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The Royal Infirmary
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Huddersfield HD3 3EA

Ref: AH/KB

2 July 2015

To:- Membership Councillors

Dear Colleague

**FORMAL AND INFORMAL MEMBERSHIP COUNCIL MEETING – THURSDAY 9
JULY 2015 – BOARDROOM, HUDDERSFIELD ROYAL INFIRMARY**

I am writing to remind Membership Councillors that I will be available for any informal discussion with interested Membership Councillors prior to the formal meeting at **3.00 pm** in the Boardroom, HRI. Please can we request that any business that is specific in nature, that a question is sent in advance to Martin Urmston prior to the 3.00 pm meeting. Martin can be contacted on:- email: mjurmston@gmail.com or mobile: 07900 562510.

I attach the agenda and associated papers for the formal meeting on the 9 July 2015 commencing at 4.00 pm in the Boardroom, HRI.

I hope that as many as possible will be able to join us.

Yours sincerely



Andrew Haigh
Chairman

Meeting of the CHFT Membership Council Meeting

Thursday 9 July 2015 commencing at 4.00 pm in the

Venue: Boardroom, Huddersfield Royal Infirmary

AGENDA

1.	Welcome and introductions Dr David Anderson, Non Executive Director/SINED Jan Wilson, Non Executive Director	Chairman	Verbal
2.	Apologies for Absence: Julie Hull, John Playle, Owen Williams, Keith Griffiths (Kirsty Archer attending)		
3.	Minutes of previous meeting held on: ▪ Wednesday 8 April 2015	Chairman	APP A
4.	Matters Arising 16/15 – EPR – MC Role	Chairman	VERBAL
5.	Trust Performance: a. Financial Position and Forecast b. Service Performance	Assistant Director of Finance Executive Director of PPEF	APP B APP C
7.	Chairman's Report: a. Chairs Information Exchange Meeting – 25.6.15 b. AGM Planning Sub Group	Chairman Chairman	APP D VERBAL
8.	Constitution: a. Membership Council Register – Resignations/ Appointments b. Register of Interests/Declaration of Interest c. Procedure for Appointment of Deputy Chair/Lead Governor Appointment	Chairman Chairman Chairman	APP E APP F APP G
9.	Annual Appraisal Feedback a. Chair b. Non Executive Directors	Dr David Anderson, SINED Chairman	APP H APP I
10.	Member and Public Engagement – Task & Finish Group Work (29.6.15)	Associate Director of	APP J

		Engagement & Inclusion	
11.	CHFT - Strategic Objectives	Exec Director of Nursing & Operations/ Chairman	APP K
12.	Proposed Schedule of Membership Council Public Meeting Dates 2016	Chairman	APP L
13.	<p>Information to receive:</p> <p>a. Updated Membership Council Calendar 2015</p> <p>b. Notes from Annual Plan Presentation – MC Development Session – 13.4.15</p>	Chairman	<p>APP M</p> <p>APP N</p>
14.	Any Others Business		
15.	<p>Date and time of next meetings:-</p> <p>Thursday 17 September 2015 – Joint BOD/MC Healthfair and Annual General Meeting commencing at 5.00 pm and 6.00 pm respectively in Acre Mill Outpatient Building, 3rd Floor.</p> <p>Wednesday 4 November 2015 - Membership Council Public Meeting commencing at 4.00 pm in the Boardroom, Huddersfield Royal Infirmary.</p>		

MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON WEDNESDAY 8 APRIL 2015 IN THE LARGE TRAINING ROOM, LEARNING CENTRE, CALDERDALE ROYAL HOSPITAL

PRESENT:

Andrew Haigh	Chair
Wayne Clarke	Public elected – Constituency 2
Linda Wild	Reserve register – Constituency 2
Dianne Hughes	Public elected – Constituency 3
Liz Schofield	Reserve Register – Constituency 4
George Richardson	Public elected – Constituency 5
Brian Richardson	Public elected – Constituency 6
Lynn Moore	Public elected – Constituency 7
Kate Wileman	Public elected – Constituency 7
Avril Henson	Staff-elected – Constituency 10
Eileen Hamer	Staff-elected – Constituency 11
Chris Bentley	Staff-elected – Constituency 13
Dawn Stephenson	Nominated Stakeholder – SWYPFT
Bob Metcalfe	Nominated Stakeholder - Calderdale Metropolitan Council

IN ATTENDANCE:

Chris Benham	Deputy Director of Finance (for part of meeting)
Kathy Bray	Board Secretary
Lesley Hill	Executive Director of Planning, Performance, Estates & Facilities (for part of meeting)
Melanie Johnson	General Manager – CGSU – (for part of meeting)
Ruth Mason	Associate Director of Engagement & Inclusion
David Anderson	Non-Executive Director
Dr Alistair Morris	Clinical Director for Modernisation – (for part of meeting)

13/15 APOLOGIES:

Apologies for absence were received from:

Martin Urmston	Public elected – Constituency 1
Peter Middleton	Public elected – Constituency 3
Marlene Chambers	Public elected – Constituency 4
Grenville Horsfall	Public elected – Constituency 5
Johanna Turner	Public elected – Constituency 6
Andrew Sykes	Public elected – Constituency 8
Jennifer Beaumont	Public elected – Constituency 8
Mary Kiely	Staff elected – Constituency 9
Liz Farnell	Staff-elected – Constituency 12
David Longstaff	Nominated Stakeholder – Clinical Commissioning Group
John Playle	Nominated Stakeholder – Uni. of Hudds.
Janice Boucher	Nominated Stakeholder - Locala
Hilary Richards	Nominated Stakeholder – Kirklees Metropolitan Council
Owen Williams	Chief Executive

David Birkenhead	Executive Medical Director
Julie Dawes	Executive Director of Nursing
Julie Hull	Executive Director of Workforce & Organisational Development
Victoria Pickles	Company Secretary
Keith Griffiths	Executive Director of Finance - (for part of meeting)

The Chair welcomed all Membership Councillors, David Anderson, together with other attendees present.

14/15 MINUTES OF THE LAST MEETING – 20 JANUARY 2015

The minutes of the last meeting held on 20 January 2015 were approved as an accurate record.

15/15 MATTERS ARISING

- a. **Care of the Acutely Ill Patient Programme** - Ruth Mason reported that arrangements were being made for David Birkenhead to attend the MC Development Session on the 22 July to give the Membership Councillors an update on the Acutely Ill Patient Programme.
- b. **Perfect Week** – Ruth Mason reported that feedback on the Perfect Week had been included within an edition of the MC News.
- c. **Constitution Update** – The Board Secretary advised that the update Constitution had now been uploaded to the Trust website.

16/15 ELECTRONIC PATIENT RECORD UPDATE – PATIENT INVOLVEMENT – MEMBERSHIP COUNCIL ROLE

Alistair Morris, Consultant Paediatrician/Clinical Director for Modernisation attended the meeting to give the Membership Councillors an update on the current position regarding EPR. It was noted that the contract with Cerner and Bradford Hospitals Foundation Trust had been signed on 4 March 2015. The Trust were developing work streams to 'go and see' other Trusts with EPR in place. It was noted that the building of the system would take some months and it was hoped to make CHFT live first in mid 2016, followed by Bradford. Ongoing monitoring and enhancements would be made as required. The powerpoint presentation gave an overview of the governance structure which would be put in place and the role of the Membership Council within this was discussed.

Discussion took place regarding the work streams which were being developed:-

PAS

Order Comms

A/E

Clinical Documentation

ePrescribing

(Patient Portal)

General discussion took place regarding the security of the system and that the Trust would take on board feedback received from others currently using EPR systems. It was noted that it was the responsibility of individual patients to access and give access to the portal and that an audit trail would be available to view who had accessed the

patients portal records. Current problems with the speed of the Electronic Document Management System for scanning existing paper notes were being addressed and it was acknowledged that once the EPR system was live the speed of access difficulties would not be encountered.

Dr Morris felt that the Membership Councillors input into the work streams, particularly ePrescribing and Patient Portal would be of particular help and it was agreed that Dr Morris would prepare a letter for the Chairman to send out to Membership Councillors setting out how they might be able to help with this project.

ACTION: AM/AH

17/15 TRUST FINANCIAL AND SERVICE PERFORMANCE

Lesley Hill, Executive Director of Planning, Performance, Estates and Facilities and Chris Benham, Deputy Director of Finance presented the Performance and Finance reports as at the end of February 2015 together with information regarding the March position where available. The key issues of concern were noted:-

PERFORMANCE REPORT

- a. A/E ACTIVITY** – The Trust had not achieved the A/E target and although it was hoped to meet this in the first quarter this has been raised as an issue with Monitor. It was noted that the department had been extremely busy over the Easter period although contingencies had been put in place at the request of NHS England. Discussion took place regarding the number of Green X patients awaiting transfer to local authority care. It was noted that the Trust continues to work towards 7 day working in the future although it was appreciated that the Trust was some way from fully achieving this.
- b. NON-ELECTIVE CARE** – over performance affected these targets, i.e. patient moves with a number of outliers in the hospital and delayed discharges.
- c. 62 DAY SCREENING TO TREATMENT** – Target not being met but this was compounded by the low numbers requiring treatment and some due to patient choice.
- d. COMPLAINTS** – An improvement in processing these was noted.
- e. INFECTION CONTROL** – As at the end of February there had been 2 C.Diff cases assigned to the Trust. The Hospital Standardised Mortality rate continued to be above the national average and this was being addressed through the work within the Care of the Acutely Ill programme although not as quickly as the Trust would like.
- f. FALLS** – The number had increased. Work was on going through the nursing structure to address this by reinforcing the work previously done which had then improved the position.
- g. COMMUNITY INDICATORS** – It was noted that this was a new indicator and included maternity and children. The Trust was working with GP colleagues and the CCG to develop the indicator. Feedback from the CCGs was that they were satisfied with the community services being provided by the Trust.

h. WELL LED – Work continued within the Trust to improve the Appraisal and Mandatory Training targets. Plans were in place to spread Appraisals throughout the year to reduce the buildup of outstanding appraisals at year-end but was yet to show a real difference.

FINANCE REPORT

Chris Benham presented the finance report as at 18 February 2015.

The main points highlighted from the report were:-

- The year to date Income & Expenditure position for Month 11 is a deficit of £1.37m, against a planned surplus of £2.12m.
- Exceptional costs of restructuring have been incurred at a value of £1.34m and increase the deficit to £2.71m.
- CIP has delivered £8.66m against a plan of £16.96m.
- The cash position at the end of February 2015 is £16.77m against the planned level of £22.56.
- Capital spend to date of £19.71m compared to planned levels of £22.05.
- The Monitor 'Continuity of Service Risk Rating' (CoSRR*) is 2 at the end of February 2015 against a plan of 3.

Key Points and Risks:

- Year end forecast in line with reforecast deficit of £4.30m.
- CIP schemes to deliver £9.88m, £9.65m behind plan.
- Capital forecast to spend £22.39m.
- Forecast year end cash balance of £10.79m.
- Reserves utilised against CIP shortfall, after nursing investment.
- Winter pressures borne within re-forecast.
- Further restructure costs to be recognised within March and could affect closing cash position.
- Year end CoSRR of 2.
- Monitor enforcement.

18/15 CHAIRMAN'S REPORT

- a. MC/NED INFORMAL WORKSHOP – 12.2.15** – It was noted that the last MC/NED Workshop had been well received with good debate and discussions. This had been partly due to the small group present and feedback received was that they liked the format of the meeting. It was agreed that for further informal workshops a flexible approach would be taken depending on the numbers present and where possible create small discussion groups.
- b. CHAIR'S INFORMATION EXCHANGE MEETING – 23.3.15** – The minutes circulated with the agenda was taken as read. Any questions were welcomed to the Chair.

19/15 CONSTITUTION

- a. MEMBERSHIP COUNCIL REGISTER**

The updated register of members was received for information. It was noted that Joan Taylor, Constituency 2 had resigned on 3.2.15 and this vacancy would be left vacant until the Elections later in the year.

b. REGISTER OF INTERESTS/DECLARATION OF INTERESTS

The updated Register of Interests/Declarations was received. Any amendments were requested to be notified to the Board Secretary as soon as possible.

c. MEMBERSHIP COUNCIL STANDING ORDERS

The updated Standing Orders was received and approved. It was noted that these would be circulated to the Board of Directors for agreement at its next meeting on Thursday 23 April 2015. Subject to approval these would then be loaded onto the Trust Policies site.

ACTION: BOD MEETING AGENDA – 23.4.15

20/15 MEMBER AND PUBLIC ENGAGEMENT

Ruth Mason presented a paper prepared which included actions required following annual review of the Code of Governance and requirements under the Health and Social Care Act 2012:-

- To hold the non-executive directors individually and collectively to account for the performance of the board of directors and
- To represent the interests of NHS Foundation Trust members and of the public

It was noted that the paper covered the numerous opportunities when the Membership Councillors were able to demonstrate 'holding to account' and 'representing the interests of members and of the public' through opportunities to understand the Trust and its strategy, sources of information and points of contact with staff, members, and the public. Future arrangements which were being put in place for the Membership Councillors to gain public views, in liaison with Healthwatch and the CCGs/patient reference groups were discussed.

It was suggested that a Task and Finish Group involving 2/3 Membership Councillors and a Non Executive Director be established to capture and consider other opportunities for Membership Councillors to 'represent the interests of members and the public'.

ACTION: RM

Linda Wild questioned whether the Membership Council should have challenged the Non Executive Directors regarding the financial position prior to Monitor intervening. The Chairman reported that the Board of Directors had similar thoughts but the strengthening of the governance arrangements now in place would improve rigour and accountability. This had entailed the review of the remit of the various sub-committees to the Board, to which designated Membership Councillors had been invited to be present in the future.

21/15 QUALITY ACCOUNT

Mel Johnson attended the meeting to give the Membership Council an update on the priorities for 2015-16:-

<u>Domain</u>	<u>Priority</u>
Safety	Improving Sepsis Care
Effectiveness	To ensure Intravenous antibiotics are given correctly and on time (continued from last year)
Effectiveness	Improving the discharge process
Experience	Better food

Discussion took place regarding the external scrutiny which would be undertaken by KPMG and discussion took place regarding the audit of the data quality which would be undertaken on the chosen indicators. Following discussion it was agreed that the following should be audited as part of the Quality Accounts:

Length of Stay in Medicine – first choice
Falls in Hospital – second choice

The Chairman thanked Mel for the work she had undertaken on preparing the Quality Accounts and wished her all the best for the future as she was due to leave the Trust at the end of the month.

22/15 CHAIR/NON EXECUTIVES ANNUAL APPRAISAL PROCESS

Dr David Anderson as Senior Independent Non Executive Director presented the timeline for the Chair and Non Executive's Annual Appraisal Process. All present noted the timeline and agreed that the process should be led Dr Anderson this year.

Discussion took place regarding the use of alternative (user friendly) paperwork in the future and it was noted that this was in hand by the Company Secretary.

ACTION: Company Secretary

23/15 INFORMATION TO RECEIVE

The following information was received and noted:

- a. **Remuneration Sub Committee – NEDs and Chair Minutes – 27.1.15**
- b. **Updated Membership Council Calendar 2015.**
- c. **Attendance Register for Membership Council Meetings – 1.4.14 to 30.3.15**

24/15 ANY OTHER BUSINESS

a. Trust Organisation Structure

Rev Wayne Clarke questioned why the Membership Council had not been advised of the revised organisation structure affecting the Divisions. The Chairman apologised for the oversight but this decision had been made after the last MC meeting had taken place. The Chairman advised the Membership Council of the rationale and reasoning behind the revised divisional arrangements which had resulted in the following Divisions:-

- Surgical and Anaesthetic Services - unchanged except A/E moving to Medicine

- Medicine Division – to include A/E Department
- Children, Women and Families – to include DATs
- DATS – no longer existed as a separate division.
- Community Division – to be created

It was noted that in the future the Membership Councillors allocation to the Divisional Reference Groups would be amended accordingly.

b. Trust Public Website

Ruth Mason advised the Membership Councillors that an automated message had been returned from the “Contact your Trust MC” site that the person concerned was unhappy about the use of a £20 voucher to ‘bribe members to sign up’. All present agreed that this was an acceptable marketing technique and the voucher had actually been donated to the Trust. An appropriate response was to be returned to the sender.

25/15 DATE AND TIME OF NEXT MEETING

Thursday 9 July 2015 in the Boardroom, Huddersfield Royal Infirmary commencing at 4.00 pm

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

APPENDIX B

Finance Position May 2015

Kirsty Archer,
Assistant Director of Finance

Financial Position to May 2015

Year to date

- The year to date Income & Expenditure position is a deficit of £5.05m, against a planned £5.22m deficit.
- CIP has delivered £1.70m against a plan of £1.27m.
- The cash position at the end of May 2015 was £11.13m against the planned level of £13.31m.
- Capital expenditure of £3.08m, slightly below the planned £3.33m.
- A Continuity of Risk Rating (CoSRR)* of level 2, in-line with plan. This is falsely inflated by the receipt of £10m loan funding in April, the underlying trading position is represented at CoSRR 1.

*CoSRR works on a scale of 1 - 4, 1 = poor, 4 = good

Financial Position to May 2015

Forecast and Risks

- Year end forecast to deliver £20m deficit (excluding exceptional restructuring costs) in line with plan.
- CIP of £17.24m forecast delivery against the planned level of £14.05m.
- Capital expenditure of £20.72m, in-line with the planned level and supported by the £10m capital loan drawdown in April.
- Forecast year end cash balance of £2.01m, in-line with the planned level, including external cash support of £14.9m.
- Year end CoSRR of 1.
- Balance of risks and opportunities remain.
- The Trust continues to be under scrutiny by Monitor due to the reliance on distressed cash funding. Longer term transformation plans are required.

Board Of Directors Integrated Performance Report

Report For: May 2015

Calderdale and Huddersfield 
NHS Foundation Trust

compassionate
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Contents

Board Of Directors Integrated Performance Report

[Responsive](#)

[Caring](#)

[Safety](#)

[Effectiveness](#)

[Well Led /Workforce](#)

[Financial activity](#)

[Externally Reported Frameworks](#)

May was a busy month for activity, all inpatient and day case activity is reported green. The theatre utilisation project continues and focuses on scheduling patient flow, staff and skill mix and scheduling and will be rolled out to July. This should lead to increases in elective and day case activity, through better theatre utilisation. For non-elective activity, we continue to have issues with discharging patients in a timely fashion. We are working with our partners to try and reduce the number of delays due to external issues, and improving processes within the hospitals where there are issues with our own patient flow.

Outpatient activity is slightly under plan.

The A&E 4 hour wait performance was 94.8% against 95% target. Detailed description of the problem and solutions is included at page 8. HRI have subsequently achieved the standard for the last 3 weeks, site specific issues are causing challenges at CRH, expected resolution by July.

The drive to close complaints in the required time continues. At the end of April , 52 complaints were ongoing over timescale, compared to 23 at the end of May. Whilst older complaints are being completed there will be an effect upon timeframe performance.

Two cases of MSSA were detected this month. Both cases have been reviewed and it was noted that both patients had predisposing skin lesions colonised with MSSA (for which we do not decolonise) which would indicate that these were not hospital Acquired Infections.

Our SHMI is 109, a reduction on last month. Our HSMR is 108.53. A review of the Care of the Acutely ill Patient (CAIP) programme took place at the end of May 2015, and a refocused programme will look to be formed in the next month. Works continues on the Mortality review process and lesson learnt are being feedback to the appropriate forums and clinical teams. The data collection process is being streamlined to ensure more timely data is gathered.

Time to theatre for fractured neck of femur patients continues to be off plan, current performance is 72.5% against a target of 85% A recovery plan for performance in peak times will be in place by the end of June.

		Report For: May 2015							Year To Date									
		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Year End Forecast	Data Quality	
Report For: May 2015																		
Activity	% Elective Variance against Plan	Local	0.00%	4.76%	3.13%	-6.64%	22.09%	-	0.00%	0.00%	-2.44%	-8.41%	18.96%	-				
	% Day Case Variance against Plan	Local	0.00%	0.32%	-1.33%	0.55%	25.16%	-	0.00%	-1.35%	-1.91%	-2.45%	10.76%	-				
	% Non-elective Variance against Plan	Local	0.00%	3.15%	1.38%	0.88%	8.57%	-	0.00%	1.26%	-5.56%	3.56%	1.45%	-				
	% Outpatient Variance against Plan	Local	0.00%	-0.18%	-1.73%	-3.83%	11.76%	-	0.00%	1.13%	-0.82%	-2.87%	15.03%	-				
RESPONSIVE - Operational Targets	Theatre Utilisation (TT) - Main Theatre - CRH	Local	92.50%	87.28%	85.49%	-	101.04%	-	92.50%	87.53%	85.72%	-	101.04%	-				
	Theatre Utilisation (TT) - Main Theatre -HRI	Local	92.50%	95.08%	95.08%	-	-	-	92.50%	93.22%	93.22%	-	-	-				
	Theatre Utilisation (TT) - HRI DSU	Local	92.50%	75.67%	74.76%	-	85.44%	-	92.50%	76.40%	75.41%	-	85.44%	-				
	Theatre Utilisation (TT) - HRI SPU	Local	92.50%	84.46%	84.46%	-	-	-	92.50%	82.32%	82.32%	-	-	-				
	% Daily Discharges - Pre 11am	Local	28.00%	9.98%	11.95%	9.14%	9.50%	-	28.00%	10.02%	12.15%	8.77%	9.80%	-				
	Delayed Transfers of Care	Local	5.00%	6.30%	-	-	-	-	5.00%	6.80%	-	-	-	-				
	Green Cross Patients	Local	40	91	-	91	-	-	40	91	-	91	-	-				
	Number of Outliers (Bed Days)	Local	665	791	205	589	0	-	1184	1601	484	1120	0	-				
	First DNA Rate	Local	7.00%	6.45%	6.35%	5.57%	7.74%	3.41%	7.00%	6.57%	6.36%	6.26%	7.54%	3.60%				
	% Hospital Initiated Outpatient Cancellations	Local	21.00%	14.50%	15.42%	14.30%	12.01%	-	21.00%	14.76%	15.27%	15.75%	11.86%	-				
	Appointment Slot Issues on Choose & Book	Local	5.00%	12.99%	11.44%	18.08%	4.64%	-	5.00%	15.00%	12.25%	22.56%	7.38%	-				
	No of Spells with > 2 Ward Movements	Local	-	125	22	73	30	-	-	278	45	172	61	-				
	% of Spells with > 2 ward movements (2% Target)	Local	2.00%	1.97%	1.38%	4.11%	1.01%	-	2.00%	2.26%	1.48%	4.85%	1.06%	-				
	No of Spells with > 5 Ward Movements	Local	-	4	0	4	0	-	-	9	0	9	0	-				
	% of spells with > 5 ward movements (No Target)	Local	-	0.06%	0.00%	0.23%	0.00%	-	-	0.07%	0.00%	0.25%	0.00%	-				
Total Number of Spells	Local	-	6331	1591	1775	2965	-	-	12326	3034	3550	5742	-					
RESPONSIVE: 1 8 Weeks and Other Access Indicators	% Non-admitted Closed Pathways under 18 weeks	National & Contract	95.00%	98.89%	98.91%	98.58%	99.53%	-	95.00%	98.61%	98.64%	98.57%	98.57%	-				
	% Admitted Closed Pathways Under 18 Weeks	National & Contract	90.00%	92.41%	91.62%	100.00%	95.45%	-	90.00%	92.03%	91.27%	100.00%	94.87%	-				
	% Incomplete Pathways <18 Weeks	National	92.00%	95.85%	94.83%	98.71%	97.39%	-	92.00%	95.85%	94.83%	98.71%	97.39%	-				
	18 weeks Pathways >=26 weeks open	Local	0	251	220	3	28	-	0	251	220	3	28	-				
	18 weeks Pathways >=40 weeks open	National	0	7	7	0	0	-	0	7	7	0	0	-				
	% Diagnostic Waiting List Within 6 Weeks	National & Contract	99.00%	99.80%	100.00%	100.00%	99.71%	-	99.00%	99.82%	100.00%	100.00%	99.75%	-				
	Community AHP - 18 Week RTT Activity	National	95.00%	97.41%	-	-	-	97.41%	95.00%	97.41%	-	-	-	97.41%				
	Paediatric Therapies - 18 Week RTT Speech Therapy	National	95.00%	98.95%	-	-	-	98.95%	95.00%	98.95%	-	-	-	98.95%				
	Paediatric Therapies - 18 Week RTT Occupational Therapy	National	95.00%	97.68%	-	-	-	97.68%	95.00%	97.68%	-	-	-	97.68%				
	Paediatric Therapies - 18 Week RTT Physiotherapy	National	95.00%	99.24%	-	-	-	99.24%	95.00%	99.24%	-	-	-	99.24%				
	% Last Minute Cancellations to Elective Surgery	National & Contract	0.60%	0.74%	1.04%	0.00%	1.67%	-	0.60%	0.73%	0.98%	0.07%	1.78%	-				
	28 Day Standard for all Last Minute Cancellations	National & Contract	0	0	0	0	0	-	0	0	0	0	0	-				
	No of Urgent Operations cancelled for a second time	National & Contract	0	0	0	0	0	-	0	0	0	0	0	-				

Report For: May 2015		Indicator Source	Target	Trust	Report For: May 2015				Year To Date					Trend (Rolling 12 Month)	Year End Forecast	Data Quality	
					Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services				Community
RESPONSIVE: Cancer	62 Day Gp Referral to Treatment	National & Contract	85.00%	92.31%	93.33%	91.84%	100.00%	-	85.00%	90.94%	93.06%	88.99%	84.62%	-			
	62 Day Referral From Screening to Treatment	National & Contract	90.00%	100.00%	100.00%	-	-	-	90.00%	92.86%	91.67%	-	100.00%	-			
	31 Day Subsequent Surgery Treatment	National & Contract	94.00%	100.00%	100.00%	100.00%	-	-	94.00%	97.30%	100.00%	97.30%	-	-			
	31 day wait for second or subsequent treatment drug treatments	National & Contract	98.00%	100.00%	100.00%	100.00%	-	-	98.00%	100.00%	100.00%	100.00%	100.00%	-			
	62 Day Aggregated Gp Urgent Referral To Treatment And Screening Referral To Treatment	National & Contract	86.00%	92.86%	93.98%	90.29%	100.00%	-	86.00%	91.17%	93.05%	88.96%	88.89%	-			
	31 Days From Diagnosis to First Treatment	National & Contract	96.00%	100.00%	100.00%	100.00%	100.00%	-	96.00%	100.00%	100.00%	100.00%	100.00%	-			
	Two Week Wait From Referral to Date First Seen	National & Contract	93.00%	98.43%	99.17%	96.24%	100.00%	-	93.00%	97.36%	98.58%	93.13%	100.00%	-			
	Two Week Wait From Referral to Date First Seen: Breast Symptoms	National & Contract	93.00%	93.75%	93.75%	-	-	-	93.00%	93.56%	93.56%	-	-	-			
RESPONSIVE: Accident & Emergency	A and E 4 hour target	National & Contract	95.00%	94.80%	-	94.80%	-	-	95.00%	94.90%	-	94.90%	-	-			
	Time to Initial Assessment (95th Percentile)	National	00:15:00	00:20:00	-	00:20:00	-	-	00:15:00	00:22:00	-	00:22:00	-	-			
	Time to Treatment (Median)	National	01:00:00	00:17:00	-	00:17:00	-	-	01:00:00	00:17:00	-	00:17:00	-	-			
	Unplanned Re-Attendance	National	5.00%	4.82%	-	4.82%	-	-	5.00%	5.07%	-	5.07%	-	-			
	Left without being seen	National	5.00%	3.09%	-	3.09%	-	-	5.00%	3.37%	-	3.37%	-	-			
	A&E Ambulance 30-60 mins	National	0	3	-	3	-	-	0	32	-	32	-	-			
	A&E Trolley Waits	National	0	0	-	0	-	-	0	0	-	0	-	-			
	Improving recording of diagnosis in A&E	CQUINS	85.00%	85.84%	-	85.84%	-	-	85.00%	85.50%	-	85.50%	-	-			

Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Theatre Utilisation (TT) - Main Theatre - CRH	92.50%	87.28%	85.49%	-	101.04%	-
Theatre Utilisation (TT) - Main Theatre - HRI	92.50%	95.08%	95.08%	-	-	-
Theatre Utilisation (TT) - HRI DSU	92.50%	75.67%	74.76%	-	85.44%	-
Theatre Utilisation (TT) - HRI SPU	92.50%	84.46%	84.46%	-	-	-
% Daily Discharges - Pre 11am	28.00%	9.98%	11.95%	9.14%	9.50%	-
Delayed Transfers of Care	5.00%	6.30%	-	-	-	-
Green Cross Patients	40	91	-	91	-	-
Number of Outliers (Bed Days)	665	791	205	589	0	-
First DNA Rate	7.00%	6.45%	6.35%	5.57%	7.74%	3.41%
% Hospital Initiated Outpatient Cancellations	21.00%	14.50%	15.42%	14.30%	12.01%	-
Appointment Slot Issues on Choose & Book	5.00%	12.99%	11.44%	18.08%	4.64%	-
No of Spells with > 2 ward movements	-	125	22	73	30	-
% of Spells with > 2 ward movements (2% Target)	2.00%	1.97%	1.38%	4.11%	1.01%	-
No of Spells with > 5 Ward Movements	-	4	0	4	0	-
% of spells with > 5 ward movements (No Target)	-	0.06%	0.00%	0.23%	0.00%	-
Total Number of Spells	-	6331	1591	1775	2965	-

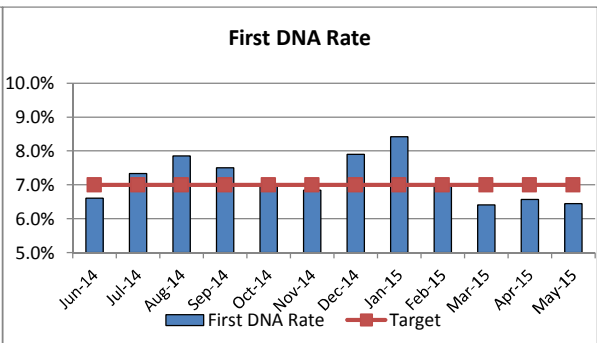
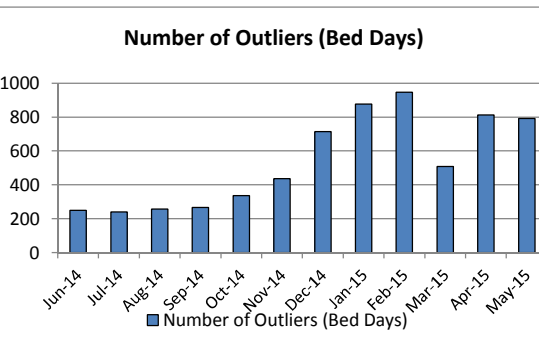
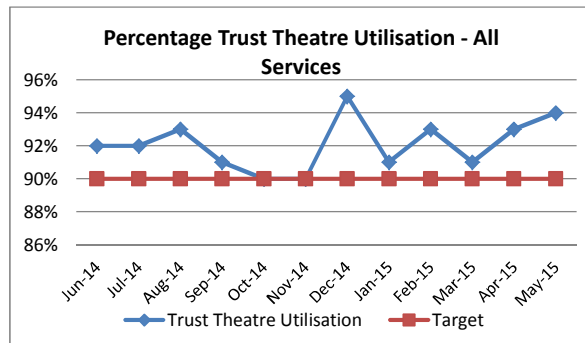
% Daily Discharges Pre 11am
1. Why off Plan? : The vehicle for making this possible is the detailed job planning and processes being designed around the Clinical Site Commanders. This design will incorporate existing systems such as Visual Hospital and will link with individual ward processes via Plan for Every Patient. Discharges are still not routinely arranged in an afternoon due to a number of issues internally and external to the organisation.. Poor use of discharge lounge.
2. Action to get back on Plan: This design is not yet complete. There are now time bound plans around this design. Discharge Improvement group working with internal clinical colleagues and partnership in the community to improve all aspects of discharge planning.
3. Achieved by date: An improvement in position is expected within the next month.

First DNA Rate -
1. Why off plan: Target 7%, performance 6.57% - Performance has recovered and is within target levels with only one Division out of range.
2. Action to get back on Plan:The SMS and Interactive Voice Messaging continues to deliver a reduction in missed appointments, and patients are now able to update contact numbers at the self-checking kiosks. Evening staff have now been recruited to support the extended working in OP reception, the role includes telephoning potential DNAs as an added precaution - the work will focus on high DNA clinics and age ranges. Overall the DNA rate is in line with peer Trusts. RAG rating GREEN

Theatre Utilisation -

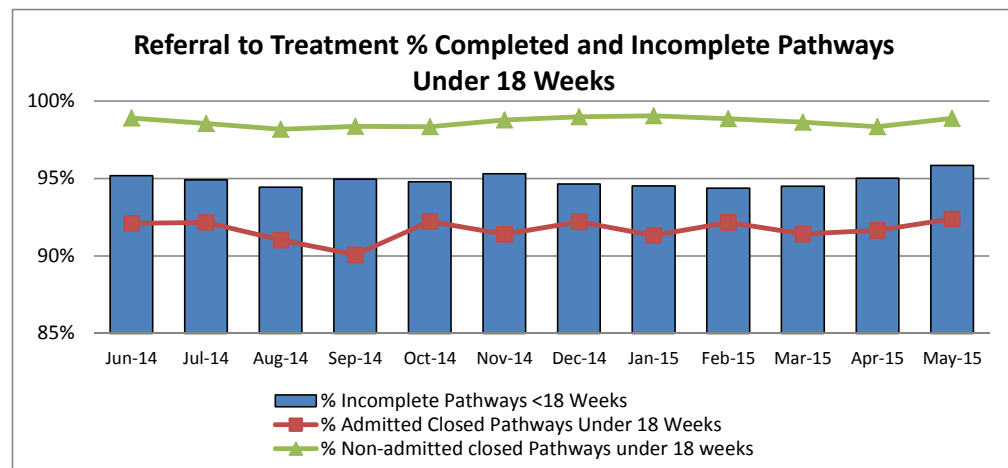
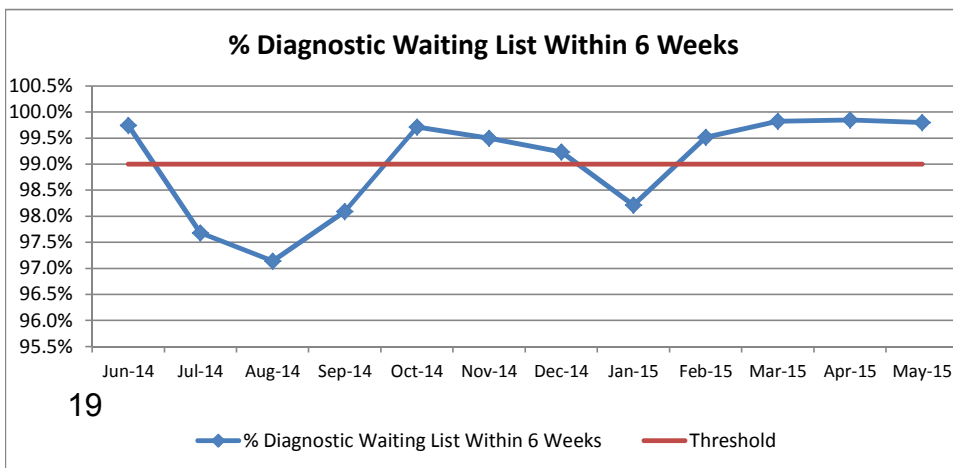
1. Why off plan : Unfortunately not all surgeons have been fully utilising their theatre time and this has been identified by the "four eyes" deep dive work that has taken place within the surgical division.
2. Action to get back on plan: There is a great deal of work taking place, through the theatre PMO scheme, initially this is with 10 surgeons spread over orthopaedics, ENT and general surgery. Areas that have been looked at are scheduling, patient flow to and from theatre, staff and skill mix, start and finish times of theatre lists. These have all been agreed with the CD's and the surgeons concerned and the "better week" did show some improvements in orthopaedics and ENT. Theatre Touch Time (TT) is the way in which the utilisation is now measured, we are working with individual surgeons and specialties regarding their scheduling of patients.

3. Achieved by date: The full roll out should be complete by July 2015, therefore over the next 2 months we should see an improvement in the utilisation figures.



Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
% Non-admitted closed Pathways under 18 weeks	95.00%	98.89%	98.91%	98.58%	99.53%	-
% Admitted Closed Pathways Under 18 Weeks	90.00%	92.41%	91.62%	100.00%	95.45%	-
% Incomplete Pathways <18 Weeks	92.00%	95.85%	94.83%	98.71%	97.39%	-
18 weeks Pathways >=26 weeks open	0	251	220	3	28	-
18 weeks Pathways >=40 weeks open	0	7	7	0	0	-
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	-
Community AHP - 18 Week RTT Activity	95.00%	97.41%	-	-	-	97.41%
Paediatric Therapies - 18 Week RTT Speech Therapy	95.00%	98.95%	-	-	-	98.95%
Paediatric Therapies - 18 Week RTT Occupational Therapy	95.00%	97.68%	-	-	-	97.68%
Paediatric Therapies - 18 Week RTT Physiotherapy	95.00%	99.24%	-	-	-	99.24%

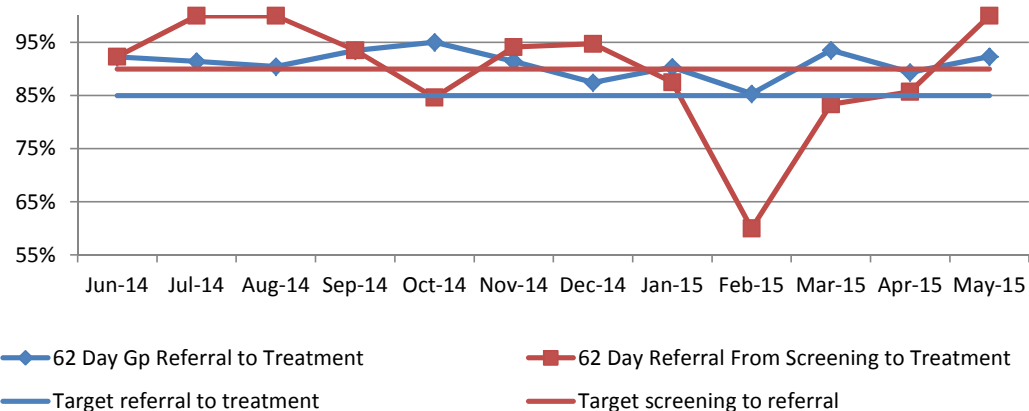
% Diagnostic Waiting List Within 6 Weeks	99.00%	99.80%	100.00%	100.00%	99.71%	-
% Last Minute Cancellations to Elective Surgery	0.60%	0.74%	1.04%	0.00%	1.67%	-
28 Day Standard for all Last Minute Cancellations	0.00%	0.00%	0.00%	0.00%	0.00%	-
No of Urgent Operations cancelled for a second time	0.00%	0.00%	0.00%	0.00%	0.00%	-



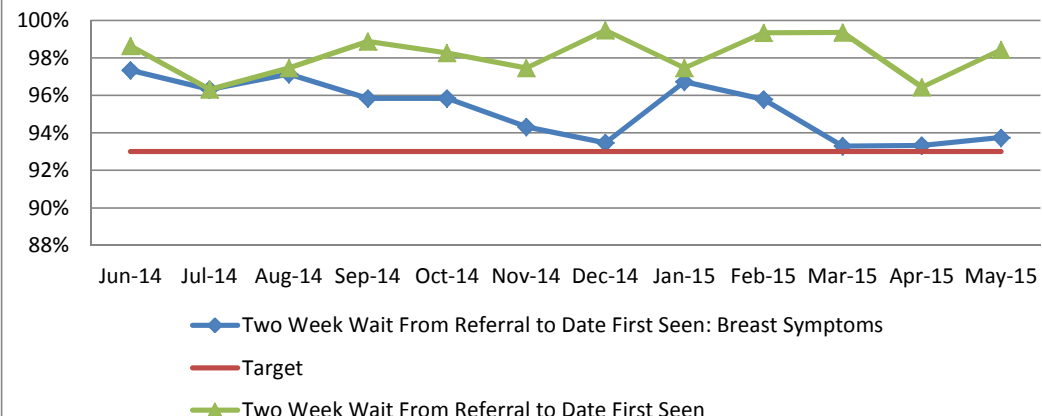
Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Two Week Wait From Referral to Date First Seen	93.00%	98.43%	99.17%	96.24%	100.00%	-
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.00%	93.75%	93.75%	-	-	-
31 Days From Diagnosis to First Treatment	96.00%	100.00%	100.00%	100.00%	100.00%	-
31 Day Subsequent Surgery Treatment	94.00%	100.00%	100.00%	100.00%	-	-
31 day wait for second or subsequent treatment drug treatments	98.00%	100.00%	100.00%	100.00%	-	-
62 Day Aggregated Gp Urgent Referral To Treatment And Screening Referral To Treatment	86.00%	92.86%	93.98%	90.29%	100.00%	-
62 Day Gp Referral to Treatment	85.00%	92.31%	93.33%	91.84%	100.00%	-
62 Day Referral From Screening to Treatment	90.00%	100.00%	100.00%	-	-	-

All cancer targets have been achieved for May 2015

Cancer 62 Day Referral Targets



Cancer 2 Week Referral Targets



Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
A and E 4 hour target	95.00%	94.80%	-	94.80%	-	-
Time to Initial Assessment (95th Percentile)	00:15:00	00:20:00	-	00:20:00	-	-
Time to Treatment (Median)	01:00:00	00:17:00	-	00:17:00	-	-
Unplanned Re-Attendance	5.00%	4.82%	-	4.82%	-	-
Left without being seen	5.00%	3.09%	-	3.09%	-	-
A&E Ambulance 30-60 mins	0	3	-	3	-	-
A&E Trolley Waits	0	0	-	0	-	-
Improving recording of diagnosis in A&E	85.00%	85.84%	-	85.84%	-	-

Time to Initial Assessment & Ambulance Turnaround

Why off plan

- 1) Increase in attendances – on occasions unprecedented numbers of attendances
- 2) 'Exit block' – lack of flow out of the department for patients waiting for admission due to increase in green crosses causes lack of cubicle space
- 3) Lack of nursing staff – new workforce model being developed in line with NICE hard truths for emergency medicine
- 4) ED estate does not meet demand

Actions to get back on track

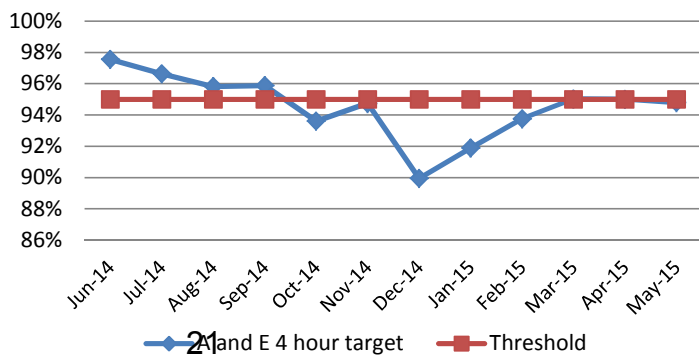
- 1) Increase in attendances:
 - Awareness of this issue to commissioners so that a review of capacity of services Local Care Direct streaming service review
 - Out of area attendances appear to be increasing
 - Appropriateness of ED presenting complaints
 - Workforce model to reflect the demand
- 2) 'Exit block':
 - daily meetings to review green cross patients
 - increased focus and work ensuring EDD for all patients
 - introduction of the discharge improvement meeting (all health economy partners involved)
 - clinical commanders in post to take control of site and improve flow
 - bed modelling to ensure correct capacity available
 - discharge levelling
- 3) Lack of nursing staff
 - new workforce model being developed in line with NICE hard truths for emergency medicine

Anticipated achieve by date:

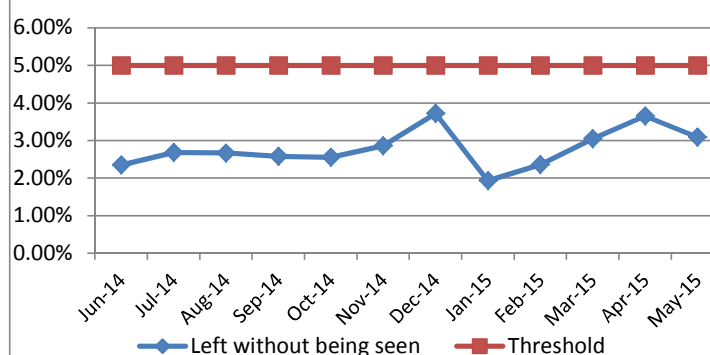
Time to Initial Assessment – HRI achieved the required standard over the last 3 weeks, site specific issues causing challenges at CRH. Expected anticipated date to achievement July 2015.

Ambulance Turnaround at present is running at 89-90% with a target of 95%, RAG – AMBER, risk to achieving the 95% as all actions need to be completed to make the trust compliant. To look at achieving a 1% increase month on month.

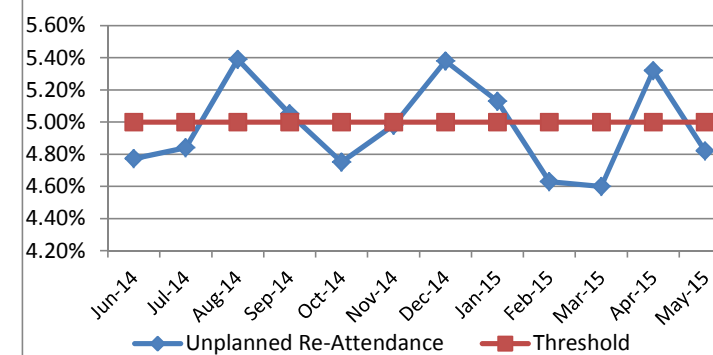
A and E 4 hour target



Left without being seen



Unplanned Re-Attendance



Report For: May 2015

Year To Date

Report For: May 2015		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Year End Forecast	Data Quality
Caring	Number of Mixed Sex Accommodation Breaches	National & Contract	0	0	0	0	0	-	0	0	0	0	0	-			
	% Complaints closed within target timeframe	Local	100.00%	47.30%	13.60%	50.00%	80.00%	50.00%	100.00%	40.00%	28.00%	39.00%	50.00%	33.00%			
	Total Complaints received in the month	Monitor	-	51	22	16	11	1	-	111	36	38	27	3			
	Inpatient complaints per 1000 bed days	Monitor	-	0.7	0.9	0.6	-	-	-	0.9	1.1	0.7	-	-			
	Complaints acknowledged within 3 working days	Local	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			
	Total Concerns in the month	Monitor	-	42	13	12	10	3	0	92	28	30	22	3			
	% of diabetic patients supported to self-care	CQUINS	50.00%	46.00%	-	46.00%	-	-	50.00%	38.10%	-	38.10%	-	-			
	End of Life Care Plan in place	CQUINS	-	33.33%	-	-	-	-	-	35.81%	-	-	-	-			
	Percentage of non-elective inpatients 75+ screened for dementia	CQUIN	90.00%	92.24%	-	-	-	-	90.00%	92.24%	-	-	-	-			
	Nutrition and Hydration - Patient Satisfaction (Reported quarterly)	CQUINS	-	-	-	-	-	-	-	-	-	-	-	-			
Nutrition and Hydration - Reducing Hospital Food Waste (reported quarterly)	CQUINS	-	-	-	-	-	-	-	-	-	-	-	-				
Caring - Friends & Family	Friends & Family Test (IP Survey) - Response Rate	Contract	-	21.40%	29.40%	41.80%	26.10%	-	-	23.30%	26.50%	39.10%	19.40%	-			
	Friends & Family Test (IP Survey) - % would recommend the Service	Contract	-	96.90%	96.00%	96.00%	99.20%	-	-	97.10%	97.40%	96.00%	98.20%	-			
	Friends and Family Test A & E Survey - Response Rate	Contract	-	10.00%	-	10.00%	-	-	-	8.40%	-	8.40%	-	-			
	Friends and Family Test A & E Survey - % would recommend the Service	Contract	-	90.50%	-	90.50%	-	-	-	90.60%	-	90.60%	-	-			
	Friends & Family Test (Maternity) - % would recommend the Service	Contract	-	89.30%	-	-	89.30%	-	-	91.40%	-	-	91.40%	-			
	Friends and Family Test Community Survey - % would recommend the Service	Local	-	89.00%	-	-	-	89.00%	-	90.00%	-	-	-	90.00%			

Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Number of Mixed Sex Accommodation Breaches	0	0	0	0	0	-
% Complaints closed within target timeframe	100.00%	47.30%	13.60%	50.00%	80.00%	50.00%
Total Complaints received in the month	-	51	22	16	11	1
Complaints acknowledged within 3 working days	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Inpatient complaints per 1000 bed days	-	0.7	0.9	0.6	-	-
Total Concerns in the month	-	42	13	12	10	3
% of diabetic patients supported to self-care	50.00%	46.00%	-	46.00%	-	-
End of Life Care Plan in place	-	33.33%	-	-	-	-
Percentage of non-elective inpatients 75+ screened for dementia	90.00%	92.24%	-	-	-	-
Nutrition and Hydration - Patient Satisfaction (reported quarterly)	-	-	-	-	-	-
Nutrition and Hydration - Reducing Hospital Food Waste (reported quarterly)	-	-	-	-	-	-

% Complaints closed within target timeframe

1. Why off plan? The performance rate has improved in month, but still below target. The drive to conclude all cases ongoing over timescale continues. This situation is showing significant improvements. At the end of April, 52 complaints were ongoing over timescale, compared to 23 at the end of May. Whilst older complaints are being completed there will be an effect upon timeframe performance. The surgical division closed 22 outstanding complaints down in the month, however 19 of these were complaints that had been outstanding for quite some time and therefore over the Target time.

2. Actions to get on plan? Weekly performance report with detailed reports of open cases continue to be provided with increased monitoring both within Division and the Patient Advice and Complaints team.

3. Achieved by date: All cases ongoing over target to be completed as a matter of urgency by the end of June 2015. All new and remaining cases to be managed in target.

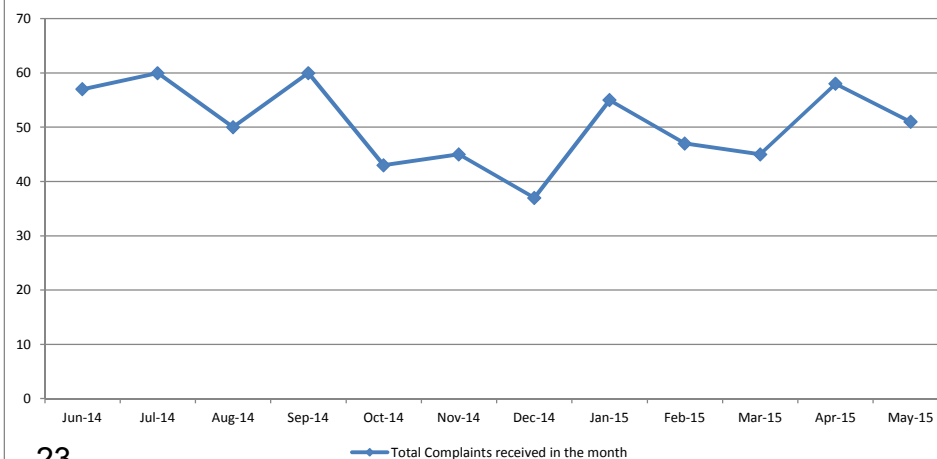
% of diabetic patients supported to self-care:

1. Why off plan? The diabetes self-care bundle is being embedded in 2 new wards each quarter. As each new area comes on board the number of patients who could be given the opportunity to self-care increases but the staff engagement and learning will take time to embed

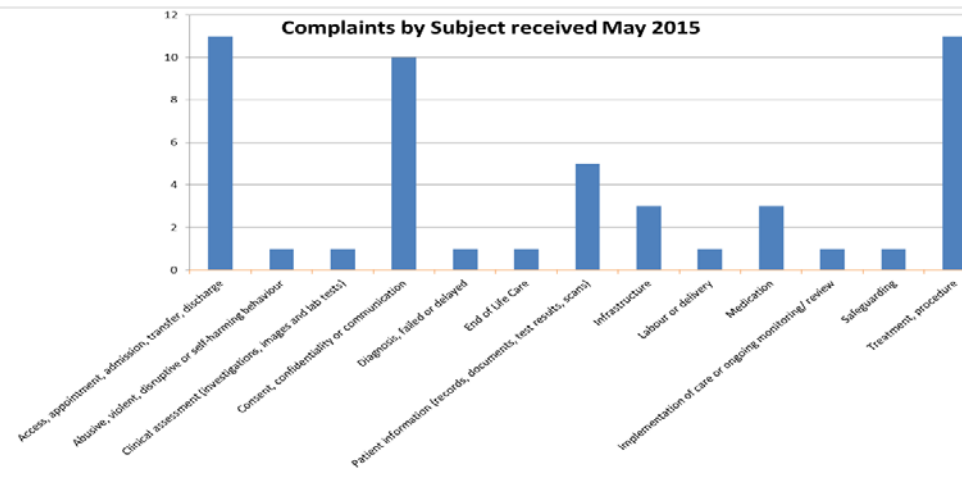
2. Actions to get on plan? Continue to deliver the training packages and support to staff on ward 15 HRI and 8AB CRH

3. Achieved by date: By the end of the Quarter the programme would be expected to be achieving 50%. It is worth noting that the following month's performance is likely to drop when the two additional areas come on board in July.

Total Complaints in the month



Complaints by Subject received May 2015



Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Friends & Family Test (IP Survey) - Response Rate	-	21.40%	29.40%	41.80%	26.10%	-
Friends & Family Test (IP Survey) - % would recommend the Service	-	96.90%	96.00%	96.00%	99.20%	-
Friends and Family Test A & E Survey - Response Rate	-	10.00%	-	10.00%	-	-
Friends and Family Test A & E Survey - % would recommend the Service	-	90.50%	-	90.50%	-	-
Friends & Family Test (Maternity) - % would recommend the Service	-	89.30%	-	-	89.30%	-
Friends and Family Test Community Survey - % would recommend the Service	-	89.00%	-	-	-	89.00%

Friends and Family Test (IP Survey) Response Rate

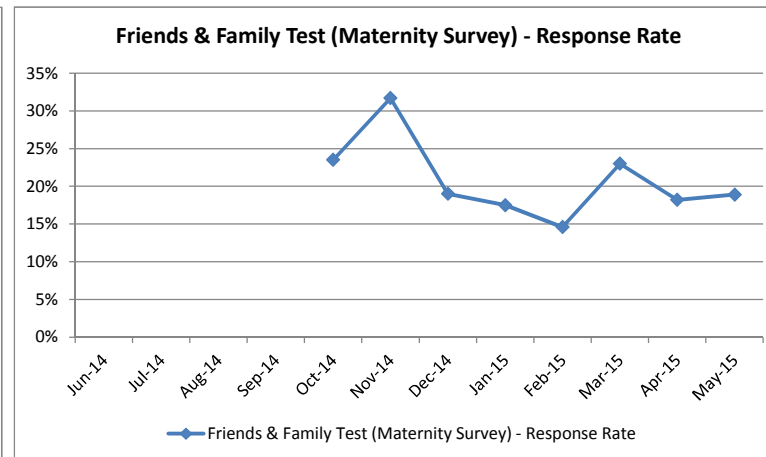
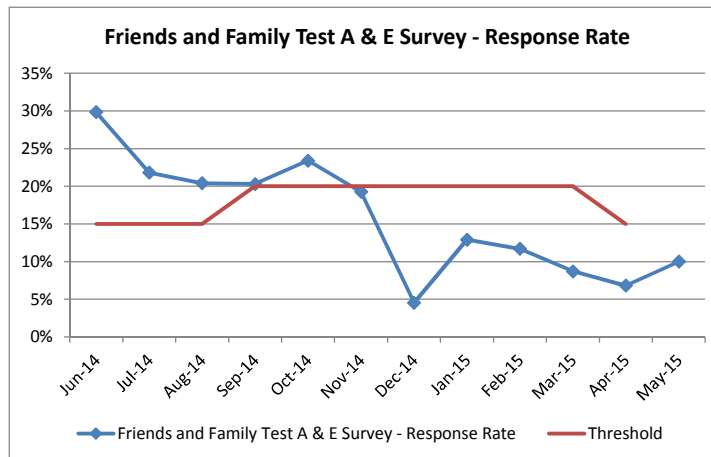
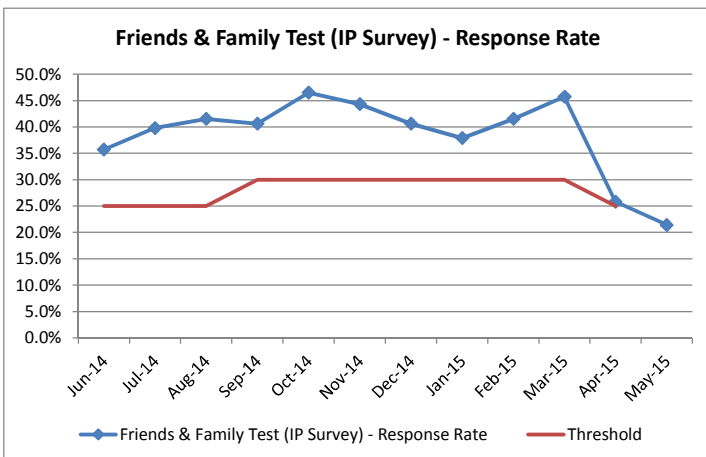
1. Why off plan: Whist patients admitted to a Day Case unit have been asked to complete a FFT response for some time from the 1st April 2015 patient who are admitted into any inpatient area regardless of whether they have an overnight stay should be included. Prior to April 2015 this was not the case.

2. Actions to get back on plan: Staff in all areas have now been briefed as to the requirement to ensure all patient are given the opportunity to respond to the FFT questions and will be given a postcode on discharge and response rate are expected to rise.

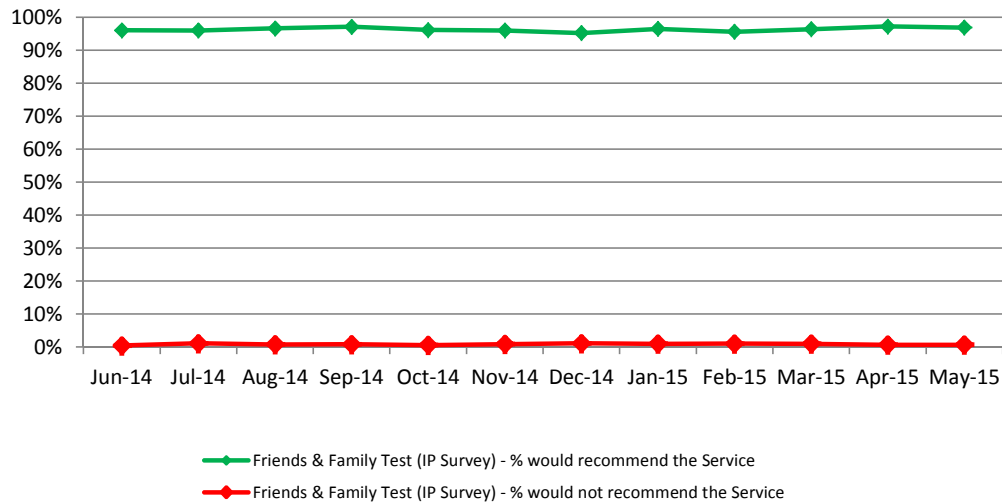
3. Achieved by date: Improvement in response rate expected to be seen next month.

Friends and Family Test (A&E Survey) Response Rate

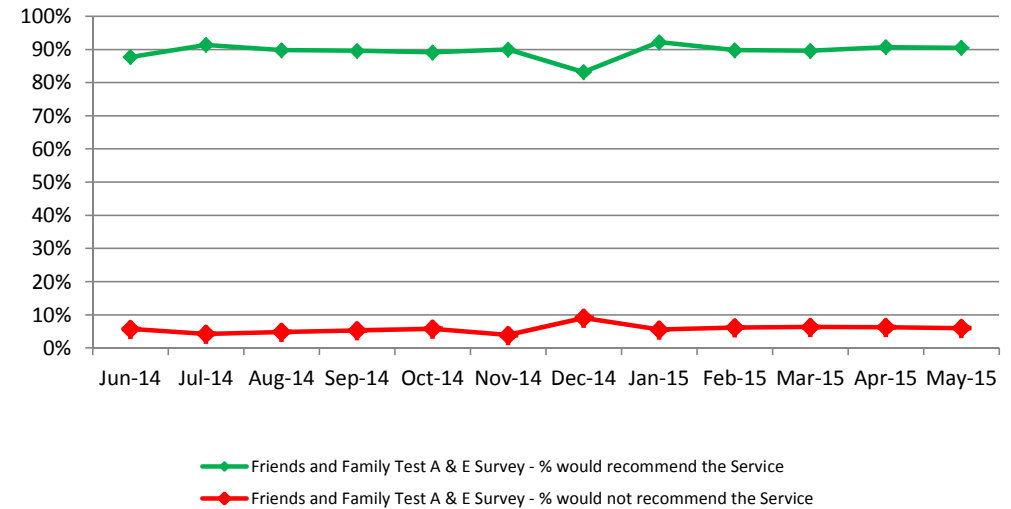
Of note: Improvements have been seen this month in the response rates for A&E. The A&E team have introduced a daily safety huddle, as part of this each member of staff are issued with 5 cards to distribute to patients they provide care for. This commenced at HRI and is now being introduced at CRH with further improvements expected next month.



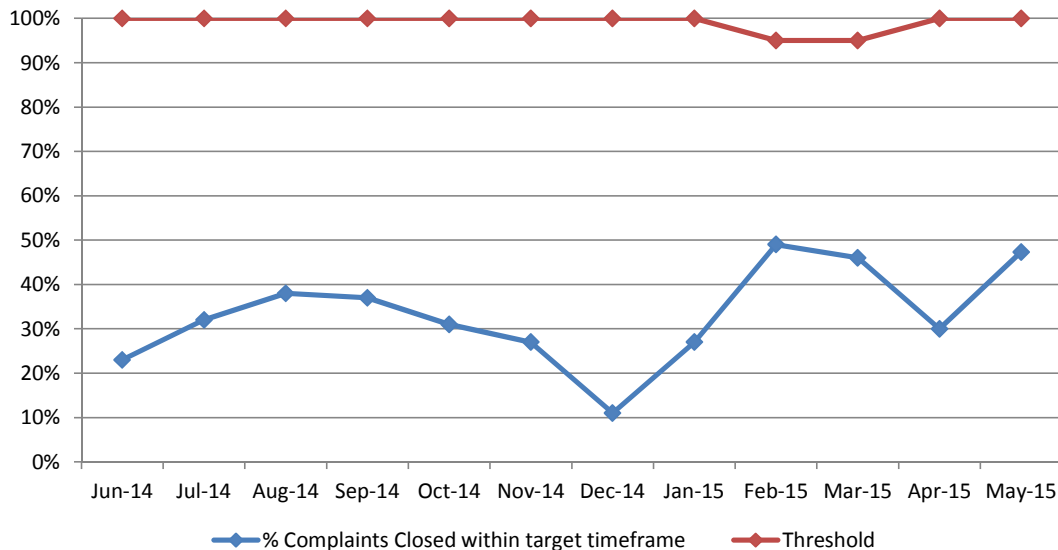
Friends and Family (IP Survey) % would / would not recommend the Service



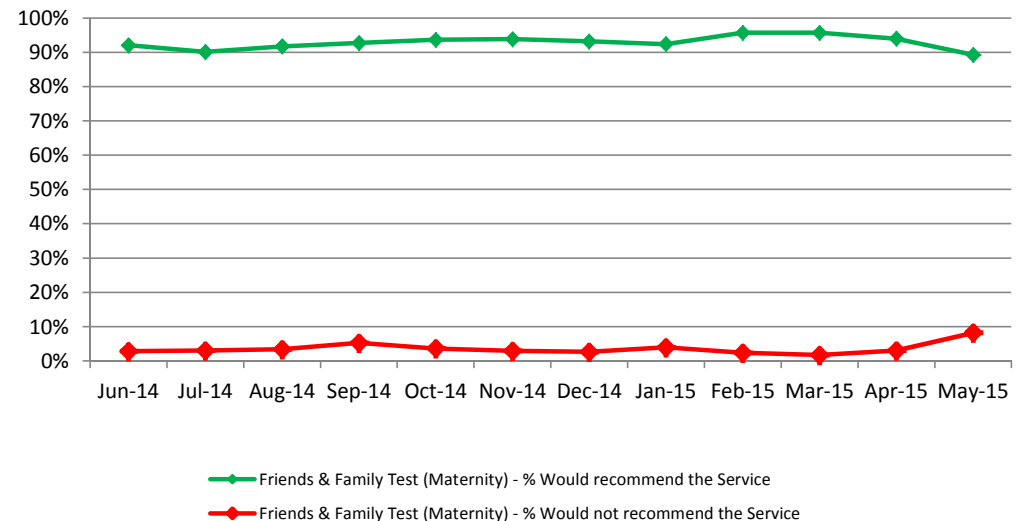
Friends and Family (A&E Survey) % would / would not recommend the Service



Complaints Response Times



Friends and Family (Maternity Survey) % would / would not recommend the Service

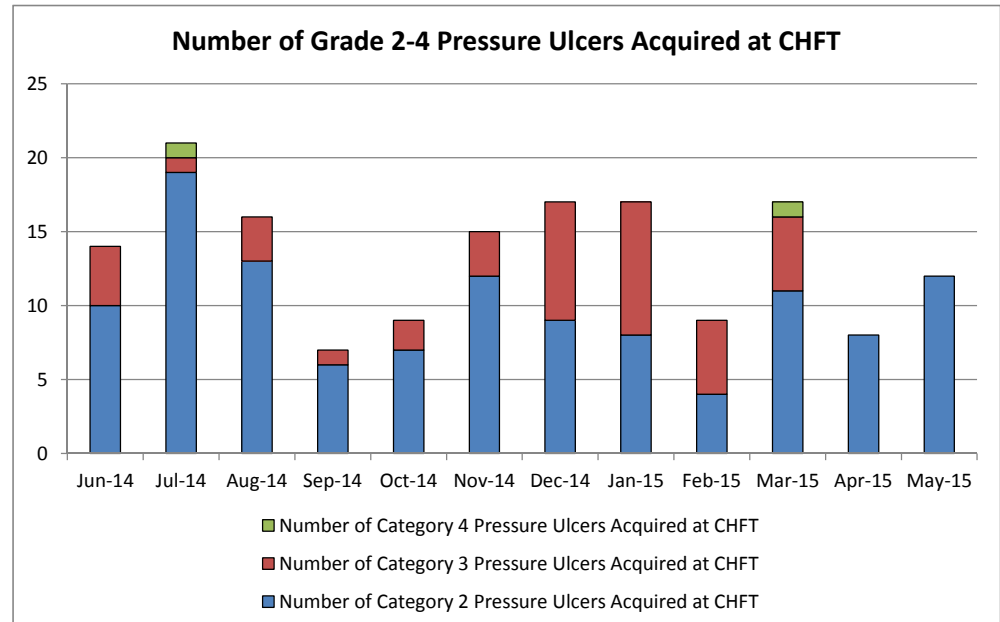
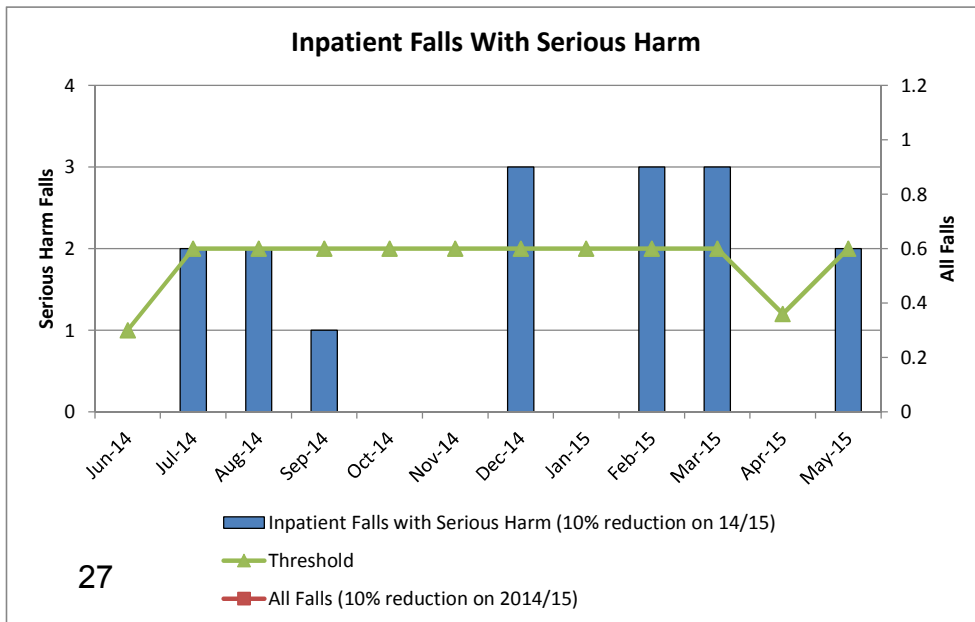


		Report For: May 2015							Year To Date								
		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Months)	Year End Forecast	Data Quality
Report For: May 2015																	
Safety 1	Inpatient Falls with Serious Harm (10% reduction on 14/15)	Local	2	2	0	2	0	-	14	3	0	3	0	-			
	All Falls	Local	-	126	20	102	4	-	-	324	56	260	8	-			
	Number of Trust Pressure Ulcers Acquired at CHFT	Local	16	12	3	7	2	-	189	35	11	26	2	-			
	Number of Category 2 Pressure Ulcers Acquired at CHFT	Local	11	12	3	7	2	-	127	32	8	22	2	-			
	Number of Category 3 Pressure Ulcers Acquired at CHFT	Local	0	0	0	4	0	-	0	7	3	8	0	-			
	Number of Category 4 Pressure Ulcers Acquired at CHFT	Local	0	0	0	0	0	-	0	0	0	0	0	-			
	Number of Category 3 & 4 Pressure Ulcers Acquired at CHFT	Local	0	0	0	0	0	-	0	0	3	4	0	-			
Safety 2	Percentage of Completed VTE Risk Assessments	National & Contract	95.00%	95.20%	94.40%	95.20%	96.90%	-	95.00%	95.20%	94.60%	94.80%	97.30%	-			
	Percentage of Stage 1 RCAs completed for all Hospital Acquired Thrombosis	Local	100.00%	70.00%	50.00%	83.00%	-	-	100.00%	70.00%	50.00%	83.00%	-	-			
	% Harm Free Care	CQUIN	95.00%	95.04%	96.15%	92.22%	100.00%	95.67%	95.00%	94.39%	96.73%	90.75%	100.00%	95.10%			
	Safeguarding Alerts made by the Trust	Local	-	23	-	-	-	-	-	30	-	-	-	-			
	Safeguarding Alerts made against the Trust	Local	-	8	-	-	-	-	-	15	-	-	-	-			
	Improving Medicines Safety – Reconciliation (Effective Transfer of Medicines)	CQUINS	80.00%	80.46%	-	-	-	-	80.00%	80.63%	-	-	-	-			
	Improving Medicines Safety Discharge Accuracy Checks	CQUINS	70.00%	74.10%	-	-	-	-	70.00%	72.34%	-	-	-	-			
	World Health Organisation Check List	National	100.00%	98.02%	-	-	-	-	100.00%	97.83%	-	-	-	-			
	Missed Doses (Reported quarterly)	National	-	-	-	-	-	-	-	-	-	-	-	-			
Safety 3	Number of Patient Incidents	Monitor	-	468	106	198	138	23	-	1119	226	525	304	65			
	Number of SI's	Monitor	-	4	0	4	0	0	-	13	1	11	1	8			
	Number of Incidents with Harm	Monitor	-	114	22	50	37	5	-	311	51	151	74	35			
	Never Events	National	0	0	0	0	0	0	0	0	0	0	0	0			
	Percentage of SI's reported externally within timescale (2 days)	Local	100.00%	100.00%	100.00%	100.00%	100.00%	-	100.00%	100.00%	100.00%	100.00%	100.00%	-			
	Percentage of SI's investigations where reports submitted within timescale (45 days unless extension agreed)	Local	100.00%	21.00%	-	20.00%	100.00%	-	100.00%	45.45%	25.00%	46.15%	100.00%	-			
	Total Duty of Candour reported within the month	National & Contract	100.00%	80.00%	33.00%	78.00%	-	100.00%	100.00%	87.50%	50.00%	89.00%	-	-			
	Total Duty of Candour outstanding at the end of the month	National & Contract	0	4	2	4	0	0	0	5	3	4	0	0			

Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Inpatient Falls with Serious Harm (10% reduction on 14/15)	2	2	0	2	0	-
All Falls	-	126	20	102	4	-
Number of Trust Pressure Ulcers Acquired at CHFT	16	12	3	7	2	-
Number of Category 2 Pressure Ulcers Acquired at CHFT	11	12	3	7	2	-
Number of Category 3 Pressure Ulcers Acquired at CHFT	0	0	0	4	0	-
Number of Category 4 Pressure Ulcers Acquired at CHFT	0	0	0	0	0	-
Number of Category 3 & 4 Pressure Ulcers Acquired at CHFT	0	0	0	0	0	-

Pressure Ulcers - Category 3 & Category 4.

- Why off plan?** There were four category 3 ulcers noted in May and no category 4s. All cases were in high risk patients who had underlying medical complications i.e newly diabetic, pre existing moisture lesions, refusing medications
- Actions to get back on plan:** Wards with the highest reported incidences continue to review ward level action plans and develop plans to support improvement . Tissue Viability (TV) support is being provided to help ward staff in the recognition of high risk patients and devise appropriate treatment plans.
- Achieved by date:** TV support given through the month of May, the impact of this is expected from June 2015 onwards.



Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Percentage of Completed VTE Risk Assessments	95.00%	95.20%	94.40%	95.20%	96.90%	-
Percentage of Stage 1 RCAs completed for all Hospital Acquired Thrombosis	100.00%	70.00%	50.00%	83.00%	-	-
% Harm Free Care	95.00%	95.04%	96.15%	92.22%	100.00%	95.67%
Safeguarding Alerts made by the Trust	-	23	-	-	-	-
Safeguarding Alerts made against the Trust	-	8	-	-	-	-
Improving Medicines Safety – Reconciliation (Effective Transfer of Medicines)	80.00%	80.46%	-	-	-	-
Improving Medicines Safety Discharge Accuracy Checks	70.00%	74.10%	-	-	-	-
Missed Doses (Reported quarterly)	-	-	-	-	-	-
World Health Organisation Check List	100.00%	98.02%	-	-	-	-

% Stage 1 RCAs

1. Why off Plan? There were 10 hospital acquired thrombosis in May. Three of these still require a stage 1 RCA however the notes are not currently available due to being processed post discharge.

2. Actions to get back to plan: This will be followed up this month and the report amended in time for Junes submission.

3. Achieved by date: End of June 2015

Harm Free Care (medicine):

1. Why off plan? The only division showing less than the 95% in May was Medical. The division reported 7 new pressure ulcers (5 category 2 and 2 category 3), alongside 1 Catheter associated UTI and 4 new PEs. The number of PEs was unusual in a single month but all were unavoidable cases in oncology due to the nature of the treatment.

2. Actions to get it back to plan: Improvement work in relation to the trust Falls, Ulcers and Catheter programme will assist in the achievement of this target.

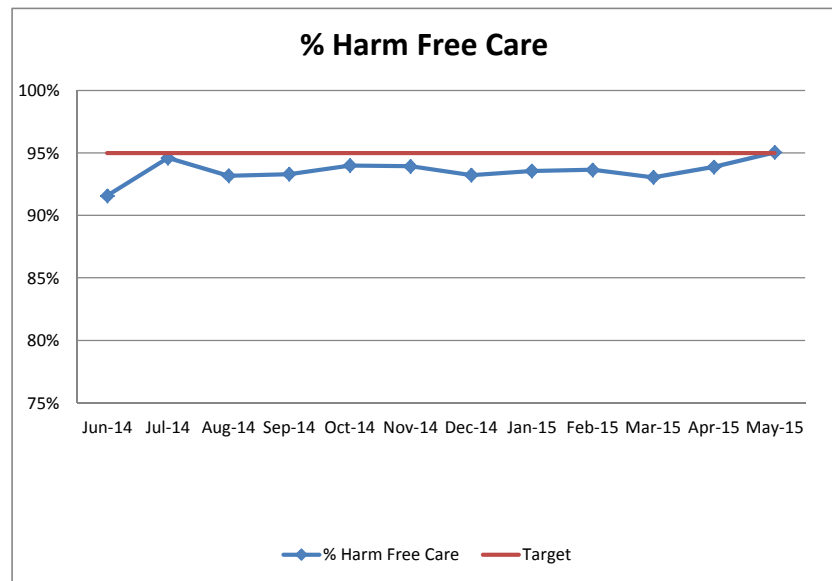
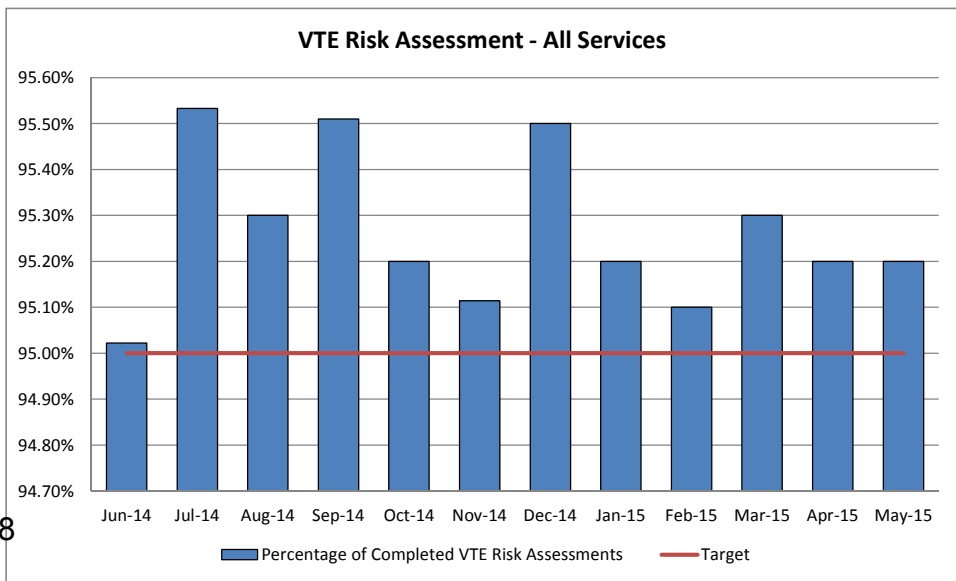
3. Achieved by date: Continue to be monitor as part the Trust contact for 15/16.

World Health Organisation Check List

1. Why off plan? There are groups of patients who don't require the WHO checklist. The current theatre system is unable to exempt these cases. There are also a few technical issues where part of the form is not saved which leads to an uncompleted case being noted. It is very rare event that a person does not have a checklist completed.

2. Actions to get it back on plan: Performance monitoring for the small number of non-compliant cases, leading to engagement work in the clinical teams. For the exempt patients a theatre system upgrade has been requested to have a N/A option included.

3. Achieved by date: The next system upgrade will be in September 2015. Engagement working expected to have an impact in May/June 2015. Improvement have been seen in the May data.



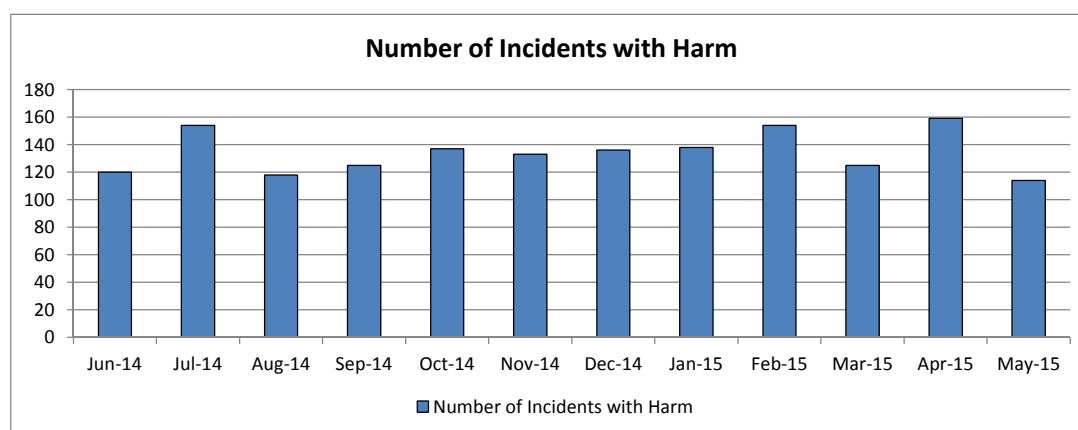
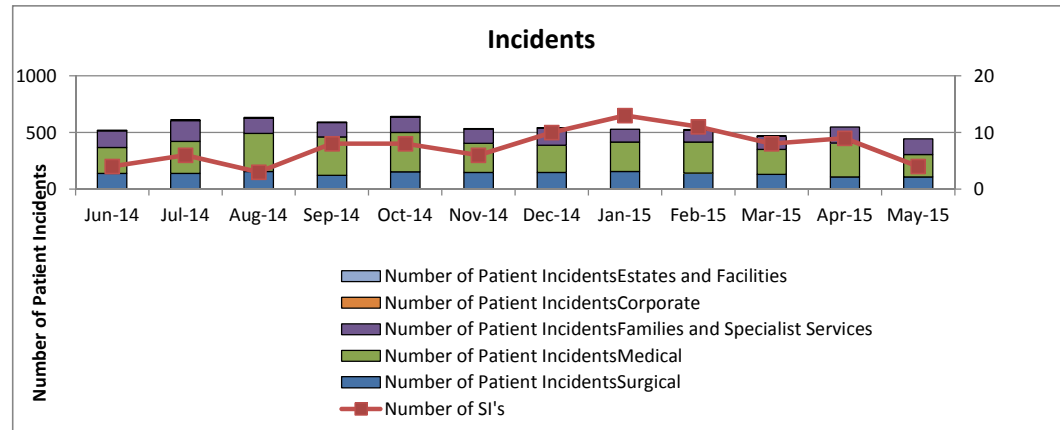
	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Estates and Facilities	Corporate
Report For: May 2015								
Number of Patient Incidents	-	468	106	198	138	23	-	-
Number of SI's	-	4	0	4	0	0	-	-
Number of Incidents with Harm	-	114	22	50	37	5	-	-
Never Events	0	0	0	0	0	0	-	-
Percentage of SI's reported externally within timescale (2 days)	100.00%	100.00%	100.00%	100.00%	100.00%	-	-	-
Percentage of SI's investigations where reports submitted within timescale (45 days unless extension agreed)	100.00%	21.00%	-	20.00%	100.00%	-	-	-
Total Duty of Candour reported within the month	100%	80.00%	33.00%	78.00%	-	100.00%	-	-
Total Duty of Candour outstanding at the end of the month	0	4	2	4	0	0	-	-

Percentage of SI's investigations where reports submitted with timescale (45 days unless extension agreed):

- Why off Plan:** there were 14 reports due for submission in May, all related to pressure ulcers. The Corporate division submitted their reports early. Medical had 10 due, 2 were submitted on time; 2 x 1 day late; 2 x 3 days late; 1 x 5 days late; 3 x 8 days late. Surgical - 3 were submitted out of time (1 x 1 day late; 1 x 3 days late; 1 x 4 days late).
- Action taken:** There is a new process regarding pressure ulcer reporting which will ensure the process is more timely going forward.
- Achieved by:** July 2015

Total Duty of Candour reported within the month

- Why off Plan?** On 27 November the Statutory Duty of Candour came into effect. From December we have been recording our compliance against this and have developed a monitoring tool to ensure this is captured. May data: There were 20 incidents where Duty of Candour was required to be completed within May. Of these, we are still awaiting confirmation for 4 incidents that the duty has been complied with.
- Action taken:** Each division asked to ensure that all outstanding Duty of Candour compliance was completed. As at 15 June 2015 4 cases remain outstanding. Divisions continue to receiving weekly reports setting out the status of each serious and orange incident
- Achieved By:** End of June 2015.



		Report For: May 2015												Year To Date			
		Indicator Source	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Target	Trust	Surgical	Medical	Families and Specialist Services	Community	Trend (Rolling 12 Month)	Year End Forecast	Data Quality
Report For: May 2015																	
Effectiveness	Number of MRSA Bacteraemias – Trust assigned	National & Contract	0	0	0	0	0	-	0	1	0	1	0	-			
	Total Number of Clostridium Difficile Cases - Trust assigned	National & Contract	2	0	0	0	0	-	21	2	0	2	0	-			
	Avoidable number of Clostridium Difficile Cases	National & Contract	0	0	0	0	0	0	21	1	0	1	0	-			
	Unavoidable Number of Clostridium Difficile Cases	National & Contract	2	0	0	0	0	0	21	1	0	1	1	-			
	Number of MSSA Bacteraemias - Post 48 Hours	National	1	2	1	1	0	-	12	2	1	1	0	-			
	% Hand Hygiene Compliance	Local	95.00%	99.71%	99.41%	99.80%	100.00%	100.00%	95.00%	99.74%	99.49%	99.80%	100.00%	100.00%			
	MRSA Screening - Percentage of Inpatients Matched	Local	95.00%	97.00%	96.26%	98.75%	97.37%	-	95.00%	97.00%	96.26%	98.75%	97.37%	-			
	Number of E.Coli - Post 48 Hours	Local	3	3	1	2	0	-	29	4	1	3	0	-			
	Central Line Infection rate per 1000 Central Venous Catheter days	Local	1.50	1.05	-	-	-	-	1.50	1.05	-	-	-	-			
Effectiveness 2	Emergency Readmissions Within 30 Days (With PBR Exclusions)	National	7.70%	7.80%	4.40%	12.10%	5.00%	-	7.87%	7.98%	4.10%	12.60%	6.20%	-			
	Local SHMI - Relative Risk (1yr Rolling Data Oct 13- Sept 14)	National	100	109	-	-	-	-	100	109	-	-	-	-			
	Hospital Standardised Mortality Rate (1 yr Rolling Data Mar 14 - Feb 15)	National	100	108.53	-	-	-	-	100.00	108.53	-	-	-	-			
	Mortality Reviews – March Deaths	local	100.00%	40.50%	31.60%	41.70%	-	-	100.00%	55.90%	50.00%	56.60%	-	-			
	Crude Mortality Rate (Latest Month April 15)	National	1.00%	1.41%	0.36%	3.55%	0.06%	-	1.00%	1.51%	0.45%	3.67%	0.10%	-			
	Completion of NHS numbers within acute commissioning datasets submitted via SUS	Contract	99.00%	99.90%	100.00%	99.90%	99.90%	-	99.00%	99.90%	100.00%	99.90%	99.90%	-			
	Completion of NHS numbers within A&E commissioning datasets submitted via SUS	Contract	95.00%	99.20%	-	99.20%	-	-	95.00%	99.90%	-	99.20%	-	-			
	Average Diagnosis per Coded Episode	National	4.90	3.71	3.18	5.19	2.18	-	4.90	3.84	3.27	5.38	2.22	-			
Effectiveness 3	Acute Kidney Injury (Reported quarterly)	CQUINS	Baseline	-	-	-	-	-	-	-	-	-	-	-			
	Sepsis Screening (Reported quarterly)	CQUINS	Baseline	-	-	-	-	-	-	-	-	-	-	-			
	Sepsis Antibiotic Administration (Reported Quarterly)	CQUINS	Baseline	-	-	-	-	-	90.00%	-	-	-	-	-			
	Respiratory Care Bundle - Improving management of patients attending A&E with pneumonia (Reported quarterly)	CQUINS	-	-	-	-	-	-	60.00%	-	-	-	-	-			
	Respiratory Care Bundle - Improving management of patients presenting with Asthma in ED (Reported quarterly)	CQUINS	-	-	-	-	-	-	65.00%	-	-	-	-	-			
30 Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours	National	85.00%	72.50%	72.50%	-	-	-	85.00%	65.91%	65.91%	-	-	-				

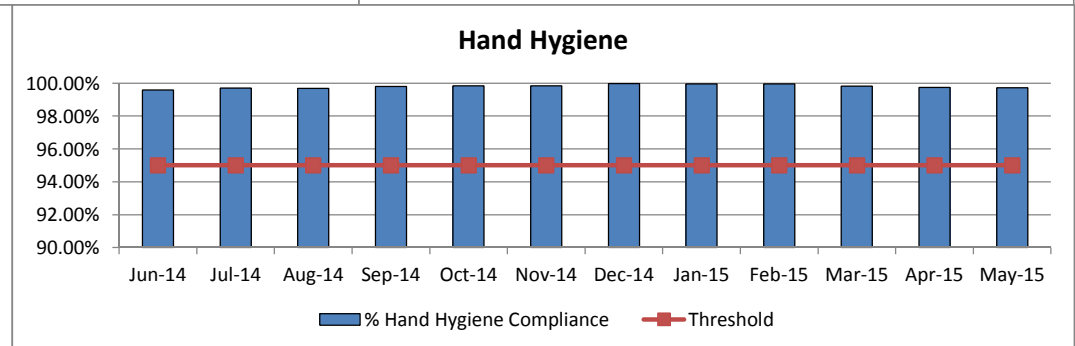
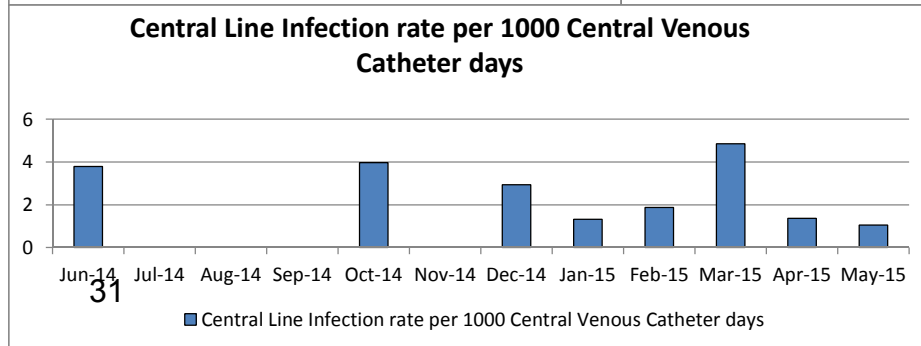
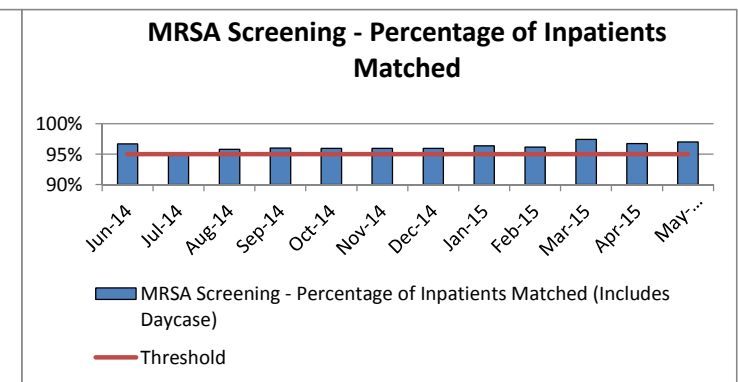
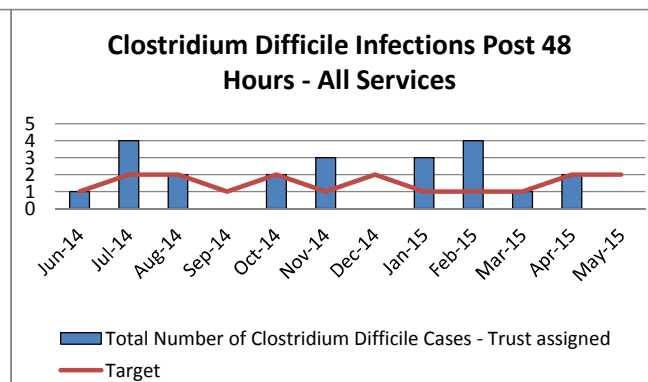
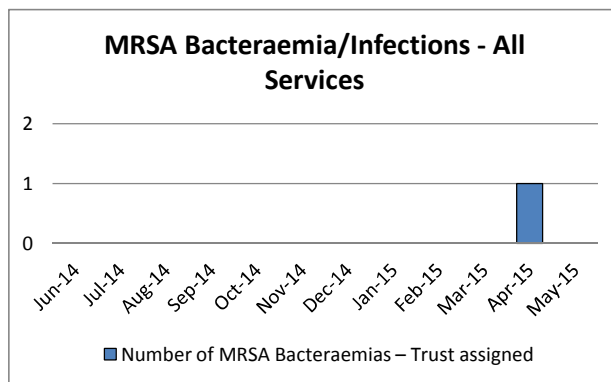
Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Number of MRSA Bacteraemias – Trust assigned	0	0	0	0	0	-
Total Number of Clostridium Difficile Cases - Trust assigned	2	0	0	0	0	-
Avoidable number of Clostridium Difficile Cases	0	0	0	0	0	0
Unavoidable Number of Clostridium Difficile Cases	2	0	0	0	0	0
Number of MSSA Bacteraemias - Post 48 Hours	1	2	1	1	0	-
% Hand Hygiene Compliance	95.00%	99.71%	99.41%	99.80%	100.00%	100.00%
MRSA Screening - Percentage of Inpatients Matched	95.00%	97.00%	96.26%	98.75%	97.37%	-
Number of E.Coli - Post 48 Hours	3	3	1	2	0	-
Central Line Infection rate per 1000 Central Venous Catheter days	1.50	1.05	-	-	-	-

MSSA Bacteraemia

1. Why off plan? Two cases of MSSA were detected this month. Both cases have been reviewed and it was noted that both patients had predisposing skin lesions colonised with MSSA (for which we do not decolonise) which would indicate that these were not hospital Acquired Infections.

2. Actions to get back on plan: A peice of work began in March 2015 to look at broadening screening to include MSSA screening for those patients undergoing high risk procedures.

3. Achieved by date: Additional screening to commence in September 2015.

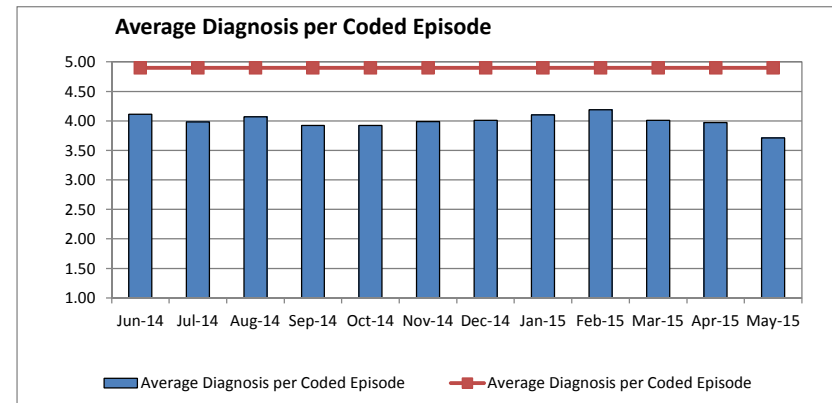
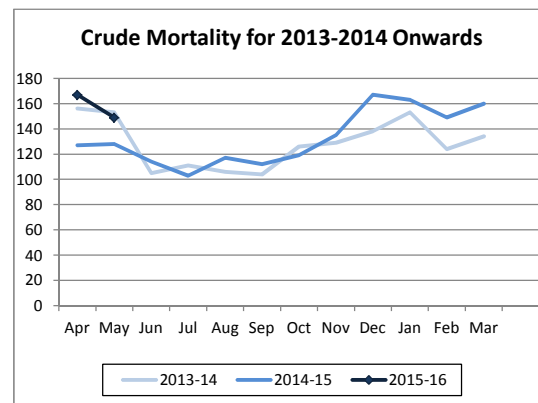
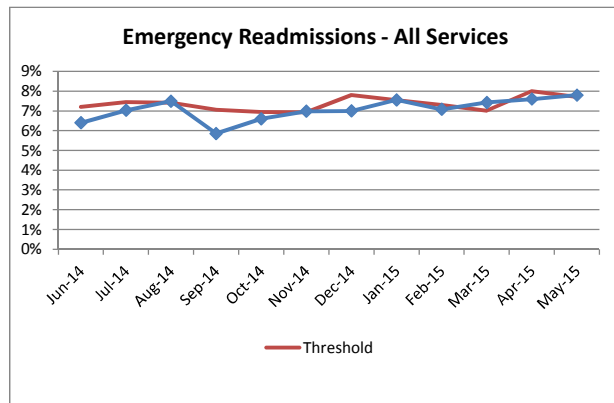


Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Emergency Readmissions Within 30 Days (With PbR Exclusions)	7.70%	7.80%	4.40%	12.10%	5.00%	-
Local SHMI - Relative Risk (1yr Rolling Data Oct 13- Sept 14)	100	109	-	-	-	-
Hospital Standardised Mortality Rate (1 yr Rolling Data Mar 14 - Feb 15)	100	108.53	-	-	-	-
Crude Mortality Rate (Latest Month April 15)	1.00%	1.41%	0.36%	3.55%	0.06%	-
Mortality Reviews – March Deaths	100.00%	40.50%	31.60%	41.70%	-	-
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.00%	99.90%	100.00%	99.90%	99.90%	-
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	95.00%	99.20%	-	99.20%	-	-
Average Diagnosis per Coded Episode	4.90	3.71	3.18	5.19	2.18	-

Emergency Readmissions Within 30 Days (With PbR Exclusions)
1. Why is it off plan? Readmissions target is an overall trust level target which takes into account the difference in patient cohort into each division. The target level varies each month and is based on the same point last year. Our current performance within the month is 7.8% overall readmissions against a target of 7.7%.
2. Action to get back on plan: An electronic LACE tool (identifies those patients most at risk of readmissions) has been developed and implemented. The virtual ward team are working with individual wards to ensure completion which will allow earlier and more accurate identification of patients at risk.
3. Achieved By: We anticipate that with increased compliance the virtual ward team will be able to better target their resources to try and manage pts in the community most at risk of readmitting and as a result positively impact on the overall readmissions rate in the next Quarter.

SHMI/HSMR/ Crude Mortality
1. Why it is off plan? The most recent release indicated a SHMI of 109 the 12 months of Oct 13 to Sept 14. This has reduced from the 110 published in June 13 - July 14 but is still higher than target. It does remain in the "as expected" category indicating that there are not significantly more deaths than would be expected for the trusts patient population. The most recent 12 months data for HSMR indicates a score of 108.53, which is a slight increase from previous release. May's crude mortality is also higher than target but is following the national trend. The number of mortality reviews carried out on March's deaths is under target.
2. Action to get back on plan: A review of the Care of the Acutely ill Patient (CAIP) programme took place at the end of May 2015, and a refocused programme will look to be formed in the next month. Works continues on the Mortality review process and lesson learnt are being feedback to the appropriate forums and clinical teams. The data collection process is being streamlined to ensure more timely data is gathered.
3. Achieved By: Revised programme plan expect by next month. Improvements in Mortality Review compliance also expected.

Average Diagnosis per Coded Episode
1. Why off plan? CHFT depth of coding is less than plan due to missed or undocumented relevant comorbidities within the coding source documentation. May also be due to incomplete coding documentation at the time of coding. Clinical Coding depth is falling largely due to the result of changes to coding rules at the start of April 2015. Prior to April 2015 patients admitted for blood transfusions, drug infusions, terminations, pain injections, eye injections codes were included to specify admission for drug therapy or admission for blood transfusion. From April 2015 under the new national coding rules these codes should not be included in the coding of the stay. Consequently the average diagnoses per episode has dropped quite dramatically. Omission of the codes does not affect the comorbidity score or income.
2. Action to get it back on plan: Clinical engagement and presentations continue around importance of complete and accurate documentation including work to develop existing documentation to assist coding process. Co-morbidity form compliance continues to be monitored on a fortnightly basis. Work is ongoing to address recruitment issues within the coding team.
3. Achieve by date: End of FY 2015/16



Report For: May 2015	Target	Trust	Surgical	Medical	Families and Specialist Services	Community
Acute Kidney Injury (Reported quarterly)	-	-	-	-	-	-
Sepsis Screening (Reported quarterly)	-	-	-	-	-	-
Sepsis Antibiotic Administration (Reported Quarterly)	-	-	-	-	-	-
Respiratory Care Bundle - Improving management of patients attending A&E with pneumonia (Reported quarterly)	-	-	-	-	-	-
Respiratory Care Bundle - Improving management of patients presenting with Asthma in ED (Reported quarterly)	-	-	-	-	-	-
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours	85.00%	72.50%	72.50%	-	-	-

Non-Elective #NOF

1. Why off plan?

The demand for Trauma theatre continues to exceed capacity and the Directorate is struggling to be able to respond to these surges in demand in time to meet the 36 hour target.

2. Actions to get back on plan:

A full exception report and action plan is on the agenda for the Divisions Business meeting.

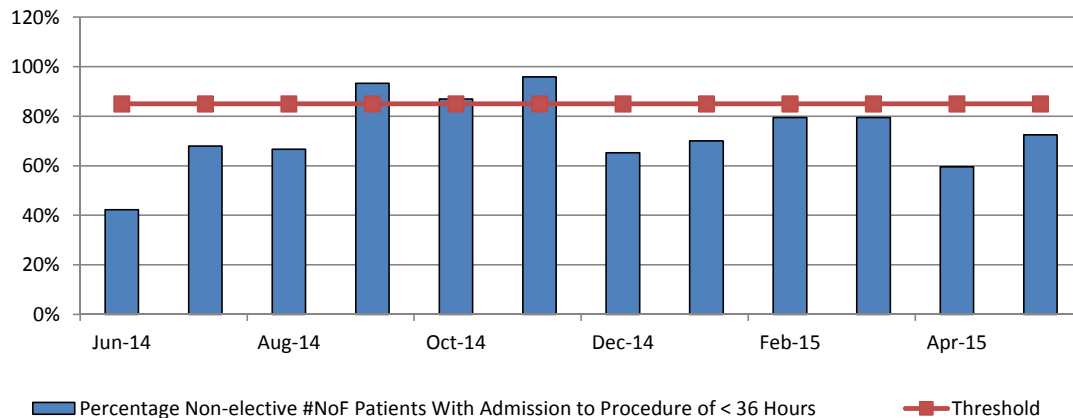
The main actions in relation to the 36 hour operating target are:

- Establish whether there is a shortfall in operating capacity and if so make recommendations to provide it.
- Provide a definition for and recovery plan for peak demand, to include consequences on other specialties.
- Work with orthopaedic surgeons and trauma coordinator to understand clinical protocols for on day organisation of lists.
- Understand the reasons behind the clinical need to delay operating until after the 36 hours as this appeared to be 50% of the delays in May.

3. Achieved by date:

- Exception report and action plan available for Junes business meeting.
- Definition and recovery plan for peak demand by the end of June.
- Understanding clinical delays and organisation of lists by mid July.

Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours



Workforce indicators

The first row of tables below show sickness absence rates for CHFT for May 2015, broken down by division, identifying movement from the previous month and performance against the 4% threshold.

The second row of tables show the average length of a sickness episode, identifying movement from the previous month. The next tables look at the year to date performance of CHFT and the divisions against the 4% target. The final table looks at staff in post by headcount and full time equivalent (FTE)

Sickness Absence rate (%) (1 Month Behind)				Sickness Absence rate (%) (1 Month Behind)				Sickness Absence full time equivalent (F.T.E) breakdown (1 Month Behind)					
Division	Mar-15	Apr-15	Movement	Division	Short Term	Long Term	Overall %	RAG	Division	Available F.T.E	Short Term F.T.E	Long Term F.T.E	F.T.E LOST
Surgery	4.33%	4.48%	↑	Surgery	1.12%	3.36%	4.48%	●	Surgery	32763.87	366.41	1100.75	1467.16
Medical	4.50%	5.04%	↑	Medical	1.12%	3.92%	5.04%	●	Medical	38216.35	429.53	1498.12	1927.65
Community	2.03%	2.60%	↑	Community	0.80%	1.80%	2.60%	●	Community	14211.58	114.08	255.80	369.88
FSS	4.62%	4.58%	↓	FSS	1.04%	3.54%	4.58%	●	FSS	43798.20	454.20	1551.92	2006.12
Estates	6.35%	7.05%	↑	Estates	1.46%	5.59%	7.05%	●	Estates	8464.60	123.73	473.32	597.05
Corporate	1.72%	1.43%	↓	Corporate	0.33%	1.10%	1.43%	●	Corporate	8206.92	27.31	90.00	117.31
THIS	4.99%	5.21%	↑	THIS	1.30%	3.91%	5.21%	●	THIS	5400.20	70.13	211.00	281.13
Trust	4.56%	4.48%	↓	Trust	1.05%	3.43%	4.48%	●	Trust	151061.72	1585.39	5180.90	6766.28

Sickness Average FTE Lost per Episode				Sickness Absence full time equivalent (F.T.E) breakdown Year to Date				Staff in Post Full Time Equivalent			Staff in Post Headcount				
Division	Apr-15	May-15	Movement	Division	Available F.T.E	F.T.E LOST	YTD Sicknes %	RAG	Division	Apr-15	May-15	Movement	Apr-15	May-15	Movement
Surgery	10.01	10.95	↑	Surgery	32763.87	32763.87	4.48%	●	Surgery	1093.27	1091.92	↓	1222	1220	↓
Medical	11.33	11.34	↑	Medical	38216.35	38216.35	5.04%	●	Medical	1268.16	1269.75	↑	1419	1420	↑
Community	8.22	8.22	→	Community	14211.58	14211.58	2.60%	●	Community	473.91	475.22	↑	577	577	→
FSS	8.50	10.98	↑	FSS	43798.20	2006.12	4.58%	●	FSS	1454.85	1445.39	↓	1722	1710	↓
Estates	11.16	10.86	↓	Estates	8464.60	8464.60	7.05%	●	Estates	280.24	276.78	↓	365	361	↓
Corporate	5.66	10.66	↑	Corporate	8206.92	8206.92	1.43%	●	Corporate	272.85	276.46	↑	313	317	↑
THIS	11.36	13.39	↑	THIS	5400.20	5400.20	5.21%	●	THIS	179.77	177.33	↓	186	184	↓
Trust	10.67	10.66	↓	Trust	151061.72	151061.72	4.48%	●	Trust	6477.90	6458.24	↓	7526	7499	↓

Sickness Absence/Attendance Management at work

Why are we away from plan -

Community and Corporate are the only divisions with a % below the 4% threshold identified. Short term sickness absence for the Trust is at 1.05% long term absence at 3.43%. The April 2015 figure compares to a April 2014 figure of 1.17% short term absence and long term absence of 2.54%. The 2015-16 year to date sickness rate of 4.48% compares to a 2014-15 outturn sickness rate of 4.26%.

Action to get on Plan - Sickness absence deep dive May/June 2015, Attendance Management Policy update April/May 2015, enhanced line manager resource tool kit May/June 2015 supported by breakthrough events, ESR BI roll out from June/July 2015, Health and Wellbeing strategy development from April 2015, staff survey action plan May 2015

Training indicators

Mandatory Training Indicators completed since April 2015									Appraisal- Completed Since April 2015			Medical Devices Training		
Division	Prevent	Equality & Diversity	Information Governance	Infection Control	Health & Safety	Manual Handling	Safe Guarding	Fire Safety	Division	Compliance	YTD Target (16%)	Division	Compliance	100% Target
Surgery	3.9%	8.36%	6.80%	0.57%	0.16%	0.98%	0.5%	5.16%	Surgery	5.10%	●	Surgery	74.00%	●
Medical	1.5%	3.94%	5.70%	1.13%	0.14%	0.35%	1.0%	3.24%	Medical	10.50%	●	Medical	75.00%	●
FSS	2.1%	10.80%	4.50%	0.50%	0.30%	0.30%	8.5%	21.58%	FSS	4.70%	●	FSS	80.00%	●
Community	2.8%	7.09%	7.79%	1.04%	0.17%	0.35%	0.0%	5.71%	Community	0.20%	●	Community	-	●
Estates	0.3%	0.28%	1.66%	0.28%	0.28%	0.28%	0.0%	3.05%	Estates	0.00%	●	Estates	-	●
Corporate	3.2%	5.36%	5.99%	1.89%	1.26%	1.26%	0.0%	6.94%	Corporate	2.30%	●	Corporate	92.00%	●
THIS	13.5%	2.70%	3.24%	0.00%	0.00%	0.00%	0.0%	2.16%	THIS	2.80%	●	THIS	-	●
Trust	2.6%	5.38%	5.90%	0.72%	0.22%	0.50%	0.6%	4.61%	Trust	5.51%	●	Trust	80.00%	●

Mandatory Training Indicators completed in last 12 Months									Appraisal- completed in last 12 Months		
Division	Prevent	Equality & Diversity	Information Governance	Infection Control	Health & Safety	Manual Handling	Safe Guarding	Fire Safety	Division	Compliance	100% Target
Surgery	14.92%	61.69%	60.49%	46.74%	46.76%	47.53%	47.01%	49.49%	Surgery	56.54%	●
Medical	19.72%	60.91%	67.68%	54.37%	53.34%	53.56%	53.86%	57.31%	Medical	61.49%	●
FSS	60.61%	73.88%	74.91%	60.61%	60.42%	61.87%	60.42%	62.85%	FSS	66.74%	●
Community	41.70%	81.25%	71.28%	68.21%	67.32%	67.50%	67.86%	58.57%	Community	60.85%	●
Estates	6.93%	91.32%	91.14%	87.68%	87.68%	87.68%	87.60%	68.00%	Estates	91.06%	●
Corporate	19.87%	89.97%	72.24%	65.70%	65.05%	65.05%	64.72%	59.55%	Corporate	78.95%	●
THIS	15.68%	78.69%	79.46%	80.33%	80.33%	80.33%	80.33%	40.44%	THIS	65.19%	●
Trust	21.2%	72.37%	69.89%	60.77%	60.26%	60.53%	60.5%	55.69%	Trust	69.00%	●

Appraisal

Why are we away from plan - low numbers of appraisal anniversary dates in early part of the year as a result of activity programmed in Q4 in previous years, absence of appraisal activity plans which spread activity across a 12-month period and / or non-delivery of appraisal activity plans

Action to get on Plan - The development of appraisal activity plans for 2015 / 2016 which ensure that activity is not concentrated in the last quarter or the last month of the year, maintenance of appraisal resources and continued month by month performance management of appraisal activity. Appraisal compliance forecast tool is currently being piloted in Workforce and organisational development and will be released to the divisions by the end of June, to facilitate the development robust activity plans for 2015/2016.

NB: ESR is the only accepted reporting tool for appraisal compliance. The deadline for inputting appraisal activity data each month is 1st working day of month for previous month's appraisals. Activity recorded after this data will only be included in compliance reports in the following months.

Mandatory Training

Recognising that compliance was not at the preferred level in the previous year, the Trust is moving to a new mandatory training approach based on the Core Skills Training Framework (CSTF) which will begin in June 2015. The CSTF is a national framework with learning objectives for each included subject that have been created in conjunction with the relevant professional/advisory bodies. It facilitates quality assured and timely training that ensures patient safety and complies with the needs of Monitor and the CQC.

It is primarily an e-learning based approach which allows for ultimate flexibility of access for colleagues and also, for some subjects, allows pre learning input assessment which reduces the overall time taken to demonstrate compliance.

The e-learning is accessed through the electronic staff record (ESR) system which ensures rapid, flexible access for colleagues and automates the collection of compliance data. As ESR developments such as manager self-service become live over the coming months this will ensure managers have real-time access to mandatory training data so they can best manage compliance against the 100% target. The framework also reduces duplication of training by encouraging organisations to accept compliance for incoming colleagues from other aligned organisations.

The renewal periods for the mandatory subject are in various length, some being annual where the subject matter experts feel that colleagues need very regular updating.

Other subjects have a stretched renewal period one, two or three years. In this case these subjects the target number of colleagues expected to adhere to new training each year will neglect that scheduled target. For example; Equality & Diversity along with Human Rights training will have a 3 year renewal and therefore 33% of colleagues will be expected to attain re-accreditation on this module in each 12 month period.

Medical Devices

Medical Devices Training is currently at 80% compliance across the Trust.

Action to get on Plan - (1) Regular reminders to all staff re Medical Devices training requirements via newsletter, intranet notices, link nurse, matrons and department managers group emails (2) Discuss and remind Medical Devices training group and link nurse meeting members to cascade

Well Led indicators

The first row of tables below show the performance against the Friends and Family test scores for the quarter 4 identifying movement from the previous quarters performance.

The second row of tables show the Hard Truths staffing level indicators.

FFT Staff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly)			
Division	Quarter 3	Quarter 4	Movement
Trust	81.00%	78.00%	↓

FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly)			
Division	Quarter 3	Quarter 4	Movement
Trust	59.00%	54.00%	↓

Hard Truths Summary Day - Nurses/Midwives (1 Month Behind)		
Division	May-15	95% Target
Surgery	82.57%	●
Medical	80.64%	●
FSS	89.45%	●
Trust	82.85%	●

Hard Truths Summary - Day Care Staff (1 Month Behind)		
Division	May-15	95% Target
Surgery	97.02%	●
Medical	96.62%	●
FSS	94.00%	●
Trust	96.44%	●

Hard Truths Summary - Night Nurses/Midwives (1 Month Behind)		
Division	May-15	95% Target
Surgery	85.27%	●
Medical	90.69%	●
FSS	86.74%	●
Trust	88.20%	●

Hard Truths Summary - Night Care Staff (1 Month Behind)		
Division	May-15	95% Target
Surgery	116.45%	●
Medical	117.86%	●
FSS	80.91%	●
Trust	112.50%	●

Hard Truths Staffing Levels

Why we are away from plan

The overall average fill rates by site have been maintained above 80% for qualified nurses (Day and Night,) and above 94% for unqualified nurses (Day

	Day		Night	
	Qualified	Unqualified	Qualified	Unqualified
Red (less than 75% fill rate)	6	4	3	1
Amber (75 – 89% fill rate)	19	6	14	1
Green (90-100% fill rate)	8	10	15	6
Blue (greater than 100%)	0	13	0	20

There were 6 ward areas with average fill rates for Qualified Nurses (Day) of less than 75% compared to 7 areas within this bracket in April 2015.

MAU (CRH) - Vacancies; Additional long days worked (resulting in 11.5 hrs instead of 15hrs of nursing time) to cover vacancies; Sickness.

5AD - Vacancies; Additional long days worked (resulting in 11.5 hrs instead of 15hrs of nursing time) to cover vacancies; Sickness.

21 - Supporting additional capacity areas; Sickness

19 - Vacancies; Sickness.

4C - Workforce model planned hours for ward area not accurate – workforce model review in progress.

3 ward areas had average fill rates for Qualified Nurses (Night) of less than 75%. Each of these areas were supported by between 100% and 196% HCA average fill rate.

8D - Supporting Additional Capacity areas; vacancies;

10 - Vacancies; Sickness

SAU - Vacancies

We have continued to transfer nurses within the trust to maintain safe staffing levels on additional capacity areas. Additional unqualified staff have supported areas where qualified nurse fill rates have been low which has led to 33 instances of greater than 100% fill rates for unqualified staff.

Action Plan

Robust recruitment continues. We have offered substantive positions to 68 nurses due to qualify in September 2015. A new daily staffing template has been designed which incorporates a risk assessment which will assist with providing a current overview of staffing for the next 36 hours. The staffing template will be updated and utilised throughout each day and will contribute to achieving safe staffing levels across the organisation. The tool has been trialled this month with the aim of launching in June 2015.

Acuity and Dependency audits are being completed on all inpatient adult wards at present ahead of nursing workforce model reviews in June and July 2015.

Achieved by Date

The Trust expects to see increased fill rates as additional capacity is reduced.

The continued focus will be on recruitment and reduction in vacancies through this and increasing retention of the workforce.

The vacancies are expected to considerably reduce as the newly qualified nurses join CHFT in September / October.

		Trust Threshold	Trust Actual
Finance	Continuity of Service Risk Rating	2	2
	Operational Performance (Debt service cover)	1	1
	Cash & Balance Sheet Performance (Liquidity)	2	2
	Use of Capital	£3.33m	£3.08m
	Income and Expenditure	(£5.22m)	(£5.05m)
	Cost Improvement Programme (CIP)	£1.27	£1.70m

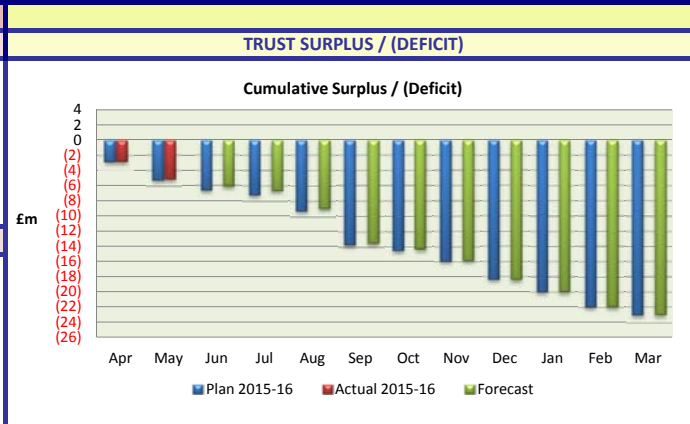
Trust Financial Overview as at 31st May 2015 - Month 2

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO MONITOR IN MAY 2015

YEAR TO DATE POSITION: M02			
CLINICAL ACTIVITY			
	M02 Plan	M02 Actual	Var
Elective	1,347	1,346	(1)
Non Elective	8,204	8,315	111
Daycase	6,530	6,443	(87)
Outpatients	51,266	51,372	106
A & E	24,980	24,855	(125)

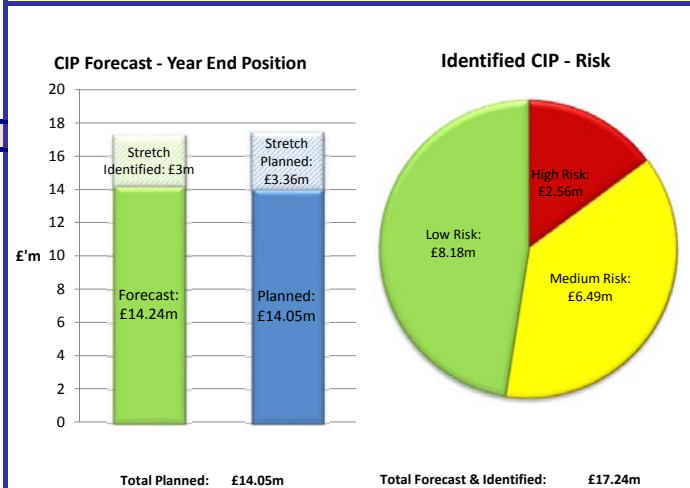
TRUST: INCOME AND EXPENDITURE			
	M02 Plan	M02 Actual	Var
	£m	£m	£m
Elective	£3.35	£3.38	£0.03
Non Elective	£13.34	£13.87	£0.54
Daycase	£4.27	£4.24	(£0.03)
Outpatients	£6.14	£6.21	£0.07
A & E	£2.63	£2.65	£0.02
Other-NHS Clinical	£18.85	£19.53	£0.68
CQUIN	£1.09	£1.11	£0.02
Other Income	£6.15	£5.78	(£0.37)
Total Income	£55.81	£56.77	£0.96
Pay	(£37.27)	(£37.45)	(£0.18)
Drug Costs	(£4.94)	(£5.04)	(£0.10)
Clinical Support	(£4.97)	(£4.97)	(£0.00)
Other Costs	(£7.63)	(£8.20)	(£0.57)
PFI Costs	(£1.99)	(£1.97)	£0.02
Total Expenditure	(£56.79)	(£57.63)	(£0.84)
EBITDA	(£0.98)	(£0.86)	£0.12
Non Operating Expenditure	(£4.23)	(£4.18)	£0.05
Deficit excl. Restructuring	(£5.22)	(£5.05)	£0.17
Restructuring Costs	£0.00	£0.00	£0.00
Surplus / (Deficit)	(£5.22)	(£5.05)	£0.17

DIVISIONS: INCOME AND EXPENDITURE			
	M02 Plan	M02 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£2.57	£2.72	£0.15
Medical	£4.37	£4.27	(£0.10)
Families & Specialist Services	(£0.47)	(£0.39)	£0.08
Community	£0.47	£0.49	£0.02
Estates & Facilities	(£4.83)	(£4.42)	£0.41
Corporate	(£3.47)	(£3.66)	(£0.19)
THIS	£0.02	£0.08	£0.06
PMU	£0.45	£0.28	(£0.18)
Central Inc/Technical Accounts	(£3.80)	(£3.89)	(£0.09)
Reserves	(£0.53)	(£0.53)	£0.00
Surplus / (Deficit)	(£5.22)	(£5.05)	£0.17



	Year To Date			Year End: Forecast		
	M02 Plan	M02 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£5.22)	(£5.05)	£0.17	(£23.01)	(£22.96)	£0.05
Capital (forecast Plan)	£3.33	£3.08	£0.25	£20.72	£20.72	£0.00
Cash	£13.31	£11.13	(£2.18)	£1.92	£1.98	£0.06
CIP	£1.27	£1.70	£0.43	£14.05	£14.24	£0.19
Continuity of Service Risk Rating	Plan	Actual		Plan	Forecast	
	2	2		1	1	

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 2015/16			
CLINICAL ACTIVITY			
	Plan	Forecast	Var
Elective	8,577	8,423	(153)
Non Elective	49,263	49,402	139
Daycase	41,664	41,342	(322)
Outpatients	327,200	325,264	(1,936)
A & E	146,774	146,649	(125)

TRUST: INCOME AND EXPENDITURE			
	Plan	Forecast	Var
	£m	£m	£m
Elective	£21.36	£21.67	£0.31
Non Elective	£79.89	£82.00	£2.11
Daycase	£27.23	£27.43	£0.20
Outpatients	£39.31	£39.46	£0.15
A & E	£15.44	£15.42	(£0.02)
Other-NHS Clinical	£119.93	£118.23	(£1.70)
CQUIN	£6.69	£6.84	£0.14
Other Income	£38.90	£38.64	(£0.26)
Total Income	£348.75	£349.69	£0.94
Pay	(£223.00)	(£224.68)	(£1.68)
Drug Costs	(£31.93)	(£31.65)	£0.27
Clinical Support	(£30.49)	(£30.28)	£0.21
Other Costs	(£45.89)	(£45.87)	£0.02
PFI Costs	(£11.92)	(£11.87)	£0.05
Total Expenditure	(£343.23)	(£344.34)	(£1.11)
EBITDA	£5.52	£5.35	(£0.17)
Non Operating Expenditure	(£25.53)	(£25.31)	£0.22
Deficit excl. Restructuring	(£20.01)	(£19.96)	£0.05
Restructuring Costs	(£3.00)	(£3.00)	£0.00
Surplus / (Deficit)	(£23.01)	(£22.96)	£0.05

DIVISIONS: INCOME AND EXPENDITURE			
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£21.66	£20.48	(£1.18)
Medical	£27.45	£27.17	(£0.27)
Families & Specialist Services	(£1.25)	(£1.20)	£0.06
Community	£2.93	£3.21	£0.28
Estates & Facilities	(£28.90)	(£28.67)	£0.23
Corporate	(£20.35)	(£20.65)	(£0.29)
THIS	£0.53	£0.53	£0.00
PMU	£3.16	£3.16	£0.00
Central Inc/Technical Accounts	(£25.23)	(£24.71)	£0.52
Reserves	(£3.00)	(£2.30)	£0.70
Surplus / (Deficit)	(£23.01)	(£22.96)	£0.05

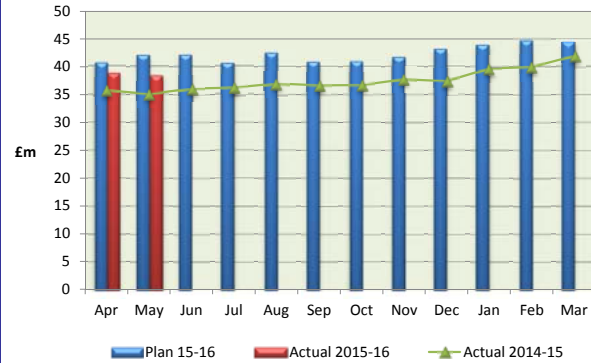
Trust Financial Overview as at 31st May 2015 - Month 2

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO MONITOR IN MAY 2015

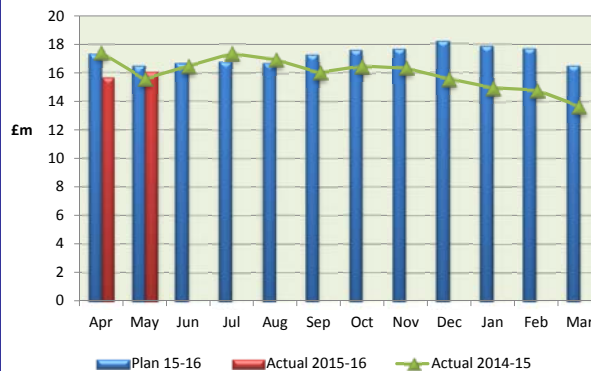
WORKING CAPITAL

	M02 Plan £m	M02 Actual £m	Var £m	M02
Payables	(£42.08)	(£38.40)	(£3.68)	●
Receivables	£16.53	£16.13	£0.40	●

Payables

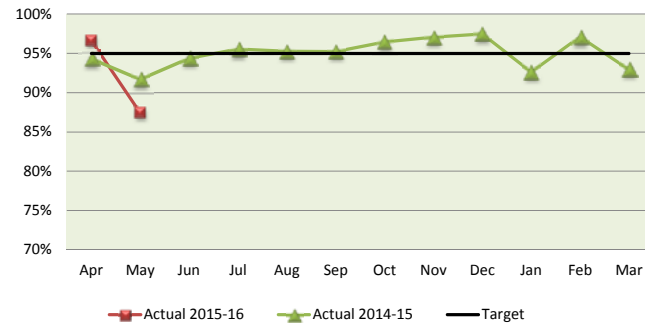


Receivables



BETTER PAYMENT PRACTICE CODE

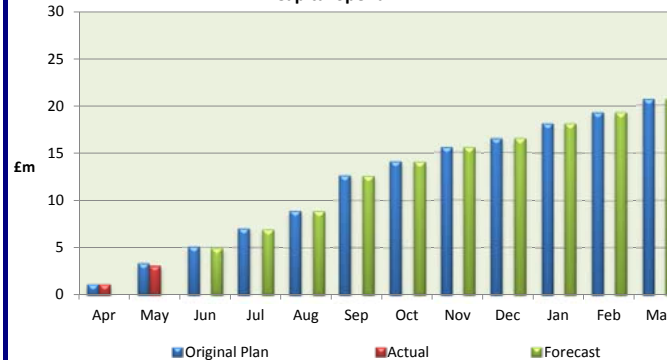
% Number of Invoices Paid within 30 days



CAPITAL

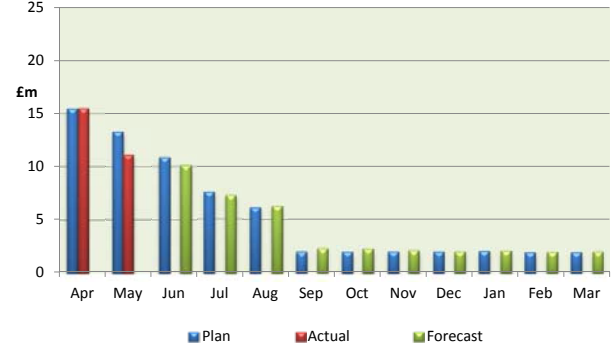
	M02 Plan £m	M02 Actual £m	Var £m	M02
Capital	£3.33	£3.08	£0.25	●

Capital Spend

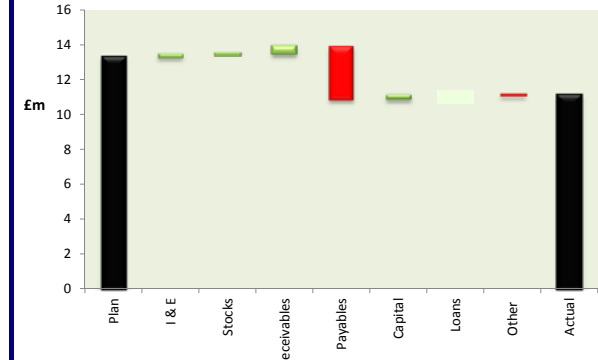


CASH

	M02 Plan £m	M02 Actual £m	Var £m	M02
Cash	£13.31	£11.13	(£2.18)	●



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £5.05m versus the planned deficit of £5.22m, no contingency reserves were released.
- Elective activity is slightly behind planned levels whilst non-elective continues to be above plan in the year to date.
- The main area of ongoing expenditure pressure is non-contracted pay, supporting vacancy cover and extra bed capacity
- Capital expenditure year to date is £3.08m against the planned £3.33m with slippage on both Estates and IT schemes.
- Cash balance is £2.18m below plan at 13.31m. This includes £10m loan funded borrowing for capital expenditure.
- CIP schemes delivered £1.70m in Month 1 against a planned target of £1.27m.
- The Continuity of Service Risk Rating (CoSRR) stands at 2 against a planned level of 2. The underlying trading position is at CoSRR level 1, this is falsely inflated in the short term by the cash receipt of loan funding.

SUMMARY FORECAST

- The forecast is to deliver the year end planned position, however at present this relies on use of £0.7m contingency reserves.
- The Trust must remain responsive to meet the capacity requirements between elective and non elective activity at Divisional level in a financially efficient way.
- The plans incorporate CIP delivery at £14m, however the Trust is aiming to exceed this to deliver a stretch target, against which detailed schemes are in place to the value of £17.24m. At present the forecast I&E position includes CIP delivery to the value of £14.24m with the balance of the stretch target being held back at this early stage against potential slippage or other pressures.
- The year end cash balance is predicated on external cash support being received from September onwards.
- Year end capital expenditure is forecast to be in line with plan at £20.72m. The year end CoSRR is forecast to be at level 1 as planned.

RAG KEY:	●	Actual / Forecast is on plan or an improvement on plan
(Excl: Cash)	●	Actual / Forecast is worse than planned by <2%
	●	Actual / Forecast is worse than planned by >2%

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

RAG KEY - Cash:	●	At or above planned level or > £18.6m (20 working days cash)
	●	< £18.6m (unless planned) but > £9.3m (10 working days cash)
	●	< £9.3m (less than 10 working days cash)

Performance is formally assessed quarterly

Goals - CCG CQUINS

6,270,712

High Risk	
Moderate Risk	
No known Risk	

Goal Number	Goal Name	Value of CQUIN (£)	Q1	Q2	Q3	Q4
1	Acute Kidney Injury	627,071	62,707	125,414	125,414	313,536
2a	Sepsis	313,536	78,384	78,384	78,384	78,384
2b	Sepsis	313,536		62,707	125,414	125,414
3	Urgent care	1,254,142	125,414	376,243	376,243	376,243
4.1	Dementia	250,828	62,707	62,707	62,707	62,707
4.2	Dementia	125,414		62,707		62,707
4.3	Dementia	250,828		125,414		125,414
5.1	Respiratory - Asthma	250,828	62,707	62,707	62,707	62,707
5.2	Respiratory - Pneumonia	376,243	94,061	94,061	94,061	94,061
6	Diabetes	627,071	156,768	156,768	156,768	156,768
7.1	Improving Medicines Safety	125,414	31,354	31,354	31,354	31,354
7.2	Improving Medicines Safety	501,657	125,414	125,414	125,414	125,414
8	End of Life Care	627,071		313,536		313,536
9.1	Hospital Food	250,828		125,414		125,414
9.2	Hospital Food	250,828		50,166	100,331	100,331
9.3	Hospital Food	125,414				125,414
	TOTAL	6,270,712	799,516	1,852,995	1,338,797	2,279,404

NHS England

421,193

Goal Name	Value of CQUIN (£)	Q1	Q2	Q3	Q4
NICU	38,051	9,513	9,513	9,513	9,513
Oncotype DX	38,051	9,513	9,513	9,513	9,513
QIPP	126,836	31,709	31,709	31,709	31,709
Vac and Immunisations	90,860	22,715	22,715	22,715	22,715
National CQUIN	22,715	5,679	5,679	5,679	5,679
Health Visitor Building Community Capacity	104,680	26,170	26,170	26,170	26,170
TOTAL	421,193	105,298	105,298	105,298	105,298

Grand Total	6,691,905	904,814	1,958,294	1,444,095	2,384,702
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Indicators	Thresholds	Weighting	May 2015	Quarter 1	YTD
Incidence of MRSA Year to Date	0	1.0	0	1	1
Incidence of Clostridium Difficile Year to Date	3	1.0	0	2	2
Maximum Time of 18 Weeks From Point of Referral to Treatment - Admitted	90%	1.0	92.41%	92.03%	92.03%
Maximum Time of 18 Weeks From Point of Referral to Treatment - Non-Admitted	95%	1.0	98.89%	98.61%	98.61%
Maximum Time of 18 Weeks From Point of Referral to Treatment - Incomplete Pathways	92%	1.0	95.85%	95.85%	95.85%
62 Day Wait for First Treatment from Urgent GP Referral	85%	1.0	92.31%	91.17%	91.17%
62 Day Wait for First Treatment from Consultant Screening Service Referral	90%	1.0	100.00%	92.86%	92.86%
31 Day Wait for Second or Subsequent Treatment: Surgery	94%	1.0	100.00%	97.30%	97.30%
31 Day Wait for Second or Subsequent Treatment: Anti Cancer Drug Treatments	98%	1.0	100.00%	100.00%	100.00%
31 Day Wait from Diagnosis to First Treatment (All Cancers)	96%	0.5	100.00%	100.00%	100.00%
Two Week Wait From Referral to Date First Seen: All Cancers	93%	0.5	98.43%	97.36%	97.36%
Two Week Wait From Referral to Date First Seen: Symptomatic Breast Patients	93%	0.5	93.75%	92.86%	92.86%
A&E: Maximum Waiting Time of Four Hours from Arrival to Admission/Transfer/Discharge	95%	1.0	94.80%	94.90%	94.90%
Community care - referral to treatment information completeness	50%	0.5	100.00%	100.00%	100.00%
Community care - referral information completeness	50%	0.5	97.50%	97.60%	97.60%
Community care - activity information completeness	50%	0.5	100.00%	100.00%	100.00%
Overall Governance Rating			Amber-Green	Amber-Green	Amber-Green

A "Data Quality Assessment" is now being made for each indicator. These assessments are being provided by those responsible for the indicator's information provision each month, and then signed off by the indicator's lead manager.

It is a Red, Amber, Green (RAG) rating based on the evaluation of the following three questions -

- 1.What is the overall view for the robustness of the indicator documentation regards construction and completeness (RAG)?
- 2.What is the overall view regards the timeliness of the information for this indicator (RAG)?
- 3.What is the overall view regards the robustness of the collection for this indicator (RAG)?

The final rating for an indicator of Red Amber Green is assessed as follows -

Answers to the 3 Questions :	3 Green or 2 Green, 1 Amber	Final rating Green
	1 Green, 2 Amber or 3 Amber or 2 Green 1 Amber or 1 Green 1 Amber 1 Red	Final rating Amber
	Any other combination	Final rating Red

Any indicator that has its data quality assessment currently white has yet to be assessed or have its assessment signed off by the lead manager for the indicator.

MEMBERSHIP COUNCIL
CHAIRS' INFORMATION EXCHANGE

Thursday 25 June 2015, 10:00 am to 12 noon
Chair's Office, HRI

NOTES

Present:	Andrew Haigh	Chairman
	Ruth Mason	Associate Director of Engagement & Inclusion
	Vanessa Henderson	Business Manager, Membership & Inclusion
	Martin Urmston	Deputy Chair/Chair of Surgical DRG
	Liz Schofield	Chair of Estates & Facilities DRG
	Johanna Turner	Chair of Medical DRG

1 Apologies

Avril Henson
Kate Wileman
Peter Middleton

2 Minutes of the last meeting

The minutes of the last meeting were approved as a correct record.

3 Matters arising

5 SOAPs: New appointment letter

Ruth reported that this issue had been covered in the last Estates & Facilities DRG meeting. She had reported, following a conversation with Katharine Fletcher, that the current letter is not perfect but it is an improvement on the previous letter and it will be further improved when we move onto an EPR. Currently we do not have a lot of control over what is in the letter as it is generated from PAS.

The current letter was circulated to various stakeholders before being introduced and the style is generating savings as it is double-sided. Letters are customised for individual clinics. There are many versions of the letters which are being systematically reviewed.

Johanna reported that her experience of the pre-assessment letter is that it is confusing and Ruth agreed to pursue this with the relevant manager.

Action: Ruth to pursue

Liz also raised the issue of confidentiality at CRH in the Pre-assessment Clinic in Urology, as this is a very open area.

4 Update from the Chair

Andrew gave the group an overview of the discussions at the private sessions of the Board.

In April the Board had talked about the financial plan and operational plan that needed to be submitted to Monitor. The Board had received feedback from Monitor from the performance review meeting.

The Board received a presentation from Jackie Green, interim Director of Workforce and Organisational Development, about the management of workforce in the context of Cost Improvement Programmes running at moment. Andrew confirmed that the Trust will be running more Voluntary Redundancy Schemes.

The group discussed the need to take the correct roles out of the organisation. Liz made the point that without the appropriate support staff front line functions will not work correctly.

There was a discussion around the fact that in some cases, although roles have been removed, the work has not been taken out of the system and it is falling to other staff. Andrew said the process being followed should take that into account but he accepted that in some cases we have let people go too quickly and as a result have had to recruit people on a temporary basis.

Liz said her concern was for the welfare of staff who were being asked to take on other work and Johanna expressed concern that in some cases senior qualified staff had taken voluntary redundancy and were being replaced by less qualified staff. Andrew will feed the concerns raised back into the PMO process.

Action: Andrew to feed back

Andrew updated the group on the action to be taken around the doctor who is currently excluded.

In May the Board received a final version of the operational plan and feedback from a round table event with commissioners and NHS England and Monitor. The Hospital Working Board has been set up to progress this.

Andrew gave an update on the Care Closer to Home tender.

The Board discussed bringing the PMO in-house. Previously the Trust has been supported by Price Waterhouse Cooper. Dave Thomas will stay on temporarily to act as mentor to Anna Basford and the same techniques will be used throughout the divisions.

In June the Board will have an update from the Well Led Governance review. The Trust has undertaken a self-assessment and the reviewers have concluded that our self-assessment was good and we are aware of our shortcomings. The report

contains recommendations and the Trust will set up a Task & Finish arrangement to follow these through.

Andrew reported that the West Yorkshire Association of Acute Trusts has been formed, to include CHFT, Bradford, Airedale, Leeds, Harrogate and Mid Yorks Trusts. The group will focus on urgent care, stroke and cancer, the Healthy Futures programme, relationships with primary care and business function collaboration.

At the June Board meeting there will be discussions around Cardiology and Respiratory services and the Board will receive the business continuity plan for overnight emergency departments. This outlines the process to follow in situations when there is insufficient staff in the departments.

There will also be an update on the commercial strategy review and the contract negotiations with commissioners. Andrew gave an update on System Resilience for winter pressures.

Andrew said that there have been a number of government announcements recently around procurement and expenditure on agency staff. The level of very senior managers' pay at Trusts is being focussed upon.

Andrew reported that the Trust has a new logo: Compassionate Care.

Andrew was unable to update the group on the creation of the Community Division.

5 To receive the SOAPs from the DRGs

(i) Surgical & Anaesthetics DRG

There had been a guest speaker at the DRG meeting, an Advanced Clinical Practitioner. The group had found this very interesting and Johanna suggested an ACP could be invited to a future MC Development Session.

Action: Ruth to pursue

Andrew referred to the limited liability partnership which has been set up by the Orthopaedic consultants. This was one example of the Trust using innovative methods to improve productivity and manage costs.

(ii) Estates & Facilities DRG

The Capital programme had been risk rated in view of the current financial position, and some items had been deferred.

With regard to the new car parking scheme, there had been an acknowledgement that the implementation of the scheme could have been managed better, and that lessons have been learned.

(iii) Medical DRG

Johanna expressed her concern about the lack of progress on mortality rates.

It was reported that the Trust is experiencing difficulties attracting medical staff to posts due to dual-site working, which results in a high on-call commitment compared with other Trusts.

Johanna expressed concern about the way in which the patient story was presented at the DRG meeting and there then followed a discussion around staff attitude and issues on the wards.

6 Membership Office SOAP

The Membership Office SOAP was received.

7 Agenda items for MC meeting on 9 July 2015

Items to include:

- MC role in EPR;
- Financial Position and Forecast;
- Service Performance;
- Annual Appraisal Feedback – Chair & NEDs;
- Member and Public Engagement – Task & Finish Group Work;
- CHFT - Strategic Objectives

8 Liz Schofield

It was noted that this would be Liz's final meeting of the Chairs' Information Exchange meeting as she was coming to the end of her term of office. Andrew and Ruth thanked Liz for her contribution during her time as a Membership Councillor.

9 Date and time of next meeting

Monday 19 October 2015, 1:30 pm to 3:30 pm, Chair's Office, HRI

Calderdale and Huddersfield



NHS Foundation Trust
MEMBERSHIP COUNCIL REGISTER
AS AT 8 JUNE 2015

(Changes highlighted in red)

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	VACANT POST			
1	Mr Martin Urmston (Deputy Chair from 18.9.14)	20.9.12	3 years 1 year	2015 2016
2 (RESERVE REGISTER)	Mrs Linda Wild	1.10.08 22.9.11	3 years 3 years 1 year (RR)	2015
2	Rev Wayne Clarke	19.9.13	3 years	2016
3	Mr Peter John Middleton	22.9.11 18.9.14	3 years 3 years	2014 2017
3	Ms Dianne Hughes	19.9.13	3 years	2016
4	Mrs Marlene Chambers	20.9.12	3 years	2015
4 (RESERVE REGISTER)	Mrs Liz Schofield	18.9.14	1 year (RR)	2015
5	Mr Grenville Horsfall	19.9.13	3 years	2016
5	Mr George Edward Richardson	18.9.14	3 years	2017
6	Mrs Johanna Turner	4.1.13	3 years (to Sept 2015)	2015
6	Mr Brian Richardson	18.9.14	3 years	2017
7	Ms Kate Wileman	4.1.13 18.9.14	2 years (to Sept 2014) 3 years	2017
7	Mrs Lynn Moore	18.9.14	3 years	2017
8	Mr Andrew Sykes	20.9.12	3 years	2015
8	Mrs Jennifer Beaumont	19.9.13	3 years	2016

STAFF – ELECTED				
9 - Drs/Dentists	Dr Mary Kiely	22.9.11 18.9.14	3 years 3 years	2014 2017
10 - AHPs/HCS/Pharm's	Miss Avril Henson	4.1.13	3 years (to Sept 2015)	2015
11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer	20.9.12	3 years	2015
12 - Ancillary	Miss Liz Farnell	6.10.09 20.9.12	3 years 3 years	2012 2015
13 - Nurses/Midwives	Mrs Chris Bentley	6.10.09 20.9.12	3 years 3 years	2012 2015
13 - Nurses/Midwives	VACANT POST			
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof John Playle	1.9.12	3 years	2015
Calderdale Metropolitan Council	Cllr Bob Metcalfe	18.1.11	3 years 3 years	2014 2017
Kirklees Metropolitan Council	Cllr Hilary Richards	18.9.14 to 21.5.15	3 years	2017
Kirklees Metropolitan Council	Cllr Naheed Mather	22.5.15	3 years	2018
Clinical Commissioning Group	Mr David Longstaff	18.9.14	3 years	2017
Locala	Mrs Janice Boucher	18.4.14 to 2.6.15	3 years	2017
South West Yorkshire Partnership NHS FT	Mrs Dawn Stephenson	23.2.10 15.8.13	3 years 3 years	2013 2016

MC-REGISTER MC – 22.5.15

**DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL
AS AT 1 JULY 2015**

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

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
18.9.08	Linda WILD	Public-elected Constituency 2	-	-	-	-	Employed by BMI Hospitals	
6.10.09	Christine BENTLEY	Staff-elected Constituency 13	-	-	-	-	-	
6.10.09	Liz FARNELL	Staff-elected Constituency 12	-	-	-	-	-	
1.3.10	Dawn STEPHENSON	Nominated Stakeholder – South West Yorkshire Partnership Foundation Trust	Director of Corporate Development	-	-	Voluntary Trustee - Kirklees Active Leisure (KAL)	-	Chair of MYHT Organ Donation Cttee/ Fellow of the Association of Certified Accountants.
11.1.11	Bob METCALFE	Nominated Stakeholder – Calderdale Council	-	-	-	-	-	-
6.10.11	Mary KIELY	Staff-elected Constituency 9	-	-	-	Consultant in Palliative Medicine, Kirkwood Hospice	As before	- Medical Defence Union. - B.M.A. - Assoc. for Palliative Medicine of GB & Ireland

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
10.10.11	Elizabeth SCHOFIELD	Public-elected Constituency 7	-	-	-	Support Officer for Halifax & Calder Valley M.S. Society		- MS Society - Patients Group, King Cross Surgery, Halifax
10.10.11	Peter John MIDDLETON	Public-elected Constituency 3	-	-	-	-	-	-
10.9.12	Prof John PLAYLE	Nominated Stakeholder – Huddersfield University	-	-	-	-	-	Nursing Midwifery Council
16.10.12	Marlene CHAMBERS	Public-elected Constituency 4	-	-	-	-	-	-
15.10.12	Andrew SYKES	Public-elected Constituency 8	-	-	-	-	-	- School Governor Hinchliffe Mill J&I - Employee (Internal Audit) Baker Tilly Limited - Member of the Holme Valley Hospital League of Friends
9.10.12	Eileen HAMER	Staff-elected Constituency 11	-	-	-	-	-	-
10.10.12	Martin URMSTON	Public-elected Constituency 1	-	-	-	-	-	- Department of Justice Tribunal Service - Chartered Society of Physio
13.2.13	Kate WILEMAN	Public-elected Constituency 7	-	-	-	-	-	Chair of Cancer Partnership Group at St James' Leeds

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
15.1.13	Johanna TURNER	Public-elected Constituency 6	-	-	-	-	-	Retired member of Royal College of Nurses (RCN)
13.2.13	Avril HENSON	Staff-elected Constituency 10	-	-	-	-	-	HPC CSP
5.8.13	Grenville HORSFALL	Public-elected Constituency 5	-	-	-	-	-	-
28.9.13	Wayne CLARKE	Public-elected Constituency 2	-	-	-	-	-	Employed as Minister of New North Road Baptist Church
11.10.13	Jennifer BEAUMONT	Public-elected Constituency 8	-	Lindley Park Associates – provider of Occupational Therapy, Case management & Intermediary Services	-	-	Civic Trust Accessible Design Assessor	CQC – Specialist Advisor and Compliance Inspector. Registrant member HCPC Council. British Association of Occupational Therapists. College of Occupational Therapists. Health & Care Professions Council.

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
29.10.13	Dianne HUGHES	Public-elected Constituency 3	-	-	-	-	Civil Funeral Celebrant	Sheffield Teaching Hospitals NHS Trust RCN and Midwifery Council. Marie Curie Nursing Services.
8.9.14	George RICHARDSON	Public-elected Constituency 5	-	-	-	-	-	-
29.9.14	Lynn MOORE	Public-elected Constituency 7	-	-	-	-	-	-
1.11.14	Brian RICHARDSON	Public-elected Constituency 6	-	-	-	-	Locala Members' Council Healthwatch Calderdale Programme Board. Practice Health Champion PRG member at Beechwood Medical Centre	-

Please notify Kathy Bray, Board Secretary immediately of any changes to the above declaration:- 01484 355933 or Kathy.bray@cht.nhs.uk or return the attached with amendments.

Status:- AWAITING RETURNS FROM:- DAVID LONGSTAFF & NAHEED MATHER

**PROCEDURE FOR THE APPOINTMENT OF DEPUTY CHAIRMAN/
LEAD GOVERNOR-COUNCILLOR**

TIMELINE 2015

DATE	ACTION
9 July 2015	Procedure approved at Membership Council Meeting
w/c 20 July 2015	Board Secretary to send out letters requesting expressions of interest
7 August 2015	Deadline for receipt of expressions of interest
10 August 2015	Deadline for receipt of Candidate Supporting Statements and Letters of support
17 August 2015	Candidate Supporting Statements and Voting Papers sent to all MCs
4 September 2015	Closing date for receipt of completed Voting Papers
17 September 2015	Formal announcement of Deputy Chair/Lead Governor-Councillor at Annual General Meeting
18 September 2015	Appointment effective.

**PROCEDURE FOR THE APPOINTMENT OF DEPUTY CHAIRMAN/LEAD
GOVERNOR-COUNCILLOR OF THE MEMBERSHIP COUNCIL**

Introduction

The Membership Council has agreed the following process for the appointment of the Deputy Chairman.

Constitutional Context

1. In accordance with the Constitution the Deputy Chair will act as Deputy of the Membership Council when the Chairman and the Vice Chairman of the Board of Directors are not available or have a declaration of interest in an agenda item.
2. The Deputy Chair will serve for a period of 12 months from the start of their office as Deputy or until the expiry of their Membership Council tenure, whichever is the sooner. In the event that Membership Council tenure of the Deputy Chair terminates in advance of the 12 month period and the Member holding office is re-elected to serve a further term, then the unexpired portion of their appointment as Deputy Chair will be served out by that Member.
3. The Membership Council re-elects the Deputy Chair on an annual basis. Any appointee can serve as Deputy Chair for three terms i.e. three years, again linked to their Membership Council tenure and the same arrangements as outlined in paragraph 2 will apply.
4. The skills and experience required of the Deputy-Chair are:-

Person Specification Essential

- Excellent communication skills.
- Commitment to the values of the Foundation Trust and support for its goals and objectives.
- Ability to work with others as a team and encourage participation from less-experienced members.
- Time management skills.

Desirable

- Previous experience of chairing meetings within a formal setting i.e. local authority, education, independent sector businesses, preferably involving participants from a variety of backgrounds.

Members will need to demonstrate, by way of written expression of interest, experience in all areas of the person specification – in the event that there is no evidence of experience in two or more categories, the expression of interest will not be able to proceed to voting stage. In addition letters of support from 4 existing Membership Council Members will be required.

Candidates will also need to provide a paragraph by way of a supporting statement which can be circulated to the Membership Council as part of the Deputy Chair Voting Paper.

Members may not vote for more than one candidate.

All public and staff elected members are eligible to stand.

In the event of a tie the Chairman will have casting vote.

Attached - Deputy Chair Voting Paper template for information.
 - Monitor's Code of Governance – Updated July 2014 appendix B 'The role of the nominated lead governor'

References:

Constitution of the Calderdale & Huddersfield NHS Trust
Monitor – NHS Foundation Trust Code of Governance
Standing Orders – Membership Council

/KB/MC-DEPUTY-CHAIR-PROCEDURE
27.12.06
12.12.06
24.6.14
June 2015

MEMBERSHIP COUNCIL – DEPUTY CHAIR/LEAD GOVERNOR-COUNCILLOR VOTING PAPER

- The following nominations have been received for the position of Deputy Chairman for the Membership Council
- Members may not vote for more than one candidate
- In the event of a tie the Chairman will have casting vote
- This is an informal process. Details will be confidential but not anonymous. Voting papers will need to be signed in order to be valid.

Please indicate with a 'X' the candidate(s) of your choice	Candidates supporting statement

Please return this Ballot Paper in the envelope provided by close of play on Friday 4 September 2015
 The appointment will be announced at the Annual General Meeting on Thursday 17 September 2015 and will become effective on Friday 18 September 2015.

Kathy Bray
 Board Secretary

Member details:-

Signed:

Name (printed):

Date:

Appendix B: The role of the nominated lead governor

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

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

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

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

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

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

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

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

MEMBERSHIP COUNCIL MEETING 9 JULY 2015

Chairman's Appraisal Summary 2014/15

Process

As last year, feedback on the Chair's performance including strengths and areas for development was collated from the following sources and fed back to the Chair by the SINED [Senior Independent Non-Executive Director] Dr David Anderson.

- Questionnaires covering key areas of performance with a rating scale from 1 (Never/Poor) to 5 (Always/Excellent) and space for any additional comments:
 - Form 1. sent to all NEDs for completion + discussion facilitated by the Independent Senior NED.
 - Form 2. sent to all Membership Councillors for completion and a discussion facilitated by Martin Urmston - summarised and fed back to the SINED
- A meeting between the SINED and the Chief Executive.

Summary

This was Andrew's fourth appraisal since his appointment and he has been reappointed as Chairman for a further 3 years.

Self-Appraisal

Last year Andrew reflected that the previous 2013-2014 months had been challenging, but in fact this year had proved much more demanding in terms of time and complexity of issues to be dealt with. Despite the demands of facing both financial, governance and quality challenges he felt both the Board and Membership council had progressed and were in a good position to face the future. The early recognition of not achieving efficiency targets and subsequent reporting to Monitor had meant necessary financial and governance processes had been implemented and reviewed.

Turning to specifics in last year appraisal:

- Developing the 4 pillars of behaviour in carrying out the Chair role-while championing the behaviours in how he fulfils his responsibilities he felt he had not done as many informal ward visits as he wished due to intensity of demands on his time in facing financial and governance challenges.
- The year had seen him have more visibility and providing leadership in the local Health and Social care economy with external stakeholders both with Chairs of other local provider organisation at a local and West Yorkshire level as well as with Monitor, Scrutiny committee, and local MPs. He had met with Bradford and Mid Yorks Trust chairs and had useful discussions with York Trust chair and was instrumental in holding a joint Membership Council event with them and Leeds & York Partnership Trust.
- He felt the Public engagement strategy was still work in progress.
- Board and membership council were working well as seemed to be supported by WLGR but there was a constant challenge in replacing Membership Council members and ensuring representativeness of the communities we serve.
- He had further developed the relationship with colleagues in local system and regulators but clearly the challenges of procurement between competing organisation and that between a commissioner and provider creates both short term and longer term problems which need resolving.
- A stakeholder review has not been undertaken and it may not be appropriate till later in the year because of tensions mentioned above.
- He has increased his personal use of technology in terms of using Boardpad for meetings only having a paper copy for the agenda.

- The Governance Task and Finish Group had been completed and implemented.
- The company secretary role had been defined and agreed.
- More strict time management he felt he had made progress here but the challenge of the year and complexity of agenda required adequate debate.
- There had been NED only meetings but maybe not as frequent as intended again due to agendas to be dealt with.
- He had been able to maintain links with Health care and FT developments and attended Confederation and other conferences to keep abreast of national issues.
- He and the CEO have had one coaching session during the year. It was useful to set time aside to discuss issues and get independent input from an ex Chair of an FT and feel they have been more effective as a consequence.

Feedback

Overall feedback was very positive of Andrew's role in leading us at a time when focus on financial, governance and quality challenges have never been more intense. As ever there were strengths identified and areas for development which became clear were Andrew's own identified development needs.

Leading the Trust at a time of such a challenge and marshalling the Board and the Membership Council to work constructively and effectively reflected highly on Andrew's skills as a Chairman and was acknowledged by all.

The majority of questionnaires were scored at 4/5 [often or always] in response to questions. His strengths included empathy, communication skills, creating a no blame environment, respect for others, putting the patient first, using language which was easy to understand, providing excellent information, and improved time management skills.

He was rated most highly in his understanding of the working of Trust, Business and Regulatory framework, Understanding the Trust objectives and respect of confidentiality.

All commented on his ability to ensure the Membership Council effectively fulfilled its role in the management of the Trust and worked collaboratively with the Board.

Areas for development were in the probing and testing of information which was recognised as a development need of all the Non executives. The need to manage external relationships especially in the challenging environment of procurement, was seen as an area where the Chair would have a key role. As was the ability to lead the Trust development of strategy in the light of procurement decisions and the five year forward view of NHS England.

Specific issues of time management of meetings and using some of the challenges within the year as learning opportunities, as was assurance that processes to identify efficiency savings were in place and would deliver.

Future areas for development and objectives for next year:

- Increased visibility within Trust – championing the 4 pillar behaviour - development of an internal engagement programme including informal chair drop in session
- Contribute to Trust attainment of good or above CQC assessment and ensuring Trust is in a position where it is not in breach of its licence with Monitor

- Implementation of actions from the Well Led Governance Review
- Review of overall work streams and assessment of capacity of executives to deliver on these
- Leadership role in Health Economy response to Winter pressures
- Continue to develop External Relationships in Local Health Economy and West Yorkshire Economy
- Leadership of relationships in Health Economy re consequence of Care Closer to Home (CC2H) and wider issues of Outline Business Case (OBC) both with local partners and wider West Yorkshire partners
- Leadership role in attracting new members for the Membership Council, trying to represent communities we provide care for
- To complete the Public engagement strategy in conjunction with the Membership Council
- Stakeholder review maybe early 2016
- To be involved in the Project assurance of the Electronic Patient Record (EPR)
- More regular Non Executive Director meetings
- Attend National Meeting Confederation, FTN

Mr Andrew Haigh (Chairman)

Dr David Anderson (Appraiser)

Signature:



Signature:

Date: 29.6.15

Date: 29.6.15

MEMBERSHIP COUNCIL MEETING

THURSDAY 9 JULY 2015

NON-EXECUTIVE APPRAISALS

The appraisals of the Non-Executive Directors (NEDs) were carried out between March and June 2015 by the Chair with input from the Executive team. All the NEDs were assessed to be carrying out their duties to a satisfactory standard and at least fulfilling their time commitment to the Trust. In respect of attendance at Board meetings Peter Roberts, Linda Patterson and Jan Wilson have all attended 11 out of 12 meetings. David Anderson and Philip Oldfield 10 out of 12 and Jeremy Pease 9 out of 12.

As advised last year, the time commitment for the NEDs falls into two sections. Those activities that all NEDs carry out and those that are dependant on role. In the first category are:

- Board Meetings
- MC/NED workshops
- MC meetings
- Board workshops
- Board/MC workshops
- Leadership walk arounds
- 1:1 meetings with the Chair and NED meetings with the Chair
- Training
- Ad hoc meetings such as the OBC, the CC2H tender and development
- In addition the Finance & Performance Committee is open to all NEDs to attend as observers if they wish and this is often taken up.

In addition to these the NEDs get involved in a variety of activities. Meetings with NED Chairs and/or attendance include Audit & Risk, Quality, Health & Safety, Charitable Funds, Equality, Pennine Property Partnership, Finance & Performance, Turnaround Exec and Revalidation; All the NEDs have a link to one of the Executive Directors (based on skill sets/interest) in a buddying type arrangement; Oversight roles on Trust initiatives including EPR procurement/transformation, Non pay procurement, Care of the Acutely Ill Patient and Future Hospital. Some NEDS have very good connections within the Political Establishment and with NHS England/CQC and have helped with meetings or discussions when I as Chair haven't been able to attend.

There is also NED involvement on Clinical Excellence Awards, Infection Control, Procurement, Clinical Research, Grievance processes and Consultant recruitment to name but a few.

Since November there has also been the requirement for NED representation at the regular monthly meetings with Monitor. Philip Oldfield has been particularly involved with this but others have attended as well.

Objectives for the current year have been developed using the Trust's standard non medical appraisal tool and closely follow the above activities in terms of input and areas covered. In addition there are three "standard" objectives for all NEDs which are:

- Effective input into Board and Committees
- Demonstrate the 4 pillar behaviours in carrying out the NED role
- Support the Trust in attaining a CQC assessment of "good" or better.

As the Trust is still awaiting its first CQC review under the new inspection regime these 3 are all being carried forward to the 15/16 year.

Finally it should be noted that David Anderson and Jan Wilson take the roles of Senior Independent Non-Executive Director and Deputy Chair respectively.

Andrew Haigh
Chairman

MEMBERSHIP COUNCIL MEETING – THURSDAY 9 JULY 2015

Engaging with Trust members and members of the public

MC Task & Finish group June 2015

Report

Background

One of the statutory duties of our Membership Councillors (MC) is to 'represent the interests of NHS foundation trust members and of the public'.

A small group of MCs agreed to meet with the Chairman and Associate Director of Engagement & Inclusion to discuss and explore the potential for any new engagement opportunities.

Result

Engagement opportunities for MCs should be pragmatic, cost effective and authentic. They should provide an opportunity for all parties to listen to views and exchange information. They should also include a commitment to feed views and information back into the Trust in order to develop services, and enhance the patient experience of our care.

Reality

MCs confirm that they have access to a wide range of engagement opportunities at CHFT. These range from contact with staff, non-executive directors, performance information and clinical areas. A recent exercise identified a total of 31 'engagement opportunities' across the Trust.

In addition, links to the two local Healthwatch organisations have been established; and two local Clinical Commissioning Groups have indicated that they would be willing to have CHFT Membership Councillors attend their respective patient reference group network meetings.

The Trust has approximately 9700 members but only a small proportion of these could be classed as 'active'. Members, and members of the public who have an interest in health, either through professional or personal experience, tend to be the most engaged.

The Members' Forum lecture talks (previously known as 'Medicine for Members') have been arranged and publicised for a number of years. Although the format and

timing have been reviewed several times, attendance from Trust members and members of the public is very small, and this engagement opportunity is considered 'labour intensive', inefficient and ineffective.

To research, reach out, exchange, inform, communicate and engage with members, and with members of the public requires resources and finances.

Result

The task & finish group is proposing the following:

That once the current programme of Members' Forum speakers has been delivered, this activity is discontinued and

That MCs are asked to volunteer to join a small group to participate in three 'health organisation targeted activities' per year. These would be

- **Healthwatch** – to participate in one activity initiated by Healthwatch, such as a survey or focus group
- **Patient Reference Group Network** meeting – GP practices have a reference group of patients. These groups are invited to a CCG network event to discuss local developments. MCs would attend to share and discuss information
- **Other voluntary/third sector meeting or activity** – MCs to attend and engage with members of any other local voluntary or community organisation to seek and exchange views. The membership office would assist with making contacts.

MCs would be encouraged to attend these activities in pairs or a small group and feedback into the Trust would be achieved via the current chair's information exchange meeting, with attendance by the CEO when available.

Ruth S Mason

Associate Director of Engagement & Inclusion

July 2015

MEMBERSHIP COUNCIL

Meeting: Membership Council	Report Author: Victoria Pickles
Date of meeting: 09 July 2015	Sponsoring Director: Julie Dawes
<p>Title and Brief Summary: REVISED TRUST STRATEGY – 1 YEAR and 5 YEAR In 2013/14 the Trust developed its strategy on a page. I Earlier this year it was agreed that this required a refresh to better reflect the current position of the Trust. The refresh process included input from both divisions and the Membership Council and is described in detail in the attached paper. A Board of Directors / Membership Council workshop agreed a number of actions that needed to take place on approval of the strategy. These are now underway following approval at the Board meeting in May 2015. In addition an annual strategy refresh process is being developed alongside the business planning process which will involve a wider group of stakeholders. Attachment: Presentation on the development of the Trust Strategy and the finalised 1 year plan and 5 year strategy</p>	
<p>Action required by the Membership Council: The Committee is asked to note and comment on the strategy and the process for its development</p>	
<p>Strategic Direction area supported by this paper: Keeping the Base Safe</p>	
<p>Forums where this paper has been previously considered: Board / Membership Council Workshop; Board of Directors meeting</p>	
<p>Governance requirements: This forms part of the Trust's assurance arrangements that appropriate systems of internal control are in place and are operating effectively.</p>	
<p>Sustainability implications: None</p>	

1 and 5 Year strategy and the quality priorities

Development of the 2015/16 Strategy

Agreed that the Trust's strategy on a page required a refresh.

Undertook an engagement process to consider:

- What had been completed from the existing strategy
- What was still outstanding to be achieved from the 2014/15 strategy
- Any gaps not addressed by the existing strategy

Engagement process included:

- Initial discussion at Board to agree a way forward
- Workshop with Executive, Non-Executive and divisional colleagues
 - Revised the vision statement
 - Included goal on finance and workforce
 - Merged Transforming Care and Improvement and Innovation
- Workshop with Board members and Membership Councillors

Development of the 2015/16 Strategy

Feedback from the workshop with Membership Councillors

Positive

- Overall it was a good, clear and helpful document
- Good balance of national and local priorities and influences
- Showed commitment to community services and to staff
- Captured the challenges faced by the Trust

To consider for further development

- How will it be defined further for objectives
- Ensure that it reflects Vanguard and the Five Year Forward View
- Could reflect further that we are not an 'island'
- Wording in relation to colleagues / staff
- Consider the affordability of future plans
- Consider how we get real time data to support measurement of delivery
- Be clear who is responsible for each and consider capacity to deliver
- Need to ensure it reflects any political changes

The Strategy was updated to reflect these comments and to develop the wording in relation to workforce.

Development of the 2015/16 Strategy

The workshop also asked for feedback on what should happen next:

- Get on delivering it and make sure there are mechanisms for monitoring
- Engage staff throughout the organisation and make sure it is real for every member of staff
- Develop measures of success and milestones for delivery
- Stick with it
- Engage the public and makes sure that everything we do links back to the strategy.
- Align data with the strategy

Development of the 2015/16 Strategy

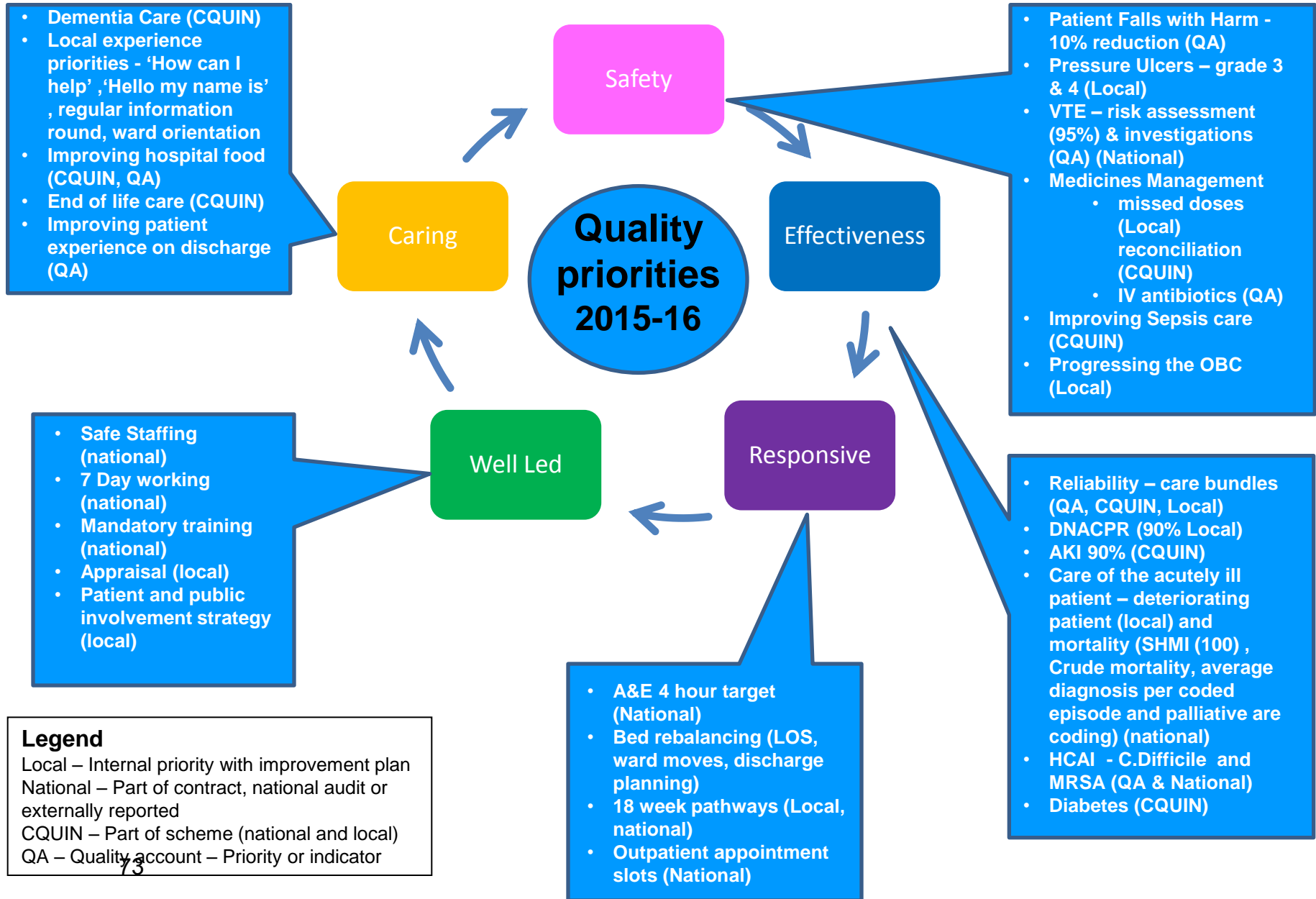
The next steps are therefore proposed as:

- Identify a lead director for each objective and link these in to the appraisal – COMPLETE
- Update the appraisal documentation to reflect these – COMPLETE
- Ensure the strategy is built into staff engagement – COMPLETE - in CQC presentation and new Team Brief
- Develop milestones and measurements for each of the objectives along with a reporting cycle to the Board and other parts of the governance to provide assurance on progress – June 15 – **update report due to Board in July**
- Develop the Board Assurance Framework for 2015/16 to reflect these objectives – June 15 - **update report due to Board in July**
- Develop the leadership visibility arrangements for both colleagues and the public - June 15 - **update report due to Quality Committee in September.**

<p>Our Vision</p>	<p><i>Together we will deliver outstanding compassionate care to the communities we serve</i></p>			
<p>Our behaviours</p>	<p>We put the patient first / We go see / We do the must dos / We work together to get results</p>			
<p>Our goals (The result)</p>	<p>Transforming and improving patient care</p>	<p>Keeping the base safe</p>	<p>A workforce for the future</p>	<p>Financial sustainability</p>
<p>Our response</p>	<p>Our SHMI will be 100 or less DB</p>	<p>We will have achieved a CQC rating of outstanding JD</p>	<p>We will have a workforce of the right shape & size with the capability & capacity to deliver safe, high quality services in our hospitals & wider community ; maintaining safe staffing levels 24/7. JH</p>	<p>We will have implemented the five year plan KG</p>
	<p>We will have fully implemented an agreed re-configuration of integrated hospital and community services AB</p>	<p>We will be compliant with all Monitor requirements VP</p>	<p>We will be widely recognised as an Employer of Choice, attracting talented & committed people to join our team. JH</p>	<p>We will be financially sustainable with the ability to invest for the future KG</p>
	<p>We will meet all 7 day working standards DB</p>	<p>We will consistently achieve all national and local targets JD</p>	<p>We will actively engage with our people involving them in decisions that affect the Trust, teams and individuals. JH</p>	<p>We will understand our markets and have a clear plan of how we grow our business AB</p>
	<p>We will have a robust electronic patient record MG</p>	<p>We will be fully compliant with health and safety standards LH</p>	<p>We will invest in the health and well-being of our people, improving attendance and availability to ensure safe services 24/7 JH</p>	
	<p>Our patients and the public will be involved in their treatment and we will use their feedback on services JD</p>	<p>Our estate will be fit for the future LH</p>	<p>We will embed a fully integrated approach to the development of our people, building a community of value driven senior leaders and promoting visible and supportive leadership at all levels of the organisation. JH</p>	

Our Vision	<i>Together we will deliver outstanding compassionate care to the communities we serve</i>			
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	Design and implement the community division while continuing to work on CC2H JD	Implement the local quality priorities (see separate page) JD	Plan and implement workforce change to ensure that our people and resources actively support the reconfiguration of integrated hospital and community services.. JH	Deliver a robust financial plan including CIP for 2015/16 and 2016/17 KG
	Develop and roll out the first wave of 7 day working standards DB	Ensure readiness to achieve CQC rating of good JD	Design an innovative Trust-wide internal communications strategy and implementation plan. VP	Refresh the Commercial Strategy KG
	Roll out of the first year of programmes to support implementation of EPR MG	Strengthen our performance framework at corporate and divisional level LH	Secure safe staffing levels and have clear mitigation plans ready to be deployed if required. JD	Strengthen our financial control procedures KG
	Continue the implementation of the Care of the Acutely Ill Patient action plan DB	Ensure robust plans are in place to monitor and deliver A&E and C Diff DB	Launch a campaign to actively support improvements in health and well-being and reduce absence JH	Develop the 5 year turnaround plan with agreement across the local and regional health economy AB
	Work with commissioners and providers locally and across WY to develop plans for the future configuration of integrated services AB	Respond to Monitor in relation to breach of licence and undertake Well Led Governance Review VP	Design a strategic framework to articulate and govern a value driven people focussed approach using work together to get results JH	
	Develop and implement a Public and Patient Involvement Plan VP	Implement the health and safety action plan LH	Create a Trust-wide, multi-disciplinary approach to Learning delivered via a fully integrated education and training function JH	

A Framework for Quality Improvement 2015-16



DRAFT SCHEDULE OF MEMBERSHIP COUNCIL FUTURE MEETINGS 2015-16

DAY/DATE	TIME	VENUE	PURPOSE OF MEETING
2015			
Thursday 17 September 2015	Healthfair - 5.00 pm AGM - 6.00 pm	3 rd Floor Acre Mill Outpatient Building	Joint BOD & MC Annual General Meeting for Members and Public
Wednesday 4 November 2015	4.00 pm	Boardroom Huddersfield Royal Infirmary HD3 3EA	Members Public Meeting
2016			
Tuesday 19 January 2016	4.00 pm	To be confirmed	Members Public Meeting
Thursday 7 April 2016	4.00 pm	To be confirmed	Members Public Meeting
Wednesday 6 July 2016	4.00 pm	To be confirmed	Members Public Meeting
Thursday 15 September 2016	To be confirmed	To be confirmed	Joint BOD & MC Annual General Meeting for Members and Public Members Public Meeting
Wednesday 9 November 2016	4.00 pm	To be confirmed	Members Public Meeting

/KB/draft SCHEDULE OF MC MEETINGS 2015-16.mc

MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2015
& ALLOCATION TO SUB COMMITTEES/GROUPS 2015

JANUARY 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
5 Jan	Chairs' Information Exchange	10.00 – 12.00	Meeting Room 1, LC, HRI	MU/LS/JT/PM/KW
12 Jan	Members' Forum: How technology is benefitting patient care	1.00 – 2.00	Lecture Theatre, CRH	Any
13 Jan	Members' Forum: How technology is benefitting patient care	5.30 – 6.30	Lecture Theatre, HRI	Any
20 Jan	Familiarisation Tour: Acre Mill Development	1.30 – 2.30	Acre Mill	WC/MK/CB/LF/KW/LM/EH/JT (if other MCs wish to come please contact Vanessa)
20 Jan	MCs/Chair Informal meeting	3.00 – 4.00	Board Room, HRI	All
20 Jan	Members Public meeting (MCs Formal meeting)	4.00 – 6.00	Board Room, HRI	All
26 Jan	Staff MCs Group meeting	3.00 – 5.00	Meeting Room 3, LC, HRI	AH/EH/MK/CB/LF
27 Jan	Remuneration Committee & TOS – Chair & NEDS	10.00 – 12.00	Chair's Office, HRI	EH/JB/WC/GR/CB/DS
27 Jan	MC Development Session: Holding to Account	12.00 – 2.00	Meeting Room 1, LC, HRI	Any

FEBRUARY 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
2 Feb	Equality and Diversity Awareness Session	9.00 – 12.00	Discussion Room 2, LC, HRI	Any (book through Workforce Development)
2 Feb	MC Development Session: 'Knowing Me, Knowing You – Effective Communications'	12.30 – 2.30	Meeting Room 3, LC, HRI	Any
12 Feb	MC/NED Informal Workshop	4.00 – 6.00	Discussion Room 2, LC, HRI	All
26 Feb	Medical DRG meeting	11.00 – 1.00	Boardroom, CRH	JT/LM/DH/LS/KW/MU
27 Feb	DATS DRG meeting	9.30 – 11.30	DATS Meeting Room, HRI	PM/WC/JB/MC/GR/CB

MARCH 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
3 Mar	Staff MC meeting	2.00 – 4.00	Meeting Room 1, LC, HRI	AH/EH/CB/MK/LF
9 Mar	Estates and Facilities DRG mtg FOLLOWED BY SHORT TOUR AROUND ACRE MILLS	11.00 – 1.00	Meeting Room 4, Acre Mills	LS/PM/BR/EH/GH
13 Mar	Surgical DRG meeting	12.00 – 2.00	Meeting Room F2, Acre House	MU/JT/LW/GH/GR/AH
17 Mar	Members recruitment event	10.00 – 2.00	Kirklees College	LS + 1 MC
23 Mar	Chairs' Information Exchange meeting	2.00 – 4.00	Chair's office, HRI	MU/LS/JT/PM/KW
27 Mar	CWF DRG meeting	3.00 – 5.00	Parentcraft Room, CRH	KW/LM/WC/LF/BR

APRIL 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
1 April	Equality and Diversity Awareness Session	9.00 – 12.00	Boardroom, HRI	Any (book through Workforce Development)
8 April	MC Development Session: An Introduction to NHS Finance	12.30 – 2.30	Syndicate Room 3, LC, CRH	Any
8 April	MCs/Chair Informal Meeting	3.00 – 4.00	Board Room, HRI	All
8 April	Members Public Meeting (MCs Formal meeting)	4.00 – 6.00	Board Room, HRI	All
13 April	MC Development Day	9.00 – 12.00	Discussion Room 2, LC, HRI	Any
14 April	AGM Planning Sub-group	11.00 – 12.00	Chair's Office, HRI	GH/EH/MU
14 April	Members' Forum: Food for thought – the patient meal experience	1.00 – 2.00	Discussion Room 1, LC, HRI	Any
15 April	Members' Forum: Food for thought - the patient meal experience	5.30 – 6.30	Lecture Theatre, CRH	Any

MAY 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
6 May	MC/BOD Workshop	9.00 – 5.00	Boardroom, HRI	Any
27 May	Equality and Diversity Awareness Session	9.00 – 12.00	Large Training Room, LC, CRH	Any (book through Workforce Development)

JUNE 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
1 June	Medical DRG meeting	2.30 – 4.30	Boardroom, CRH	JT/LM/DH/LS/KW/MU
2 June	Estates and Facilities DRG meeting	9.30 – 11.30	Discussion Room 3, LC, HRI	LS/PM/BR/EH/GH
5 June	DATS DRG CANCELLED	9.30 – 11.30	DATS Meeting Room, HRI	
9 June	Combined CWF/DaTS DRG	2.30 – 4.30	Parentcraft Room, CRH	KW/LM/WC/LF/BR/PM/JP/MC/GR/CB
11 June	Surgical DRG	11.00 – 1.00	Discussion Room 2, LC, HRI	MU/JT/LW/GH/GR/AH
25 June	Chairs' Information Exchange	10.00 – 12.00	Chair's Office, HRI	MU/LS/JT/PM/KW/AH
25 June	MC Development Session: Understanding Quality in the NHS	1.00 – 3.00	DATS Meeting Room, HRI	Any
29 June	MC Training Session: Holding to Account [Additional session – if any more MCs wish to attend please contact the membership office]	2.00 – 4.00	Syndicate Room 3, Learning Centre, CRH	KW/DH/LM

JULY 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
1 July	AGM Planning Sub-group	11.00 – 12.00	Chair's Office, HRI	GH/EH/MU
1 July	Members' Forum: End of Life Care	1.00 – 2.00	Lecture Theatre, CRH	Any
2 July	Members' Forum: End of Life Care	5.30 – 6.30	Lecture Theatre, HRI	Any
9 July	Members Public Meeting (MCs Formal meeting)	4.00 – 6.00	Board Room, HRI	All
22 July	MC Development Day	1.00 – 4.30	Medium Training Room, LC, CRH	Any

AUGUST 2015

SEPTEMBER 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
8 Sep	AGM Planning Sub-group	11.00 – 12.00	Chair's Office, HRI	GH/EH/MU

9 Sep	MC Development Session: Improving the Patient Experience	1.30 – 3.30	Meeting Room 3, LC, HRI	Any
9 Sep	MC/NED Informal Workshop	4.00 – 6.00	Boardroom, HRI	All
17 Sep	Joint BOD & MC AGM/Health Fair	5.00 onwards	3 rd Floor Acre Mill Outpatients Building	All
28 Sep	MC Development Day	1.00 – 4.30	Discussion Room 1, LC, HRI	Any
30 Sep	Equality and Diversity Awareness Session	12.30 – 4.30	Large Training Room, LC, CRH	Any (book through Workforce Development)

OCTOBER 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
1 Oct	Equality and Diversity Awareness Session	9.00 – 12.00	Boardroom, HRI	Any (book through Workforce Development)
19 Oct	Chairs' Information Exchange	1.30 – 3.30	Chair's Office, HRI	MU/LS/JT/PM/KW/AH
21 Oct	MC Induction Day 1	9.00 – 4.30	Medium Training Room, LC, CRH	New MCs
23 Oct	MC Induction Day 2	9.00 – 4.30	Discussion Room 1, LC, HRI	New MCs

NOVEMBER 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
4 Nov	MCs/Chair Informal Meeting	3.00 – 4.00	Board Room, HRI	All
4 Nov	Members Public Meeting (MCs Formal meeting)	4.00 – 6.00	Board Room, HRI	All
5 Nov	Medical DRG meeting	11.00 – 1.00	Boardroom, CRH	JT/LM/DH/LS/KW/MU
	CFW DRG meeting **			
	DATS DRG meeting **			
11 Nov	MC Development Session: Leading for Change at CHFT	1.00 – 3.00	Syndicate Room 2, LC, CRH	Any
18 Nov	MC/BOD Workshop	9.00 – 5.00	Boardroom, HRI	All
18 Nov	Estates and Facilities DRG meeting	2.00 – 4.00	Discussion Room 3, LC, HRI	LS/PM/BR/EH/GH
30 Nov	Surgical DRG meeting	2.00 – 4.00	Discussion Room 3, LC,HRI	MU/JT/LW/GH/GR/AH

**** TO BE CONFIRMED (MERGED DRG)**

DECEMBER 2015

DATE	MEETING	TIME	LOCATION	PLEASE ATTEND
2 Dec	Equality and Diversity Awareness Session	9.00 – 12.00	Discussion Room 2, LC, HRI	Any (book through Workforce Development)
2 Dec	AGM Planning Sub-group	11.00 – 12.00	Chair's Office, HRI	GH/EH/MU
7 Dec	MC Development Day (inc Festive Buffet)	12.00 – 4.30	Large Training Room, Learning Centre, CRH	Any
17 Dec	Chairs' Information Exchange	10.00 – 12.00	Chair's Office, HRI	MU/LS/JT/PM/KW/AH

MEMBERSHIP COUNCIL ALLOCATION TO GROUPS AND SUB COMMITTEES

DIVISIONAL REFERENCE GROUPS (Plus Divisional Reps)	QUORUM	MEETINGS (3 per annum)	ALLOCATION FROM 1 NOVEMBER 2014
Children, Women & Families (CWF) Divisional Reference Group	1 Div rep 2 MC's 1 Membership Office rep	17 Nov 2014 – 11am-1pm, Parentcraft Room, CRH 5 Mar 2015 – 9.30am-11.30am, Parentcraft Room, CRH 9 June 2015 – 2.30pm-4.30pm, Parentcraft Room, CRH 10 Nov 2015 – 2pm-4pm, Parentcraft Room, CRH	Kate Wileman Lynn Moore Wayne Clarke Liz Farnell Brian Richardson
Surgical & Anaesthetics (S&A) Divisional Reference Group	“	5 Nov 2014 – 1pm-3pm, Meeting Room 3, LC, HRI 23 Feb 2015 – 2pm-4pm, Discussion Room 3, LC, HRI 11 June 2015 – 11am-1pm, Discussion Room 2, LC, HRI 30 Nov 2015 – 2pm-4pm, Discussion Room 3, LC, HRI	Martin Urmston Johanna Turner Linda Wild Grenville Horsfall George Richardson Avril Henson
Diagnostic & Therapeutic (DATs) Divisional Reference Group	“	12 Nov 2014 – 11am-1pm, DaTS Meeting Room, HRI 27 Feb 2015 – 9.30am-11.30am, DaTS Meeting Room, HRI 5 June 2015 – 9.30am-11.30am, DaTS Meeting Room, HRI 20 Nov 2015 – 9.30am-11.30am, DaTS Meeting Room, HRI	Peter Middleton Wayne Clarke Jennifer Beaumont Marlene Chambers George Richardson Chris Bentley
Medicine Divisional (Med) Reference Group	“	1 Dec 2014 – 2.30pm-4.30pm, Small Training Room, LC, CRH 26 Feb 2015 – 11am-1pm, Board Room, CRH 1 June 2015 – 2.30pm-4.30pm, Board Room, CRH 5 Nov 2015 – 11am-1pm, Board Room, CRH	Johanna Turner Lynn Moore Dianne Hughes Liz Schofield Kate Wileman Martin Urmston
Estates & Facilities (E&F) Divisional Reference Group	“	8 Dec 2014 – 2pm-4pm, Board Room, HRI 25 Feb 2015 – 2pm-4pm, Board Room, HRI 2 June 2015 – 9.30am-11.30am, Discussion Room 3, LC HRI 18 Nov 2015 – 2pm-4pm, Board Room, HRI	Liz Schofield Peter Middleton Brian Richardson Eileen Hamer Grenville Horsfall

STATUTORY SUB COMMITTEE TITLE	AGREED COMPOSITION AS PER TERMS OF REFERENCE	PROPOSED MEETINGS	ALLOCATION
Remuneration & Terms of Services – Chair & Non Executive Directors (NEDs)	6 Members – including 1 staff (Declaration of Non-interest in NED post required)	Annually & As and when required	Eileen Hamer Jennifer Beaumont Wayne Clarke George Richardson Chris Bentley Dawn Stephenson
Nominations Sub Committee Chair & NEDs	Trust Chairman (or Vice/Acting Chair in relation to Chair appointments) Trust Chief Executive 1 Appointed Member 3 Elected Members (at least 2 publicly elected)	Annually & As and when required	Martin Urmston Johanna Turner John Playle Linda Wild
AGM Planning Sub Group	Not specified	Approx 4 pa. 2 December 2014 – 2.30 pm Chair's Office, HRI	Grenville Horsfall Eileen Hamer Martin Urmston (Open for any MCs to attend)
Audit & Risk Committee	1 Membership Councillor to observe	5 per annum	Peter Middleton
Organ Donation			Liz Schofield
Finance & Performance Cttee			Peter Middleton
Quality Committee			Lynn Moore

RM/KB/MC SUB GROUPS
14.10.14(v3)

Membership Council

Development Session April 13th 2015

Presentation of draft Annual Plan 2015-16

Notes

Attendees: Andrew Haigh (Trust Chairman), Ruth Mason (Associate Director of Engagement & Inclusion), Eileen Hamer, Liz Farnell, Avril Henson (staff elected MCs), Hilary Richards (stakeholder MC), Peter Middleton, Johanna Turner, Lynn Moore, Kate Wileman, George Richardson (publically elected MCs)

Presenters: Lesley Hill (Director, Performance, Planning, Estates & Facilities)
Juliette Cosgrove (Assistant Director, Corporate)
Keith Griffiths (Director of Finance)

Under the Health and Social Care Act 2012, governors of Foundation Trusts are asked to express a view on the board's plans for the Trust in advance of the Trust's submission to Monitor.

- Strategy – Lesley Hill gave an overview of local, regional and national health strategy. She highlighted that a new emphasis for the Trust will be on providing community as well as hospital based care, and that the Trust will be creating a new divisional structure in order to help deliver community services in the future.
- Quality – Juliette Cosgrove explained the Care Quality Commission's (CQC) five domains of healthcare: Safe, Effective, Caring, Responsive and Well Led. She outlined the agreed quality indicators for the forthcoming year and explained that a Membership Councillor was a member of the Trust's Quality Committee
- Finance – Keith Griffiths explained the different constituent elements of the Trust's financial plan. These included things such as theatre demand, activity, and staffing headcount. He emphasised the direct link between quality and finance, explaining that the Trust would be subject to financial penalties if it did not achieve the quality indicators or CQUIN targets (Commissioning for Quality and Innovation).

A cost improvement plan (CIP) of £14 million of savings had been identified for 2015-16

A capital spend of £20.7 million had been identified. This would be used on ward refurbishments, theatre refurbishments and maintenance. It included a spend of £8 million on information technology such as the Electronic Patient Record system.

He alerted the Council to the fact that the Trust will need to ask the Department of Health for £18 million in September in order to cover the anticipated trading deficit, which is likely to be minus £20 million. He explained that the Trust would be working under a 'payment by results' (PbR) contract with commissioners, rather than the current arrangement of a 'block contract' of a set amount of money. He added that the Trust's bid to provide community services in the Kirklees area had not been factored in to these figures but that winning or losing the bid would have a financial consequence. He told Membership Councillors that our anticipated 'continuity of services risk rating' (CoSRR) for next year would be 1, which is the lowest rating, and which would keep us under regular Monitor scrutiny.

Feedback from Membership Councillors:

- Membership Councillors acknowledged the difficult local and national financial climate
- Councillors were conscious that major and transformational change at the Trust would be needed to address the situation
- Councillors were conscious that, under a PbR contract, if the current activity underperformance was to continue, this would have a detrimental financial effect
- Membership Councillors noted that although the voluntary redundancy scheme would help towards the Trust's spend on staffing, losing posts would have a noticeable effect on the running of the Trust, and some clinical and nursing areas were still understaffed. Adequate recruitment and staffing levels were key.
- The Membership Councillors were supportive of the Annual Plan's approach, and felt assured that there was a good standard of scrutiny and rigour contained in the plan.

Membership Councillors agreed that the draft annual plan should go to the April board meeting for final agreement and approval

Ruth S Mason

April 2015