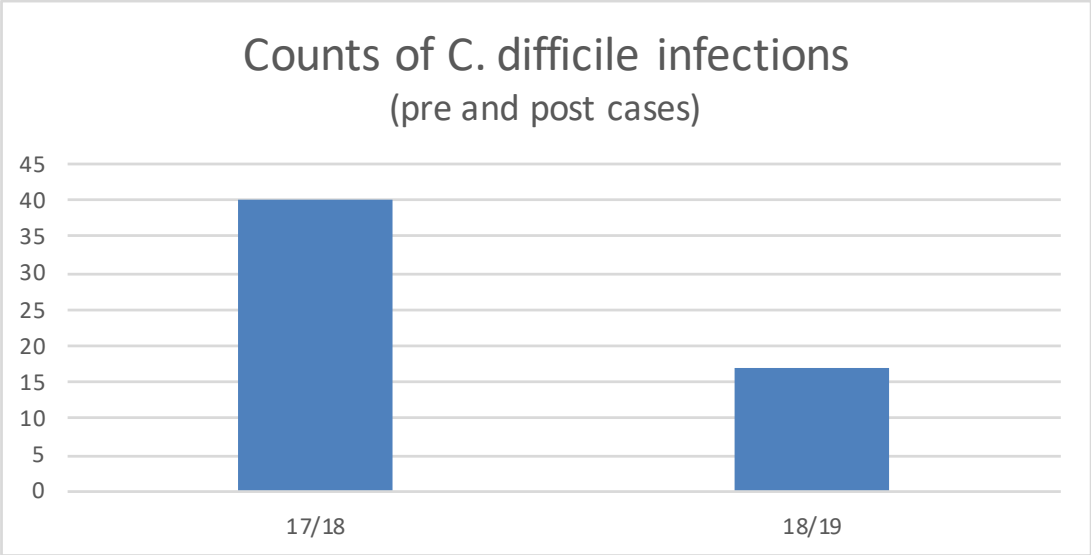
Calderdale and Huddersfield NHS Foundation Trust consider that this data is as described for the following reason:

At the time of the reporting period the Trust had exceeded it's ceiling of cases of CDI . All cases were subject to a root cause analysis which is externally supported, and scrutinised, by our commissioners. In the vast majority of cases, we have been unable to identify specific lapses of care that have directly led to the CDI – the quality of the care provided has been found to be good.

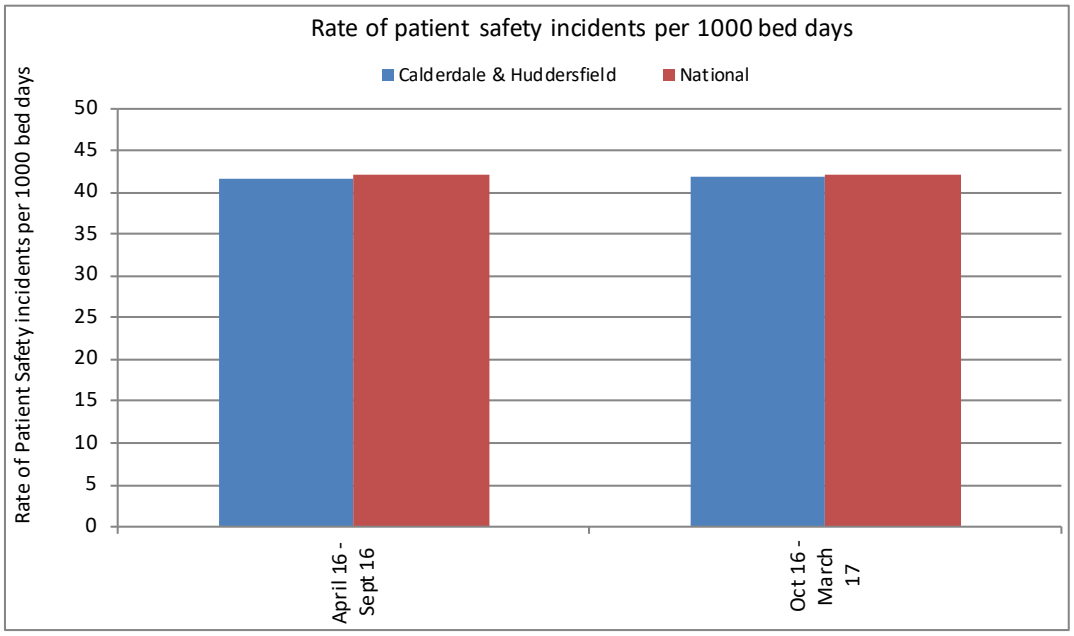
However, in some cases, it was possible to identify key areas for improvement. These relate to antimicrobial use prescribing, environmental cleaning and hand hygiene. All root cause analyses conclude with an action plan to ensure that lessons learnt are acted upon, and that learning is disseminated throughout the organisation to try to prevent similar, avoidable cases. Action plan completion is monitored through the divisions.

The Infection Prevention and Control Team support prevention of C. difficile through the delivery of both mandatory training, and bespoke sessions to clinical areas. An annual hand hygiene roadshow is held which has shown good, rising levels of compliance with bare below the elbows and hand hygiene. Additionally, we continue to work with clinical teams and microbiology to improve antimicrobial prescribing through the use of antimicrobial stewardship ward rounds, and with Estates and Facilities to maintain, and improve where necessary, standards of cleaning.

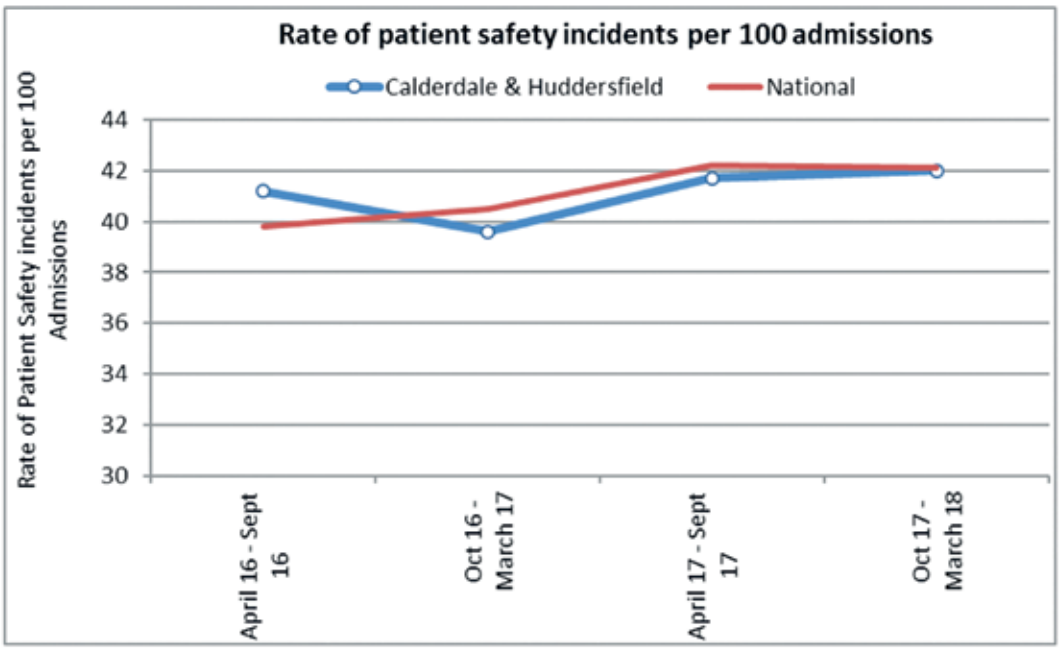
Performance data for 18/19 shows a much-improved position with 17 cases compared to 17/18s year-end position of 40.



Serious Incidents
(i) Rate of Patient Safety incidents per 1000 Bed Days



Serious Incidents
(i) Rate of Patient Safety incidents per 1000 Bed Days



Patient safety incidences

The chart above shows the Trust's previous reporting on the National Reporting and Learning Service. Patient safety incidents, reported to the National Reporting and Learning Service, made up 95% of all reported incidents in CHFT in 2018/19. The Trust has seen an increase in reporting of 9% over the year, reflecting an increased understanding of the benefit of reporting.

The Trust is committed to learning from incidents at all levels, and looks at the prevalence of incidents by theme, producing learning newsletters and "bite-sized" learning to focus attention on identified gaps. The Trust will continue to look at how we can better share and embed learning with all staff to reduce the risk of harm across the organisation.

Serious Incidents
The Trust is committed to improve patient safety by identifying, reporting and investigating serious incidents (SIs), ensuring that actions are taken to reduce incidents reoccurring and that learning is shared across the organisation.

Weekly executive led panels assess potential serious and severe harm incidents that may meet the reporting criteria. Decisions are collectively made on grading of incidents, duty of candour leads and allocation of investigators.

All serious incidents are reported to commissioners and, as part of the Trust's commitment to openness and honesty, the patient or their relatives receive an apology and are invited to meet to contribute questions to the investigation. A root cause analysis investigation (RCA) is undertaken for each serious incident, producing a report and action plan which is shared with the patient and / or their relatives. Each report is reviewed at the Executive-led serious incident panel to ensure it addresses the root cause of the incident and ensures appropriate actions are in place to reduce the risk of future events.

Once approved reports are submitted to our commissioners. Follow up monitoring of the actions arising from the investigation and assurance on this is presented to the Divisional Patient Safety Quality Board. A report on progress of delivery of actions from Serious Incidents is taken to the Quality Committee on a quarterly basis. The Quality Committee also receives information on new serious incidents, and on concluded investigations, with the learning documents for each.

A Serious Incident Review Group met four times during the year, chaired by the Chief Executive, with membership including senior clinical divisional colleagues. The group reviews four incidents per meeting, and provides assurance that the Trust is managing Serious Incidents effectively, identifying themes, and seeks assurance that actions are sufficiently wide enough to reduce the risk, and learning from Serious Incidents is shared across the organisation. The group reports to the Quality Committee.

Themes and trends: The three most frequently reported serious incidents in 2018/19 were:

Incident Type	Number in 2018/19	Comment
Implementation of ongoing care	6 incidents	These relate to hospital acquired infections, category 4 pressure ulcers and delay in medical review on ward admission. Robust actions plans are in place.
Neonatal death	5 incidents	A working group has been commissioned to review the neonatal deaths. Since 3 December 2018, all neonatal deaths meeting specific criteria were referred to the HSIB (Healthcare Safety Investigation Branch) for investigation.
Inadvertent connection of Oxygen to air Never Event	4 incidents,	There were four cases where patients who had been in receipt of oxygen were inadvertently connected to air flowmeters. To address this risk, air outlets have been capped, and nebulising machines introduced to eliminate the need for air outlets in most areas.

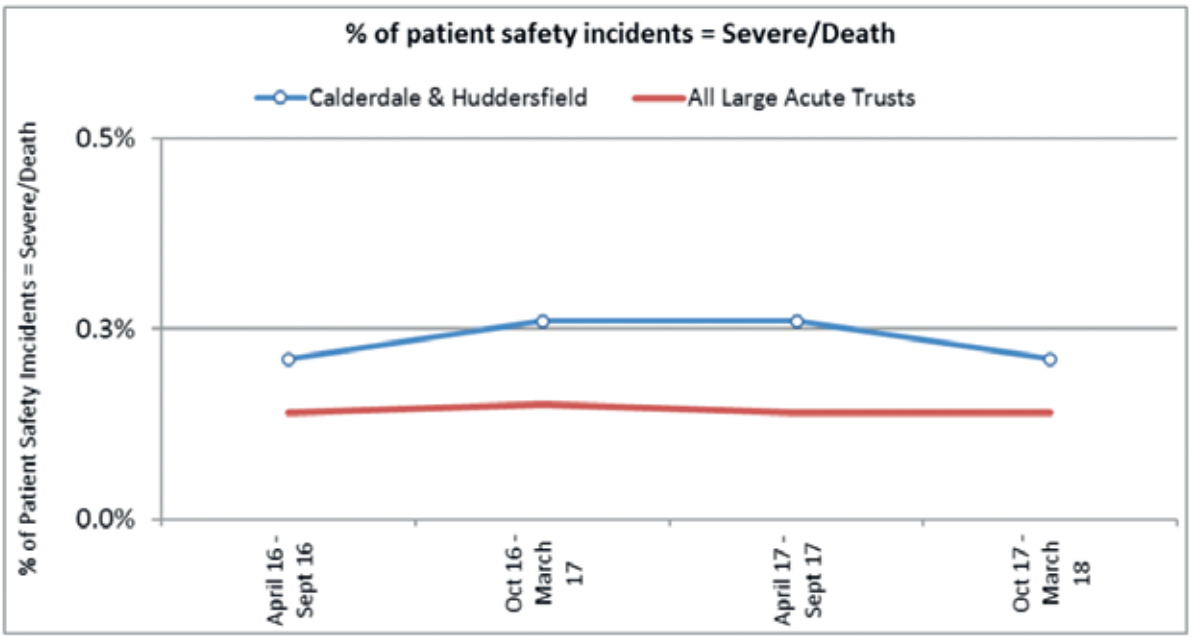
Investigations into these incidents enable us to identify and undertake preventative work to improve patient safety.

Never Events
A never event is a specific serious incident that NHS England has determined is preventable and should not happen if national safety guidelines are followed.

Over 2018/19 the Trust has reported five never events. There was a retained surgical item (gauze roll in an abdomen), and four cases where oxygen was inadvertently connected to the air flowmeter in the air outlet. This type of never event was added to the national never events list in January 2018. Action has been taken to significantly reduce this risk; air is needed on wards for nebulisers. The Trust has purchased nebulising machines to remove this need and enable the air outlets to be capped. In response to these four never events the Trust invited the Royal College of Physicians to review the Trust's response to a national alert on reducing the risk of oxygen tubing being connected to air flowmeters. The reviewers commended the Trust on its incident reporting culture which had identified these never events. The report is expected during late Spring 2019.

(ii) % of Patient Safety Incidents graded as Severe/Death

Of those patient safety incidents reported, 0.34% of incidents, 29 incidents were graded as severe harm or death, a reduction compared to 2017/18.



Patient Incidents by Severity

CHFT Incidents	2015/16	2016/17	2017/18	2018/19	movement
Green	6503	6529	6739	7097	↑
Yellow	1957	1376	1313	1718	↑
Orange	122	151	185	182	↓
Red	39	65	60	28	↓
Totals	8621	8121	8297	9025	↑

Green / Yellow Incidents (No / low harm)

There has been an increase in incident reporting in 2018/19 in comparison to 2017/18, reflecting an improvement in incident reporting. High levels of incident reporting are a positive indicator of a safety culture; in Calderdale and Huddersfield NHS Foundation Trust, over 97% of the incidents reported were zero or low harm.

Orange incidents (moderate harm)

Throughout the Trust, weekly incident panels for those incidents that have caused moderate harm have continued to take place at a divisional level, ensuring a robust process for assessing incidents, reviewing completed investigation reports and ensuring effective communication with those affected by the incident, known as duty of candour is completed in a timely manner. There has been a very small reduction in orange incidents (3 incidents, 1.6%) and divisional investigations continue to take place to improve patient safety and support staff in learning from incidents.

Red incidents (serious incidents)
In 2018/19 28 incidents were severity rated as "red – serious" and reported to the Clinical Commissioning Group as per the requirements of the National Serious Incident Framework. Not all of these were incidents resulting in severe harm or death, for example, the four never events re: oxygen did not result in severe harm or death. Information on the three most frequent types of serious incidents during the year is given above which related to ongoing care, e.g. pressure ulcers, infection, neonatal deaths and where oxygen was inadvertently connected to the air flowmeter in the air outlet, see the Never Events section above.

In December 2018 the Healthcare Safety Investigation Branch (HSIB) began a national maternity investigation programme to make maternity care safer. Where incidents occurred that met the criteria for such investigations these were referred to HSIB to undertake an investigation. Where the Trust determined a maternity incident constituted a serious incident this was reported to commissioners and as noted above is being investigated by HSIB rather than the Trust.

There has been a 47% reduction in serious incidents reported in 2018/19 compared to serious incidents reported in 2017/18. During the latter part of the year, following discussions with commissioners the Trust compared its approach to declaring serious incidents with other Trusts. Following this for those incidents where improvement work was already underway to address the issues identified in the incident, then a moderate harm investigation was undertaken rather than a further serious incident investigation.

Duty of Candour
All Trusts are required to comply with the statutory duty of candour after becoming aware of an incident which has caused harm classed as moderate, severe or death on the National Reporting and Learning Systems (NRLS).

Performance is monitored on duty of candour with information reported monthly to the Trust Board on the provision of an initial letter of apology. We also monitor performance on sending a further letter of apology with a copy of the investigation report through the monthly Patient Safety Group.

Part 3: Performance on selected quality indicators

This section provides an overview of care offered by the Trust based on its performance in 2018/19 against a number of regularly monitored quality indicators. These are selected by the Trust Board in consultation with stakeholders and reviewed regularly.

The indicators are as follows:

Domains	Indicator
Patient Safety	Mortality Rates (HSMR and SHMI) Falls in Hospital Healthcare Associated Infections
Clinical Effectiveness	Cancer Waiting Times
	Stroke
	Safe and Effective Care
Patient Experience	End of Life care Patient Experience, including Friends and Family Test Complaints
Staff Experience	National Survey Friends and Family Test

Hospital Standardised Mortality Rate (HSMR)
Through understanding our hospital mortality, the Trust is able to both gain assurance and learning regarding current care processes and further identify any areas requiring improvements.

There are two main standardised measures. These ratios examine the number of patients who die, either during or, following hospitalisation at the Trust by looking at the expected number of cases in an average English hospital, given the characteristics of the patients treated there.

1. The SHMI calculated by NHS Digital looks at patients who had died either in hospital or within 30 days of discharge.
2. The HSMR is a long standing national measure which only looks at those patients who die during their hospital stay.

Our most recent HSMR is shown below.

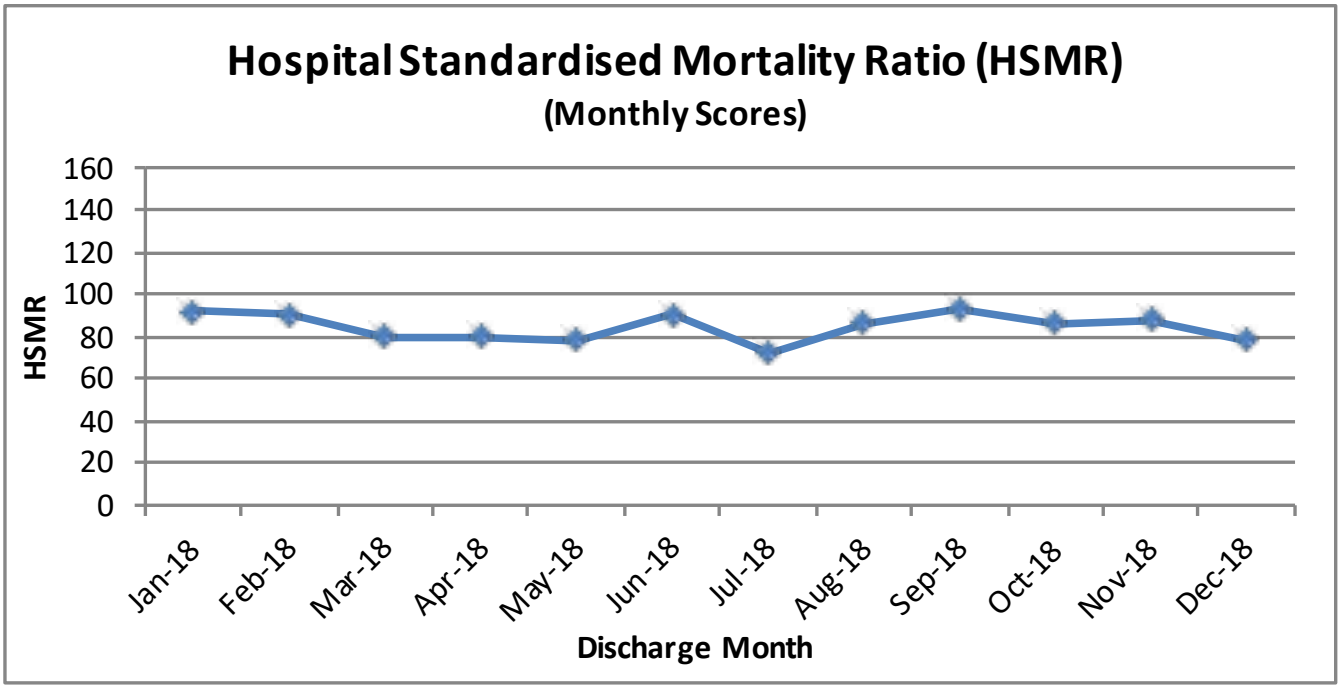


Chart 12: HSMR

See Part 2 for a look into our SHMI performance and work on the Mortality Case Note Review programme. (page 134)

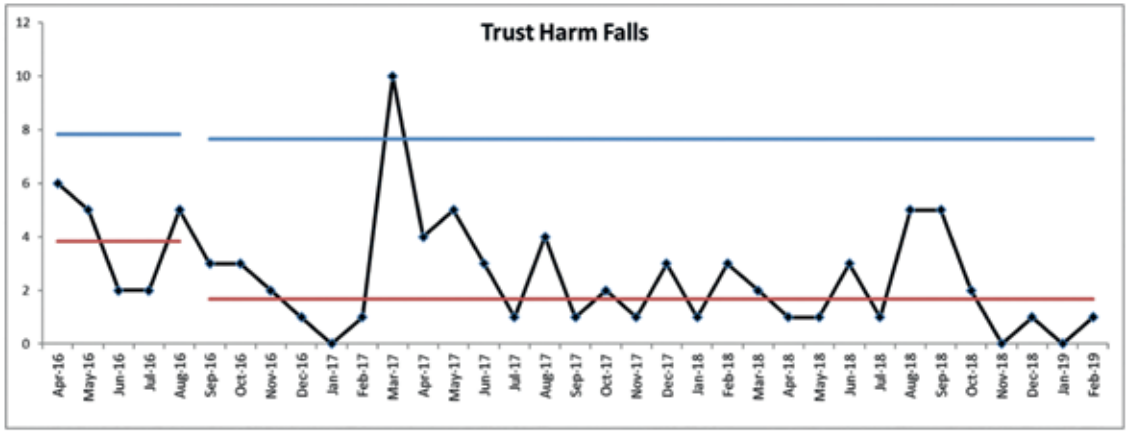
Falls in Hospital

Falls in hospitals are the most common patient safety incidents reported in hospitals in England. Falls not only impact on the quality of life through pain, loss of confidence, loss of independence and increased mortality, they are also estimated to cost the NHS more than £ 2.3 billion per year.

The Falls Improvement work has continued over the last 12 months, working through the key priorities identified in the Trust Wide Falls Prevention Action Plan established in the previous year. This work is led by a multidisciplinary Falls Collaborative team headed by our falls Lead Clinician.

The action plan is based on aspects of the National Audit which highlighted some areas for improvement including lying and standing Blood Pressure, medication reviews, safety huddles and vision assessments, some of which will now form part of the national CQUINs into 19/20.

The overall impact of this work over the last few years has resulted in a marked and sustained decrease in the number of falls where patients have sustained harm as a result of a fall.



In addition since November 2016 we have seen a reduction on average of 17 falls per month moving from an average of 177 falls a month to 160 over the last 18 months.

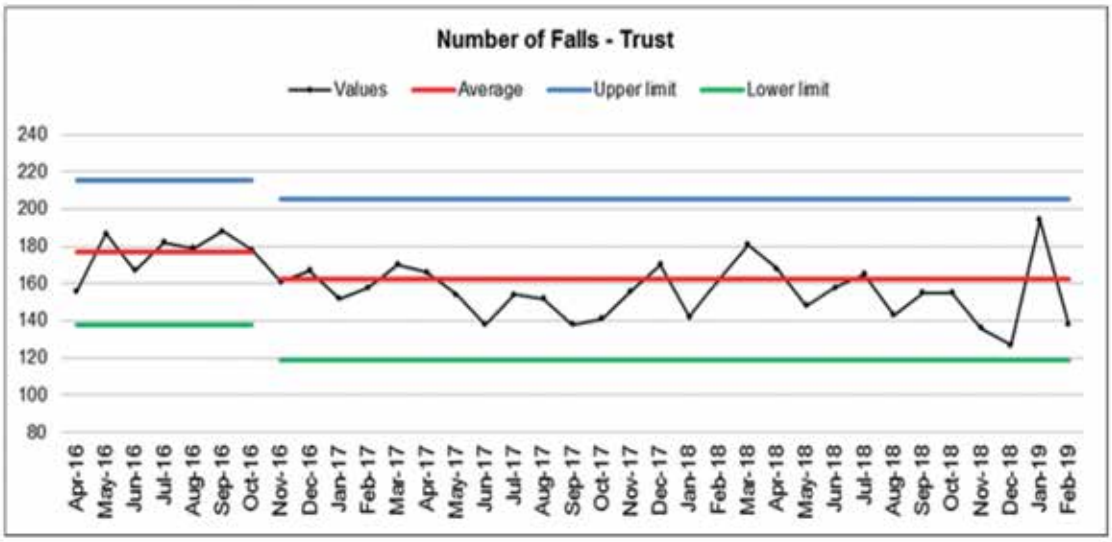


Chart 13: Falls

Throughout this year, there have been falls workshops to help understand the reasons why people fall and importantly what we can do to help prevent these falls and futher illustrates the benefits of the FISH (Falls Investigation Safety Huddle) tool. This tool can help prevent numbers of falls and level of harm through greater understanding of why the patient fell.

Falls prevention is also a key element of the Elderly Care Strategy with one of the older people's wards leading on this aspect of the strategy with the support of the Acute Floor Team who made such improvements in their falls last year.

Two of our older people's wards are leading on improving their safety huddles and MDT to ensure key safety information including falls risks are discussed and appropriate interventions put in place and the teams are engaged in the 'PJ Paralysis' work – encouraging patients to get out of bed, dress in day clothes and engage in communal dining and other social activities. This is also a key element of the interventions provided by the Engagement support team and enhanced care team who work with patients with cognitive impairment and those at risk of falling.

The monthly falls dashboard continues to provide an overview of falls incidents and key themes to share learning to heighten awareness on preventative actions to reduce falls.

Plans are in place for the year ahead to build on this long standing trust priority:

- Falls Champions – these are members of staff who have an interest in advocating the benefits of Falls prevention work in their clinical area, meetings held monthly on either site and run by the MDT with a training plan for Falls champions to cascade their learning to their ward areas.
- The Trust is also involved in the National Audit of Inpatient falls causing fractured Neck of femur (January 2019) with focused work based on the findings.
- Strengthen improvement work to align with the national CQUIN requirements.
- Falls prevention themed week planned for October to work in conjunction with the Kirklees Falls Prevention Group. These weeks give an opportunity to spread the work of the falls collaborative and raise awareness.

Healthcare Associated Infections (HCAIs)
The Trust monitors and reports infections caused by several different organisms or sites of infection. These include:

- Methicillin Resistant *Staphylococcus aureus* (MRSA) bloodstream infections
- Methicillin Sensitive *Staphylococcus aureus* (MSSA) bloodstream infections
- *Clostridium difficile* infections (discussed elsewhere)
- *Escherichia coli* bloodstream infections
- Colonisations/infections with *Carbapenemase* producing *Enterobacteriaceae* (CPE)

MRSA (Methicillin resistant Staphylococcus aureus) Bacteraemia:

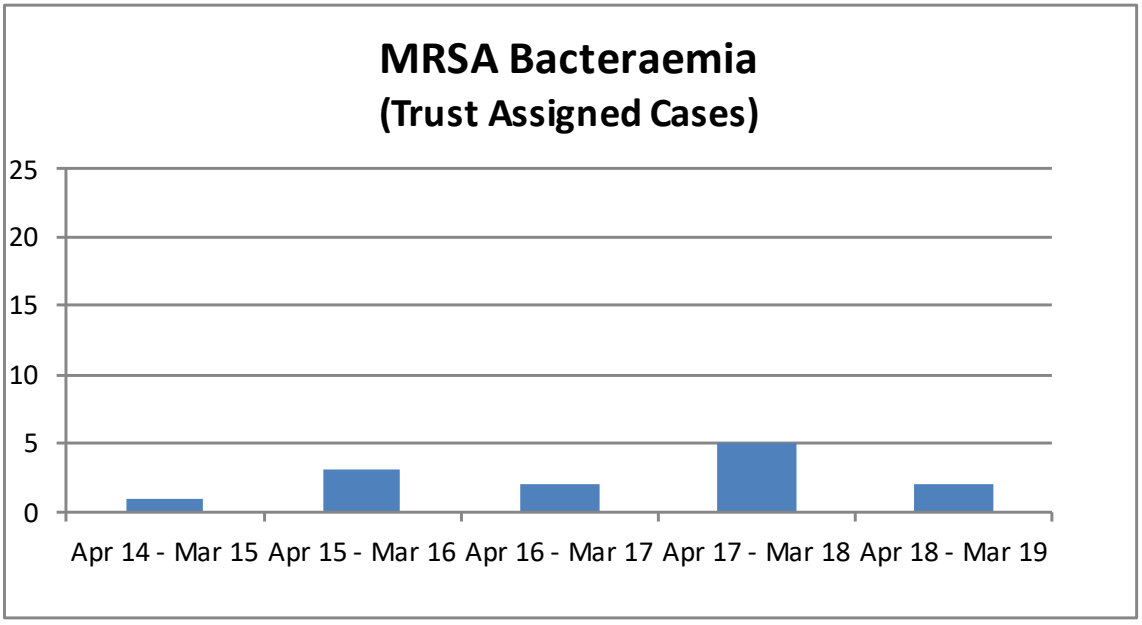


Chart 14: Number of MRSA Cases per year

The Trust has seen a reduction in the number of cases compared to last year. Two MRSA bacteraemias were reported in year and both have been subject to a post infection review as per national process. The learning from these reviews has been incorporated into the Trust Infection Prevention and Control action plan.

MSSA (Methicillin sensitive Staphylococcus aureus) bacteraemia:
MSSA bacteraemia is not subject to targets in contrast to MRSA bacteraemia. However, mandatory reporting of MSSA bacteraemia is required. In the year to date 15 cases have been reported, a reduction on the previous years position of 22. These are not subject to a formal post infection review, limited MSSA screening is in place for a select group of patients including patients with central venous catheters.

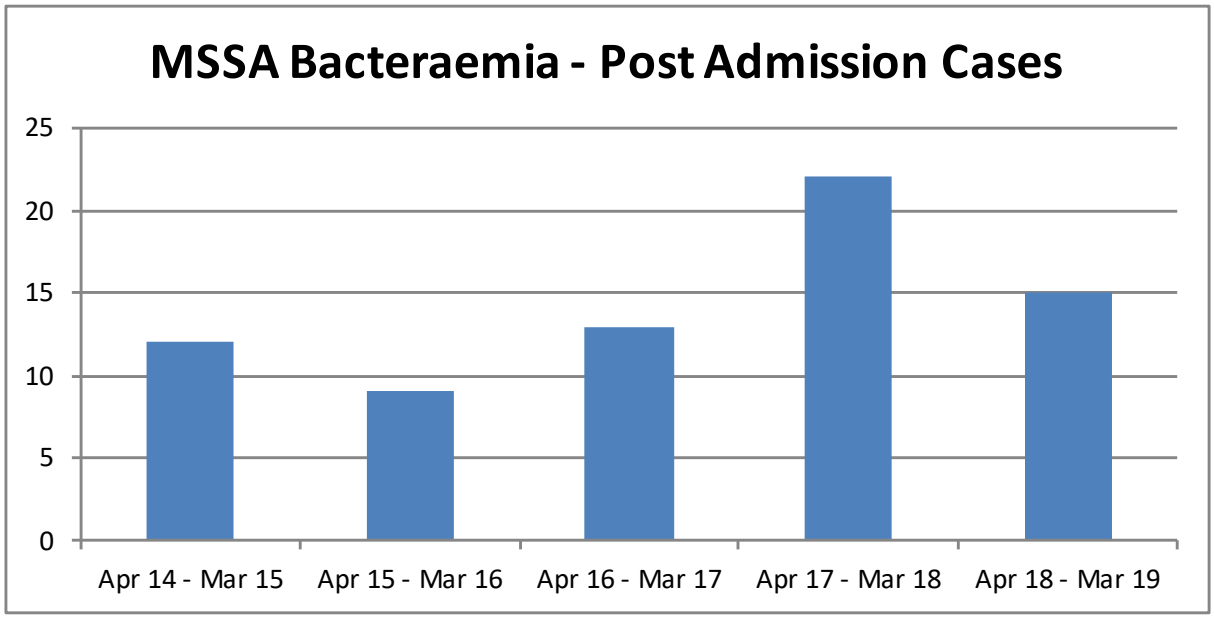


Chart 15: Number of MSSA Cases per year

E.coli bacteraemias:
E.coli is currently part of a health economy wide plan to reduce rates across the individual CCGs – the trust had an aim to achieve a 10% reduction

The number of cases seen this year have been in line with the two previous years remaining static.
A review of cases indicates the majority of these are sporadic, although a small number are associated with the use of urinary catheters. Measures to tackle E. coli bacteraemia are ongoing within the organisation.

Hydration is being promoted via the Nutrition and Hydration Group, with the overall aim to increase drink rounds on the ward from 6 to 7 throughout the day. Other initiatives will be in line with the health economy action plan during 2019/20.

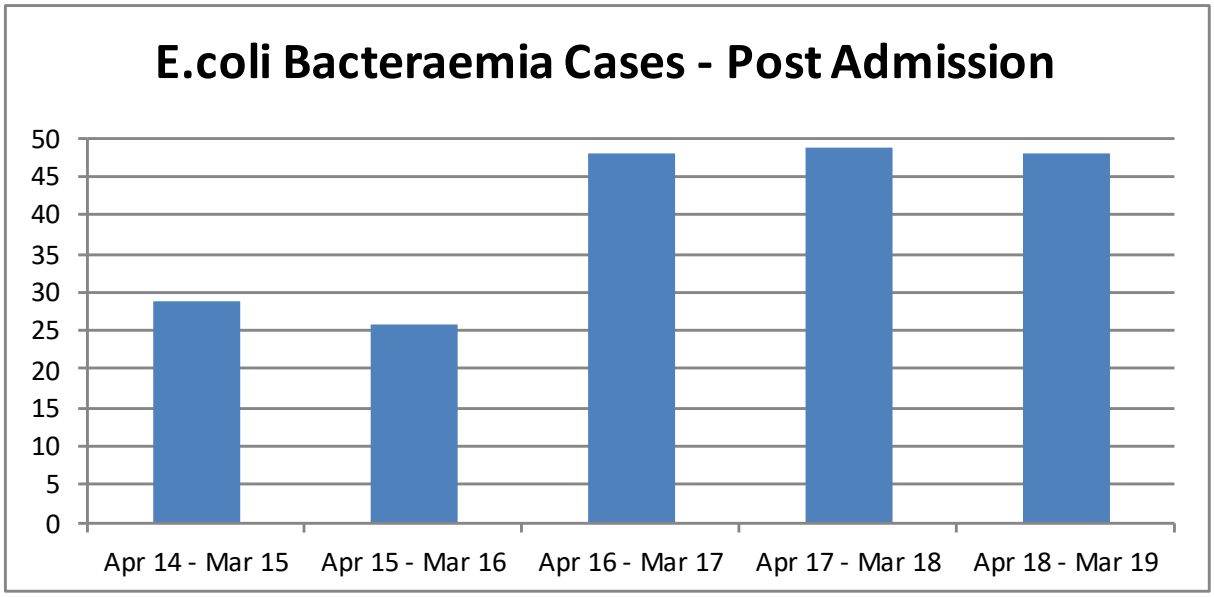


Chart 16: Number of E.coli cases per year

Colonisations/infections with Carbapenemase producing Enterobacteriaceae (CPE):
In line with national guidance from Public Health England, all overnight admissions to the Trust are screened for risk factors for colonisation/infection with CPE. All patients in whom a risk for colonisation or infection is identified are offered microbiological screening. Over the past three years, 11 patients have been identified who are colonised with CPE. The Infection Prevention and Control Team support clinical areas with enhanced infection control precautions when these patients are identified.

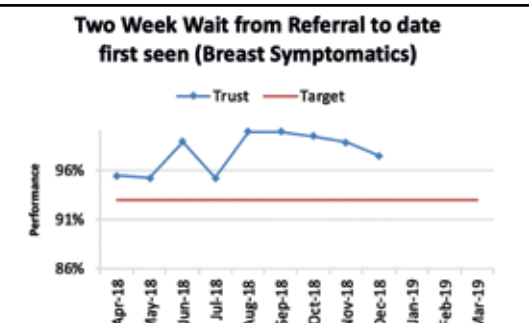
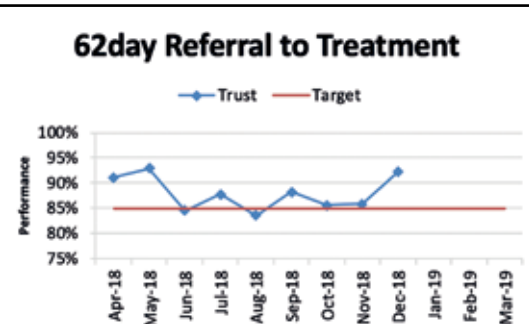
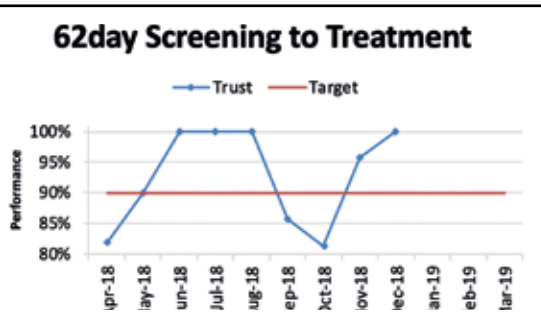
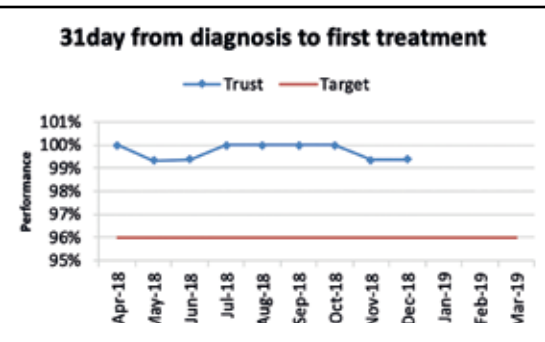
Key Priority Areas for the Infection Prevention and Control Team:

In addition to working to prevent healthcare associated infections as detailed above, the Infection Prevention and Control Team work to support improvements:

- Hand hygiene
- Appropriate use of invasive devices
- Aseptic Non-Touch Technique (ANTT)
- Cleaning standards
- Water and air quality
- Refurbishment of the hospital estate
- Training and education
- Audits and surveillance
- Antimicrobial stewardship

Cancer Waiting Times

The National Cancer Waiting Time Targets is a key part of effective cancer care and the Trust's performance around these targets is a significant indicator of the quality of cancer services delivery. All teams are working extremely hard to streamline pathways so that the Trust continues to consistently achieve the cancer waiting times standards.

	The performance required for this target is 93%. Over the last year as can be seen from the chart the Trust has maintained performance. As a Trust the aim is to reduce the wait time to 7 days rather than the national 14 day target this will then aid the other targets.
	The performance required for this target is 93% and this has been achieved.
	The performance required for this target is 85%. Unfortunately there has been one month (August) that the Trust has not achieved this target. This was mainly due to the urology, prostate pathway; however a significant amount of work has taken place to rectify the issues and the target has been achieved since then.
	The performance required for this target is 90% and the main issue has been bowel screening that has not achieved the target due to a variety of reasons, e.g. the patient feels well so there are many delays to diagnosis due to patient choice (holidays etc.) Also the conversion rate and numbers treated are low therefore the tolerance for breaches is extremely small making 90% often difficult to achieve.
	The performance required for this target is 96%. This is consistently achieved.

Alongside the national standards the Trust is looking to report on regional targets to ensure patients are transferred to specialist hospitals in a timely fashion. This will aim to:

- See Fast Track patients within 7 days

  At present year to date 23.43% of patients are being seen within 7 days of referral which compared to the 30% we were achieving 2018. However it is felt to ensure the Trust meets the other targets this should be made a priority by all tumour sites. The Directors are supporting the improvements that need to be made.

- Carry out any Inter Provider Transfers (IPT) by day 38

  The Trust has issues meeting the target of referring 85% of patients to tertiary centres by day 38 of their pathway. The year to date Trust position is 51.84%. The Divisions and cancer team are working with Clinicians around the tumour sites to try to improve this position, significant changes in pathways are needed e.g. around diagnostic tests and results/ reports being available to progress the patient along their pathway. This is monitored closely.

Improvement Plans 2019/20
Over the last year and continuing into 2019/20 the West Yorkshire and Harrogate Cancer Alliance have been reviewing all tumour site pathways and gaining agreement from Clinicians to follow these pathways. This gives the District General Hospitals a minimum data set that must be completed prior to referral on to the Tertiary centres and aids consistency across the region. Ultimately this will aid the inter provider transfer date which is referral by day 38. National changes will commence in April 2019; this has been delayed initially as it was due to start October 2018.

Work has been completed with the three main tumour sites that have difficulty in achieving a diagnosis by day 38, those being Lung, Colorectal and Prostate; this work has been completed alongside the intensive support team, IST, across the region. It has reviewed the pathways and helped each Trust to identify areas of deficit and where action needs to be undertaken. The West Yorkshire Association of Acute Trusts, WYATT, Chief Operating Officers are reviewing this work and have made money available from the West Yorkshire and Harrogate Alliance to Bradford, Mid Yorkshire and Leeds Trusts to rectify areas of deficiency.

The quality surveillance team, QST, process for 2018/19 was completed and reviewed by the Clinical Commissioning Groups and the individual plans agreed. The CCGs have the power to request an external visit if they feel necessary, this was not requested for any of the tumour sites.. The QST process for 2019/20 has started and each tumour site will develop action plans based on their new self-assessment.

The Trust has achieved some funding from the Cancer Alliance to pilot four schemes, see below:

- *Vague symptoms pathway*
  This commenced December 2019, the aim is to aid GP's in diagnosing patients and picking any cancers up early. A matrix has been set to monitor it's performance and this is reviewed monthly at the CANCER Network meeting with the CCG's
- *FIT Testing (Faecal Immunochemical Test).*
  This commenced on the 1st October 2019, a dashboard has been developed to review how this is working, it is for low symptomatic patients and replaces the FOB test. It is on the list of commissioning intentions for 2019/20.
- *Workforce redesign*
  Nurses are being trained in cystoscopy so that they can perform the test, which in turn will free up consultants to do other parts of the urology pathway. Training commenced January and is aimed to be completed July 2019.

- Extra support for Advanced Practitioners in cellular pathology is supporting enhanced training; this enables the Advanced Practitioners to complete more complex work in pathology freeing up consultant time to support cancer pathology analysis.

Cancer Site Specific and Specialist Palliative Care teams update

The Trust employs several specialist staff in roles to support the delivery of cancer care and end of life care in both cancer and non-cancer patients. Below are some of the key strategies and projects that the teams are delivering.

Living With and Beyond Cancer
Every cancer team is working in line with the recommendations from the World Class Cancer Outcomes Strategy 2015-2020 and the National Cancer Patient Experience Survey. The teams are delivering the Living with and Beyond Cancer agenda, they are offering holistic needs assessments at strategic point in the patients pathways, care plans with long term side effects and how to access specialist services at a time when patients need them. They also offer health and well-being events which ultimately support risk stratified follow-up and reduce the burden of hospital appointments, where necessary, for cancer patients.

To deliver the elements above new roles have been developed within teams and others have been advanced. Nurse consultants are now established in several key specialities, these significantly improve patient pathway and experience. The relatively new Cancer Coordinator roles have also been established in nearly all cancer specialist teams; these band 4 roles support management of high volume low level specialist intervention (once training and experience has been gained). They are a first port of call for patient's questions, emails and phone calls and provide appropriate triage to services often outside of the team such as the Macmillan Cancer Information Service with little or no input from the team's nurse specialists.

The Clinical Nurse Specialists and Cancer Care Coordinators play an important role in the delivery and coordination of the Health and Wellbeing provision. This provides patients and their families with the knowledge and skills to feel confident that their jointly developed 'Personalised Support' will enable them to access the right care at the right time, whilst also ensuring they can enjoy as good a quality of life as possible away from the hospital.

Acute Palliative Care
This Macmillan funded pilot commenced in October 2017 at Huddersfield Royal Infirmary. The aim of the pilot was to provide acute palliative care In the Emergency Department and Medical assessment unit, to reduce admissions by appropriate nurse led triage and management of palliative and end of life patients and where possible to facilitate rapid discharge.

The project has shown hugely encouraging results. As per one of the project's key goals, quality of care is improved for patients in the last year of life. This has been seen through achievement in preferred place of death, better symptom control and speedier access to the service. The project has also shown that early intervention has had a positive impact on admission avoidance, reduced 30-day readmission rates and reduced length of stay. This is evidenced in the project's annual report.

These outcomes have highlighted a need for a more responsive palliative care service. Macmillan have extended the funding for a further year, this will enable the project team to assess if a transition from the current way of working to a more responsive model is feasible with current staffing levels. This work was recognised nationally when the team won the Nursing Times Managing Long Term Conditions award in 2018.

Prehabilitation
This is a new project to look at the feasibility of developing and delivering a model of prehabilitation across all cancer sites in the Trust. The early phase of the project will look to test developed models in targeted groups of patients. It aims to use or adapt existing services delivered in the acute trust and the community to support the psychological wellbeing, dietary and physical activity needs of newly diagnosed cancer patients. These services are usually accessed by patients during and after treatment. The ultimate aim is to optimise patients' health and wellbeing primarily before but continue this both during and after primary cancer treatment. There is increasing evidence that delivering a fitter patient, both physically and mentally, can significantly improve outcomes.

This project's progress will feed in to and learn from national activities around prehabilitation where emerging evidence is constantly informing practice.

Macmillan Cancer Information Service
The Cancer Information Service provides high quality information and support in conjunction with clinical staff to give patients the best possible experience. The service currently employs two full time paid staff supported by a growing number of trained volunteers. The team aims to help every patients live their lives as fully as they can by providing practical, financial and emotional support. Specifically this is a listening ear, help with benefits advice and grants referral for home adaptations or equipment and counselling.

The team see on average 200 patients a month. Age UK is one of the agencies that the team refer on to for support in completing benefits applications. Age UK recorded 386 referrals from the Cancer Information Team at the trust in 2018 which resulted in £1,498,992 in confirmed benefits awarded to patients living with and beyond cancer.

Cancer Psychological Services
The psychological and emotional care provided to cancer patients has developed significantly since March 2017. Since this time all patients with cancer now have access to level 4 psychological support, in line with Supportive and Palliative Care NICE Guidance. For the first time each cancer site specific team now has at least one member, and commonly two, who has completed training to deliver level 2 psychological support to their patients and carers. All individuals who have completed their level 2 training have on-going access to monthly clinical supervision. The service routinely collects patient feedback and this has been consistently excellent; similarly feedback from stakeholders has also been excellent about the impact that the service makes to patient care. The service provides an integral part of the Health and Wellbeing events and this aspect of the event is very well evaluated. The Clinical Psychologist leading the development of psychological care was presented with the 'Going the Extra Mile' award at the 2017 Celebrating Success awards.
The service has continued to grow and receive an increasing number of referrals. As the existing clinical psychologist is due to go on maternity leave in May 2019 the service is in the process of recruiting to a full time permanent replacement which on the existing clinical psychologist's return, will increase the capacity of the service; this means that the service will be able to review their capacity to provide support to families and caregivers as per NICE guidance along with inpatient care as required.

Stroke

There are more than 100,000* strokes in the UK each year, that is around one stroke every five minutes in the UK. Between 1990 and 2010 the incidence of strokes fell by almost a quarter. Around 1 in 6 men will have a stroke in their life and around 1 in 5 women will have a stroke in their life.

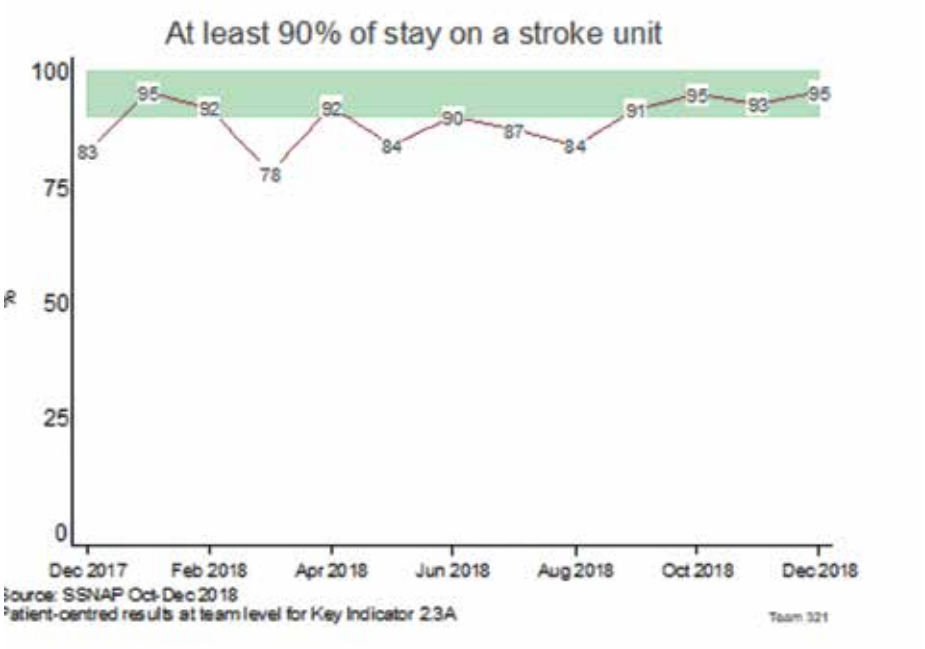
The rate of first time strokes in people aged 45 and over is expected to increase by 59% in the next 20 years (between now and 2035). In the same period, it's estimated that the number of stroke survivors, aged 45 and over, living in the UK is expected to rise by 123%.

It is accepted that 85% of strokes are due to cerebral infarction, 10% due to primary haemorrhage and 5% due to subarachnoid haemorrhage. The risk of recurrent stroke is 26% within 5 years of a first stroke and 39% by 10 years. By focusing on improvement in stroke care, patient outcomes can be vastly improved.

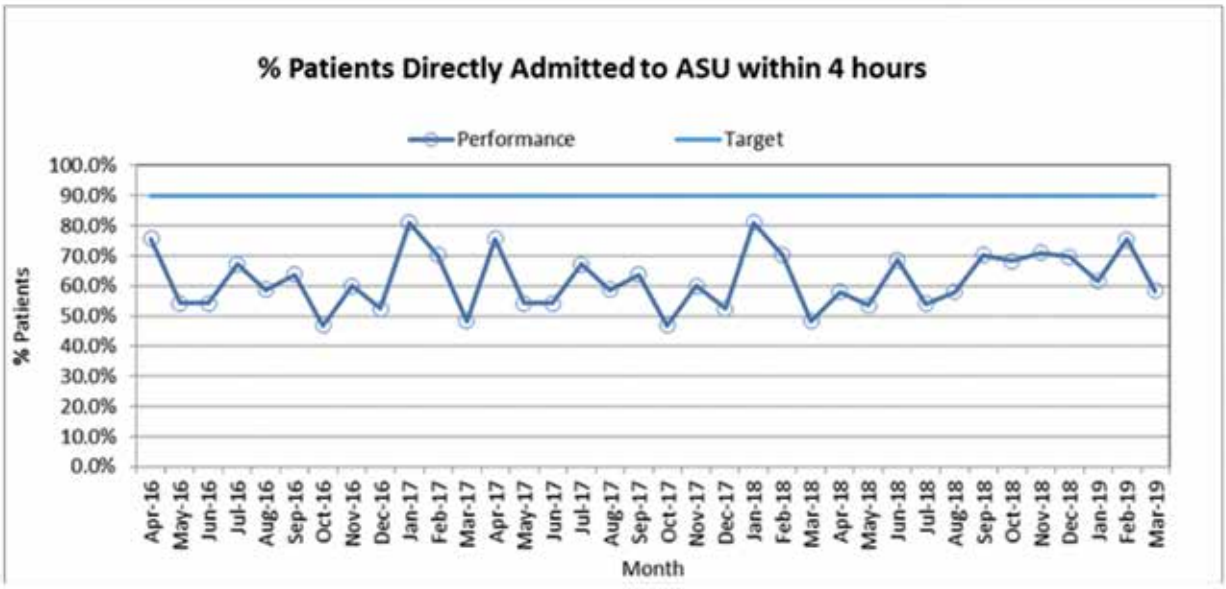
The Trust has the following aims to strengthen and improve stroke services:
- Patients are admitted to a stroke bed within four hours
- Patients spend 90% of their hospital stay on the Stroke unit

Improvement in 2018/2019
2018/2019 saw the successful implementation of a pilot scheme to have a Stroke Assessment Bed within our emergency department at Calderdale Royal Hospital. A recent audit has shown an improvement in the arrival to CT scan time as well as a reduction in the time taken for a patient to receive an assessment from a member of the stroke team.

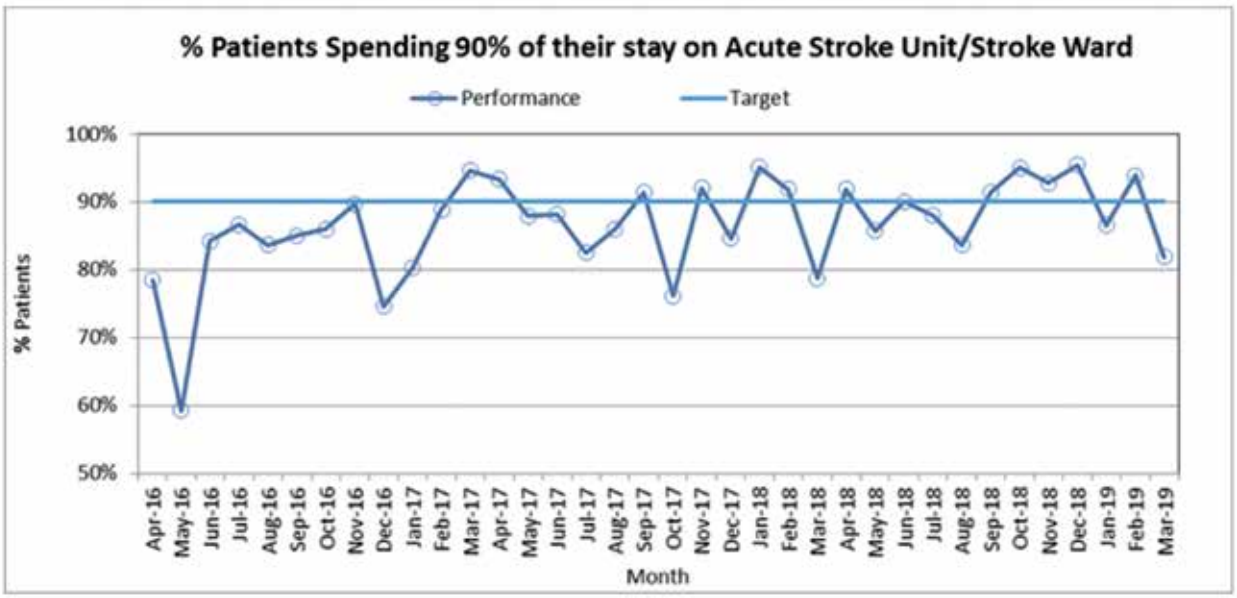
Recent SSNAP (Sentinel Stroke National Audit Programme) data produced in the third quarter of the year shows we have moved from a B to an A score which is another indicator that the Trust is providing excellent care to their patients and evidences the success of the improvement work that was undertaken in 2018/2019. We have seen a sustained improvement in scanning within an hour, with all three indicators achieving an A grade and direct admission performance has also sustained its improvement. The graph below also shows an upward trend for the percentage of time patients stayed on the stroke unit, evidencing that patients are being cared for in the right environment.



The graph below relating to the four hour direct admission is variable. Any patients that are brought to CRH for thrombolysis are all admitted. There is still a trend which sees patients who are later diagnosed with stroke or who present at HRI Emergency Department seeing a delay to be directly admitted. However the introduction of the stroke assessment bed has helped with this and pathways are being strengthened to support referring clinicians at Huddersfield Royal Infirmary.



The second chart shows the percentage of patients diagnosed with a stroke that spent more than 90% of their hospital stay on a specialist stroke ward. Performance has remained variable throughout the year. By improving the above performance this will see an improvement on the below indicator as patients need to be admitted to the Stroke unit immediately so that this can be achieved.



Plans for 2019/20

We are planning to recruit a Stroke Psychologist to develop a structured Clinical Health Psychology service for patients and staff in Stroke services. Approximately 625 people are admitted to CHFT annually with a diagnosis of stroke. Many stroke survivors experience psychological difficulties and cognitive impairment. Psychological mood disturbance is associated with: higher rates of mortality; hospital readmission, higher utilisation of outpatient services; long term disability and suicide if untreated. Addressing psychological need in stroke will allow us to meet national guidelines and improves health outcomes for our patients.

Task and finish groups have been developed for further collaborative work to commence to look at standardising pathways and protocols working with colleagues across various specialties. We are also working to develop a service model that delivers good quality stroke rehabilitation in alternate settings or the patients' own home. The effect of the work will have benefits in terms of clinical effectiveness, improving patient experience and generating efficiencies. We will also seek to re-invest within the service to improve patient experience and outcomes. In the preparation for this project, it has been recognised that there is extended scope for further future re-design of stroke services working collaborative with various service providers both in and out of the hospital environment.

End of Life Care

Improving end of life care (EOLC) continues to be a priority area for the Trust, and regardless of where patients die, when their death is expected, it is vital that they receive appropriate end of life care.

End of life care can be complex because of the special needs of many at the end of life and because of the need to co-ordinate and integrate a wide range of services across different sectors. However the rewards for getting it right are huge. Personalised, integrated care at the end of life can transform the experience for the individual, their family, and the staff caring for them.

Many of the actions from our 2016/17 EOLC strategy, and our achievements linked to these, remain valid, and significant progress has been made during 2017/18 in many areas. However, it is clear that continued work is needed to improve both the recognition of patients in the last year and last days of life, and communication with them and their families. Linking together the work of the Learning from Deaths (LfD) umbrella, the 2019/2020 EOLC strategy and the EOLC steering group and other initiatives will enable this improvement.

Key issues, achievements and suggested plans for 2019/2020:

Better identification/recognition of patient in the last year:
The feedback from the Macmillan Medical Assessment Unit and Emergency Department Project at Huddersfield Royal Infirmary has identified high numbers of patients presenting acutely who are likely in the last year of life. Suggested improvements include the use of prognostic tools, like the Supportive and Palliative Care indicators Tool (SPICT) tool, by clinical teams. Earlier recognition of these patients is needed across primary and secondary care and equally as important is the communication of this between all care settings to enable patient's wishes to be met and to enable patients to be cared for and die in their preferred place.

Coordinated, timely and equitable access to good care
The coordination and equitable access to EOLC care is another key priority. There is a need to improve communication and connectivity between primary and secondary care. We are currently working on optimising the trusts digital systems by improving access to Systmone and the Electronic Palliative Care Co–ordination Systems (EPaCCs) across both primary and secondary care to enable patient's preference to be communicated between settings in a timely manner.

Better management of the last days of life:
The use of the ICODD (Individualised Care of the Dying Document) has fallen since the advent of electronic records in May 2018. The National Care at the End of Life (NACEL) audit from May 2018 showing the Trust now has a 40% rate of people being supported by the ICODD compared to a national average of 62%. Improvements for this include; A joint build between CHFT and BHFT to add the ICODD onto EPR which will improve the completion of the ICODD document. Also a dedicated ICODD learning DVD resource has been created (See EOLC education for details)

Specialist Palliative Care Team (SPCT) activity:
The team has been recording patients' phase of illness and Karnofsky performance score for over three years now, and the proportion of patients referred to the SPCT who are either deteriorating or actively dying on first assessment has increased threefold and fourfold respectively in the last two years, reflecting a much sicker and needier hospital population. A broader skill mix within the team and collaboration with the frailty team may be one way to address these pressures. The team has just employed a Band 4 member of the team to actively support wards with low level EOLC and also discharge planning – this is a 6 month secondment which aims to help support wards with our EOLC patients.

Education for clinical staff:
End of Life Care (EOLC) education is now part of the trusts essential skills training framework for clinical staff including Doctors, Nurses and Health Care Assistants. A DVD about the Individualised Care of the Dying document (ICODD) has been made to be part of the essential skills training to help staff support patients and families and also to support colleagues to be more confident in using the ICODD and having end of life care conversations.

The Trust continues to provide:
- Communication skills training
- Full EOLC education days for Doctors, Nurses, Health Care Assistants (HCAs), Allied Health Professions and Apprentices.
- Deliver EOLC training on the Trust induction and preceptorship courses.
- We provide and support HCAs to complete EOLC competencies across the Trust.
- Ad hoc teaching and in- reach is provided across areas that ask and also if there have been issues identified in an area we provide support to increase skills.

End of life care champions
Ten community CHFT nursing staff are now EOLC Champions. Our second cohort started in October 2018 with 24 nursing staff from both community and hospital. This six month course helps to increase confidence and skills in EOLC to bridge the gap between specialists and generalists.

The Champions take everything they have learnt back to the areas they work and become a resource and support for staff, patients and families. We are also starting Health Care Assistants (HCAs) Champions in April 2019 – we have 14 HCAs signed up for this.

The first cohort of Champions still meets regularly to continue the education and training. There has been an increase in the use of EPaCCs and Champions having advance care planning and Do Not Attempt Cardio Pulmonary Resuscitation discussions since finishing the course.

Linking learning on EOLC more formally to the appraisal and revalidation process may also be a helpful process

Audit, review and user experience:
New EOLC initiatives and developments are discussed with a cohort of bereaved relatives to ensure users experiences and feedback are at the heart of EOLC within CHFT. We report on EOLC complaints and incidents at the EOLC steering group. If concerns are raised we in-reach onto wards to support, educate and upskill staff. The EOLC facilitator and education lead have been working with a complainant to ensure the Trust learnt from the complaint, and as a result of this have made changes to our education and training. Trust colleagues have completed a bereavement audit on the stroke wards, and have participated in National Care at the End of Life (NACEL) audit which incorporated bereaved relatives' feedback, as well as audit of organisational standards and clinical care given to patients. The preliminary results of the NACEL audit are coming through and an action plan will be developed from these. The requirement for all deaths to be reviewed by consultants, and for a selection to undergo more critical analysis by the team of structured judgement reviewers, will also inform the process by which we address deficits within care delivery and learning needs.

Patient Experience

1. Aims and Objectives of Work

Measuring patient experience is essential in order to assess the delivery of the Trust's vision: *Together we will deliver outstanding compassionate care to the communities we serve* along with the strategic goal of: *Transforming and improving patient care*.

Analysis of patient feedback helps us to better understand our patients' expectations, their experience and their satisfaction. For example their views of the environment in which their care and treatment was delivered, whether they were kept informed, whether they were treated with respect and dignity and how their interactions with staff made them feel.

It is important that the feedback is used to influence changes in practice; this may often be about the small things as well as any large system changes. Staff from across the Trust recognise the importance of listening and responding to patient and carers views, this is championed through the representatives on the Trust Patient Experience and Caring Group.

2. Feedback methods

The primary method of measuring the patient experience in the Trust remains through the Friends and Family Test (FFT) which is now well established across all inpatient and day case areas, as well as in the A&E and outpatient departments, maternity services and across community services.

When carrying out the FFT, the Trust takes the opportunity to ask supplementary questions, to identify what patients report as working well and also what could be done better. These comments are accessible for individual teams about their own area and at a Trust level to identify any system wide issues.

More innovative approaches continue to be introduced to gather feedback and create opportunities to 'listen', through a range of feedback options that sit alongside the more formal methods of FFT, complaints, patient advice service and surveys.

These include direct patient contact through rounding by the ward managers and matrons, debriefs, guest books and graffiti boards. Opportunistic engagement is also carried out to gather service user opinions to support improvements the teams are taking forwards, as well as more formal enquiries to support service evaluations.

3. Friends and Family Test

The FFT question asks *"How likely are you to recommend our ward / department to friends & family if they needed similar care or treatment?"* Performance is monitored internally against national performance baselines.

Top 20%	Super Green
50%-79%	Green
21%-49%	Amber
Bottom 20%	Red

Information for the year for the FFT response rate as well as the percentage who would recommend the service is given below.

2018/9 % Response Rate & Would Recommend

	2018/19 Response Rate	2018/19 Would Recommend
Inpatient	36.39%	97.46%
A&E	13.03%	83.80%
Maternity	36.51%	98.64%
Community	4.91%	94.64%
Outpatients	10.75%	90.92%

4. Local Quality Improvement Work
The Trust Patient Experience and Caring Group has taken forward a number of priorities over the last 12 months, including work with external partners, below are some examples of these.

4.1 PRASE (Patient Reporting and Action for a Safe Environment:
The Trust has worked with the Yorkshire & Humber Improvement Academy using the PRASE survey, which are conducted by trained volunteers at ward level. This approach enables patients to provide anonymised feedback (positive and negative) on the safety and quality of care experienced during their ward stay.

The questions are linked to 8 safety domains:
- Communication and teamwork
- organisation and care planning
- access to resources
- the ward environment
- information flow
- staff roles and responsibilities
- staff training
- delays

This year the Trust participated in some research with the University of Leeds, which used clinical students to carry out the patient surveys, analyse the results and feedback to the wards. In the main the surveys show positive results, however there have also been improvement opportunities identified regarding patient understanding of staff roles and responsibilities and staff knowledge when a doctor changes the plan of care

4.2 Co-design:
- The Trust's Patient Experience and Caring Group have championed the use of EBCD (Experience-based co-design) as an opportunity for service users and staff to come together to design, monitor and improve the care provided. The Trust held an event with women attending the antenatal Diabetic Clinic and staff who provide the service. Outputs include creating a greater awareness of the Specialist Midwife and improved access to the Dietician during clinic hours. Opportunities to utilise technology for the remote review of results is also being progressed.
- Staff, former patients and members of the Stroke Association have reviewed and resigned the way rehab related activities in stroke units is provided in the early days and weeks after a stroke. This was part of the CREATE (Collaborative Rehabilitation in Acute Stroke Project) trial as one of the four stroke centres involved.

4.3 NHS England Always Events – the ambulatory area of the Surgical Assessment Unit is working with patients to identify an always event priority that can be embedded into practice and monitored for impact

4.4 Research – the Trust is working with the University of Huddersfield in a study with the aim of promoting sleep and reducing noise for hospitalised patients at night.

4.5 Outpatient transformational work – this programme is focused on improvements and efficiencies that will lead to a better experience for patients. The programme known as Project 20-20 has an objective of delivering 20 improvement projects by 2020. The projects are governed by a multi-organisational Board, including Healthwatch, patients representatives and GP's., The focus is on how to deliver outpatient activity differently – including how and where patients have their consultation, how results are received. New pathways are being co-designed with the engagement of patients.

4.6 Learning Disabilities – the Trust is currently part of 2 national initiatives:

- CHFT are in the first phase of Royal Mencap Treat me well campaign, which is a campaign to transform how the NHS treats people with learning disability in hospital. "Simple changes in hospital care can make a big difference, better communication, more time, and clearer information." A local Treat me well group has been established and following a successful response to a survey the group are taking forward some improvements which relate to improved communication and raising awareness of VIP passports and the matron role.
- CHFT is one of the pilot sites working with NHS Improvement (NHSI) to test an improvement toolkit based on standards for improving learning disability care in NHS Trusts. There are 4 standards in total with 3 that relate to secondary care: Respecting and protecting Rights; Inclusion and engagement; Workforce. In October 2018 the Trust was the first Trust to pilot NHSI improvement took kit. This allowed the Trust to benchmark itself against the standards and develop a local action.

4.7 Dementia – a revised strategy has been developed following consultation with local stakeholders and carers. The strategy focuses on 6 main themes:
Early Identification, Promoting health and well-being; Developing dementia friendly communities; Supporting carers of people with Dementia; Preventing and responding to crisis; Evidence based care.

4.8 Divisional reporting:
The reports received quarterly from divisions provide an opportunity to share good practice about how patient experience has been improved through:

- Feedback: encouraging feedback, receiving positive feedback and responding to feedback
- Involvement :approaching service users as active partners in their care and engaging on service development and improvement
- Delivering a patient centred culture recognising emotional and social needs

Examples from the reports include:

- Introducing an interactive app to help reduce anxieties for children coming into hospital using a story telling approach about what to expect
- Use of a Board in Emergency Department to explain the journey through the department
- Involvement of a relative to inform end of life care training events
- Changes to community transport to avoid lengthy journeys for patients
- Development of a you and your medicines leaflet for use at the point of discharge
- Work with Healthwatch to gain an understanding of booking appointments and attending outpatients following the implementation of an electronic patient record
- Early work regarding changes to the traditional outpatient clinics – virtual clinics and receiving results by telephone
- Improvements to the food provision in response to feedback– homemade soups at both lunch and evening meals; installation of a blast chiller to prevent dried up food

- Commencement of a Dementia pop-up cafe
- Running a surgery school for patients prior to colorectal surgery
- Introduction of bereavement cards, offering condolence and the opportunity to discuss any questions
- Use of secret shoppers (2 with physical disabilities) to test out facilities and the environment in the Endoscopy units.

5. National surveys
CHFT participate in all the national patient experience surveys, results from these surveys inform a number of national indicators and are used by the CQC as part of the 'Insight' reporting.

For all of the national surveys each question is scored out of 10, a higher score is better. Trust scores for each question are also compared with the range of results from all other Trusts that took part. An analysis technique called the 'expected range' is used to determine whether a Trust performs 'about the same', 'better' or 'worse' than other trusts. This analysis is based on a rigorous statistical analysis and therefore any scores outside the expected range means it performs significantly better / worse than what would be expected and unlikely to have occurred by chance.

Inpatient: published June 2018, CHFT were reported as scoring **about the same** for all but one of the questions. The Trust was reported as scoring **better than** the majority of other Trusts for the question: After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition? ***Scoring 7.6***

The Trust was also noted to have made a statistically **significant increase** since last year in the score for one of the questions: During your hospital stay, were you ever asked to give your views on the quality of your care? ***Improving from a score of 1.7 to 2.5***

Emergency Department: no survey results published during 2018 / 19, next set of results anticipated October 19.

Children and Young People: no survey results published during 2018 / 19, next set of results anticipated November 2019.

Maternity: published January 2019. CHFT results were **about the same** as other Trusts for 46 questions, **better than** the majority of other Trusts for 1 question:
- Did the staff treating and examining you introduce themselves? ***Scoring 9.6***

The Trust's results were worse than most trusts for 4 questions:
- Did you have skin to skin contact (baby naked, delivered directly on your chest or tummy) with your baby shortly after the birth? ***Scoring 8.4***
- Were you given a choice about where your postnatal care would take place? ***Scoring 2.4***
- Did you feel the midwife or midwives that you saw always listened to you? ***Scoring 8.1***
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 6-8 weeks after the birth) ***Scoring 7.3***

Cancer Patient Experience Survey: published October 2018, CHFT scored outside the expected range on five questions (three better than and two lower than)

Questions which scored outside expected range

	Question	Number of respondents for this Trust	2017 Case-mix Adjusted: 2017 Score for this Trust	2017 Case-mix Adjusted: Lower limit of expected range	2017 Case-mix Adjusted: Upper limit of expected range	2017 Case-mix Adjusted: National Average Score
Support for people with cancer						
Q23	Hospital staff told patient they could get free prescriptions	171	88%	76%	87%	81%
Hospital care as an inpatient						
Q29	Patient had confidence and trust in all doctors treating them	211	79%	80%	90%	85%
Q35	Patient was able to discuss worries or fears with staff during visit	153	42%	45%	60%	53%
Care from your general practice						
Q53	Practice staff definitely did everything they could to support patient	234	68%	54%	67%	60%
Your overall NHS care						
Q55	Patient given a care plan	270	42%	29%	41%	35%

The Trust's lead cancer nurse is working with each cancer team to deliver individual plans based on their results. The main focus for the teams is clinical nurse specialist interaction and the continued development of the cancer information service.

Across all surveys, for the questions where the Trust scored 'worse' the services are taking forward action as required. Progress with these will be monitored through their internal governance arrangements and reported through Divisional reports to the patient experience and caring group.

Complaints

At the end of 2018/19 the Trust received 565 complaints, this is a decrease of 8% from 2017/18.

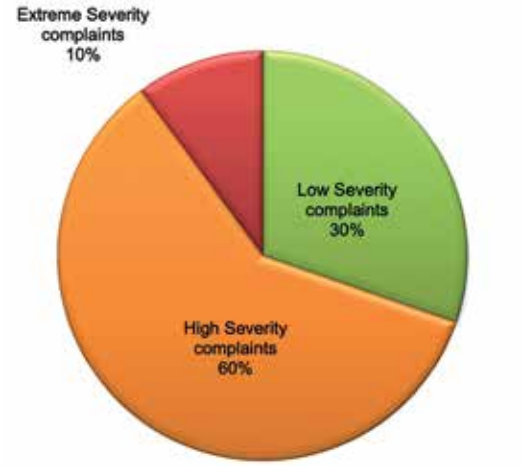
The profile of the spread of the complaints received in 2018/19 is given below.

The average number of complaints received in a month by the Trust in 2018/19 was 47. The Trust received the highest number of complaints in April 2018.

Severity of Complaints Received
Complaints are triaged based on the patient experience described in the complaint using a three tiered rating given below:

Green – no / minimal impact on care
Amber – quality care issues/ harm
Red – long term harm, death, substandard care

In 2018/19 the majority of complaints (65%) were graded as amber, medium severity. 30% were graded as low severity 11%, 60 complaints were graded as red (extreme severity).

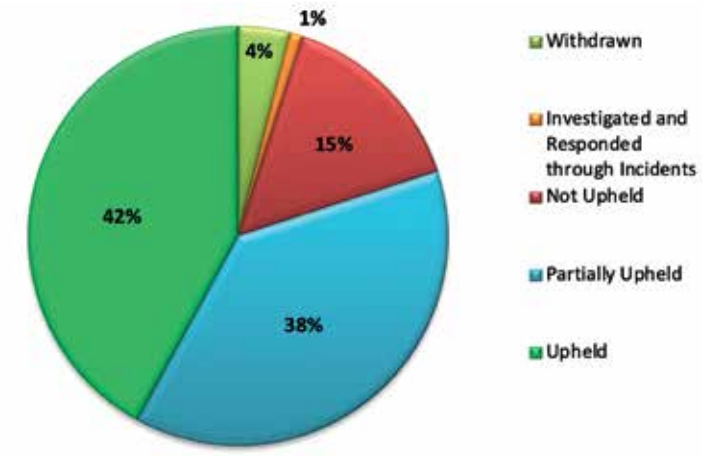


Red Complaints Data
Complaints triaged as red are reviewed at a red panel meeting and linked to an incident where appropriate.

Acknowledgement Time
99% of the complaints received in 2018/19 were acknowledged within three working days.

Complaints Closed
The Trust closed a total of 614 complaints in 2018/19; this is an increase of 19% from 2017/18.

Of the 614 complaints closed, 42% were upheld, 38% were partially upheld, 15% were not upheld, 4% were withdrawn, and 1% were investigated as an incident.



Re-Opened Complaints
The Trust re-opened a total of 86 complaints in 2018/19. This is a 30% increase from 2017/18 (66).

Timeliness of Complaints Responses
The total number of overdue complaints at the end of 2018/19 was 21.

There has been significant work undertaken by the Trust in 2018/19 to improve the timeliness of responses to complainants. During December 2018 the Trust reduced the breaching complaints to 5, to compare, there were 66 breaching complaints in December 2017; this is a remarkable decrease of 92%.

Processes have been put in place to closely monitor timescales and escalate any delays in response to ensure that all complainants receive a timely response.

The top three subjects of complaints for the Trust are as follows:

Subject	Percentage	Increase / decrease from 2017/18
Communications	22%	↓ 8% decrease
Clinical Treatment	21%	↑ 2% increase
Patient Care (including nutrition/ hydration)	19%	↓ 8% decrease

At the end of 2018/19 there has been a significant decrease in complaints about appointments (including delays and cancellations), this subject was one of the top 3 subjects in 2017/18 and has seen a decrease of 31% which has taken it from the top 3 this year. This fall could be following the large rise in complaints we experienced as a result of migrating to EPR (electronic patient records) in May 2017, this would suggest that any problems that occurred during this time have resolved.

Parliamentary and Health Service Ombudsman Complaints
The Parliamentary and Health Service Ombudsman (PHSO) investigate complaints where an organisation has not been able to resolve the complaint at a local level. The PHSO have broadened their review process and have considerably increased the numbers of cases that they consider. At the time of writing 2018/19 final figures had not been released; however, in 2017/18 the PHSO handled 114,278 enquires of which 28% were investigated.

The table below shows PHSO cases relating to the Trust;

.	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Number of Complaints Received by PHSO	1	3	4	5
Number of Complaints accepted for investigation by the PHSO	1	3	4	5
Number of Complaints the PHSO Upheld or Partly Upheld	0	2	1	2
Number of Complaints not upheld	2	0	1	0

13 cases were accepted for PHSO investigation between April 2018 and the end of March 2019. During this period the PHSO also concluded 8 complaints against the Trust, of these 8, 3 complaints were not upheld and 5 were upheld or partially upheld.

Learning from Complaints
The feedback we receive from complaints is valued and helps us to improve services.

As an organisation we aim to ensure that we learn from complaints so that we can:
- Share good practice
- Increase patient safety
- Improve the patient experience
- Reduce the number of complaints

Our complaints process includes identifying learning from each complaint and sharing this. Each service and division is required to demonstrate:
- How the services records learning from complaints
- How this learning is disseminated within the service / directorate / division
- How it can point to changes arising from learning from complaints

Complaints data and learning from complaints is reported within divisional Patient Safety Quality Boards and quarterly to the Trust's Patient Experience Group to ensure that learning is shared across the Trust.

Some examples of learning from complaints for each division and one from the PHSO s given below.

Learning:

Case One – A complaint was received from a patient's mother, who had some concerns regarding the treatment of her daughter, who had talipes which is a deformity of the foot whereby it is twisted out of the normal position.

The complainant explained that when her daughter came for a procedure known as tenotomy (cutting of a tendon, also called tendon release), no anaesthetic was administrated prior to the cutting of the baby's tendons. This caused great distress for both the baby and the complainant; the complainant explained that hearing her baby scream when the tendons were cut, haunted her and she felt guilty for letting this happen as she knew that anaesthetic cream had not been administrated.

Actions taken:

On investigation it was found that the practice of applying anaesthetic varies between consultants, some believe it helps others don't, and there is no established best practice. Although there is no established best practice in relation to this procedure, as a Trust we recognised the distress that this cause the patient, and it was felt that this distress was added to by knowing that hospital staff did nothing to try and ease the baby's pain. We have created a standing operating procedure (SOP) for tenotomy, this includes the application of anaesthetic cream prior to the cutting of the tendons. This case study was also promoted as a screen saver across the Trust to promote awareness.

Case Two – Concerns at communication regarding appointments. Letters are not being received in a timely manner resulting in missed appointments. On one occasion an appointment was cancelled without notice

Urology secretaries were unaware of the process for generating letters and contacting patients by phone when short notice changes are made to appointments. Additionally, training issue identified for clinicians on discharging patient through EPR. The patient was inadvertently discharged from the wrong service

Actions taken:

- The Urology secretary team leader has introduced a new system from February 2019 whereby the Urology Secretaries will follow the same process as the Appointment Centre staff, i.e. to print a letter locally and to ensure that they telephone the patient to inform them of the appointment date and time.
- Further training is needed for clinicians. EPR trainers are currently working with all Outpatient areas and targeting clinicians, particularly in relation to regarding hospital attendances (encounters).
- Trainers to train clinicians about encounters

Case Three – Patient attended the Accident and Emergency Department at Calderdale Royal Hospital with a post-operative issue (congestion and breathing difficulties) following a Submucous Resection of Nasal Septum and was discharged without treatment for a throat infection.

Observations were taken but no examination of the throat took place, the ENT Registrar on call advised A&E to reassure the patient and that no further management was required as it can take up to six weeks before any benefit from the procedure could be felt. ENT Registrar also advised to continue with the listed methods advised in the discharge leaflet and offered to arrange an urgent appointment in ENT. This appointment was arranged via the Accident and Emergency reception for 24 May 2018, 15 days after presentation.

Patient attended his GP the following day and his throat was examined. As a result the patient was diagnosed with an infection of the throat and was prescribed antibiotics.

Action taken:

As a result of this complaint the Head and Neck directorate are in the process of implementing a robust questioning process for patients who present with any head and neck post-operative issues, to ensure that patients are assessed and their condition communicated to the appropriate colleagues in a timely manner.

The lead investigator has also implemented discussion of post-operative patients who attend the Accident and Emergency Department at the Ear, Nose and Throat Consultant meetings to ensure that patients receive the best possible follow up care.

Case Four – Diabetic patient who presented with symptoms of DKA (acute condition caused by high blood sugars) was not seen for over three hours after arrival at triage, and only then when he started vomiting. This could have had serious consequences for the patient. This delay was against the protocols for treating DKA. The patient should have been seen by a clinician within 10 minutes.

The patient had his own urine ketone testing strips at triage, and these indicated he had ketones in his urine, should have alerted the triage nurse to the fact the patient was a diabetic with high blood sugars and possibly in DKA.

Additional tests should have been requested at triage to confirm the presence of ketones in the urine; either point of care urine testing or if unattainable then blood ketones should have been tested using a blood ketone meter. A venous blood gas sample should also have been taken (processed within a few minutes) to establish the acidity of his blood. This would have enabled the ED staff to confirm the patient was in DKA and appropriate treatment could have been instigated earlier.

Actions taken:

Notices have been placed in the triage/assessment areas reminding staff of the need to obtain a venous blood gas to establish the PH of the patient's blood and either urine or blood ketone reading should be obtained to establish if the patient is in ketosis.

A blood ketone meter has been bought for both sites and the required software is being installed onto the computers to enable them to be used. Whilst we are awaiting completion of this, staff have been made aware that there is a ketone meter on the medical assessment unit that can be used if needed.

Case Five – Patient did not receive endocrine therapy at the end of their treatment at the MacMillan Unit, and staff did not pick up on the fact that the patient did not receive her endocrine therapy despite the patient attending two further appointments following the completion of her treatment

The nurse had not printed off the endocrine prescription at the end of the patient's treatment therefore the endocrine therapy was not dispensed.

Actions taken:

The nurse has reflected upon this incident and will undergo retraining on the use of Varian to reinforce her knowledge around the system to ensure that this error does not occur again.

Every patient commencing adjuvant/neo-adjuvant chemotherapy will be scheduled for an endocrine therapy check on the last cycle of treatment.

A holistic needs assessment clinic is to take place at the end of the treatment, which will potentially capture any problems following treatment.

Case Six – Why was the mother mistakenly informed that the wrong dose of potassium had been given to her child?

The ward manager confirms that, in relation to the fluids commenced in ED, the staff nurse correctly identified that the incorrect infusion had been commenced and was correct to stop this. She also confirms that the Staff Nurse, in line with Trust Policy, reported this error as an incident via our Trust's incident reporting system.

The ward manager also confirms that a check of the label confirmed that the glass bottle stated 0.9% Sodium Chloride with 20% Potassium Chloride but the glass bottle only contained 500mls. This led to the Staff Nurse to think that there was not enough potassium chloride in the bottle. She therefore mistakenly informed the mum that the fluid was wrong which caused unnecessary upset and distress.

Actions taken:

The Paediatric Pharmacist has been asked to develop a document which shows all the different fluids used and how their size and subsequent concentrations can differ from supplier to supplier. This will be available in the diabetes folders on the Children's Wards for all staff to access.

Case Seven – Child's temperature was recorded inaccurately due to inaccurate thermometer.

From review of the child's records the ward manager concludes that it was not known at the time of the child's first and second attendance that the thermometer used was inaccurate. Once the parent was able to demonstrate with their own thermometer the discrepancy in readings the ward manager requested an under arm temperature to be obtained. This confirmed that there was an error with the ward thermometer.

Actions taken:

The ward manager advises that the thermometer identified to be inaccurate has been removed from use and that any other thermometers in use on the ward have been calibrated to ensure they are recording correctly.

correctly. She also confirms that new thermometers have been identified and will be ordered when approved through paediatric forum and we await delivery. This has had a knock on effect for the use of thermometers on children elsewhere in the organisation.

Case Eight (PHSO) – The complainant felt that when the patient (her mother) attended the Trust's Accident and Emergency Department for treatment following a fall in her home, the clinicians did not perform sufficient tests to diagnose her symptoms of confusion and pain in her head and thigh. As a result, it is claimed that the Trust delayed diagnosing her thigh fracture until later when she returned to A&E after being in private respite care for her pain and mobility issues. She also states that there was a delay in referring her for a dementia assessment, as she felt the Trust dismissed her concerns as 'confusion'.

The PHSO found that the assessment the Trust provided to the patient in relation to her symptoms and her confusion was appropriate. However, they found a failing in the lack of consultant review, which led to a missed opportunity to diagnose her fracture. The junior doctor who reviewed the patient should have performed an x-ray, which would have shown that the patient had a fracture, the junior doctor should have sought a senior review. If the fracture had have been diagnosed at that time, the appropriate treatment and physiotherapy would have been provided.

PHSO Recommendations/Actions:

Partly Upheld – the Trust apologised and said that although the outcome would have more than likely been the same, there would not have been a period of uncertainty. The Trust will share the learning from this complaint in the junior doctors' training sessions.

Improvement priorities for 2019-2020

During 2019/2020 we will:

- Continue to work with the Divisions to improve the timeliness of responses.
- Work with wards and departments to help them understand their complaints, and the learning from these.
- Explore the use of voluntary worker with the PALS team.
- Audit of learning from complaints to see how learning has been embedded.
- Focused piece of work on re-opened complaints, to understand the reason for the increase in re-opened complaints.
- Review the complaints module on Datix with the Trust Datix Manager

Performance against relevant indicators and performance thresholds from the Standard Operating Framework			
Indicator	**Threshold**	**2018/19 Year End Performance**	**Achieved**
Maximum time of 18 weeks from point of referral to treatment in aggregate-admitted	90%	80.93%	No
Maximum time of 18 weeks from point of referral to treatment in aggregate- non admitted	95%	92.46%	No
Maximum time of 18 weeks from point of referral to treatment in aggregate-patients on an incomplete pathway	92%	92.05%	Yes
A&E: maximum waiting time of four hours from arrival to natioadmission/ transfer/discharge	95%	91.29%	No
All cancers: 62-day wait for first treatment from: • Urgent GP referral for suspected cancer • NHS Cancer Screening Service referral	 85% 90%	 88.37% 94.42%	 Yes Yes
All cancers: 31-day wait for second or subsequent treatment , comprising: • Surgery • Anti-cancer drug treatments • Radiotherapy	 94% 98% n/a	 99.04% 100.00%	 Yes Yes
All cancers: 31 day wait from diagnosis to first treatment	96%	99.63%	Yes
Cancer: two week wait from referral to date first seen, comprising: • all urgent referrals (cancer suspected) • for symptomatic breast patients (cancer not initially suspected)	 93% 93%	 98.46% 97.56%	 Yes Yes
Clostridium difficile – meeting the C. difficile objective	21	18 (5 Preventable)	Yes
Maximum 6-week wait for diagnostic procedures	99%	87.89%	Yes
Data completeness: community services, comprising: • Referral to treatment information • Referral information • Treatment activity information	 50% 50% 50%	 79.7% 97.87% 100%	 Yes Yes Yes

Feedback from commissioners, overview and scrutiny committees and Local HealthWatch

Response from Greater Huddersfield and Calderdale Clinical Commissioning Group

We were pleased to receive and comment on the Quality Account prepared by Calderdale and Huddersfield NHS Foundation Trust (CHFT). The following statement is presented on behalf of NHS Greater Huddersfield CCG and NHS Calderdale CCG.

The Quality Account is once again a comprehensive assessment of the levels of quality and is consistent with the Commissioners understanding of quality within CHFT. The account describes the vast amount of improvement work which the Trust has undertaken during 2018/19. The CCGs would like to congratulate CHFT on their improved CQC rating.

Like CHFT, commissioners welcomed the outcome of the enhanced proposal for the future model of care submitted to the Secretary of State for Health and Social Care and the subsequent allocation of capital funding, and we look forward to working with you on the proposals in the future.

We welcome the progress made in relation to the identified priority areas for 2018/19, and note that the work by the Deteriorating Patient Group will continue into the coming year in relation the introduction of NEWS2, this is welcomed by commissioners in the continued partnership drive to improve early recognition and management of sepsis.

Partnership working is also to be commended on the results of the SAFER Patient Flow Programme which has had a positive impact on delayed transfer of care and reduction of long stay beds, the CCGs recognise and commend this performance.

We also note the amount of work that has been undertaken on improving the experience of patients at the end of their life; however the CCGs would like to continue to work with the Trust to improve the numbers of those who die in their preferred place of death, which is not necessarily the acute hospital.

We are pleased to see that you are committed to improving the timeliness of complaint responses and note the work undertaken to reduce the backlog of responses.

The CCGs are also pleased to see that the priorities for 2019/20 will have a positive impact of the experience of people using CHFTs services and the wider sector.

- Emergency Department
- Deteriorating patient
- Mental health

The rationale for why these have been chosen, the work to be carried out and what the Trust is trying to achieve, is clearly articulated and supported by the commissioners. The priorities are aligned with the local improvement work and we welcome the plan for commissioners to work closely with the Trust, we will continue to visit the hospitals and participate in the "Quality Friday" visits to ward areas. This is a welcome demonstration of your continued willingness to be transparent.
As last year the account could be further strengthened by the inclusion of narrative around the difficulties the Trust continues to experience in recruitment and retention of both medical and nursing staff.
The CCGs will of course continue to support you over the coming year in achieving the quality improvement priorities set out in the account.

Yours Sincerely

Penny Woodhead.

Chief Nurse and Quality Officer
23 April 2019

Response from HealthWatch in Kirklees and Calderdale

Comments requested however advised unable to comment.

Response from the Governors to CHFT Quality Accounts 2018-2019:

The Council of Governors has been working hard during the past year to enable the trust to strive towards providing higher quality care as detailed in this report. Governors were asked for their feedback in regards to this report and this has been taken into account. During 2018/2019 governors have been working hard throughout the trust sitting on divisional reference groups to improve quality for each section of the hospital. Patient safety and quality assurance has been discussed throughout the year, with governors holding to account and joining in discussions to strive for better results.

As governors this helps us to understand all the challenges of maintaining high level of quality across the trust throughout the year. Governors have also attended regular meetings with executives and non-executive directors, where they have asked challenging questions and been supportive critical friends to the trust.

The quality priorities for 2018/2019 are excellent and governors are pleased that they remain at such a reassuring level, however governors have indicated that they would like more focus to be placed on improving the quality of the complaints procedure and outcomes during the next year.

The Council of Governors supports and endorses the quality account for 2018/2019.

Alison Schofield
Lead Governor

24 April 2019

Response from Calderdale Overview and Scrutiny Committee

Comments requested but none received as at 2 May 2019.

Response from the Kirklees Health and Social Care Scrutiny Panel

Thank you for your email dated 4 April 2019 inviting comment from the Kirklees Health and Adult Social Care Scrutiny Panel on the draft 2018/19 Quality Account for Calderdale and Huddersfield NHS Foundation Trust.

Please note that as has been the case in previous years the timing of the submission has meant that the Panel hasn't had the opportunity to have a full discussion at a panel meeting and this is reflected in the level of comments received which is summarised below:

"The Panel welcome the opportunity to comment but wish to highlight that the timing of the submission has meant the Panel has not been able to have a discussion at a full panel meeting and unfortunately this has resulted in limiting the level of feedback and comments.

The Panel is pleased to see that the Care Quality Commission report published in June 2018 rated the overall quality of care provided by the Trust as good. The Panel's work programme will continue to include a focus on the performance of the Trust and the quality and safety of services it delivers.

The Panel was also pleased that the three priorities set for 2018/19 all met with measurable indices of success. It was however noted that the improvement priority that focused on deteriorating patients did highlight issues regarding the quality and focus of the safety huddles and problems with obtaining a 'ward view' to help more easily identify patients at risk of deterioration.

The Panel acknowledge that the Trust will continue to encourage the use of safety huddles and noted that further improvement on using the electronic patient record to obtain a 'ward view' had been identified and look forward to these issues being resolved during 2019/20.

It is encouraging to see that patient flow has improved overall although an explanation for the spike in the numbers of long stay patients in July and August 2018 would have been helpful. The achievements of the work that has been done by the Trust on improving the experience of patients on end of life care is laudable and the Panel was encouraged by the initiatives in this area.

The Panel noted the priorities for 2019/20 and were broadly supportive of the areas the Trust will focus on. However it was felt that the priority that will focus on the Emergency Department would not present a significant challenge given that the Trust already highlights that its delivery of emergency care services as being amongst the best nationally and the latest 2019 data ranks the Trust as one of the top trusts for meeting the 4 hour waiting standard.

The Panel noted that in some areas the Trust had demonstrated the involvement of patients and the public to help inform its practices and delivery of services. The Panel welcomed the initiatives used to help capture patient's feedback and experiences such as the bereavement survey; and the commitment to continue to review and develop more innovative feedback methods.

There were however some areas where the Panel felt more focus could have been given to involving patients, carers and family members in helping to shape practice. For example the Panel noted that the observational study on the early recognition of patients who are deteriorating highlighted the need to provide ongoing training for health care assistants. The Panel felt that more involvement with carers and family members may have helped to identify additional initiatives that would have contributed to improved patient outcomes.

The Panel welcomed the work that is being done by the Trust to improve the timeliness of responses to a complaint and support the focus on learning from complaints in order to help improve services.

The Panel would also wish to see the Trust continue to develop an open and transparent approach to sharing with the public details of common areas of complaints and the measures being taken to address them.

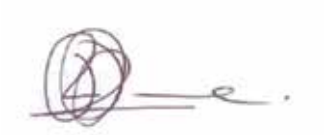
The Panel did note that no mention has been made on how the Trust communicates with the public on its complaints procedures and believe that it would be helpful to understand the approach that the Trust takes to seeking the views of the public so it can refine and improve its procedures.

As in previous years with the exception of a comment in the Chief Executive's statement the document does not include any significant details on the plans to reconfigure healthcare in the hospital and community. This is of significant interest to the Panel and local residents and the Panel feel this should be given far more prominence in the Quality Account.

The Panel acknowledge that there are some impressive results from performance indicators and nationally comparable metrics and the Quality Account is a thorough and technically competent report. However from a public perspective the Panel feel that there is a lack of clarity in how the information and detail is explained and the document includes confusing jargon and acronyms. The Panel would welcome further work from the Trust in considering how the information can be more easily presented to the public.

The Panel is also mindful of the continued financial challenges that the Trust and the wider health and social care economy faces. The Panel intend to continue its focus during 2019/20 on the work being developed locally to increase efficiencies and work in a more integrated way without adversely affecting the quality and safety of patient's services."

Yours sincerely,



Richard Dunne
Principal Governance and Democratic Engagement Officer
On behalf of the Kirklees Health and Adult Social Care Scrutiny Panel

Response from South West Yorkshire Partnership NHS Foundation Trust

As a partner of the Trust, we were pleased to receive and be asked to comment on the Calderdale and Huddersfield NHS Foundation Trust (CHFT) draft Quality Account for 2019/20.

The Quality Account provides an assessment of the levels of quality provided by the Trust, describing the progress made in many areas together with comparisons against other organisations.

It was great to see the CHFT overall CQC rating improve from requires improvement to good. From a SWYPFT perspective we know this is very well deserved based on all the hard work of the staff and stakeholders of CHFT.

I noted the positive progress in achieving your top three improvement priorities for 2018/19; improving outcomes through recognition, response and prevention of deteriorating patients; patient flow and improving timely & safe discharge, and improving the experience of patients on the care of the dying pathway.

We welcome the priorities for 2019/20, which focus on emergency department waiting times to ensure safe and reliable care, implementing new national early warning signs guidance and improving psychological support for mental health patients in the Emergency Department. We look forward to working with you on these top priorities and others and I know we are already working closely with you on improving psychological support in the ED.

Our experience of CHFT as a partner has always been very positive and we continue to be impressed by the resilience and the professionalism shown by all your staff in the face of ongoing challenges.

We continue to work closely with CHFT on shared sites and in response to issues and challenges that arise where close collaboration provides mutual benefits for the users of our respective services, carers and staff. The support and advice offered by CHFT is always greatly appreciated.

As a provider organisation we welcome CHFT's commitment to working to ensure joined up services with partners and we look forward to working with CHFT in the future for the benefit of our local communities.

Yours sincerely

Tim Breedon
Director of Nursing & Quality
Deputy CEO
South West Yorkshire Partnership NHS Foundation Trust

15 April 2019

Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

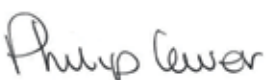
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2018 to May 2019
  - papers relating to Quality reported to the board over the period April 2018 to May 2019
  - CQC inspection report dated June 2018
  - feedback from commissioners dated 23 April 2019
  - feedback from governors dated 24 April 2019
  - feedback from local HealthWatch organisations dated 16 April 2019
  - feedback from Kirklees Overview and Scrutiny Committee dated 17 April 2019
  - feedback from South West Yorkshire Partnership Foundation Trust date 15 April 2019
  - the Trust's complaints report for 2018/19 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - the 2017 Adult inpatient survey May 2018
  - the 2018 national staff survey March 2019
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 21 May 2019.

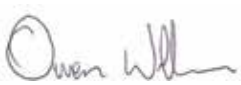
Feedback was requested from Calderdale Overview and Scrutiny Committee, Trust and Locala on 3 April 2019.

- the Quality Report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board


.....Chairman


..... Chief Executive

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF CALDERDALE AND HUDDERSFIELD NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of Calderdale and Huddersfield NHS Trust's Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
- Number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the Directors and the auditor

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with;

- Board minutes for the period April 2018 to May 2019;
- papers relating to quality reported to the Board over the period April 2018 to May 2019;
- feedback from the Commissioners dated 23/04/2019;
- feedback from Local Healthwatch dated 16/04/2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national impatient survey (June 2018), Maternity survey (January 2019) and Cancer Patient Experience Survey (October 2018)
- the latest national staff survey dated March 2019
- the Head of Internal Audit's annual opinion over the trust's control environment dated 21/05/2019; and
- the annual governance statement dated 24/05/2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Calderdale and Huddersfield NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Calderdale and Huddersfield NHS FT for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Calderdale and Huddersfield NHS Trust.

Basis for qualified conclusion on the A&E indicator

With regard to the 'A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge' indicator, our testing identified three incidents where there was a discrepancy between the clock 'stop' time on the EPR system and the time noted in the patients records. Based on the 'stop' times per the patient notes these 3 incidents would have been reported as breaches of the 4 hour maximum waiting time.

The Trust has investigated these instances and it appears that where the 'stop' time is backtimed the staff had made notes to explain this on the system however these notes were not retained by the system. The Trust has carried out additional sampling and put in place appropriate controls to address this.

Qualified conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion on the A&E indicator' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
Leeds

24 May 2019


The Human Skeleton

Appendix A: 2018/19 Clinical Audit

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust were eligible to participate in/participated in for which data collection was completed during 2018/19, are listed below. The numbers of cases submitted to each audit or enquiry as a percentage of the number of registered cases required (by the terms of that audit or enquiry) are also listed.

During 2018/19, 48 of the national clinical audits and 4 national confidential enquiries covered relevant NHS services provided by Calderdale and Huddersfield NHS Foundation Trust.

During that period Calderdale and Huddersfield NHS Foundation Trust participated in 92% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in. These are detailed in Appendix A.

Women's and Children's Health

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Child health programme (CHR-UK)	No	NA	NA	NA
Diabetes in pregnancy audit 2018	Yes	Yes	100%	100%
Maternal, infant and new born programme (MBRRACE-UK)	Yes	Yes	100%	100%
Neonatal intensive and special care (NNAP)	Yes	Yes	451	100%
Paediatric intensive care (PICANet)	No	NA	NA	NA
RCEM Feverish Children 2018 (care in emergency depts)	Yes	Yes	All cases in time period	100%
Audit of seizures & epilepsies in children & young people	Yes	Yes	All cases in time period	100%

Acute

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases Submitted
Adult critical care (Case Mix Programme – ICNARC CMP)	Yes	Yes	100%	On-going
National Joint Registry (NJR)	Yes	Yes	1182	100%
Severe trauma (Trauma Audit & Research Network, TARN)	Yes	Yes	All	100%
National emergency laparotomy audit (NELA)	Yes	Yes	187	100%
RCEM Vital signs in adults 2018	Yes	Yes	All cases in time period	100%
RCEM VTE risk in lower limb amputation 2018 (care in emergency dept)	Yes	Yes	All cases in time period	100%

Blood and transplant

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Medical Use of Blood (National Comparative Audit of Blood Transfusion) National Comparative Audit of Blood Transfusion - programme includes the following audits:				
Audit of the use of FFP and Cryoprecipitate in neonates and children	Yes	NA (none eligible)		
National Audit of the management of massive haemorrhage	Yes	Yes	7	100%
Use of O neg red cells (lab manager audit only)	Yes	Yes	30 units	100%

Cancer

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Bowel cancer (NBOCAP)	Yes	Yes	474	100%
Lung cancer (NLCA)	Yes	Yes	331	100%
Oesophago-gastric cancer (NAOGC)	Yes	Yes	All cases in time period	100%
National Prostate Cancer Audit	Yes	Yes	320	100%
Endocrine & Thyroid National Audit (BAETS)	Yes	Yes	All cases in time period	100%
Head & Neck Cancer Audit (HANA)	Yes	Yes	All cases in time period	100%
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Yes	475	

Heart

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	927	100%
Adult cardiac surgery audit (ACS)	No	N/A	N/A	N/A
Cardiac arrhythmia (HRM)	Yes	Yes	100%	On-going
Congenital heart disease (Paediatric cardiac surgery) (CHD)	No	N/A	N/A	N/A
Coronary angioplasty/PCI (NICOR)	Yes	Yes	100%	On-going
Heart failure (HF)	Yes	Yes	100%	On-going
National Cardiac Arrest Audit (NCAA)	Yes	Yes	125 YTD	on-going
National Vascular Registry (elements include CIA, peripheral vascular surgery, VSGBI Vascular Surgery Database, NVD)	Yes	Yes	305	100%

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes	Yes	53 YTD	On-going
Diabetes (Paediatric) (NPDA)	Yes	Yes	100%	100%
Inflammatory bowel disease (IBD) Registry**	Yes	No	On-going	
	None			
National Ophthalmology Audit	Yes	Yes	2864	100%
RCP National COPD secondary care audit 2018	Yes	Yes	On–going	All cases
National audit for rheumatoid & early inflammatory arthritis	Yes	Yes	On-going	On-going
Audit of Pulmonary Hypertension 2018	Yes	Yes	On–going	All cases
National Audit of Care at the End of Life (NACEL)	Yes	Yes	80	100%

Long term conditions

Mental Health

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Prescribing observatory for Mental Health(POMH-UK)	No	N/A	-	-

Older People

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Sentinel Stroke (SSNAP)	Yes	Yes	All	On-going
National audit of Dementia 2018 (round 4)	Yes	Yes	100	100%
Falls & Fragility fractures – inpatients falls	Yes	Yes	30	100%
National Audit of Intermediate Care	Yes	Yes	50	100%

Other

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Specialist Rehab for patients with complex needs	No	N/A	-	-
BTS adult community acquired pneumonia	Yes	Yes	200	On-going
BTS non-invasive ventilation - adults	Yes	Yes	All cases in time period	On-going
UK Cystic Fibrosis Registry	No	N/A	-	-
Seven Day Hospital Services	Yes	Yes	70	100%
Learning Disability Mortality Review (LeDeR)	Yes	Yes	11	100%
BAUS Nephrectomy Surgery	Yes	No	-	-
BAUS PCNL	Yes	No	-	-
National Bariatric Surgery Registry	Yes	No	-	-
Elective surgery (National PROMs Programme) Hip replacements/Knee replacements	Yes	Yes	Pre-op 1042 Post-op 922	90.1%(939) 81.6% (752)

National Confidential Enquiries (NCEPOD)

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Medical and Surgical programme: National Confidential Enquiry into Patient Outcome and Deaths:				
NCEPOD Pulmonary Embolism Study	Yes	Yes	9	88% (8)
NCEPOD Acute Bowel Obstruction	Yes	Yes	8	Ongoing
Long Term Ventilation (NCEPOD Child Health Programme)	Yes	NA (none eligible)		
NCEPOD Peri-operative Diabetes Study	Yes	Yes	3	100% (3)

The Trust did not take part in the national audits as detailed below.

Name of audit	Reason
Inflammatory bowel disease (IBD) Registry	Lack of resources
National Bariatric Surgery Registry	Breakdown in data submission systems
BAUS Nephrectomy Surgery	Lack of resources
BAUS PCNL	Lack of resources
Long Term Ventilation (NCEPOD Child Health Programme)	The Trust had no patients eligible for this study
Audit of the use of FFP and Cryoprecipitate in neonates and children	The Trust had no patients eligible for this study

The reports of 38 national clinical audits were reviewed by the provider in 2018/19 and the following are examples where Calderdale and Huddersfield NHS Foundation Trust intend to take actions to improve the quality of healthcare provided.

National Ophthalmology Audit

The Health Quality Improvement Partnership (HQIP) has commissioned the National Ophthalmology Database (NOD) Cataract Audit to report on all NHS funded cataract surgery in England and Wales. The quality of delivery of this high volume surgical activity nationally is unknown, previous reports have been based on data from self-selected centres and thus may not provide a comprehensive picture representative of NHS cataract surgery as a whole. The current report documents prospectively collected cataract surgery data and reports results for named NHS centres. These include operations performed and recorded by all surgeons of all grades within centres.

Objectives

- To compare CHFT cataract surgery complication in 2017-18 (PCR –Posterior Capsule Rupture Rate) with national published database in ophthalmology NOD
- To recommend further action plan to improve the PCR rate if needed

Summary of findings for CHFT

- CHFT overall PCR rate is 1.1% same as seen in NOD outcome.
- CHFT risk adjusted visual loss is 0.9% comparable to NOD outcome of 0.81%
- There is variation in PCR rate at CRH (1.5%) and HRI (0.9%) as well as risk adjusted visual loss (CRH 1.2% and HRI 0.8%). These findings are consistent with most of the complex cases including GA are done at CRH and only LA cases are operated at HRI
- Post op visual outcome data was available in 71.77% of cases. These numbers at NOD are 67.4%

Actions

Recommendation	Actions required (specify 'None', if none required)	Action by date	Person responsible	Comments/action status (Provide examples of action in progress, changes in practices, problems facilitating change, reasons why recommendation has not been actioned etc.)	Change stage (see Key)
To record PCR risk factors on Medisoft while listing patient for cataract surgery	Every clinician who lists patient for cataract surgery should complete the Medisoft records	Jan 2020	Ms Gogi / Clinical Lead		**Action in progress**
To improve pre op VA data capture from 72.73% to >95%	All HCAs who does the vision in eye clinic at either side should record on medisoft	Jan 2020	Eye clinic Sisters at both sites CRH and HRI	Medisoft /electronic patient record system specific to ophthalmology is been in use exclusively since year 2017	**Complete**
To improve post op VA data collection from 71.77% to 90%	Local optometrists should be encouraged to send post op VA data	Jan 2020, repeat audit to show change	Clinical Lead/ Ophthalmology Manager to liaise with local optometrist group	Commissioners can influence local optometrist group to send post op VA outcome, enhancement of community services	**Action in progress**

Recommendation	Actions required (specify 'None', if none required)	Action by date	Person responsible	Comments/action status (Provide examples of action in progress, changes in practices, problems facilitating change, reasons why recommendation has not been actioned etc.)	Change stage (see Key)
Quality assurance for acceptable rate of adverse events	Clinicians in the dept should update the referrals taken for adverse events after the cataract surgery done outside CHFT to audit lead	Jan 2020	Dr Shevade/ Ms Gogi	Centrally accessible database will be created so all adverse post cataract surgery events can be collected where patients had surgery in private sector	**Action in progress**

SSNAP Annual Report April 2017- 2018

Introduction:

This Annual report is based on patients arriving at hospital (or having stroke onset as an inpatient) between 1 April 2017 – 31 March 2018 and patients who were discharged from inpatient care during the same period. The Clinical Effectiveness and Evaluation Unit in the Clinical Standards Department of the Royal College of Physicians first conducted the National Sentinel Stroke Audit (NSSA) in 1998 and subsequently a total of 7 rounds have been undertaken with 100% participation achieved since 2006. SSNAP combines the NSSA and the Stroke Improvement National Audit Programme (SINAP) which audited care in the first 72 hours after stroke. SSNAP is aiming to be the single source of stroke data for local teams, regional authorities and at a national level.

Aim:

- benchmark services regionally and nationally
- monitor progress against a background of organisational change to stroke services.
- support clinicians in identifying where improvements are needed, planning for and lobbying for change and celebrating success
- empower patients to ask searching questions

Summary of Findings

SSNAP KI		NO.	METRIC	CURRENT MONTH			TARGET	SSNAP LEVEL
SCANNING	1 Hour scanning	1	% of stroke patients scanned within 1 hour of hospital arrival	March			TARGET	LEVEL
				Numerator	26	41.3%	48%	C
				Denominator	63			
	12 Hour Scanning	2	% of stroke patients scanned within 12 hours of hospital arrival	March			TARGET	LEVEL
				Numerator	55	87.3%	95%	C
				Denominator	63			
	Median time to scan	3	Median arrival to scan time (minutes)	March			TARGET	LEVEL
				100 minutes			<60	D
STROKE UNIT	Direct Admission	4	% of stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	March			TARGET	LEVEL
				Numerator	30	47.6%	90%	E
				Denominator	63			
	90% Stay	5	% of stroke patients spending 90% of their stay on a stroke unit	March			TARGET	LEVEL
				Numerator	48	77.4%	90%	D
				Denominator	62			
THROMBOLYSIS	No. Thrombolysed	6	% of all stroke patients thrombolysed	March			TARGET	LEVEL
				Numerator	7	11.1%	20%	D
				Denominator	63			
	Thrombolysis within 1 hour	7	% of stroke patients thrombolysed within 1 hour	March			TARGET	LEVEL
				Numerator	7	100.0%	55%	A
				Denominator	7			
	Median time to scan	8	Median clock start to thrombolysis time (minutes)	March			TARGET	LEVEL
				31 minutes			<40	A

SNNAP Key indicators -Area of improvement

SSNAP KPI		Metric	SSNAP Level Target	YTO March 18 CRH
Thrombolysis	**Thrombolysis within 1 hour**	% of stroke patients thrombolysed within 1 hour	**55%**	**81.8%**
	Median	Median clock start to thrombolysis time (minutes)	**<40**	**36**
Discharge Process	**Joint care**	% of stroke patients with joint care plans on discharge from hospital	**90%**	**99.2%**
	ESD	% of stroke patients supported by an Early Supported Discharge Team	**40%**	**63%**
	Atrial Fibrillation	% of stroke patients , presenting with AF, anticoagulation on discharge	**95%**	**95.5%**

THERAPY	INITIAL ASSESSMENT COMPLETED WITHIN 72 HOURS OF ARRIVAL/ONSET	March		Level
		OT	83.0%	C
		PHYSIO	81.6%	D
		SALT COMM	96.0%	A
		SALT SWALLOW	82.6%	B

MEDIAN NUMBER OF MINUTES PER DAY ON WHICH THERAPY IS RECEIVED	March		Level
	OT	36.8	A
	PHYSIO	31.0	B
	SALT	27.2	C

MEDIAN % OF DAYS IN HOSPITAL WHICH THERAPY IS RECEIVED	March		Level
	OT	62.5%	C
	PHYSIO	63.2%	B
	SALT	58.8%	C

Recommendation	Actions required (specify 'None', if none required)	Action by date	Person responsible	Comments/action status (Provide examples of action in progress, changes in practices, problems facilitating change, reasons why recs not actioned etc.)	Change stage (see Key)
D1: Scanning – Currently achieving a C Forecast next quarter SSNAP rating to be A/B	Radiology depart do the scans for suspected stroke but not after 2 hours – this will link in with the new assessment beds – signed up to see the patients within 10 minutes after admission to order a scan & therefore be scanned with an hour. Assessment beds to open in A&E – 28th Sept 2018. (Cubicle 6 and not a 24 hour service).		Anand Nair	The problem is due to not delivering patients to the scanner in the appropriate time after arrival and due to there not being a 1 hour scanning policy for all stroke patients	2
D2: Stroke Unit - Currently achieving a C Forecast next quarter SSNAP rating to be A/B.	Review breaches to see if patients have self-presented or YAS presented & review discrepancy between A&Es. To work with YAS and pull all audit information together to see what the impact is		Anand Nair Oliver Hutchinson	If patients self-present then need to do some work as a Trust to encourage people with Stroke symptoms to attend CRH and if YAS presented to HRI then training /education needs to be conducted with the ambulance service.	2
D3: Thrombolysis - Currently achieving a B Forecast next quarter SSNAP rating to be A.	To circulate response from SSNAP on clarity around the meaning of 'Stroke unit within 4 hours and thrombolysis if required' 1 - Open twist trial for wake up stroke-opening next week - (AN accountable) starting this week 2 - Devise protocol for minor stroke thrombolysis with CHFT registry-by next CGM (AN accountable) starting 1st Dec – should increase score by up to 20%. Review after a month of introduction – look at Dec figures 3 - Locally agreed guideline for thrombolysis for patients on anticoagulants (PR accountable) by next CGM. – postpone for next SSNAP A meeting			Number of patient we offer Thrombolysis to will decrease due to the new national thrombectomy agreement – will make figures look worse as numbers and performance going to Leeds. Add shadow number so we have previous/ corrected number so can compare with previous performance.	2

Recommendation	Actions required (specify 'None', if none required)	Action by date	Person responsible	Comments/action status (Provide examples of action in progress, changes in practices, problems facilitating change, reasons why recs not actioned etc.)	Change stage (see Key)
D4: Specialist Assessment – Currently achieving a D Forecast next quarter SSNAP rating to be B/C	To audit and review breaches for one single month.			Update: 3 patients sent across. 1 was not a breach, 1 was due to delayed admission from a/e over the weekend after consultant ward round. The last one was a patient transferred from MAU after 12 hours - unavoidable based on current setup. Our trust process has changed in Sept 2018 to introduce a Telemedicine assessment/ward round for all admissions – change in practice.	2

What potential clinical benefits will result from this audit?
Benchmarking of performance, review significant changes over time, and regional comparisons resulting in a better service for stroke patients

What other uses will result from this audit? (e.g. publication, awards, accreditation)
- Local data collection in addition to national SSNAP audit.
- Additional value needs to be discussed further in the Trust.
- It will be useful to discuss the measures that are needed to make improvements in some areas.

Other National Clinical Audits the Trust has participated in during 2018/19:
- Breast & Cosmetic Implant Registry
- National Audit of Hip Fractures
- Diabetic Retinopathy Screening (KPI)
- SAMBA 18
- BSUG Stress Incontinence database
- Potential Donor Audit
- Management of Urinary Retention (Collaborative Regional Audit)
- IMAGINE: Ileus Management International (STARsurg)
- RICOCHET Study (National Pathways for patients with HPB malignancies)
- Respiratory complications after abdominal surgery (RECON)
- National Audit of inpatient complex and chronic pain (CHIPS)
- National Audit of Seizure Management (NASH) 3
- The Efficacy and Safety of Sleep Deprivation for EEG examination
- National exploration of neuro-diagnostic practices for the diagnosis of Motor Neuron Disease (MND).
- Standardising Visual, Somatosensory and Brainstem Auditory Evoked Potential (EP) recordings
- FAMCARE2 (end of life care)
- National Audit of Cardiac Rehabilitation

The reports of 89 local clinical audits were reviewed by the provider in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided:

Trust Chaperone Audit

This project will be focussing on whether the patients are protected from any inappropriate occurrences when a chaperone is present and the organisation Calderdale and Huddersfield Foundation Trust is protected from false allegations whilst a patient is having an intimate examination or procedure. A chaperone is an independent person, appropriately trained, whose role is to independently observe the intimate examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship. A chaperone is required to add a layer of protection for both the doctor as well as for the patient.

Objectives

- To review the current chaperone policy and ensure that is being followed and fully adhered to
- Conduct interviews with clinicians that will be fully anonymised to identify if they understand and are complying with the organisations chaperone policy
- Perform a case study within the areas of breast, general surgery, urology and gynaecology specialities

The analysis of the findings from the qualitative piece of research focussed on five areas of speciality; Gastroenterology (Gastro), gynaecology (gynae), urology, breast surgery and colorectal. The patient information was fully anonymised and no information was patient identifiable.

Initially the data was obtained from three separate clinic sessions for each of the five specialities. Within this research data, the information was further broken down to identify how many patients within the clinic had had an intimate examination on clinic days. The patients who did have an intimate examination or procedure defined as examination of the genitalia, per rectum, per vagina, breast or abdomen examination were included in this data set. These patients were a mix of new and follow up patients, which highlights why some of the follow up patients did not require an examination.

Intimate examination performed

	Urology		Breast		Colorectal		Gastro		Gynae	
Had intimate examination?	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Clinic 1	14 (47%)	16 (53%)	2 (14%)	12 (86%)	4 (29%)	10 (71%)	18 (69%)	8 (31%)	4 (29%)	10 (71%)
Clinic 2	15 (94%)	1 (6%)	4 (40%)	6 (60%)	1 (8%)	12 (92%)	13 (87%)	2 (13%)	18 (95%)	1 (5%)
Clinic 3	2 (13%)	14 (88%)	0	29 (100%)	0	7 (100%)	7 (47%)	8 (53%)	0	10 (100%)
Total:	**31 (50%)**	**31 (50%)**	**6 (11%)**	**47 (89%)**	**5 (15%)**	**29 (85%)**	**38 (68%)**	**18 (31%)**	**22 (51%)**	**21 (49%)**

**percentage is rounded up or down to nearest number*

From the patients who had received an intimate examination, a random sample was selected of twenty (where possible) from each of the specialities. Gynaecology had 21, and Gastroenterology had 18. There were 99 anonymised patients included in the research data sample of which 65 were female and 34 were male. For Urology we are estimating 50% of clinic attendances have intimate examinations, 89% for breast, 85% for colorectal, 31% for gastroenterology and 49% for gynaecology.

The majority of intimate examinations were undertaken in the Calderdale hospital as five of the outpatient clinics are held at the Calderdale hospital, and two outpatient clinics are held at the Huddersfield hospital. Intimate examinations take place within the hospital on a daily basis across both sites.

It shows from the research evidence that when a female is having an intimate examination, this has been performed by a male consultant 78% of the time and by a female consultant 22% of the time. The gender of the clinicians was confirmed by a list provided by Human Resources at Calderdale and Huddersfield

Foundation Trust and personal knowledge. However for a male patient, they have been seen by a male consultant 100% of the time. This is because there are a larger number of male consultants (65%) than female consultants (35%).

Interviews with clinicians

Knowledge of policy

Question	Yes	No
Do you know we have a chaperone policy?	4	1
Do you know how to access the chaperone policy?	5	-
Have you accessed the chaperone policy?	3	2

Question	Yes	No
Do you document whether you had a chaperone and whether the patient declined?	2	3
Do you document the name of the chaperone?	2	3
Does the chaperone document anything?	-	5

Conclusions

The findings have shown and evidenced that staff do not fully understand or comply fully with the current chaperone policy. In some areas clinicians will say that they do comply, but that they do not evidence any of this within the patient record.

Recommendation	Actions required (specify 'None', if none required)	Action by date	Person responsible	Comments/ action status (Provide examples of action in progress, changes in practices, problems facilitating change, reasons why recs not actioned etc.)	Change stage (see Key)
Amend posters and leaflets		April 2019	Neeraj Bhasin		2
Amend current policy		April 2019	Neeraj Bhasin		2

Re-audit of Neonatal Jaundice admissions to wd 3 (paeds) CRH

Babies who come to hospital with jaundice are treated with phototherapy lights until their bilirubins are 50 or more below the treatment line on an age specific graph. Babies can often stay in hospital for up to 24hrs waiting for the 'rebound' blood test to be taken, collected and acted on / discharge arranged.
NICE guidelines suggest that for jaundice babies who are otherwise well, with no other concerning factors (eg weight loss, poor feeding, maternal concerns), they can go home as soon as the lights are turned off and have their rebound blood test done 12-18hrs later at home or as a ward attender.
This was not routinely carried out on paediatric wards but could save beds being used, particularly in busy periods, and also prevent newborn babies being around ill children for longer than necessary. It also helps promote bonding with the family and improve general health of the mother by allowing them to go home sooner and be with family support.

A trial was undertaken from 1st Feb 2018 – 31st July 2018 to see if this method worked or if there was still a significant number of readmissions as a result.

Objectives:

- To assess the effectiveness of recent changes made to local jaundice guidelines with a view to updating the guideline

Summary of findings for CHFT

- 133 babies in audit (104 above treatment line)
- Results compared to 2017 (pre guideline) results

Audit results	2017 Pre guidelines	2018 Post guidelines
Babies stayed in hospital for rebound SBR	97%	45%
Lights off: SBR <50 below SBR >50 below	 11% 89%	 1% 99%
Time from lights off to discharge	3% stayed <6 hrs 37% stayed 7-12hrs 46% stayed 13-18hrs 14% stayed over 18hrs	
Went home before having rebound blood tests as there were no other concerns	NA – not offered pre guidelines	55%
Re-attended on ward	NA	12.5% 6 = pre rebound 6 = post rebound

Conclusions
Continue good practice

Recommendation	Actions required (specify 'None', if none required)	Action by date	Lead Person	Comments/action status (i.e. action in progress, changes in practices, problems facilitating change, reasons why recs have not been actioned etc.)	Change stage (see Key)
Adopt new local jaundice guidelines and continue current good practice	None	Complete	V Stead		3

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Accounts 2018/19

compassionate care

Calderdale & Huddersfield NHS Foundation Trust

Annual accounts for the year ended 31 March 2019

Foreword to the accounts
Calderdale & Huddersfield NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by Calderdale & Huddersfield NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Owen Williams (Chief Executive)
Date: 24th May 2019

Statement of Comprehensive Income

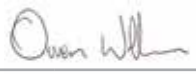
		Group		Trust	
		2018/19	2017/18	2018/19	2017/18
	Note	£000	£000	£000	£000
Operating income from patient care activities	**3**	**328,604**	**321,058**	**328,652**	**321,058**
*Other operating income	4	40,157	39,413	45,524	39,413
Operating expenses		(425,126)	(395,953)	(430,212)	(395,953)
Operating surplus/(deficit) from continuing operations		(56,365)	(35,482)	(56,036)	(35,482)
Finance income	12	95	43	2,392	43
Finance expenses	13	(13,720)	(12,584)	(16,509)	(12,584)
PDC dividends payable		-	(1,449)	-	(1,449)
Net finance costs		**(13,625)**	**(13,990)**	**(14,117)**	**(13,990)**
Share of profit / (losses) of associates / joint arrangements	21	405	868	405	868
Corporation tax expense		(30)	-	-	-
Surplus / (deficit) for the year from continuing operations		**(69,614)**	**(48,604)**	**(69,748)**	**(48,604)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-	-	-
****Surplus / (deficit) for the year**		**(69,614)**	**(48,604)**	**(69,748)**	**(48,604)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8	(36,491)	(7,658)	(36,491)	(7,658)
Revaluations	20	4,602	9,869	4,602	9,869
Share of comprehensive income from associates and joint ventures	21	-	-	-	-
Other reserve movements		-	-	-	-
***Capital Goods Scheme adjustment			1,476	-	1,476
Total comprehensive income / (expense) for the period		**(101,504)**	**(44,917)**	**(101,638)**	**(44,917)**
Surplus/ (deficit) for the period attributable to:					
Non-controlling interest, and		-	-		
		(69,614)	(48,604)	(69,748)	(48,604)
TOTAL		**(69,614)**	**(48,604)**	**(69,748)**	**(48,604)**
Total comprehensive income/ (expense) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
		(101,504)	(44,917)	(101,638)	(44,917)
TOTAL		**(101,504)**	**(44,917)**	**(101,638)**	**(44,917)**
Adjusted financial performance (control total basis):					
Surplus / (deficit) for the period		(69,614)	(48,604)	(69,748)	(48,604)
***Capital Goods Scheme adjustment			1,476	-	1,476
Remove net impairments not scoring to the Departmental expenditure limit		26,510	18,655	26,510	18,655
Remove (gains) / losses on transfers by absorption		-	-	-	-
Remove I&E impact of capital grants and donations		65	36	47	36
Adjusted financial performance surplus / (deficit)		**(43,040)**	**(28,437)**	**(43,191)**	**(28,437)**

* Other operating income for 17/18 includes £5.584m of Sustainability and Transformation Fund income, the Trust did not receive any in 18/19
** The surplus / (deficit) for 18/19 includes £26.510m impairments; for 17/18 this was £18.655m of impairment.
***Capital Goods Scheme adjustment made in 17/18 in relation to the set up of a wholly owned subsidiary company, see note 1.3, no further adjustments were made in 18/19.
The Group was established in 2018 with the commencement of the subsidiary company in September 2018. As such the prior year Group values are per the Trust values and are shown for ease of comparison.

Statement of Financial Position

		Group		Trust	
		31 March 2019	**31 March 2018**	**31 March 2019**	**31 March 2018**
	Note	**£000**	**£000**	**£000**	**£000**
Non-current assets					
Intangible assets	16	8,124	7,410	8,124	7,410
Property, plant and equipment	18	160,007	219,734	159,738	219,734
Investments in associates and joint ventures	21	4,162	3,757	4,162	3,757
Loan to Subsidiary	22	-	-	3,500	-
Receivables	25	2,984	3,525	68,844	3,525
Other assets	26	-	-	-	-
Total non-current assets		**175,276**	**234,426**	**244,367**	**234,426**
Current assets					
Inventories	24	6,615	6,836	5,480	6,836
Receivables	25	18,945	23,052	26,141	23,052
Loan to Subsidiary	22	-	-	936	-
Other assets	26	-	-	-	-
Non-current assets held for sale and assets in disposal groups	27	1,798	1,798	1,798	1,798
Cash and cash equivalents	28	2,036	2,000	1,785	2,000
Total current assets		**29,393**	**33,686**	**36,140**	**33,686**
Current liabilities					
Trade and other payables	29	(38,778)	(41,066)	(41,403)	(41,066)
Borrowings	31	(44,461)	(17,266)	(48,324)	(17,266)
Provisions	33	(1,213)	(1,188)	(1,213)	(1,188)
Other liabilities	30	(2,040)	(1,296)	(1,992)	(1,296)
Liabilities in disposal groups	27	-	-	-	-
Total current liabilities		**(86,493)**	**(60,816)**	**(92,933)**	**(60,816)**
Total assets less current liabilities		**118,177**	**207,295**	**187,575**	**207,295**
Non-current liabilities					
Trade and other payables	29	(43)	(100)	(43)	(100)
Borrowings	31	(174,895)	(162,601)	(244,426)	(162,601)
Provisions	33	(1,622)	(2,014)	(1,622)	(2,014)
Other liabilities	30	(1,063)	(1,204)	(1,063)	(1,204)
Total non-current liabilities		**(177,623)**	**(165,919)**	**(247,155)**	**(165,919)**
Total assets employed		**(59,446)**	**41,376**	**(59,580)**	**41,376**
Financed by					
Public dividend capital		117,042	116,190	117,042	116,190
Revaluation reserve		7,243	39,310	7,243	39,310
Income and expenditure reserve		(183,732)	(114,124)	(183,866)	(114,124)
Total taxpayers' equity		**(59,446)**	**41,376**	**(59,580)**	**41,376**
The notes 1 to 41 on the following pages (page 205 -251) form part of these accounts.					

Owen Williams
Chief Executive
Date: 24 May 2019



Statement of Changes in Equity for the year ended 21 March 2019

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**116,190**	**39,310**	**(114,124)**	**41,376**
Impact of implementing IFRS 15 on 1 April 2018	-	-	(155)	(155)
Impact of implementing IFRS 9 on 1 April 2018	-	-	(15)	(15)
Surplus/(deficit) for the year	-	-	(69,614)	(69,614)
Other transfers between reserves	-	(177)	177	-
Impairments	-	(36,491)	-	(36,491)
Revaluations	-	4,602	-	4,602
Transfer to retained earnings on disposal of assets	-	-	-	-
Public dividend capital received	852	-	-	852
Taxpayers' and others' equity at 31 March 2019	**117,042**	**7,243**	**(183,732)**	**(59,446)**

Statement of Changes in Equity for the year ended 21 March 2018

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**116,190**	**37,464**	**(67,362)**	**86,292**
Prior period adjustment	-	-	-	-
Taxpayers' and others' equity at 1 April 2017 - restated	**116,190**	**37,464**	**(67,362)**	**86,292**
At start of period for new FTs	**-**	**-**	**-**	**-**
Surplus/(deficit) for the year	-	-	(48,604)	(48,604)
Other transfers between reserves	-	(365)	365	-
Impairments	-	(7,658)	-	(7,658)
Revaluations	-	9,869	-	9,869
Capital Goods Scheme adjustment			1,476	1,476
Taxpayers' and others' equity at 31 March 2018	**116,190**	**39,310**	**(114,124)**	**41,376**

Statement of Changes in Equity for the year ended 21 March 2019

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
Taxpayers' and others' equity at 1 April 2018 - brought forward	**£000**	**£000**	**£000**	**£000**
	116,190	39,310	(114,124)	41,376
Impact of implementing IFRS 15 on 1 April 2018	-	-	(155)	(155)
Impact of implementing IFRS 9 on 1 April 2018	-	-	(15)	(15)
Surplus/(deficit) for the year	-	-	(69,748)	(69,748)
Other transfers between reserves	-	(177)	177	-
Impairments	-	(36,491)	-	(36,491)
Revaluations	-	4,602	-	4,602
Public dividend capital repaid	852	-	-	852
Taxpayers' and others' equity at 31 March 2019	**117,042**	**7,243**	**(183,866)**	**(59,580)**

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**116,190**	**37,464**	**(67,362)**	**86,292**
Prior period adjustment	-	-	-	-
	116,190	37,464	(67,362)	86,292
Surplus/(deficit) for the year	-	-	(48,604)	(48,604)
Other transfers between reserves	-	(365)	365	-
Impairments	-	(7,658)	-	(7,658)
Revaluations	-	9,869	-	9,869
Capital Goods Scheme adjustment	-	-	1,476	1,476
Taxpayers' and others' equity at 1 April 2017 - restated	**116,190**	**39,310**	**(114,124)**	**41,376**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend. This charge is based upon a forecast in the final quarter of the financial year and where overestimated will give rise to PDC receivable in the following year.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows					
		Group		**Trust**	
		2018/19	**2017/18**	**2018/19**	**2017/18**
	Note	**£000**	**£000**	**£000**	**£000**
Cash flows from operating activities					
Operating surplus / (deficit)		(56,365)	(35,482)	(56,036)	(35,482)
Non-cash income and expense:				**-**	**-**
Depreciation and amortisation	7.1	8,861	10,584	8,835	10,584
Net impairments	8	26,510	18,655	26,510	18,655
Income recognised in respect of capital donations	4	(31)	(75)	(31)	(75)
Amortisation of PFI deferred credit		-	-	-	-
Non-cash movements in on-SoFP pension liability		-	-	-	-
(Increase) / decrease in receivables and other assets		4,503	(2,643)	(68,554)	(2,643)
(Increase) / decrease in inventories		221	(112)	1,356	(112)
Increase / (decrease) in payables and other liabilities		372	3,679	2,948	3,679
Increase / (decrease) in provisions		(367)	(984)	(367)	(984)
Movements in charitable fund working capital		-	-	-	-
Tax (paid) / received		(30)	-	-	-
Operating cash flows from discontinued operations		-	-	-	-
Other movements in operating cash flows		-	(14)	-	(14)
Net cash flows from / (used in) operating activities		**(16,327)**	**(6,392)**	**(85,339)**	**(6,392)**
Cash flows from investing activities					
Interest received		95	43	2,392	43
Purchase and sale of financial assets / investments		-	-	-	-
Purchase of intangible assets		(1,714)	(430)	(1,714)	(430)
Sales of intangible assets		-	-	-	-
Purchase of PPE and investment property		(8,252)	(20,021)	(8,252)	(20,021)
Sales of PPE and investment property		-	-	296	-
Receipt of cash donations to purchase assets		31	75	31	75
Prepayment of PFI capital contributions		-	-	-	-
Net cash flows from charitable fund investing activities		-	-	-	-
Investing cash flows from discontinued operations		-	-	-	-
Cash from acquisitions / disposals of subsidiaries		-	-	-	-
Net cash flows from / (used in) investing activities		**(9,839)**	**(20,333)**	**(7,247)**	**(20,333)**
Cash flows from financing activities					
Public dividend capital received		852	-	852	-
Public dividend capital repaid		-	-	-	-
Movement on loans from DHSC		40,290	42,082	40,290	42,082
Movement on other loans		-	-	-	-
Other capital receipts		-	-	-	-
Capital element of finance lease rental payments		(1)	-	(2,132)	-
Capital element of PFI, LIFT and other service concession payments		(1,609)	(1,483)	(1,609)	(1,483)
Interest on loans		(2,067)	(1,245)	(2,067)	(1,245)
Other interest		(9)	-	(9)	-
Interest paid on finance lease liabilities		-	-	(2,790)	-
Interest paid on PFI, LIFT and other service concession obligations		(11,386)	(11,092)	(11,386)	(11,092)
PDC dividend (paid) / refunded		132	(1,479)	132	(1,479)
Financing cash flows of discontinued operations		-	-	-	-
Net cash flows from charitable fund financing activities		-	-	-	-
Cash flows from (used in) other financing activities		-	-	71,090	-
Net cash flows from / (used in) financing activities		**26,202**	**26,783**	**92,371**	**26,783**
Increase / (decrease) in cash and cash equivalents		**36**	**59**	**(214)**	**59**
Cash and cash equivalents at 1 April - brought forward		**2,000**	**1,941**	**2,000**	**1,941**
Prior period adjustments			-		
Cash and cash equivalents at 1 April - restated		2,000	1,941	2,000	1,941
Cash and cash equivalents at 31 March	**28.1**	**2,036**	**2,000**	**1,785**	**2,000**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern
These accounts have been prepared on a going concern basis.

The accounting concept of Going Concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate indefinitely and not go out of business or liquidate its assets in the foreseeable future.

Under International Financial Reporting Standards, management are required to assess, as part of the accounts process, the NHS Foundation Trust's ability to continue as a going concern. The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of services to another entity, or has no realistic alternative but to do so.

The Trust Board has assessed various sources of information in order to determine whether it is appropriate to prepare the accounts on a going concern basis. These include both internal and external reporting, the Trust's long term financial plan, audit reports and dialogue with NHS Improvement.

Given the ongoing deficit position, negative net assets and the challenge within the financial plans for 2019/20 further areas require consideration to be able to demonstrate that the Trust is a going concern.
The following has been taken into account when going concern is considered:
- The year-end financial position of £43.0m deficit (excluding impairments as described in note to the SOCI) was in line with the deficit plan agreed with the regulator. Whilst still a deficit position; this secures a level of confidence from NHS Improvement in the Trust's financial management.
- The Trust is supported by loan funding from the Department of Health and Social Care with a balance totalling £144.9m at 31 March 2019.
- The Trust closed the year with £2.0m of cash but cannot sustain the planned deficit position within 2019/20 without the requirements of external cash support. Loan agreements are in place with the Department of Health and Social Care and draw down will take place on a rolling monthly basis.
- The Commissioners continue to buy services from the Trust and contracts with commissioners have been agreed and were signed in April 2019. This leads to regular monthly transfers of fixed levels of cash based on contracted values for 2019/20. This incoming cash along with the loan facility will allow the Trust to meet all its obligations and liabilities.
- From Internal Audit reports completed in 2018/19 there have been no other indications of significant financial risk or weaknesses in financial risk management.
- In 2018/19 a cost improvement programme (CIP) of £18m was delivered. A project management office is in place which ensures that the CIP plans for 2019/20 are robust and oversees their delivery. The programme methodology is built around a gateway approach for project design, development and delivery that includes a rigorous quality and equality impact assessment review. Delivery of the 2019/20 planned deficit position requires an efficiency saving of a further £11m.
- The Trust is continuing to work upon a service transformation strategy working closely with local partners, aided by reconfiguration, to deliver a sustainable long term future. This strategy has been supported by regulators and the West Yorkshire and Harrogate Integrated Care System.
- In December 2018 the Department of Health and Social Care announced that 100% public capital funding of £197m had been earmarked to support implementation of the proposals described in the Trust's Strategic Outline Case for reconfiguration.

There is a reasonable expectation that Calderdale and Huddersfield NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason we continue to adopt the going concern basis in preparing the accounts.

As with any Trust placing reliance on the DHSC for financial support, the directors acknowledge that there can be no certainty that this support will continue although, at the date of approval of these financial statements, they have no reason to believe that it will not do so.

Based on these indications the directors believe that it remains appropriate to prepare the accounts on a going concern basis. However, the matters referred to above represent a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern and, therefore, to continue realising its assets and discharging its liabilities in the normal course of business. The financial statements do not include any adjustments that would result from the basis of preparation being inappropriate.

Note 1.3 Critical judgements in applying accounting policies
The preparation of the financial information , in conformity with IFRS, requires management to make judgements, estimates and assumptions that affect the application of policies and the reported amounts of income and expenses and of assets and liabilities. The estimates and assumptions are based on historical experience and other factors that are believed to be reasonable under all the circumstances. Actual results may vary from there estimates. The estimates and assumptions are reviewed on an on-going bases. revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision only affects that period, or in the period of the revision of future periods, if the revision affects both the current and future periods.

Note 1.4 Key Sources of estimation uncertainty
The following are the key assumptions concerning the future and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year. It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 17.1
The revaluation of the hospital has been carried out by Cushman Wakefield, who have applied the modern equivalent asset valuation. This approach assumes that the asset would be replaced with a modern equivalent, not a building of identical design. The modern equivalent may well be smaller than the existing asset, for example due to technological advances in plant and machinery or reduced operational use.

Note 1.5 Consolidation
Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

NHS Charitable Funds
The trust is the corporate trustee to Calderdale and Huddersfield NHS Foundation Trust charitable fund. The trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The trust has assessed that the values involved are not of a material nature and the Board of Directors has approved and agreed not to consolidate the charitable funds.

Other subsidiaries
The trust has a wholly owned subsidiary company, Calderdale and Huddersfield Solutions (CHS) Ltd. The function of the company is to provide a managed health care facility to the trust.

CHS Ltd. commenced trading on 1 September 2018. The year end for the company is 31 March to align with the Trust. As such the group results for the twelve months to 31 March 2019 include seven months of trading
for the company.

Joint ventures
Joint ventures are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

Note 1.6.1 Revenue from contracts with customers
Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's

entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Under the Payment by Results pricing system the Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

In 2018/19 the Trust agreed an Aligned Incentive Contract with its two main commissioners NHS Calderdale CCG and NHS Greater Huddersfield CCG. This contract is at a fixed value, including an agreed readmissions deduction and CQUIN value. The contract included agreed activity thresholds for review. In light of the fixed value nature of this contract agreement no adjustment has been made for incomplete spells for patients relating to these commissioners.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.6.2 Revenue grants and other contributions to expenditure
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6.3 Other income
Other income for non patient care services is accounted for in the period in which the specific service is delivered. Where income is received for an activity to be delivered in a subsequent financial year that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.7 Expenditure on employee benefits
Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.8 Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.9 Property, plant and equipment

Note 1.9.1 Recognition
Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.9.2 Measurement
Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

A full on-site valuation was carried out as at a April 2018. A desktop revaluation was undertaken as at 31 March 2019. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of

the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.9.3 De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:
• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable ie:
- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.
"Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.9.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.9.5
Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Note 1.9.6
Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	**Max life**
	Years	**Years**
Land	-	-
Buildings, excluding dwellings	15	84
Dwellings	15	80
Plant & machinery	5	15
Transport equipment	7	7
Information technology	5	8
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Note 1.10.1 Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.10.2 Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.10.3 Useful economic life of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	**Max life**
	Years	**Years**
Information technology	5	5
Development expenditure	-	-
Websites	-	-
Software licences	5	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.11 Inventories
Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. The cost valuation is considered to be a reasonable approximation to a fair value due to the high turnover of stock.

Note 1.12 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial liabilities

Note 1.13.1 Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent to which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.13.2 Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets , the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses are determined by using the aging of debt as a means of determining the likelihood of receipt of payment. All Non NHS receivables over 90 days are provided in full , specific high risk debt categories over 30 days are provided in full. Debt in relation to other NHS bodies is not recognised in expected credit losses.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.13.3 Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.14.1 The trust as lessee
Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.14.2 The trust as lessor
Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions
The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 33.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 39 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding

cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax
Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.19 Corporation tax
Calderdale and Huddersfield Solutions Ltd. is a wholly owned subsidiary of Calderdale and Huddersfield NHS Foundation Trust and is subject to corporation tax on its profits.

Note 1.20 Foreign exchange
The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.21 Third party assets
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.22 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

Note 1.23 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.24 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 2 Operating Segments
The Foundation Trust's core activities fall under the remit of the Chief Operating Decision Maker ("CODM") as defined by IFRS 8 'Operating Segments', which has been determined to be the Foundation Trust Board which includes senior professional non-executive directors. These core activities are primarily the provision of specialist NHS healthcare, the income for which is received through contracts with commissioners. The planned level of activity is agreed with our main commissioners for the year, and are listed in the related party disclosures (see Note 41).

Healthcare
The large majority of the Foundation Trust's income originates with the UK Whole of Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust together with the related supplies and overheads needed to establish this production. The business activities which earn revenue and incur expenses are therefore of one broad combined nature and therefore a segment of 'Healthcare' is deemed appropriate.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall Foundation Trust Board. The Trust Board reviews the financial position of the Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process again implies a distinct operating segment under IFRS8.

The finance report considered monthly by the Trust Board contains summary figures for the whole Trust together with graphical line and bar charts relating to different total income activity levels, and directorate expense budgets with their cost improvement positions. Similarly only total balance sheet positions and cash flow forecasts are considered for the whole Foundation Trust. The Board as chief operating decision maker therefore only considers this segment of healthcare in its decision-making process.

	Group			**Trust**	
	Healthcare			**Healthcare**	
	2018/19	**2017/18**		**2018/19**	**2017/18**
	£000	**£000**		**£000**	**£000**
Income	**368,761**	**360,471**	Income	**374,176**	**360,471**
Surplus / (Deficit)	**(69,614)**	**(48,604)**	Surplus / (Deficit)	**(69,748)**	**(48,604)**
Net Assets	**(59,446)**	**41,376**	Net Assets	**(59,580)**	**41,376**

Note 3 Operating income from patient care activities (Group)
All income from patient care activities relates to contract income recognised in line with accounting policy 1.6.1

	Group			**Trust**	
Note 3.1 Income from patient care activities (by nature)	**2018/19**	**2017/18**	**2018/19**	**2017/18**
	£000	**£000**	**£000**	**£000**
Acute services				
Elective income	42,309	42,071	42,309	42,071
Non elective income	102,450	100,284	102,450	100,284
First outpatient income	19,952	17,412	19,952	17,412
Follow up outpatient income	23,221	18,800	23,221	18,800
A & E income	19,138	17,020	19,138	17,020
High cost drugs income from commissioners (excluding pass-through costs)	65	73	65	73
*Other NHS clinical income	85,390	96,519	85,438	96,519
Community services			**-**	**-**
Community services income from CCGs and NHS England	24,827	23,285	24,827	23,285
Income from other sources (e.g. local authorities)	-	-	-	-
All services				
Private patient income	1,126	647	1,126	647
Agenda for Change pay award central funding	3,780	-	3,780	-
*Other clinical income	6,346	4,948	6,346	4,948
Total income from activities	**328,604**	**321,058**	**328,652**	**321,058**

* Other NHS Clinical Income and Other Clinical Income includes income for NHS Tariff income including income for: Direct access £6.2m and maternity pathways £10.3m. It also includes Non Tariff income including income for: block contracts of £25.3m for various services, income for critical care £7.1m, pass through cost for high cost drugs and devices £22.9m, rehabilitation £3.1m, diagnostic tests and imaging £7.9m, CQUIN £6.8m and other clinical income of £2.1m.

Note 3.2 Income from patient care activities (by source)	**Group**				**Trust**		
	2018/19		**2017/18**		**2018/19**		**2017/18**
Income from patient care activities received from:	**£000**		**£000**		**£000**		**£000**
NHS England	28,571		27,821		28,571		27,821
Clinical commissioning groups	287,617		285,079		287,617		285,079
Department of Health and Social Care	3,780		-		3,780		-
Other NHS providers	665		809		665		809
NHS other	-		-		-		-
Local authorities	2,614		3,086		2,614		3,086
Non-NHS: private patients	1,126		647		1,126		647
Non-NHS: overseas patients (chargeable to patient)	270		100		270		100
Injury cost recover scheme	1,945		1,789		1,945		1,789
Non NHS: other	2,016		1,727		2,064		1,727
Total income from activities	**328,604**		**321,058**		**328,652**		**321,058**
Of which:							
Related to continuing operations	328,604		321,058		328652		321058
Related to discontinued operations	-		-		-		-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)			
	Group and Trust		
	2018/19		**2017/18**
	£000		**£000**
Income recognised this year	270		100
Cash payments received in-year	20		28
Amounts added to provision for impairment of receivables	229		53
Amounts written off in-year	-		-

Note 4 Other operating income (Group)	**Group**				**Trust**		
	2018/19		**2017/18**		**2018/19**		**2017/18**
	£000		**£000**		**£000**		**£000**
Other operating income from contracts with customers:							
Research and development (contract)	1,354		979		1,354		979
Education and training (excluding notional apprenticeship levy income)	10,889		9,028		10,889		9,028
*Non-patient care services to other bodies	10,427		9,412		10,416		9,412
Provider sustainability / sustainability and transformation fund income (PSF / STF)	-		5,584		-		5,584
Income in respect of employee benefits accounted on a gross basis	-		-		-		-
**Other contract income	16,118		13,842		21,653		13,842
Other non-contract operating income:							
Research and development (non-contract)	-		-		-		-
Education and training - notional income from apprenticeship fund	305		48		305		48
Receipt of capital grants and donations	31		75		31		75
Charitable and other contributions to expenditure	388		387		388		387
Support from the Department of Health and Social Care for mergers	-		-		-		-
Rental revenue from finance leases	-		-		-		-
Rental revenue from operating leases	442		58		285		58
Amortisation of PFI deferred income / credits	-		-		-		-
Charitable fund incoming resources	-		-		-		-
Other non-contract income	203		-		203		-
Total other operating income	**40,157**		**39,413**		**45,524**		**39,413**
Of which:							
Related to continuing operations	40,157		39,413		45,524		39,413
Related to discontinued operations	-		-		-		-

* - Group -Non-patient care services to other bodies includes £5.9m income for The Health Informatics Service, for IT services provided to other bodies and £3.474m income for Corporate Services for recharges to other bodies for use of buildings, including £3.1m to SWYPFT for use of the Dales unit.
** Group- Other contract income of £16.118m includes £11.9m sales of manufactured pharmaceutical products, £1.4m car parking income, £0.228m property rental income, £0.4m catering income (In 2017/18 the comparative figures were £9.5m for sale of manufactured in pharmaceutical products, £1.9m car parking income, £0.4m property rental income, £0.6m catering income). Trust - also includes income from the subsidiary.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period- (Group and Trust)	
	2018/19
	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	392
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	

-

Note 5.2 Transaction price allocated to remaining performance obligations	**Group**	**Trust**
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	**31 March 2019**	**31 March 2019**
	£000	**£000**
within one year	2,040	1,992
after one year, not later than five years	386	386
after five years	677	677
Total revenue allocated to remaining performance obligations	**3,103**	**3,055**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services - (Group and Trust)
Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018/19	**2017/18**
	£000	**£000**
Income from services designated as commissioner requested services	316,896	313,130
Income from services not designated as commissioner requested services	11,708	7,928
Total	**328,604**	**321,058**

Note 5.4 Profits and losses on disposal of property, plant and equipment -(Group and Trust)
The Trust disposed of Equipment in 18/19 with a loss of £331(Nil 17/18)

Note 6.1 Fees and charges - (Group and Trust)
The Trust does not have Income from fees and charges levied by the trust where the full cost exceeds £1 million.

Note 7.1 Operating expenses (Group)	**Group**				**Trust**		
	2018/19		**2017/18**		**2018/19**		**2017/18**
	£000		**£000**		**£000**		**£000**
Purchase of healthcare from NHS and DHSC bodies	3,819		2,491		3,839		2,491
Purchase of healthcare from non-NHS and non-DHSC bodies	1,311		1,477		1,217		1,477
Purchase of social care	-		-		-		-
Staff and executive directors costs	253,343		244,943		247,666		244,943
Remuneration of non-executive directors	158		163		158		163
Supplies and services - clinical (excluding drugs costs)	28,933		26,448		21,497		26,448
Supplies and services - general	2,555		2,618		1,372		2,618
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	36,736		35,132		36,723		35,132
Inventories written down	-		-		-		-
Consultancy costs	206		145		132		145
Establishment	3,623		4,292		3,251		4,292
Premises	20,343		16,751		41,746		16,751
Transport (including patient travel)	481		436		373		436
Depreciation on property, plant and equipment	7,861		10,157		7,835		10,157
Amortisation on intangible assets	1,000		427		1,000		427
Net impairments	26,510		18,655		26,510		18,655
Movement in credit loss allowance: contract receivables / contract assets	716		-		716		-
Movement in credit loss allowance: all other receivables and investments	-		(21)		-		(21)
Increase/(decrease) in other provisions	98		(565)		98		(565)
Change in provisions discount rate(s)	(25)		(1)		(25)		(1)
Audit fees payable to the external auditor							
audit services- statutory audit	65		55		55		55
other auditor remuneration (external auditor only)	12		12		12		12
Internal audit costs	137		139		137		139
Clinical negligence	16,130		17,042		16,130		17,042
Legal fees	779		126		774		126
Insurance	-		-		-		-
Research and development	16		8		14		8
Education and training	1,162		757		995		757
Rentals under operating leases	4,202		4,032		4,047		4,032
Early retirements	-		-		-		-
Redundancy	-		28		-		28
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	12,836		8,210		12,836		8,210
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-		-		-		-
Car parking & security	-		-		-		-
Hospitality	15		29		15		29
Losses, ex gratia & special payments	-		-		-		-
Grossing up consortium arrangements	-		-		-		-
Other services, eg external payroll	-		-		-		-
Other NHS charitable fund resources expended	-		-		-		-
Other	2,105		1,967		1,088		1,967
Total	**425,126**		**395,953**		**430,212**		**395,953**
Of which:							
Related to continuing operations	425,126		395,953		430,212		395,953
Related to discontinued operations	-		-				

Note 7.2 Other auditor remuneration (Group)	**Group**				**Trust**		
	2018/19		**2017/18**		**2018/19**		**2017/18**
	£000		**£000**		**£000**		**£000**
Other auditor remuneration paid to the external auditor:							
1. Audit of accounts of any associate of the trust	-		-		-		-
2. Audit-related assurance services	12		12		12		12
3. Taxation compliance services	-		-		-		-
4. All taxation advisory services not falling within item 3 above	-		-		-		-
5. Internal audit services	-		-		-		-
6. All assurance services not falling within items 1 to 5	-		-		-		-
7. Corporate finance transaction services not falling within items 1 to 6 above	-		-		-		-
8. Other non-audit services not falling within items 2 to 7 above	-		-		-		-
Total	**12**		**12**		**12**		**12**

Note 7.3 Limitation on auditor's liability (Group)
There is no limitation on auditor's liability for external audit work carried out for the financial years 2018/19 or 2017/18.

Note 8 Impairment of assets (Group)

	2018/19		**2017/18**		**2018/19**		**2017/18**
	£000		**£000**		**£000**		**£000**
Net impairments charged to operating surplus / deficit resulting from:							
Loss or damage from normal operations	-		-		-		-
Over specification of assets	-		-		-		-
Abandonment of assets in course of construction	-		-		-		-
Unforeseen obsolescence	-		-		-		-
Loss as a result of catastrophe	-		-		-		-
Changes in market price	26,510		18,655		26,510		18,655
Impairments of charitable fund assets	-		-		-		-
Other	-		-		-		-
Total net impairments charged to operating surplus / deficit	**26,510**		**18,655**		**26,510**		**18,655**
Impairments charged to the revaluation reserve	36,491		7,658		36,491		7,658
Total net impairments	**63,001**		**26,313**		**63,001**		**26,313**

The impairments and reversal of impairments charged to operating costs and the revaluation reserve are due to changes in market values and all relates to Land Buildings and Dwellings.

Note 9 Employee benefits (Group)	**Group**				**Trust**		
	2018/19		**2017/18**		**2018/19**		**2017/18**
	Total		**Total**		**Total**		**Total**
	£000		**£000**		**£000**		**£000**
Salaries and wages	198,285		189,114		193,577		189,114
Social security costs	18,288		17,515		17,938		17,515
Apprenticeship levy	946		915		938		915
Employer's contributions to NHS pensions	23,729		22,893		23,148		22,893
Pension cost - other	4		16		4		16
Other post employment benefits	-		-		-		-
Other employment benefits	-		-		-		-
Termination benefits	-		-		-		-
Temporary staff (including agency)	12,489		17,005		12,459		17,005
NHS charitable funds staff	-		-		-		-
Total gross staff costs	**253,740**		**247,458**		**248,063**		**247,458**
Recoveries in respect of seconded staff	-		-		-		-
Total staff costs	**253,740**		**247,458**		**248,063**		**247,458**
Of which							
Costs capitalised as part of assets	397		2,515		397		2,515

Note 9.1 Retirements due to ill-health (Group)
During 2018/19 there were 5 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £401k (£178k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 10 Pension costs
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 10.1 Other Pension costs
The Foundation Trust offers an additional defined contribution workplace pension scheme, the National Employment Savings Scheme (NEST) for those staff ineligible to contribute to the NHS Pension.
The cost to the Foundation Trust of participating in the scheme is taken as equal to the contributions payable to that scheme for the accounting period.

Note 11 Operating leases (Group)

Note 11.1 Calderdale & Huddersfield NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Calderdale & Huddersfield NHS Foundation Trust is the lessor.

The lease revenue is for property leased to other organisations

	Group		Trust	
	2018/19	**2017/18**	**2018/19**	**2017/18**
	£000	**£000**	**£000**	**£000**
Operating lease revenue				
Minimum lease receipts	434	53	277	53
Contingent rent	8	5	8	5
Other	-	-	-	-
Total	**442**	**58**	**285**	**58**

	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	**£000**	**£000**	**£000**
Future minimum lease receipts due:				
- not later than one year;	350	48	81	48
- later than one year and not later than five years;	979	34	286	34
- later than five years.	1,382	10	133	10
Total	**2,711**	**92**	**500**	**92**

Note 11.2 Calderdale & Huddersfield NHS Foundation Trust as a lessee
This note discloses costs and commitments incurred in operating lease arrangements where Calderdale & Huddersfield NHS Foundation Trust is the lessee.

	Group		Trust	
	2018/19	**2017/18**	**2018/19**	**2017/18**
	£000	**£000**	**£000**	**£000**
Operating lease expense				
Minimum lease payments	4,212	4,041	4,057	4,041
Contingent rents	-	-	-	-
Less sublease payments received	(10)	(9)	(10)	(9)
Total	**4,202**	**4,032**	**4,047**	**4,032**

	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Future minimum lease payments due:				
- not later than one year;	2,959	3,268	2,870	3,268
- later than one year and not later than five years;	7,500	8,781	7,464	8,781
- later than five years.	15,049	18,182	15,041	18,182
Total	**25,508**	**30,231**	**25,375**	**30,231**
Future minimum sublease payments to be received	(40)	(44)	(40)	(44)

Of the operating lease expenditure £1.9m is for the leasing of buildings (£1.9m 17/18), £2.2m is for the leasing of plant and machinery (£2.1m 17/18).

Note 12 Finance income (Group)

Finance income represents interest received on assets and investments in the period.
Group
Trust

	2018/19		2017/18		2018/19		2017/18
	£000		£000		£000		£000
Interest on bank accounts	95		43		95		43
Interest income on finance leases	-		-		2,297		-
Interest on other investments / financial assets	-		-		-		-
NHS charitable fund investment income	-		-		-		-
Other finance income	-				-		
Total finance income	**95**		**43**		**2,392**		**43**

Note 13.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

	Group				Trust		
	2018/19		2017/18		2018/19		2017/18
	£000		£000		£000		£000
Interest expense:							
Loans from the Department of Health and Social Care	2,324		1,480		2,324		1,480
Other loans	-		-		-		-
Overdrafts	-		-		-		-
Finance leases	-		-		2,790		-
Interest on late payment of commercial debt	9		10		9		10
Main finance costs on PFI and LIFT schemes obligations	6,470		6,596		6,470		6,596
Contingent finance costs on PFI and LIFT scheme obligations	4,916		4,496		4,916		4,496
Total interest expense	**13,719**		**12,582**		**16,509**		**12,582**
Unwinding of discount on provisions	1		2		1		2
Other finance costs	-		-		-		-
Total finance costs	**13,720**		**12,584**		**16,509**		**12,584**

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	Group				Trust		
	2018/19		2017/18		2018/19		2017/18
	£000		£000		£000		£000
Total liability accruing in year under this legislation as a result of late payments	-		-		-		-
Amounts included within interest payable arising from claims made under this legislation	9		10		9		10
Compensation paid to cover debt recovery costs under this legislation	-		-		-		-

Note 14 Discontinued operations (Group)
The Trust had no discontinued operations to disclose in 2018/19 or 2017/18.

Note 15.1 Intangible assets - 2018/19

Group	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	**709**	**9,005**	**-**	**9,714**
Transfers by absorption	-	-	-	-
Additions	-	1,414	300	1,714
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	-	-	-	-
Valuation / gross cost at 31 March 2019	**709**	**10,419**	**300**	**11,428**
Amortisation at 1 April 2018 - brought forward	**634**	**1,670**	**-**	**2,304**
Transfers by absorption	-	-	-	-
Provided during the year	15	985	-	1,000
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	-	-	-	-
Amortisation at 31 March 2019	**649**	**2,655**	**-**	**3,304**
Net book value at 31 March 2019	**60**	**7,764**	**300**	**8,124**
Net book value at 1 April 2018	**75**	**7,335**	**-**	**7,410**

Note 15.2 Intangible assets - 2017/18

Group	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	**636**	**3,107**	**-**	**3,743**
Prior period adjustments	-	-	-	-
Valuation / gross cost at 1 April 2017 - restated	636	3,107	-	3,743
Transfers by absorption	-	-	-	-
Additions	73	357	-	430
Impairments	-	(14,400)	-	(14,400)
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	19,941	-	19,941
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	-	-	-	-
Valuation / gross cost at 31 March 2018	**709**	**9,005**	**-**	**9,714**
Amortisation at 1 April 2017 - as previously stated	**632**	**1,245**	**-**	**1,877**
Prior period adjustments	-	-	-	-
Amortisation at 1 April 2017 - restated	632	1,245	-	1,877
Transfers by absorption	-	-	-	-
Provided during the year	2	425	-	427
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	-	-	-	-
Amortisation at 31 March 2018	**634**	**1,670**	**-**	**2,304**
Net book value at 31 March 2018	**75**	**7,335**	**-**	**7,410**
Net book value at 1 April 2017	**4**	**1,862**	**-**	**1,866**

Note 16.1 Intangible assets - 2018/19

Trust	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	**709**	**9,005**	**-**	**9,714**
Transfers by absorption	-	-	-	**-**
Additions	-	1,414	300	**1,714**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Valuation / gross cost at 31 March 2019	**709**	**10,419**	**300**	**11,428**
Amortisation at 1 April 2018 - brought forward	**634**	**1,670**	**-**	**2,304**
Transfers by absorption	-	-	-	**-**
Provided during the year	15	985	-	**1,000**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Transfer to FT upon authorisation	-	-	-	**-**
Amortisation at 31 March 2019	**649**	**2,655**	**-**	**3,304**
Net book value at 31 March 2019	**60**	**7,764**	**300**	**8,124**
Net book value at 1 April 2018	**75**	**7,335**	**-**	**7,410**

Note 16.2 Intangible assets - 2017/18

Trust	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	**636**	**3,107**	**-**	**3,743**
Prior period adjustments				**-**
Valuation / gross cost at 1 April 2017 - restated	**636**	**3,107**	**-**	**3,743**
Transfers by absorption	-	-	-	**-**
Additions	73	357	-	**430**
Impairments	-	(14,400)	-	**(14,400)**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	19,941	-	**19,941**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Valuation / gross cost at 31 March 2018	**709**	**9,005**	**-**	**9,714**
Amortisation at 1 April 2017 - as previously stated	**632**	**1,245**	**-**	**1,877**
Prior period adjustments	-	-	-	**-**
Amortisation at 1 April 2017 - restated	**632**	**1,245**	**-**	**1,877**
Transfers by absorption	-	-	-	**-**
Provided during the year	2	425	-	**427**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Amortisation at 31 March 2018	**634**	**1,670**	**-**	**2,304**
Net book value at 31 March 2018	**75**	**7,335**	**-**	**7,410**
Net book value at 1 April 2017	**4**	**1,862**	**-**	**1,866**

Note 17.1 Property, plant and equipment - 2018/19

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**31,991**	**159,322**	**1,815**	**439**	**31,903**	**70**	**38,418**	**1,924**	**-**	**265,882**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	-	4,021	-	780	1,461	-	273	-	-	**6,534**
Impairments	(22,014)	(43,850)	(884)	-	-	-	-	-	-	
Reversals of impairments	100	3,647	-	-	-	-	-	-	-	**3,747**
Revaluations	-	1,795	69	-	-	-	-	-	-	**1,864**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(821)	-	-	-	-	**(821)**
Valuation/gross cost at 31 March 2019	**10,077**	**124,936**	**1,000**	**1,219**	**32,543**	**70**	**38,691**	**1,924**	**-**	**210,458**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**-**	**-**	**-**	**22,102**	**48**	**22,396**	**1,602**	**-**	**46,148**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	2,714	24	-	1,743	6	3,325	51	-	**7,861**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(2,714)	(24)	-	-	-	-	-	-	**(2,738)**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(820)	-	-	-	-	**(820)**
Accumulated depreciation at 31 March 2019	**-**	**0**	**(0)**	**-**	**23,024**	**54**	**25,721**	**1,653**	**-**	**50,451**
Net book value at 31 March 2019	**10,077**	**124,935**	**1,000**	**1,219**	**9,518**	**16**	**12,970**	**272**	**-**	**160,007**
Net book value at 1 April 2018	**31,991**	**159,322**	**1,815**	**439**	**9,801**	**22**	**16,022**	**322**	**-**	**219,734**

Note 17.2 Property, plant and equipment - 2017/18

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	**32,766**	**157,761**	**1,914**	**14,988**	**28,927**	**70**	**37,050**	**1,924**	**-**	**275,400**
Prior period adjustments	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2017 - restated	**32,766**	**157,761**	**1,914**	**14,988**	**28,927**	**70**	**37,050**	**1,924**	**-**	**275,400**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	-	5,451	-	5,392	2,976	-	1,368	-	-	**15,187**
Impairments	(775)	(14,534)	(177)	-	-	-	-	-	-	**(15,486)**
Reversals of impairments	-	5,990	-	-	-	-	-	-	-	**5,990**
Revaluations	-	4,654	78	-	-	-	-	-	-	**4,732**
Reclassifications	-	-	-	(19,941)	-	-	-	-	-	**(19,941)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	**-**
Valuation/gross cost at 31 March 2018	**31,991**	**159,322**	**1,815**	**439**	**31,903**	**70**	**38,418**	**1,924**	**-**	**265,882**
Accumulated depreciation at 1 April 2017 - as previously stated	**-**	**-**	**-**	**-**	**20,610**	**42**	**18,925**	**1,551**	**-**	**41,128**
Prior period adjustments	-	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2017 - restated	**-**	**-**	**-**	**-**	**20,610**	**42**	**18,925**	**1,551**	**-**	**41,128**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	5,102	35	-	1,492	6	3,471	51	-	**10,157**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(5,102)	(35)	-	-	-	-	-	-	**(5,137)**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2018	**-**	**-**	**-**	**-**	**22,102**	**48**	**22,396**	**1,602**	**-**	**46,148**
Net book value at 31 March 2018	**31,991**	**159,322**	**1,815**	**439**	**9,801**	**22**	**16,022**	**322**	**-**	**219,734**
Net book value at 1 April 2017	**32,766**	**157,761**	**1,914**	**14,988**	**8,317**	**28**	**18,125**	**373**	**-**	**234,272**

Note 17.3 Property, plant and equipment financing - 2018/19

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019										
Owned - purchased	9,731	57,583	1,000	1,219	9,318	16	12,944	272	-	**92,082**
Finance leased	346	-	-	-	59	-	-	-	-	**405**
On-SoFP PFI contracts and other service concession arrangements	-	66,442	-	-	-	-	-	-	-	**66,442**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	911	-	-	141	-	26	-	-	**1,078**
NBV total at 31 March 2019	**10,077**	**124,935**	**1,000**	**1,219**	**9,518**	**16**	**12,970**	**272**	**-**	**160,007**

Note 17.4 Property, plant and equipment financing - 2017/18

Group	Land	Buildings excluding dwellings	Dwellings	Assets under	Plant & machinery	Transport equipment		Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018										
Owned - purchased	31,485	79,558	1,815	439	9,630	22	15,980	322	-	**139,251**
Finance leased	506	-	-	-	-	-	-	-	-	**506**
On-SoFP PFI contracts and other service concession arrangements	-	79,443	-	-	-	-	-	-	-	**79,443**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	321	-	-	171	-	42	-	-	**534**
NBV total at 31 March 2018	**31,991**	**159,322**	**1,815**	**439**	**9,801**	**22**	**16,022**	**322**	**-**	**219,734**

Note 18.1 Property, plant and equipment - 2018/19

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**31,991**	**159,322**	**1,815**	**439**	**31,903**	**70**	**38,418**	**1,924**	**265,882**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	4,021	-	780	1,461	-	273	-	**6,534**
Impairments	(22,014)	(43,850)	(884)	-	-	-	-	-	**(66,748)**
Reversals of impairments	100	3,647	-	-	-	-	-	-	**3,747**
Revaluations	-	1,795	69	-	-	-	-	-	**1,864**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(1,131)	(39)	(60)	(7)	**(1,237)**
Valuation/gross cost at 31 March 2019	**10,077**	**124,936**	**1,000**	**1,219**	**32,232**	**31**	**38,631**	**1,917**	**210,042**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**-**	**-**	**-**	**22,102**	**48**	**22,396**	**1,602**	**46,148**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	2,714	24	-	1,727	2	3,318	50	**7,835**
Impairments	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(2,714)	(24)	-	-	-	-	-	**(2,738)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(905)	(20)	(17)	(0)	**(942)**
Accumulated depreciation at 31 March 2019	**-**	**0**	**(0)**	**-**	**22,924**	**31**	**25,697**	**1,652**	**50,304**
Net book value at 31 March 2019	**10,077**	**124,935**	**1,000**	**1,219**	**9,308**	**0**	**12,934**	**265**	**159,738**
Net book value at 1 April 2018	**31,991**	**159,322**	**1,815**	**439**	**9,801**	**22**	**16,022**	**322**	**219,734**

Note 18.2 Property, plant and equipment - 2017/18

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	**32,766**	**157,761**	**1,914**	**14,988**	**28,927**	**70**	**37,050**	**1,924**	**275,400**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2017 - restated	**32,766**	**157,761**	**1,914**	**14,988**	**28,927**	**70**	**37,050**	**1,924**	**275,400**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	5,451	-	5,392	2,976	-	1,368	-	**15,187**
Impairments	(775)	(14,534)	(177)	-	-	-	-	-	**(15,486)**
Reversals of impairments	-	5,990	-	-	-	-	-	-	**5,990**
Revaluations	-	4,654	78	-	-	-	-	-	**4,732**
Reclassifications	-	-	-	(19,941)	-	-	-	-	**(19,941)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	**-**
Valuation/ gross cost at 31 March 2018	**31,991**	**159,322**	**1,815**	**439**	**31,903**	**70**	**38,418**	**1,924**	**265,882**
Accumulated depreciation at 1 April 2017 - as previously stated	**-**	**-**	**-**	**-**	**20,610**	**42**	**18,925**	**1,551**	**41,128**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2017 - restated	**-**	**-**	**-**	**-**	**20,610**	**42**	**18,925**	**1,551**	**41,128**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	5,102	35	-	1,492	6	3,471	51	**10,157**
Impairments	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(5,102)	(35)	-	-	-	-	-	**(5,137)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2018	**-**	**-**	**-**	**-**	**22,102**	**48**	**22,396**	**1,602**	**46,148**
Net book value at 31 March 2018	**31,991**	**159,322**	**1,815**	**439**	**9,801**	**22**	**16,022**	**322**	**219,734**
Net book value at 1 April 2017	**32,766**	**157,761**	**1,914**	**14,988**	**8,317**	**28**	**18,125**	**373**	**234,272**

Note 18.3 Property, plant and equipment financing - 2018/19

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	9,731	3,531	420	1,219	5,114	0	12,908	265	**33,187**
Finance leased	346	54,645	580	-	4,106	-	-	-	**59,677**
On-SoFP PFI contracts and other service concession arrangements	-	66,442	-	-	-	-	-	-	**66,442**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	318	-	-	88	-	26	-	**432**
NBV total at 31 March 2019	**10,077**	**124,935**	**1,000**	**1,219**	**9,308**	**0**	**12,934**	**265**	**159,738**

Note 18.4 Property, plant and equipment financing - 2017/18

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	31,485	79,558	1,815	439	9,630	22	15,980	322	**139,251**
Finance leased	506	-	-	-	-	-	-	-	**506**
On-SoFP PFI contracts and other service concession arrangements	-	79,443	-	-	-	-	-	-	**79,443**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	321	-	-	171	-	42	-	**534**
NBV total at 31 March 2018	**31,991**	**159,322**	**1,815**	**439**	**9,801**	**22**	**16,022**	**322**	**219,734**

Note 19 Donations of property, plant and equipment

During 18/19 the Trust received cash from Calderdale & Huddersfield Charitable Funds of £31k (£75k 17/18), for items of equipment to be purchased which included: an additional Microscope, Bladder Scanners, a Lymphodema Bariatric Plinth and a Resuscitaire.

Note 20 Revaluations of property, plant and equipment

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that

were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

A full on-site valuation was carried out as at April 2018. A desktop revaluation was undertaken as at 31 March 2019. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

Note 21 Investments in associates and joint ventures

	Group				Trust		
	2018/19		**2017/18**		**2018/19**		**2017/18**
	£000		**£000**		**£000**		**£000**
Carrying value at 1 April - brought forward	**3,757**		**2,889**		**3,757**		**2,889**
Prior period adjustments			-				
Carrying value at 1 April - restated	**3,757**		**2,889**		**3,757**		**2,889**
Transfers by absorption	-		-		-		-
Acquisitions in year	-		-		-		-
Share of profit / (loss)	405		868		405		868
Net impairments	-		-		-		-
Transfers to / from assets held for sale	-		-		-		-
Disbursements / dividends received	-		-		-		-
Disposals	-		-		-		-
Share of Other Comprehensive Income	-		-		-		-
Other equity movements	-		-		-		-
Carrying value at 31 March	**4,162**		**3,757**		**4,162**		**3,757**

Note 22 Other investments / financial assets (non-current)

	Group				Trust		
	2018/19		**2017/18**		**2018/19**		**2017/18**
	£000		**£000**		**£000**		**£000**
Carrying value at 1 April - brought forward	**-**		**-**		**-**		**-**
Prior period adjustments			-		-		-
Carrying value at 1 April - restated	-		-		-		-
Impact of implementing IFRS 9 on 1 April 2018	-						
Transfers by absorption	-		-		-		-
* Acquisitions in year	-		-		3,500		-
Movement in fair value through income and expenditure	-		-		-		-
Movement in fair value through OCI	-		-		-		-
Net impairments	-		-		-		-
Transfers to / from assets held for sale	-		-		-		-
Amortisation at the effective interest rate	-		-		-		-
Current portion of loans receivable transferred to current financial assets	-		-		-		-
Disposals	-		-		-		-
Carrying value at 31 March	**-**		**-**		**3,500**		**-**

Note 22.1 Other investments / financial assets (current)

	Group				Trust		
	31 March 2019		31 March 2018		31 March 2019		31 March 2018
	£000		£000		£000		£000
Loans receivable within 12 months transferred from non-current financial assets	-		-		-	-	-
Deposits with the National Loans Fund	-		-		-	-	-
* Other current financial assets	-		-		936	-	-
Total current investments / financial assets	**-**		**-**		**936**		

-

* Loan to Subsidiary company, term is 5 years at interest rate of 3.5%.

Note 23 Disclosure of interests in other entities

The Trust entered into a joint venture with Henry Boot Development Ltd on 24th March 2011. This partnership is the Pennine Property Partnership LLP (PPP LLP) and is owned 50/50 by the Trust and Henry Boot Development Ltd.
It has developed a new 56,000 sq. ft. healthcare facility following the exchange of a pre-let agreement with the Trust to operate the building.
The development has involved the substantial reconstruction and refurbishment of an existing derelict stone mill, known as Acre Mill, and now provides a range of modern outpatient facilities. The facility has been in use since the end of January 2015.
The Pennine Property Partnership LLP's principal place of business is within the UK.
The Trust has used the equity accounting method.
There are no contingent liabilities of the JV for which the Trust is jointly and contingently liable.
The JV has no capital commitments.

Disclosure of aggregate amounts for assets and liabilities of jointly controlled operations	**2018/19**		**2017/18**
	£000		**£000**
Non current assets	14,243		13,879
Current assets	1,127		607
Total assets	**15,370**		**14,486**
Current liabilities	(194)		(223)
Non current liabilities	(6,600)		(6,600)
Total liabilities	**(6,794)**		**(6,823)**
Net Assets Attributable to members	**8,576**		**7,663**
Operating income	674		666
Operating expenses	(228)		(312)
Fair Value revaluation Gain	364		1,506
Surplus /(deficit) for the year	**810**		**1,860**

Note 24 Inventories

	Group				Trust		
	31 March 2019		31 March 2018		31 March 2019		31 March 2018
	£000		£000		£000		£000
Drugs	2,558		2,370		2,558		2,370
Work In progress	309		310		309		310
Consumables	3,748		4,156		2,613		4,156
Energy	-		-		-		-
Other	-		-		-		-
Charitable fund inventory	-		-		-		-
Total inventories	**6,615**		**6,836**		**5,480**		**6,836**
of which:							
Held at fair value less costs to sell	-		-				

Inventories recognised in expenses for the year were £65,678k (2017/18: £61,606k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 25.1 Receivables

	Group				Trust		
	31 March 2019		**31 March 2018**		**31 March 2019**		**31 March 2018**
	£000		**£000**		**£000**		**£000**
Current							
Contract receivables*	15,093		-		18,941		-
Contract assets*	-		-		-		-
Trade receivables*	-		12,092		-		12,092
Capital receivables	79		79		79		79
Accrued income*	-		6,779		-		6,779
Allowance for impaired contract receivables / assets*	(1,304)		-		(1,304)		-
Allowance for other impaired receivables	-		(999)		-		(999)
Deposits and advances	-		-		-		-
Prepayments (non-PFI)	1,669		1,707		1,345		1,707
PFI prepayments - capital contributions	-		-		-		-
PFI lifecycle prepayments	-		-		-		-
Interest receivable	-		-		-		-
Finance lease receivables	-		-		3,263		-
PDC dividend receivable	-		131		-		131
VAT receivable	3,407		1,331		3,817		1,331
Corporation and other taxes receivable	-		-		-		-
Other receivables	-		1,932		-		1,932
NHS charitable funds: trade and other receivables	-		-		-		-
Total current receivables	**18,945**		**23,052**		**26,141**		**23,052**
Non-current							
Contract receivables*	2,098		-		2,098		-
Contract assets*	-		-		-		-
Trade receivables*	-		-		-		-
Capital receivables	1,516		1,595		1,516		1,595
Accrued income*	-		700		-		700
Allowance for impaired contract receivables / assets*	(630)		-		(630)		-
Allowance for other impaired receivables	-		-		-		-
Deposits and advances	-		-		-		-
Prepayments (non-PFI)	-		-		-		-
PFI prepayments - capital contributions	-		-		-		-
PFI lifecycle prepayments	-		-		-		-
Interest receivable	-		-		-		-
Finance lease receivables	-		-		65,860		-
VAT receivable	-		-		-		-
Corporation and other taxes receivable	-		-		-		-
Other receivables	-		1,230		-		1,230
NHS charitable funds: trade and other receivables	-		-		-		-
Total non-current receivables	**2,984**		**3,525**		**68,844**		**3,525**
Of which receivable from NHS and DHSC group bodies:							
Current	8,915		11,463		8,915		11,463
Non-current	-		-		-		-

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 25.2 Allowances for credit losses - 2018/19

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2018 - brought forward	**-**	**999**	**-**	**999**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,578	(999)	1,578	(999)
Transfers by absorption	-	-	-	-
New allowances arising	716	-	716	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	(360)	-	(360)	-
Changes arising following modification of cotractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2019	**1,934**	**-**	**1,934**	**-**

Note 25.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	Group	Trust
	All receivables	All receivables
	£000	£000
Allowances as at 1 Apr 2017 - as previously stated	**1,036**	**1,036**
Prior period adjustments	-	-
Allowances as at 1 Apr 2017 - restated	**1,036**	**1,036**
Transfers by absorption	-	-
Increase in provision	-	-
Amounts utilised	(16)	(16)
Unused amounts reversed	(21)	(21)
Allowances as at 31 Mar 2018	**999**	**999**

Note 26 Other assets

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
Current	£000	£000	£000	£000
EU emissions trading scheme allowance	-	-		
Other assets	-	-		
Total other current assets	**-**	**-**	**-**	**-**
Non-current				
Net defined benefit pension scheme asset	-	-		
Other assets	-	-		
Total other non-current assets	**-**	**-**	**-**	**-**

Note 27 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2018/19	**2017/18**	**2018/19**	**2017/18**
	£000	**£000**	**£000**	**£000**
NBV of non-current assets held for sale and assets in disposal groups at 1 April	**1,798**	**4,215**	**1,798**	**4,215**
Prior period adjustment		-	-	-
NBV of non-current assets held for sale and assets in disposal groups at 1 April - restated	**1,798**	**4,215**	**1,798**	**4,215**
Transfers by absorption	-	-	-	-
Assets classified as available for sale in the year	-	-	-	-
Assets sold in year	-	-	-	-
Impairment of assets held for sale	-	(2,417)	-	(2,417)
Reversal of impairment of assets held for sale	-	-	-	-
Assets no longer classified as held for sale, for reasons other than disposal by sale	-	-	-	-
NBV of non-current assets held for sale and assets in disposal groups at 31 March	**1,798**	**1,798**	**1,798**	**1,798**

The assets classified as held for sale as at 31 March 2019, were two assets of land and buildings namely the St Luke's Hospital site (SLH) and The Poplars nursery building.

The Poplars sale had been agreed with the current occupants of the building and the sale is expected to complete during 19/20.

At the Board of Directors in January 2016 it was agreed to transfer the St Luke's Hospital (SLH) site to the Pennine Property Partnership (PPP) in line with the agreement in place on the establishment of the PPP on 24th March 2011. The transfer is expected to complete in 2019.

Note 27.1 Liabilities in disposal groups

	Group		Trust	
	31 March 2019	**31 March 2018**	**31 March 2019**	**31 March 2018**
	£000	**£000**	**£000**	**£000**
Categorised as:				
Provisions	-	-		
Trade and other payables	-	-		
Other	-	-		
Total	**-**	**-**	**-**	**-**

Note 28.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2018/19	**2017/18**	**2018/19**	**2017/18**
	£000	**£000**	**£000**	**£000**
At 1 April	**2,000**	**1,941**	**2,000**	**1,941**
Prior period adjustments	-	-	-	-
At 1 April (restated)	**2,000**	**1,941**	**2,000**	**1,941**
Transfers by absorption	-	-	-	-
Net change in year	36	59	(215)	59
At 31 March	**2,036**	**2,000**	**1,785**	**2,000**
Broken down into:				
Cash at commercial banks and in hand	56	42	56	42
Cash with the Government Banking Service	1,980	1,958	1,729	1,958
Deposits with the National Loan Fund	-	-	-	-
Other current investments	-	-	-	-
Total cash and cash equivalents as in SoFP	**2,036**	**2,000**	**1,785**	**2,000**
Bank overdrafts (GBS and commercial banks)	-	-	-	-
Drawdown in committed facility	-	-	-	-
Total cash and cash equivalents as in SoCF	2,036	2,000	1,785	2,000

Note 28.2 Third party assets held by the trust

Calderdale & Huddersfield NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust		
	31 March 2019		**31 March 2018**
	£000		**£000**
Bank balances	3		2
Monies on deposit	7		7
Total third party assets	**10**		**9**

Note 29.1 Trade and other payables

	Group				Trust		
	31 March 2019		**31 March 2018**		**31 March 2019**		**31 March 2018**
	£000		**£000**		**£000**		**£000**
Current							
Trade payables	11,013		15,155		9,024		15,155
Capital payables	3,000		4,777		3,000		4,777
Accruals	14,903		12,382		21,891		12,382
Receipts in advance and payments on account	-		-		-		-
Social security costs	-		-		-		-
VAT payables	30		-		-		-
Other taxes payable	5,061		4,736		4,919		4,736
PDC dividend payable	1		-		1		-
Accrued interest on loans*	-		492		-		492
Other payables	4,770		3,525		2,569		3,525
NHS charitable funds: trade and other payables	-		-		-		-
Total current trade and other payables	**38,778**		**41,066**		**41,403**		**41,066**
Non-current							
Trade payables	-		-		-		-
Capital payables	-		-		-		-
Accruals	-		-		-		-
Receipts in advance and payments on account	-		-		-		-
VAT payables	-		-		-		-
Other taxes payable	-		-		-		-
Other payables	43		100		43		100
NHS charitable funds: trade and other payables	-		-		-		-
Total non-current trade and other payables	**43**		**100**		**43**		**100**
Of which payables from NHS and DHSC group bodies:							
Current	3,664		5,273		3,508		5,273
Non-current	-		-		-		-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 31. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 29.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

Group and Trust	**31 March 2019**		**31 March 2019**		**31 March 2018**		**31 March 2018**
	£000		**Number**		**£000**		**Number**
- to buy out the liability for early retirements over 5 years	-				-		
- number of cases involved			-				-

Note 30 Other liabilities

	Group			Trust		
	31 March 2019		31 March 2018	31 March 2019		31 March 2018
	£000		£000	£000		£000
Current						
Deferred income: contract liabilities	2,040		1,296	1,992		1,296
Deferred grants	-		-	-		-
Deferred PFI credits / income	-		-	-		-
Lease incentives	-		-	-		-
Other deferred income	-		-	-		-
NHS charitable funds: other liabilities	-		-	-		-
Total other current liabilities	**2,040**		**1,296**	**1,992**		**1,296**
Non-current						
Deferred income: contract liabilities	1,063		1,204	1,063		1,204
Deferred grants	-		-	-		-
Deferred PFI credits / income	-		-	-		-
Lease incentives	-		-	-		-
Other deferred income	-		-	-		-
NHS charitable funds: other liabilities	-		-	-		-
Net pension scheme liability	-		-	-		-
Total other non-current liabilities	**1,063**		**1,204**	**1,063**		**1,204**

Note 31 Borrowings

	Group			Trust		
	31 March 2019		31 March 2018	31 March 2019		31 March 2018
	£000		£000	£000		£000
Current						
Bank overdrafts	-		-	-		-
Drawdown in committed facility	-		-	-		-
Loans from DHSC	42,756		15,658	42,756		15,658
Other loans	-		-	-		-
Obligations under finance leases	8		-	3,871		-
PFI lifecycle replacement received in advance	-		-	-		-
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	1,697		1,608	1,697		1,608
NHS charitable funds: other current borrowings	-		-	-		-
Total current borrowings	**44,461**		**17,266**	**48,324**		**17,266**
Non-current						
Loans from DHSC	102,144		88,202	102,144		88,202
Other loans	-		-	-		-
Obligations under finance leases	50		-	69,582		-
PFI lifecycle replacement received in advance	-		-	-		-
Obligations under PFI, LIFT or other service concession contracts	72,701		74,399	72,701		74,399
NHS charitable funds: other current borrowings	-		-	-		-
Total non-current borrowings	**174,895**		**162,601**	**244,426**		**162,601**

Note 31.1 Reconciliation of liabilities arising from financing activities

Group	**Loans from DHSC**		**Other loans**		**Finance leases**		**PFI and LIFT schemes**		**Total**
	£000		**£000**		**£000**		**£000**		**£000**
Carrying value at 1 April 2018	**103,860**		**-**		**-**		**76,007**		**179,867**
Cash movements:									**-**
Financing cash flows - payments and receipts of principal	40,290		-		(1)		(1,609)		38,680
Financing cash flows - payments of interest	(2,067)		-		-		(6,470)		(8,537)
Non-cash movements:									**-**
Impact of implementing IFRS 9 on 1 April 2018	492		-		-		-		492
Transfers by absorption	-		-		-		-		-
Additions	-		-		59		-		59
Application of effective interest rate	2,324		-		-		6,470		8,794
Change in effective interest rate	-		-		-		-		-
Changes in fair value	-		-		-		-		-
Other changes	-		-		-		-		-
Carrying value at 31 March 2019	**144,900**		**-**		**58**		**74,398**		**219,355**

Trust	**Loans from DHSC**		**Other loans**		**Finance leases**		**PFI and LIFT schemes**		**Total**
	£000		**£000**		**£000**		**£000**		**£000**
Carrying value at 1 April 2018	**103,860**	**-**	**-**	**-**	**-**	**-**	**76,007**	**-**	**179,867**
Cash movements:	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Financing cash flows - payments and receipts of principal	40,290	-	-	-	(2,132)	-	(1,609)	-	36,549
Financing cash flows - payments of interest	(2,067)	-	-	-	(2,790)	-	(6,470)	-	(11,327)
Non-cash movements:	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Impact of implementing IFRS 9 on 1 April 2018	492	-	-	-	-	-	-	-	492
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	75,585	-	-	-	75,585
Application of effective interest rate	2,324	-	-	-	2,790	-	6,470	-	11,584
Change in effective interest rate	-	-	-	-	-	-	-	-	-
Changes in fair value	-	-	-	-	-	-	-	-	-
Other changes	-	-	-	-	-	-	-	-	-
Carrying value at 31 March 2019	**144,900**		**-**		**73,453**		**74,398**		**292,750**

Note 32 Finance leases

Note 32.1 Calderdale & Huddersfield NHS Foundation Trust as a lessor

Future lease receipts due under finance lease agreements where the trust is the lessor:

This is for building leases between the Trust and the Subsidiary for hospital facilities.

	Group				Trust		
	31 March 2019		31 March 2018		31 March 2019		31 March 2018
	£000		£000		£000		£000
Gross lease receivables	**-**		**-**		**99,506**		**-**
of which those receivable:							
- not later than one year;	-		-		6,902		-
- later than one year and not later than five years;	-		-		34,511		-
- later than five years.	-		-		58,093		-
Unearned interest income	-		-		(30,382)		-
Allowance for uncollectable lease payments	-		-		-		-
Net lease receivables	**-**		**-**		**69,123**		**-**
of which those receivable:							
- not later than one year;	-		-		3,263		-
- later than one year and not later than five years;	-		-		19,222		-
- later than five years.	-		-		46,638		-
The unguaranteed residual value accruing to the lessor	-		-		-		-
Contingent rents recognised as income in the period	-		-		-		-

32.2 Note 32.2 Calderdale & Huddersfield NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.							
	Group				Trust		
	31 March 2019		31 March 2018		31 March 2019		31 March 2018
	£000		£000		£000		£000
Gross lease liabilities	**58**		**-**		**109,785**		**-**
of which liabilities are due:							
- not later than one year;	8		-		8,443		-
- later than one year and not later than five years;	34		-		40,329		-
- later than five years.	16		-		61,014		-
Finance charges allocated to future periods	-		-		(36,332)		-
Net lease liabilities	**58**		**-**		**73,453**		**-**
of which payable:							
- not later than one year;	8		-		3,871		-
- later than one year and not later than five years;	34		-		22,019		-
- later than five years.	16		-		47,563		-
Total of future minimum sublease payments to be received at the reporting date	-		-		-		-

Contingent rent recognised as expense in the period - - - -

The Trust lease payable is for building leases between Trust and the Subsidiary for hospital facilities.

Note 33 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2018	**934**	**1,237**	**146**	**160**	**725**	**3,202**
Transfers by absorption	-	-	-	-	-	-
Change in the discount rate	(6)	(19)	-	-	-	(25)
Arising during the year	254	104	86	-	486	930
Utilised during the year	(250)	(102)	(49)	(70)	(56)	(527)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-
Reversed unused	(163)	(72)	(80)	(90)	(340)	(745)
Unwinding of discount	1	-	-	-	-	1
Movement in charitable fund provisions	-	-	-	-	-	-
At 31 March 2019	**769**	**1,148**	**102**	**0**	**815**	**2,835**
Expected timing of cash flows:						
- not later than one year;	219	102	102	-	791	1,213
- later than one year and not later than five years;	397	356	-	-	24	777
- later than five years.	154	691	0	0	0	845
Total	**769**	**1,148**	**102**	**0**	**815**	**2,835**

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions - £1.2m in 17/18.

Note 33.1 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2018	**934**	**1,237**	**146**	**160**	**725**	**3,202**
Transfers by absorption	-	-	-	-	-	-
Change in the discount rate	(6)	(19)	-	-	-	(25)
Arising during the year	254	104	86	-	486	930
Utilised during the year	(250)	(102)	(49)	(70)	(56)	(527)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-
Reversed unused	(163)	(72)	(80)	(90)	(340)	(745)
Unwinding of discount	1	-	-	-	-	1
At 31 March 2019	**769**	**1,148**	**102**	**0**	**815**	**2,835**
Expected timing of cash flows:						
- not later than one year;	219	102	102	-	791	1,213
- later than one year and not later than five years;	397	356	-	-	24	777
- later than five years.	154	691	0	0	0	845
Total	**769**	**1,148**	**102**	**0**	**815**	**2,835**

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions - £1.2m in 17/18.

Note 33.2 Clinical negligence liabilities
At 31 March 2019, £181,724k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Calderdale & Huddersfield NHS Foundation Trust (31 March 2018: £188,463k).

Note 34 Contingent assets and liabilities
There are no contingent assets as at 31st March 2019 (£0.5m as at 31st March 2018).

There were no contingent liabilities to disclose at 31 March 2019 or 31 March 2018.

Note 35 Contractual capital commitments

	Group				Trust		
	31 March 2019		**31 March 2018**		**31 March 2019**		**31 March 2018**
	£000		**£000**		**£000**		**£000**
Property, plant and equipment	612		2,229		612		2,229
Intangible assets	-		-		-		-
Total	**612**		**2,229**		**612**		**2,229**

Note 36 Other financial commitments
The group / trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Group				Trust		
	31 March 2019		**31 March 2018**		**31 March 2019**		**31 March 2018**
	£000		**£000**		**£000**		**£000**
not later than 1 year	2,495		2,495		2,495		2,495
after 1 year and not later than 5 years	7,485		7,485		7,485		7,485
paid thereafter	4,832		7,328		4,832		7,328
Total	**14,812**		**17,308**		**14,812**		**17,308**

This commitment relates to a contract with Cerner Ltd to deliver an Electronic Patient Record system and includes costs relating to Bradford Teaching Hospital NHS Foundation Trust. The contractual commitment remains with Calderdale & Huddersfield NHS Foundation Trust as the contract signatory.

Calderdale & Huddersfield NHS Foundation Trust has a back to back legal agreement with Bradford Teaching Hospital NHS Foundation Trust to indemnify Calderdale and Huddersfield NHS Foundation Trust against any associated risk.

Note 37 On-SoFP PFI, LIFT or other service concession arrangements
The Trust has a PFI scheme for Calderdale Royal Hospital. The PFI contractor is Calderdale Hospitals SPC Ltd (formerly Catalyst Healthcare Ltd). The Trust is responsible for the provision of all clinical services, Calderdale Hospitals SPC Ltd provide fully serviced hospital accommodation.

Note 37.1 Imputed finance lease obligations
The following are obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	Group				Trust		
	31 March 2019		**31 March 2018**		**31 March 2019**		**31 March 2018**
	£000		**£000**		**£000**		**£000**
Gross PFI, LIFT or other service concession liabilities	**244,788**		**259,179**		**244,788**		**259,179**
Of which liabilities are due							
- not later than one year;	13,176		13,065		13,176		13,065
- later than one year and not later than five years;	61,445		58,492		61,445		58,492
- later than five years.	170,167		187,622		170,167		187,622
Finance charges allocated to future periods	(170,390)		(183,172)		(170,390)		(183,172)
Net PFI, LIFT or other service concession arrangement obligation	**74,398**		**76,007**		**74,398**		**76,007**
- not later than one year;	1,697		1,608		1,697		1,608
- later than one year and not later than five years;	12,120		10,037		12,120		10,037
- later than five years.	60,581		64,362		60,581		64,362

Note 37.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:							
	Group				Trust		
	31 March 2019		31 March 2018		31 March 2019		31 March 2018
	£000		£000		£000		£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**420,855**		**450,693**		**420,855**		**450,693**
Of which liabilities are due:							
- not later than one year;	27,896		27,501		27,896		27,501
- later than one year and not later than five years;	117,274		115,615		117,274		115,615
- later than five years.	275,685		307,577		275,685		307,577

Note 37.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group				Trust		
	2018/19		2017/18		2018/19		2017/18
	£000		£000		£000		£000
Unitary payment payable to service concession operator	**27,412**		**22,315**		**27,412**		**22,315**
Consisting of:							
- Interest charge	6,470		6,596		6,470		6,596
- Repayment of finance lease liability	1,609		1,483		1,609		1,483
- Service element and other charges to operating expenditure	12,137		7,534		12,137		7,534
- Capital lifecycle maintenance	1,581		1,530		1,581		1,530
- Revenue lifecycle maintenance	699		676		699		676
- Contingent rent	4,916		4,496		4,916		4,496
- Addition to lifecycle prepayment	-		-		-		-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-		-		-		-
	27,412		**22,315**		**27,412**		**22,315**

Note 38.1 Financial risk management

Because of the continuing service provider relationship that the NHS Foundation Trust has with local Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies. The Trust neither buys or sells financial instruments. The NHS Foundation Trust has limited powers to invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Foundation Trust in undertaking its activities.

Investment risk

The Board of Directors has approved a Treasury Management policy which sets out the parameters for investing any surplus operating cash in short-term deposits. This includes the restriction of any such investment to permitted institutions with appropriate credit ratings; these ratings are in line with the guidance issued by Monitor 'Managing Operating Cash in NHS Foundation Trusts'. In addition the policy sets out the maximum limits for any such investments and the Trust's approach to borrowing. The policy, and its implementation, are reviewed by the Audit & Risk Committee and the Board of Directors. The Trust's treasury management activity is subject to review by the Trust's internal auditors.

Interest rate risk

All of the Trust's currently held financial liabilities carry nil or fixed rates of interest. The Trust therefore currently has low exposure to interest rate fluctuations. Future borrowing is planned to be provided by the Department of Health and Social Care.

Liquidity risk

The Trust's operating costs are largely incurred under contracts with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust receives cash each month based on an annually agreed level of contract activity with regular in-year reconciliations to monitor actual levels of performance as contractually required.

To finance the Trust's deficit position the Trust required loan funding in 2018/19 as was the case in prior years. The drawdown of revenue borrowing totalled £43.1m in 2018/19 and was secured from Department of Health in the form of an Interim Revenue Support Facility at an interest rate ranging from 1.5% to 3.5% across the year.

In 2018/19 the Trust has financed its capital expenditure from internally generated funds generated through depreciation charges supplemented by Public Dividend Capital received.

The Trust's 2019/20 plan recognises that the Trust will require cash support from the Department of Health of £9.7m which will be drawn down on a monthly basis, The Trust is therefore, not exposed to significant liquidity risk.

Currency risk
The Trust is principally a domestic organisation with negligible transactions, assets and liabilities in foreign currencies. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Note 38.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	**Held at amortised cost**	**Held at fair value through I&E**	**Held at fair value through OCI**	**Total book value**
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	15,243	-	-	15,243
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	2,036	-	-	2,036
Consolidated NHS Charitable fund financial assets	-	-	-	-
Total at 31 March 2019	**17,279**	**-**	**-**	**17,279**

Group	**Loans and receivables**	**Assets at fair value through the I&E**	**Held to maturity**	**Available-for-sale**	**Total book value**
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	19,821	-	-	-	19,821
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents	2,000	-	-	-	2,000
Consolidated NHS Charitable fund financial assets	-	-	-	-	-
Total at 31 March 2018	**21,821**	**-**	**-**	**-**	**21,821**

Trust	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	88,306	-	-	88,306
Other investments / financial assets	4,436	-	-	4,436
Cash and cash equivalents	1,785	-	-	1,785
Total at 31 March 2019	**94,527**	**-**	**-**	**94,527**

Trust	**Loans and receivables**	**Assets at fair value through the I&E**	**Held to maturity**	**Available-for-sale**	**Total book value**
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	19,821	-	-	-	19,821
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents	2,000	-	-	-	2,000
Total at 31 March 2018	**21,821**	**-**	**-**	**-**	**21,821**

Note 38.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at fair value through I&E	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	144,900	-	144,900
Obligations under finance leases	58	-	58
Obligations under PFI, LIFT and other service concession contracts	74,398	-	74,398
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	33,711	-	33,711
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Consolidated NHS charitable fund financial liabilities	-	-	-
Total at 31 March 2019	**253,067**	**-**	**253,067**

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	103,860	-	103,860
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	76,007	-	76,007
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	36,431	-	36,431
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Consolidated NHS charitable fund financial liabilities	-	-	-
Total at 31 March 2018	**216,298**	**-**	**216,298**

Trust	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	144,900	-	144,900
Obligations under finance leases	73,453	-	73,453
Obligations under PFI, LIFT and other service concession contracts	74,398	-	74,398
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	36,526	-	36,526
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2019	**329,277**	**-**	**329,277**

Trust	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	103,860	-	103,860
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	76,007	-	76,007
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	36,431	-	36,431
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2018	**216,298**	**-**	**216,298**

Note 38.4 Fair values of financial assets and liabilities

The book value (carrying value of financial assets and liabilities is a reasonable approximation of fair value.

Note 38.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
In one year or less	78,173	53,697	84,850	53,697
In more than one year but not more than two years	37,999	30,804	42,144	30,804
In more than two years but not more than five years	63,042	51,972	76,693	51,972
In more than five years	73,853	79,825	125,590	79,825
Total	**253,067**	**216,298**	**329,277**	**216,298**

Note 39 Losses and special payments

	2018/19			2017/18	
Group and Trust	Total number of cases	Total value of cases		Total number of cases	Total value of cases
	Number	£000		Number	£000
Losses					
Cash losses	-	-		-	-
Fruitless payments	-	-		-	-
Bad debts and claims abandoned	-	-		-	-
Stores losses and damage to property	3	65		2	73
Total losses	**3**	**65**		**2**	**73**
Special payments					
Compensation under court order or legally binding arbitration award	12	51		24	72
Extra-contractual payments	-	-		-	-
Ex-gratia payments	19	10		13	6
Special severence payments	-	-		-	-
Extra-statutory and extra-regulatory payments	-	-		-	-
Total special payments	**31**	**61**		**37**	**78**
Total losses and special payments	**34**	**126**		**39**	**151**
Compensation payments received		-			-

Note 40.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £492k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in net decrease of £15k n the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £3,318k.

Note 40.2 Initial application of IFRS 15
IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The application of IFRS 15, as required by paragaph C8 of the standard has had minimal impact for the Trust.

Note 41 Related parties- Group and Trust
The Trust has established which entities and individuals are its related parties, in accordance with International Accounting Standard 24.

The Department of Health and Social Care are the parent department and all bodies within the scope of 'Whole of Government Accounts' (WGA) are related parties. Accordingly, the table below details material transactions.

Related party transactions - WGA organisations	**2018/19**	**2017/18**
	£000	**£000**
Income - NHS Calderdale CCG	142,557	139,399
Income - NHS Greater Huddersfield CCG	126,688	124,146
Income - NHS North Kirklees CCG	8,198	7,368
Income - NHS Bradford Districts CCG	7,316	7,109
Income - NHS Wakefield CCG	3,737	3,673
Income - Leeds Teaching Hospitals NHS Trust	1,157	1,300
Income - South West Yorkshire Partnership NHS Foundation Trust	3,860	3,977
Income - Health Education England	11,189	9,331
Income- Yorkshire and the Humber Commissioning Hub	20,804	23,146
Income- Yorkshire and the Humber Local Office	5,792	5,314
Income - Other WGA	21,169	20,512
Income - Total with WGA organisations	**352,467**	**345,275**
Charitable Funds	558	311
Income - Total	**353,025**	**345,586**
Expenditure - Bradford Teaching Hospitals NHS Foundation Trust	1,022	911
Expenditure - Leeds Teaching Hospitals NHS Trust	3,737	2,433
Expenditure - NHS Pension Scheme	23,729	22,893
Expenditure - NHS Resolution	16,388	17,266
Expenditure - HMRC	19,264	18,430
Expenditure - Other WGA	3,650	9,063
Expenditure - Total with WGA organisations	**67,790**	**70,996**
Joint Ventures	1,308	1,403
Expenditure - Total	**69,098**	**72,399**
Related party balances - WGA organisations	2018/19	2017/18
	£000	£000
Receivables - NHS Calderdale CCG	2,446	2,095
Receivables - NHS Greater Huddersfield CCG	1,902	1,552
Receivables - NHS England	556	3,417
Receivables - HM Revenue & Customs - VAT	3,407	1,331
Receivables - Other WGA	4,489	4,348
Charitable Funds	209	133
Receivables - Total with WGA organisations	**13,009**	**12,876**
Payables - NHS Pension Scheme	3,307	3,117
Payables - HMRC	5,091	7,853
Payables - Other WGA	3,850	1,681
Payables - Total with WGA organisations	**12,248**	**12,651**

During the year, the following Board Members or members of the key management staff have declared the following interest or parties related to them.
P Lewer ~ Chair - Not a Director of any other company.
O Williams ~ Chief Executive - is a Trustee of the NHS Confederation, Director of York Health Economics Consortium.

D Anderson~ Non Exec Director - Left the Trust on 22.9.18
S Dunkley ~ Exec Director of workforce & OD - Not a Director of any other company.
L Patterson ~ Non Executive Director - is a Director and sole owner of Dr Linda Patterson Ltd, is a Trustee of Health Quality Improvement Partnership.
P Oldfield ~ Non Executive Director - Director and Owner of Tanzuk Consulting.
G Boothby ~ Director of Finance - Is a Director of Pennine Property Partnership LLP
L Hill ~ Director of Calderdale & Huddersfiled Solutions.
D Birkenhead ~ Medical Director - is a Trustee of Children's Forget Me Not Trust. Wife- GP Partner at Colne Valley Group Practice. Advice given to BMI Hospital
H Barker~ Chief Operating Officer - Company Secretary and Shareholder of Expert Lighting Direct Ltd which makes sales to NHS.

R Hopkin ~ Non Executive Director - Directorship of Capri Finance Ltd- own consultancy company. Non Exec Director, Derwent Housing Association Ltd - Derwent FM Ltd - Centro Place Investments Ltd. Finance Director part time Age UK Calderdale & Kirklees - Finance Consultant.
K Heaton ~ Non Executive Director - University of Manchester - Director of Human Resources. Confederation of British Industry Employment & Skills Board from 09/19.
A Nelson ~ Non Exec Director . Non Exec Director with Disclosure and Barring Service and the Law Society.
A Graham ~ Non Exec Director- is a Director of Calderdale & Huddersfield Solutions Ltd.
J Murphy ~ Chief Nurse- Not a Director of any other company.
B Brown ~ Chief Nurse / Deputy Chief Exec - Not a Director of any other company. Left the Trust.

In 18/19 there were transactions between Calderdale & Huddersfield NHS Foundation Trust and related parties, additional to those declared under the scope of Whole of Government accounts.
The Foundation Trust had expenditure with Pennine Property Partnership LLP in 18/19 £1,307,516 (17/18 of £1,403,661).

The expenditure between the Trust and NHS Confederation in 18/19 £6,245 (17/18 - £7,073).
The Foundation Trust had expenditure with Grange Group Practice Fartown in 18/19 £0 (17/18 of £20,150).

If you need this annual report in other formats please call 01484 347342

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