

The Royal Infirmary
Lindley
Huddersfield
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Ref: AH/KB

10 January 2017

To:- Membership Councillors

Dear Colleague

**FORMAL AND INFORMAL MEMBERSHIP COUNCIL MEETING – TUESDAY 17
JANUARY 2017 - BOARDROOM, SUB-BASEMENT, HUDDERSFIELD ROYAL
INFIRMARY**

I am writing to remind Membership Councillors that Peter Middleton and 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 Peter Middleton prior to the 3.00 pm meeting. Peter can be contacted on:- email: Middleton375@hotmail.com or tel: 07802 212293

I attach the agenda and associated papers for the formal meeting on the 17 January 2017 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

Chairman: Andrew Haigh
Chief Executive: Owen Williams

**compassionate
care**



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Meeting of the CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST MEMBERSHIP COUNCIL MEETING

Date: TUESDAY 17 JANUARY 2017 at 4.00 pm
Venue: Boardroom, Sub Basement, Huddersfield Royal Infirmary
HD3 3EA

AGENDA

| REF | ITEM | LEAD | PAPER | PURPOSE OF PAPER/ UPDATE |
|--------------------------|--|-------------|--|---|
| 1 | Welcome and introductions: Mrs Jan Wilson, Non-Executive Director/Deputy Chair (BOD) | Chair | VERBAL | Note |
| 2 | Apologies for absence: Dr David Anderson, Non-Executive Director/SINED Helen Barker, Chief Operating Officer (Peter Keogh, Assistant Director of Performance attending) Lynn Moore | Chair | VERBAL | Note |
| 3 | Declaration of interests | All | VERBAL | Approve |
| 4 | Minutes of the meeting held: Wednesday 9 November 2016 | Chair | APP A | Approve |
| 5 | Matters Arising a.73/16b - CQC Inspection - Action Plan | Chair BB | VERBAL APP B | Information Information |
| CHAIRMAN'S REPORT | | | | |
| 6 | a. Annual Membership Council Meetings Work Plan 2017 b. Update from Chairs Information Exchange Meeting – 19.12.16 c. Membership Council Workshop – 14.12.16 re Annual Plan and Quality Accounts d. Feedback from matters arising at pre-meeting held 9.11.16 e. A/E Performance | Chair | APP C APP D VERBAL VERBAL VERBAL | Approve Note Note Note Note |
| CONSTITUTION | | | | |
| 7 | Membership Council Register – Resignations/ Appointments | Chair | APP E | Approve |
| 8 | Register of Interests/Declaration of Interest | AH | APP F | Approve |
| 9 | Constitutional Amendments | VP | VERBAL | Note |
| 10 | Review of Standing Orders – | VP | APP G | Approve |

| | | | | |
|---|--|--------------------------------------|------------------------------|--|
| | Membership Council | | | |
| UPDATE FROM BOARD SUB COMMITTEES | | | | |
| 11 | Audit and Risk Committee | P Middleton/ N Banu Esmail | VERBAL | Information |
| 12 | EPR | Brian Moore/ K Wileman | VERBAL | Information |
| 13 | Finance and Performance Committee | B Moore/ Katy Reiter | VERBAL | Information |
| 14 | Quality Committee | P Middleton/ George Richardson | VERBAL | Information |
| 15 | Charitable Funds Committee | A Haigh/ E Hamer | VERBAL | Information |
| 16 | Workforce Well-led Committee | R Hedges/ Brian Moore | VERBAL | Information |
| 17 | Organ Donation Committee | D Hughes | VERBAL | Information |
| 18 | MC/BOD Joint Annual General Meeting – Feedback from Task & Finish Group | V Pickles/ R Mason | APP H | Information |
| OTHER ITEMS | | | | |
| 19 | STRATEGIC PLAN & QUALITY PRIORITIES 2016-17 UPDATE a. 7 Day Services b. H&S Action Plan | DB/LH | VERBAL | Approve |
| 20 | TRUST PERFORMANCE a. PERFORMANCE REPORT b. FINANCIAL POSITION AND FORECAST | PK GB | APP I APP J | Information Information |
| 21 | INFORMATION TO RECEIVE a. Updated Membership Council Calendar b. Extract from Quarter 2 Quality Report re Complaints & PALS | AH | APP K APP L | Note Note |
| 22 | ANY OTHER BUSINESS | AH | VERBAL | Receive |
| <p>DATE AND TIME OF NEXT MEETING:</p> <p>Date: Wednesday 5 April 2017 commencing at 4.00 pm</p> <p>Venue: Large Training Room, Learning Centre, Calderdale Royal Hospital.</p> | | | | |

MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON WENESDAY 9 NOVEMBER 2016 IN THE BOARDROOM, SUB-BASEMENT, HUDDERSFIELD ROYAL INFIRMARY

PRESENT:

| | |
|-------------------|---|
| Andrew Haigh | Chair |
| Rosemary Hedges | Public elected – Constituency 1 |
| Veronica Maher | Public elected – Constituency 2 |
| Peter Middleton | Public elected – Constituency 3 |
| Dianne Hughes | Public elected – Constituency 3 |
| Nasim Banu Esmail | Public elected – Constituency 4 |
| Stephen Baines | Public elected – Constituency 5 |
| George Richardson | Public elected – Constituency 5 |
| Annette Bell | Public elected – Constituency 6 |
| Kate Wileman | Public elected – Constituency 7 |
| Lynn Moore | Public elected – Constituency 7 |
| Brian Moore | Public elected – Constituency 8 |
| Michelle Rich | Public elected – Constituency 8 |
| Charlie Crabtree | Staff-elected – Constituency 13 |
| Bob Metcalfe | Nominated Stakeholder - Calderdale Metropolitan Council |
| Cath O'Halloran | Nominated Stakeholder - University of Huddersfield |

IN ATTENDANCE:

| | |
|-------------------|--|
| Dr David Anderson | Non-Executive Director/SINED |
| Helen Barker | Chief Operating Officer |
| David Birkenhead | Executive Medical Director |
| Gary Boothby | Executive Director of Finance |
| Kathy Bray | Board Secretary |
| Brendan Brown | Executive Director of Nursing |
| Ruth Mason | Associate Director of Engagement & Inclusion |
| Lesley Hill | Executive Director of Planning, Performance, Estates & Facilities |
| Victoria Pickles | Company Secretary |
| Jan Wilson | Non-Executive Director/Deputy Chair - Trust |
| Martin Debono | Consultant Gynaecologist/Obstetrician (for part of meeting – item 6) |
| Michael George | Internal Audit Manager (for part of meeting – item 6) |
| Terry Matthews | Clinical Governance Support Manager (for part of meeting – item 6) |
| Bev Walker | Associate Director for Urgent Care (for part of meeting – item 20) |
| Dr Sarah Hoye | Consultant – Acute Medicine (for part of meeting – item 20) |
| Rachel Rae | Lead Matron for Discharges (for part of meeting – item 20) |
| Hannah Wood | Physiotherapist – Support and Independent Team (for part of meeting – item 20) |

65/16 APOLOGIES:

Apologies for absence were received from:

| | |
|--------------------|--|
| Di Wharmby | Public elected – Constituency 1 |
| Grenville Horsfall | Public elected – Constituency 4 (Reserve Register) |
| Brian Richardson | Public elected – Constituency 6 |
| Mary Kiely | Staff-elected – Constituency 9 |

| | |
|-----------------|---|
| Nicola Sheehan | Staff-elected – Constituency 10 |
| Eileen Hamer | Staff-elected – Constituency 11 |
| Linda Salmons | Staff-elected – Constituency 12 |
| David Longstaff | Nominated Stakeholder – Clinical Commissioning Group |
| Dawn Stephenson | Nominated Stakeholder – SWYPFT |
| Carole Pattison | Nominated Stakeholder – Kirklees Metropolitan Council |
| Sharon Lowrie | Nominated Stakeholder – Locala |

| | |
|-----------------|---|
| Anna Basford | Director of Transformation and Partnerships |
| Mandy Griffin | Director of The Health Informatics Service |
| Linda Patterson | Non-Executive Director |
| Owen Williams | Chief Executive |

The Chair welcomed everyone to the meeting and particularly the number of recently appointed Membership Councillors.

66/16 DECLARATION OF INTERESTS

There were no declarations of interest at the meeting.

67/16 MINUTES OF THE LAST MEETING – 6 JULY 2016

The minutes of the last meeting held on 6 July 2016 were approved as an accurate record.

68/16 MATTERS ARISING

56/16 – WALKABOUT – Peter Middleton thanked the Trust for a very informative tour and asked that the Membership Council acknowledge the under-utilisation of the Birthing Centre at Huddersfield Royal Infirmary (HRI). Martin Debono reported that the Division acknowledged this under-utilisation and were looking at a number of initiatives to attract women with low risk pregnancies to the Huddersfield Birthing Centre.

47/16 - CONSTITUTIONAL AMENDMENTS

The Company Secretary reported that since the last Membership Council meeting two issues had arisen which required further clarity as the impact of these may mean further changes to the Constitution. The issues identified were the impact of the development of a Committee in Common across the West Yorkshire Association of Acute Trusts (WYAAT) and secondly the consultation being undertaken by NHS England on standardising all Trust declarations of interests from staff.

ACTION/OUTCOME: It was agreed that further information would be brought to the Membership Council Meeting on 17 January 2017.

All other matters arising were included within the agenda.

69/16 RESULTS OF THE AUDIT ON CLINICAL AUDIT

Martin Debono, Consultant, Michael George, Internal Audit Manager and Terry Matthews, Clinical Governance Support Manager attended the meeting to present the Internal Audit report undertaken on the Clinical Audit Department processes and the progress to date on the recommendations. Mr Debono reported that the final report would be presented to the Executive Board in January.

Michael George explained the content of the report. It was noted that the audit had found that the processes of the clinical audit department were effective and some recommendations had been made to enhance these processes.

Terry Matthews outlined the range of audit work undertaken by the team. She highlighted that the recommended enhancements would systematise aspects of the approach to increase the assurance that clinical audit activity provides assurance in itself, is necessary and drives improvement. It was noted that the action plan had been produced to address the recommendations from the report and this was being monitored through the Clinical Audit Group.

Peter Middleton thanked the team for their enthusiastic and helpful presentation which gave assurance to the Membership Council that the output of the clinical audit team would be cascaded throughout the organisation and lead to more effective and efficient patient care. He suggested that the Divisional Reference Group (DRG) Chairs might wish to put clinical audit work on their future DRG agendas.

Discussion took place regarding the number of colleagues within clinical audit and the increasing workflow. Cath O'Halloran advised that there were a number of students at Huddersfield University who may be able to help the clinical audit team and this would also benefit the students in undertaking their third-year projects. Terry Matthews agreed to follow this up with the University.

70/16 CHAIR'S REPORT

The Chair reported that there had been a number of important issues discussed in the private session including:

- Update on issues discussed in the Private Board of Directors Meeting over the past 3 months.
- West Yorkshire Sustainability and Transformation Plan
- Resignation of Executive Director of Finance (Keith Griffiths) and appointment of Gary Boothby in the interim.

CONSTITUTION

71/16 MEMBERSHIP COUNCIL REGISTER

The updated register of members as at 22 September 2016 was received.

OUTCOME: The Membership Council approved the updated Register.

7216 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. It was requested that the Board Secretary remind the members with outstanding declarations:- David Longstaff, Sharon Lowrie, Carole Pattison to complete and return their Declarations as soon as possible.

OUTCOME: All Membership Councillors present approved the Register of Interests.

ACTION: BOARD SECRETARY

73/16 STRATEGIC PLAN & QUALITY PRIORITIES 2016-17 UPDATE

In order to allow the Company Secretary to attend another meeting later that evening, the Chairman confirmed that this item would be moved up the agenda.

73/16a CONSULTATION UPDATE

The Chair and Company Secretary formally advised those present that the CCG had met on the 20 October 2016 and a decision made to progress to a full business case. It was noted that the Joint Overview and Scrutiny Committee (JOSC) feedback had contained 19

recommendations, some of which could not be addressed until the full business case had been developed. It was noted that the Trust would be seeking external support to develop the business case.

The Chair advised that progress could be impacted by two issues:

- The JOSOC could refer the decision to the Secretary of State for an independent review.
- The JOSOC or another party could refer the decision for a judicial review on a matter of process.

The Company Secretary clarified that there was a set time limit for making a referral for judicial review of three months from the decision. There was no clear time limit on referral to the Secretary of State from the JOSOC, however it would need to be within a reasonable timescale.

It was noted that discussions to allay concerns were taking place with the CCGs and the Huddersfield Local Medical Committee. A meeting between representatives of the Huddersfield LMC and Trust representatives was scheduled for Wednesday 16 November 2016.

OUTCOME: The Membership Council received the update.

73/16b CQC INSPECTION

The Executive Director of Nursing reported that the CQC Inspection had taken place in March 2016 and the report had been published in August 2016. A Quality Summit had taken place in October with representatives from CHFT, NHS Improvement, NHS England and members of the JOSOC present, at which the CQC Action Plan had been approved. It was noted that the Action Plan had robust governance arrangements and actions could only be signed off following sight of clear evidence and independent testing that actions were implemented and embedded. It was noted that invitations had been extended and accepted by members of the CQC and Overview and Scrutiny Committee colleagues to have informal visits of the Trust to give assurance that actions were being undertaken. It was agreed that the rag-rated Action Plan which was being overseen by the Quality Committee would be shared with the Membership Council at the meeting on 17 January 2017.

OUTCOME: The Membership Council received the update.

ACTION: AGENDA ITEM 17.1.17 MC MEETING

73/16c UPDATE ON OVERALL STRATEGIC PLAN

The Company Secretary reminded those present of the 16 key issues to deliver within the Strategic Plan. It was noted that this had been shared with the Membership Council earlier in the year when a number of questions had been raised.

Arrangements were in hand to discuss the progress of the Strategic Plan at the MC/BOD Workshop to be held on the 16 November 2016 but the current progress was noted:-

- 0 – Red
- 11 – Amber – on track to deliver
- 5 - Green/Amber – underway
- 0 - Green – but this was expected so early in the year.

OUTCOME: The Membership Council received the update.

ACTION: AGENDA ITEM MC/BOD WORKSHOP – 16.11.16

73/16d WYAAT/STP

The Chair reported that the Membership Councillors present at the private session had discussed the impact on the Trust of the West Yorkshire Associate of Acute Trusts and the Sustainability and Transformation Plan.

73/16e QUALITY PRIORITIES UPDATE

The Executive Director of Nursing advised that work continued within the Trust on the five key quality priorities:-

- Safety
- Effective
- Experience
- Responsive
- Well Led

He highlighted that work continued to reduce falls through the Safety Bundles and the Hospital at Night programme which was in place at Calderdale Royal Hospital (CRH) and was to be rolled out to HRI in December. This used the 'Nervecentre system' to ensure deteriorating patients are cared for by the appropriate clinical staff immediately once deterioration is identified by the system. Community teams continued to measure real live information and getting feedback from patients.

OUTCOME: The Membership Council received the update.

74/16 UPDATE FROM BOARD SUB COMMITTEES

74/16a – AUDIT AND RISK COMMITTEE

Peter Middleton reported that the Audit and Risk Committee were progressing well. It was noted that where concerns regarding follow-up internal audit reports are highlighted, the lead personnel are being asked to give a presentation to the Committee. To date there had been two 'deep-dives' on Medical Devices and Payroll.

74/16b – ELECTRONIC PATIENT RECORD

Brian Moore reported that the 'Go Live' date for implementation of the EPR system had been deferred due to delays in migration of data. It was now proposed that CHFT would go live in March/May 2017 and Bradford some time during July 2017.

74/16c – FINANCE AND PERFORMANCE COMMITTEE

Brian Moore gave a brief update on the financial position which on a year to date position was favourable. It was noted that this would be discussed later in the meeting under the Trust Performance item to be presented by the Executive Director of Finance.

74/16d - QUALITY COMMITTEE

The Executive Director of Nursing reported that the Committee had focused on the CQC Inspection, information and complaints and how the Trust can move from the complaints figures to real and compassionate responses to patients and relatives.

74/16e – CHARITABLE FUNDS COMMITTEE

The Chairman reported that the Charitable Fund Committee was looking to become more of a fund raising environment. Discussions were taking place with two providers to explore the opportunities of a cash lottery system. Work was also underway with the University of Huddersfield undergraduates in the Business School exploring the opportunities of helping the Trust fund raising.

It was noted that work continued with the Calderdale Community Foundation regarding the allocation of charitable funds from the Abraham Ormerod funds which had been A significant donation had been made to the flood relief programme to help residents with the recent flooding.

74/16f – WORKFORCE WELL-LED COMMITTEE

Rosemary Hedges reported on the key issues being discussed within the newly formed Workforce Committee:-

- Development of Workforce Strategy – to be signed off by the Board of Directors in January
- Review of Committee Terms of Reference
- Review of risk register and NHS Improvement submission regarding use of agency staff
- Reductions in absence with the implementation of Attendance Management Team
- Both vacancies and turnover had been reduced.

74/16g – NOMINATION AND REMUNERATION COMMITTEE MINUTES – 21.7.16 & 18.10.16

At this point the Chair left the meeting and Peter Middleton took over to chair the first part of this item. He updated the Membership Council regarding the matters discussed at the two Nomination and Remuneration Committees held this year and sought the ratification from the Membership Council on the decisions agreed.

- Following discussion by the Chair with Phil Oldfield and Dr Patterson regarding availability, the Committee approved the extension of both Non-Executive Director tenures to continue until 22 and 30 September 2018 respectively. At the meeting on the 18 October the Chair confirmed that both had confirmed their availability to continue their three-year tenures in the foreseeable future.

OUTCOME: The Membership Council ratified the decision of the Nomination and Remuneration Committee

- The Committee agreed that due to the challenges facing the Trust over the next 12 months that the offer of a further one-year tenure be made to Andrew Haigh, effective from July 2017.

OUTCOME: The Membership Council ratified the decision of the Nomination and Remuneration Committee

At this point the Chair returned to the meeting and he reported that.

- The Committee had agreed to defer the decision regarding the three Non-Executive Director tenures until the next meeting to be held in March 2017, but in order to maintain continuity and stability during a time of considerable challenge for the Trust it was agreed that a minimum of one Non- Executive Director would be recommended to roll over for a further 12 month period.

OUTCOME: The Membership Council ratified the decision of the Nomination and Remuneration Committee

OUTCOME: The Membership Council received and noted the updates from the Board sub committees.

75/16 ALLOCATION OF MEMBERSHIP COUNCILLORS TO SUB COMMITTEES/GROUPS

The Associate Director of Engagement and Inclusion presented the paper. She explained that as part of the governance and holding to account responsibility of Membership Councillors our Staff and publicly elected Membership Councillors work with Trust colleagues through

involvement on Divisional Reference Group and Sub-Committees of the Board and the Membership Council.

All present received the allocations contained within the paper which were effective from 1 November 2016. Opportunity was taken to thank the Membership Councillors for the help and challenge they gave the Trust.

OUTCOME: The Membership Council received the report.

76/16 TRUST PERFORMANCE

a. Integrated Performance Report (IPR)

The Chief Operating Officer gave an overview of the key themes from the September IPR and the information was noted. It was reported that this was a new style shorter report prepared for the Board, but the full report was available on request. Discussion took place regarding the calculations used in developing the information and it was agreed that the Chief Operating Officer would circulate this to the Membership Council for information.

ACTION: CHIEF OPERATING OFFICER

b. Month 6 – September 2016 Finance Report

The Executive Director of Finance presented the finance month 6 report as at the 30 September 2016.

The key issues included:-

Summary Year to Date:

- The year to date deficit is £9.67m versus a planned deficit of £9.74m
- Year to date Elective activity remains behind plan but is offset by higher than planned Outpatient, A&E and Day Case activity.
- Capital expenditure year to date is £7.98m against a planned £11.82m.
- Cash balance is above plan at £2.95m against a planned £1.94m.
- The Trust has drawn down loans earlier than planned. The total loan balance is £57.93m against a planned £50.13m
- CIP schemes delivered £6.73m in the year to date against a planned target of £4.65m.
- The NHS Improvement performance measure Financial Sustainability Risk Rating (FSRR) stands at 2 against a planned level of 2.

Summary Forecast:

- The forecast year end deficit is £16.05m in line with the planned £16.10m. This position assumes delivery of £14.8m CIP and recovery plans being put in place at Divisional level against ongoing pressures and risks.
- Cash forecast is in line with plan at £1.90m.
- The Trust cash position relies on the Trust borrowing £37.63m in this financial year to support both Capital and Revenue plans.
- Forecast capital expenditure is £0.58m below plan at £27.63m.
- The year end FSRR is forecast to be at level 2 as planned.

c. Complaints for Q1

The Chair reported that Peter Middleton, Deputy Chair had requested that this be brought to the Membership Councillors in order that they were aware of the current position.

The Executive Director of Nursing explained that the Membership Council had been given an extract from the Quarterly Quality Report which had been circulated to the Board of Directors at the end of September. He re-iterated that a great amount of work was

underway to manage complaints more effectively and give true and compassionate responses to patients and relatives.

The backlog of complaints were being addressed and support given to Divisions regarding the management of complaints. The Membership Council were made aware that, as discussed with the Quality Committee, there were no quick fix remedies and it was important to get this right.

A huge amount of work was on going to encourage patients and relatives to feedback to the Trust and to support patients and families with their complaints rather than focus purely on the numbers. Initiatives which had been set in place included regular 'ward rounds' by the Matron/Ward Managers to offer the opportunity for patients and visitors to feedback and also pictures of the nurse in charge was being put at each ward/department entrance to provide a clear point of contact for patients.

OUTCOME: The Membership Council received the update on Trust performance.

77/16 CARE OF THE ACUTELY ILL PATIENT (CAIP) AND SAFER PATIENT PROGRAMME

Introductions were made to:-

Bev Walker, Associate Director for Urgent Care
Dr Sarah Hoye, Consultant – Acute Medicine
Rachel Rae, Lead Matron for Discharges
Hannah Wood Physiotherapist, Support and Independent Team

The team gave a presentation highlighting the Safer Patient Programme and the work of the Discharge Team.

Dr Hoye led the presentation by updating the Membership on the SAFER worksteam. The key issues were:-

- Bed Avoidance – Ambulatory Care, Frailty Care, Community Rehabilitation
- Bed Efficiency

Some of the work undertaken and outcomes realised by channeling appropriate patients into the Safer Patient Programme was shared and this included:

- "Think Home First" poster which explained to ward staff the use of ambulatory care facilities for safe and effective patient care without an overnight hospital stay.
- Review of potential to grow the programme.
- Exclusion criteria reviewed and extended to include long term conditions.
- Progress on pathways with partners with A/E Department identifying suitable patients i.e. cellulitis, self-harm, 6 hour blood test (Troponins), Iron Deficiency Anaemia.
- Communications – patient information leaflets, newsletters for staff and education packs for nursing teams.

For the future it was hoped that this programme could be rolled out to the CRH site, resulting in fewer admissions to A/E and fewer stages in the clinical review. Work was underway to look at reviewing the workforce and training and development of staff. Work is also underway to create an Ambulatory Care Unit on the HRI site.

Engagement with GPs was discussed and Dr David Anderson offered his support in liaising with fellow GP colleagues to promote this programme.

Hannah Wood and Rachel Rae gave an overview of the Discharge Team, highlighting their vision and providing information about their day to day tasks in ensuring discharges are managed effectively, together with their role in the End of Life Care pathway. Data was shown to demonstrate the reduction in the length of stay of patients from April to September 2016 and this included the Green Cross Patients in hospital due to delays in social care.

The team were enthusiastic to increase the focus on 'Home First' and bringing care closer to home through an efficient discharge process and shared working with social work and community colleagues.

Discussions were also taking place with the Commissioners as it was seen that the Safer Patient Programme and ambulatory care would be key to ensuring that patients are cared for safely, including a tool to reduce the length of stay in hospital.

Cllr Bob Metcalf commented that the work being undertaken by Calderdale Council fitted in with this programme, ensuring multidisciplinary teams are in place to allow patients to go home as soon as possible.

The Chair thanked the team for their input into the meeting which had been found interesting and stimulating by all present.

OUTCOME: The information regarding CAIP and Safer Patient Programme was received and noted.

78/16 INFORMATION TO RECEIVE

The following information was received and noted:

a. Updated Membership Council Calendar – updated calendar received and contents noted.

b. Draft MC/BOD Annual General Meeting Minutes – 15.9.16

The draft minutes were agreed as a correct record.

79/15 ANY OTHER BUSINESS

a. Shuttle Bus - HRI

Ruth Mason reported that with effect from Thursday 10 November 2016 arrangements were being made for the HRI Shuttle Bus Stop to move from the South Drive to the Main Entrance, HRI. This was to allow building work down the South Drive.

b. MC/BOD Workshop – Wednesday 16 November 2016

Those present were reminded that an agenda had been circulated for the Workshop on Wednesday 16 November and it was requested that RSVP's be returned to Kathy Bray, Board Secretary.

c. Training Session

Ruth Mason reminded all present that a training session was planned for Friday 25 November on "What does Quality Mean" and all were welcome to attend.

d. Smoking Shelters

Cllr Metcalfe identified that Calderdale Council had written to the Trust regarding supporting public awareness campaigns around smoking shelters and was awaiting a response.

e. **HRI Signage**

Membership Councillors identified that the signage on the HRI site could be improved. The Executive Director of Nursing reported that the Executive Director of Planning, Performance, Estates and Facilities (who had just left the meeting) was undertaking a large piece of work reviewing signage throughout the site.

f. **Membership Council Email Box**

The Chair reported that following the AGM when the question of consent regarding use of personal details during the consultation had been raised, the Membership Council email box had received a request that the Membership Council be made aware of this. It was noted that a response had previously been sent to the complainant explaining that although the story used was based on real events, the details of the patient had been anonymised and no consent was therefore required. It was agreed that a response be sent back from the Membership Council Email box to advise that this had been raised with the Membership Council and would be minuted accordingly.

OUTCOME: The Membership Council noted receipt.

ACTION: RM

80/16 DATE AND TIME OF NEXT MEETING

Tuesday 17 January 2017 – Public Membership Council Meeting commencing at 4.00 pm in the Boardroom, Sub-basement, Huddersfield Royal Infirmary

The Chair thanked everyone for their contribution and closed the meeting at 6.40 pm.

| | |
|--|---|
| MEMBERSHIP COUNCIL MEETING | |
| PAPER TITLE: CHFT CARE QUALITY COMMISSION (CQC) INSPECTION | REPORTING AUTHOR: Alison Lodge |
| DATE OF MEETING: 17.1.17 | SPONSORING DIRECTOR: Brendan Brown |
| STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care | ACTIONS REQUESTED: <ul style="list-style-type: none"> • To note |
| PREVIOUS FORUMS: WEB, Quality Committee, Board of Directors | |
| IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below: Not applicable For guidance click on this link: http://nww.cht.nhs.uk/index.php?id=12474 | |
| EXECUTIVE SUMMARY: This paper provides an update on the delivery of the Trust's response to the CQC report. The plan is based on the 19 must do and 12 should do actions detailed in the CQC report which was published on 15th August 2016. The report focuses on the movements of individual actions in line with the 'BRAG' rating methodology; these were approved by the Trust Quality Committee on 3rd January 2017. The Membership Councillors are asked to note the information in the report. | |
| FINANCIAL IMPLICATIONS OF THIS REPORT: | |
| None | |
| RECOMMENDATION: The Membership Councillors are requested to receive this report for information and assurance against the management of the Trust's response to the CQC report, the report has been approved by the Quality Committee on 3 rd January 2017. | |
| APPENDIX ATTACHED: Green to blue proposal form – SD4: The trust should ensure that relevant staff have received training in root cause analysis to enable them to provide comprehensive investigations into incidents. | |

CHFT Care Quality Commission (CQC) update December 2016

1. Context / Background

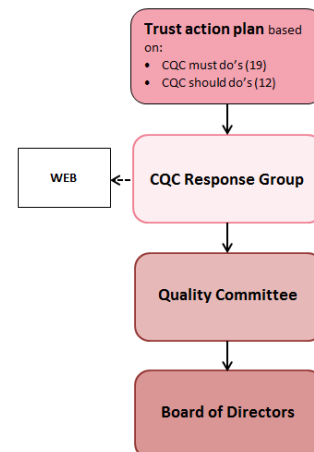
Following the publication of the Trust CQC action plan on 15th August 2016, a detailed plan was developed for all of the must and should do actions and governance arrangements were agreed.

This paper presents the current position with the plan, which is made up of 19 must do and 12 should do actions and details the movement against the target dates using BRAG rating.

| Rating | Must do | Should do | Total |
|---------------------------------------|-----------|-----------|-----------|
| Delivered and sustained | 0 | 1 | 1 |
| Action complete | 19 | 10 | 29 |
| On track to deliver | 1 | 2 | 3 |
| No progress / Not progressing to plan | 0 | 0 | 0 |
| Total | 20 | 13 | 33 |

Please note actions Must do 7 (safeguarding) and Should do 6 (children cared for outside Paediatric services) have both been split into 2 elements, therefore the total number of individual actions being monitored via internal processes are 20 must dos and 13 should dos. External reporting will remain at 19 and 12 respectively.

Governance arrangements



2. Action Plan – movements

The plan was considered and challenged at the CQC Response Group on 30th November 2016 and 13th December 2016 and the Group agreed to recommend the following BRAG rating movements in the plan:

| | | |
|------|--|---|
| MD1 | Staffing | BRAG rating from Amber to Green |
| MD2 | Governance processes | BRAG rating from Amber to Green |
| MD7a | Safeguarding training | BRAG rating from Amber to Green |
| MD10 | Falls and pressure ulcers | BRAG rating from Amber to Green |
| MD11 | Maternity patient experience | BRAG rating from Amber to Green |
| MD15 | Critical care capacity and demand | BRAG rating from Amber to Green |
| MD16 | CDU | BRAG rating from Amber to Green |
| MD17 | Complaints | BRAG rating from Amber to Green |
| MD19 | Paediatric assessment unit | BRAG rating from Amber to Green |
| SD1 | Medical Devices (Cty) | BRAG rating from Amber to Green |
| SD4 | RCA training for investigations | BRAG rating from Green to Blue |
| SD5 | End of Life strategy / vision | BRAG rating from Amber to Green |
| SD6a | Paediatric provision - OPD | BRAG rating from Amber to Green |
| SD6b | Paediatric provision - ED | BRAG rating from Amber to Green |
| SD7 | Signage – HRI & Acre Mill | BRAG rating from Amber to Green |
| SD9 | Therapy Service Provision (Children Cty) | BRAG rating from Amber to Green |
| SD10 | Midwifery / Health visiting pathway | BRAG rating from Amber to Green |

3. Actions currently not achieving / not on track to achieve the 'embedded' dates - proposed new target timescales

Extension requests have been made for 4 of the embedded dates (MD6, MD18, SD6a and SD7). The CQC Response Group meeting on 13th December 2016 considered the reasons for the delays and proposed the following extension to the deadlines and recommended the further actions to be taken:

| | | |
|-----|-----------------------------------|---|
| MD6 | Mortality reviews (embedded date) | Issue: this action is due to be 'embedded' by the end of December 2016, however the CQC published a report on 13 th December 2016 - <i>Learning, candour and accountability - A review of the way NHS trusts review and investigate the deaths of patients in England</i> and it was agreed that this should be reviewed to ensure our action plan has addressed any relevant |
|-----|-----------------------------------|---|

| | | |
|------|--|--|
| | | <p>recommendations in the report</p> <p>Further actions: During January 17 review the report and identify any additional actions</p> <p>Recommendation: Move embedded deadline from 31.12.16 to 31.1.17, BRAG rating remain green</p> |
| MD18 | GI bleed rota (embedded date) | <p>Issue: the CQC Response group had agreed a blue (embedded) rating for this action, however a review of the evidence demonstrated that the Endoscopy rota was not completed a month in advance as required in the SOP – the embedded deadline was initially extended from 31.10.16 to 31.12.16; arrangements have now been agreed that from January 2017 the Flexible Workforce Team will produce a central rota which will achieve the ‘four weeks in advance’ requirement</p> <p>Further actions: Test out the process in January 2017</p> <p>Recommendation: Move embedded deadline from 31.12.16 to 31.1.17, BRAG rating remain green</p> |
| SD6a | Paediatric provision OPD adult services – suitably skilled staff (embedded date) | <p>Issue: this action is due to be ‘embedded’ by the end of December 2016 – whilst a plan is now in place for the delivery of Children’s paediatric life support training to adult OPD staff, the training dates run to March 2017</p> <p>Further actions: Ensure each shift is covered by a staff member with the relevant skills; continue to progress opportunities to bring forward the training dates</p> <p>Recommendation: Move embedded deadline from 31.12.16 to 31.3.17, BRAG rating remain green</p> |
| SD7 | Signage – HRI and Acre Mill (embedded date) | <p>Issue: this action is due to be ‘embedded’ by the end of January 2017 - whilst new signage installation will commence in January 2017, the estimated completion date is 10th February 2017.</p> <p>Further actions: Complete installation against the agreed schedule and also complete the review and update of OPD letters in line with any changes.</p> <p>Recommendation: Move embedded deadline from 31.1.17 to 28.2.17, BRAG rating remain green</p> |

The Membership Councillors are requested to note the recommendations approved by the Trust Quality Committee: to move the BRAG ratings for the actions listed under section 2 and support the revised completion dates detailed in section 3.

4. Monitoring arrangements

Monitoring of the plan follows the governance arrangements described below:

Governance arrangements

- CQC Response Group:** Oversee the delivery of the plan, monitor progress, sign off actions, agree submission of sustained position to the Trust Quality Committee (must and should do actions)
- Trust Quality Committee:** Provide assurance to the Board that the plan is achieving the expected impact and give final sign off for sustained actions.
- WEB:** Receive a monthly report ahead of the Quality Committee, in order to be informed of any emerging concerns and agree any actions required by WEB.
- Divisional PSQBs:** Oversee the delivery of the core service plans; escalate to Divisional performance meetings by exception any impacts on performance requiring Executive support, provide progress updates to the CQC Response Group.

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| CQC Recommendation: The trust should ensure that relevant staff have received training in root cause analysis to enable them to provide comprehensive investigations into incidents. | | Current BRAG Rating | Recommended BRAG Rating |
|--|---|----------------------------------|---|
| | | Completed November 2016 | January 17 Quality Committee |
| Action Ref | Detail | | |
| SD4 | <ul style="list-style-type: none"> - For all serious incident investigations the lead investigator is always a colleague with RCA training - All new serious incidents are allocated a trained investigator at the SI panel; in order to support and develop colleagues, a member of staff involved in an investigation report for the first time is paired with an experienced investigator. - RCA training days have continued to be delivered, with multidisciplinary attendance – further dates are scheduled for 2017. - The effective investigations intranet page has information on RCA techniques, backing up information provided on the course. - Governance and risk team members, specifically the Senior Investigations Manager, support staff in developing their competencies in the use of RCA and investigation techniques - working with them on draft reports and ensuring the key questions in the investigation are addressed. | | |
| Supporting evidence: <ul style="list-style-type: none"> - Investigators for the last 10 Serious Investigations (SD4.1) - RCA training programme presentation (SD4.2) - Course evaluation feedback examples (SD4.3) - E-mail re attendance list for the October 16 training day and further dates (SD4.4) - Positive feedback from CCG colleagues re quality of investigation reports (SD4.5a) and (SD4.5b) - Positive feedback re support from SI manager (SD4.6) | | | |
| Monitoring arrangements: Compliance with the process is monitored by the Head of Governance and Risk | | | |
| Executive Director Responsible: | Brendan Brown | Responsible Assurance Committee: | Quality Committee through the Serious Incident Review Group |

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ANNUAL MEMBERSHIP COUNCIL MEETINGS PLAN 2017 – LATEST UPDATE – 1.1.17

| | 17 JANUARY 2017 | 5 APRIL | 6 JULY | 9 NOVEMBER | COMMENTS |
|--|--|--|--|--|---|
| Date of agenda setting | 19.12.16 | 21.3.17 | 3.7.17 | TBC | Where possible discussed at Chairs Info Exchange Meetings |
| Date final reports required | 9.1.15 | 28.3.17 | 28.6.17 | 1.11.17 | |
| STANDING AGENDA ITEMS | | | | | |
| Introduction and apologies | √ | √ | √ | √ | |
| Declaration of Interests | Receive updated Register of Declaration of Interests | Receive updated Register of Declaration of Interests | Receive updated Register of Declaration of Interests | Receive updated Register of Declaration of Interests | |
| Minutes of previous meeting | √ | √ | √ | √ | Upload approved to website |
| Matters arising | √ | √ | √ | √ | |
| Chairman's Report | √ | √ | √ | √ | |
| Register of Membership Council Members and Review of Election Arrangements | Review Register | Review Register | Review Register | Review Register | Updates as required and amendments to website |
| Update from Board Sub-Committees:- <ul style="list-style-type: none"> • Audit & Risk Cttee • Finance & Performance Cttee • Quality Cttee • Workforce Cttee • Nomination and Remuneration Cttee • EPR Group • Charitable Funds • Organ Donation | Receive update | Receive update | Receive update | Receive update | |

| | | | | | |
|--|---|--|---|--|---|
| Financial Issues | Receive an update from DOF | Receive an update from DOF | Receive an update from DOF | Receive an update from DOF | |
| Integrated Performance Report | Receive an update from COO | Receive an update from COO | Receive an update from COO | Receive an update from COO | |
| Updated MC Calendar | √ | √ | √ | √ | |
| REGULAR ITEMS | | | | | |
| Chairs Information Exchange | Receive an update/minutes | Receive an update/minutes | Receive an update/minutes | Receive an update/minutes | |
| Election Process | | Agree proposed timetable for election | | | |
| Nomination and Remuneration of Chair and NEDs | Receive update | Ratify decisions of Nominations and Rem Com Meeting | | | |
| Strategic Plan & Quality Priorities | Receive update: <ul style="list-style-type: none"> • 7 Day Services • H&S Action Plan | <ul style="list-style-type: none"> • W&OD Update • Leadership Dev • Commercial Strategy | Receive update | <ul style="list-style-type: none"> • Consultation Update • CAIP & Safer Pt. Prog. • CQC Inspection • Update on overall plan - VP | Review as required |
| ANNUAL ITEMS | | | | | |
| Annual Plan Submission | | | | | SUBMISSION DATE TO BE CONFIRMED Receive draft submission and agree delegated sign off (Extra-ordinary MC Meeting or MC Dev. Session) |
| Appointment Lead Governor-Councillor | | | Paper to be presented to discuss election process | | |

| | | | | | |
|---|--|--|--|---|--|
| Chair/NED Appraisal | | Approve process | Receive report | | |
| Constitutional Amendments | Review January 2017 | | | | Review as required |
| External Auditors to attend AGM to present findings from External Audit and Quality Accounts | | | | | |
| Future MC Meeting Dates | | | Draft - meeting dates agreed | Venues confirmed | |
| Joint MC/BOD AGM | Receive feedback/evaluation from AGM T&F Group | | Receive details of forthcoming meeting | | |
| Membership Council Sub Committees | | | | Review allocation of members on all groups following elections NB – Chairs to be reviewed annually | |
| MC Self Appraisal of Effectiveness | | Self Appraisal process to commence | | | Outcome to be received through MC Development Session |
| Review Annual MC Meetings Workplan (this document) | Review any amendments | | | | Review as required |
| Review of MC Formal Meeting Attendances | | Receive report prior to insertion in Annual Report | | | |
| Quality Accounts | | Receive update on QA Priorities | | | Approval of local indicator for QA agreed at Dec MC Dev. Session |
| ONE OFF ITEMS | | | | | |
| Appointment of Auditors | | Review in April 2017 | | | As required (reviewed) |

| | | | | | |
|--|----------------------------|-----------------------|--|--|--|
| | | | | | at Oct 2015 ARC – extended until 2017). To be reviewed in April 2017 |
| Review Membership Council Strategy | Review 2019 | | | | Review as required and no less than every 3 years (2019) |
| Review of Standing Orders – MC | Review any amendments 2017 | | | | Due March 2017 then bi-annually |
| Review Tender arrangements for Administration of Election Service | | Review due April 2017 | | | Tender due for review April 2017 |
| Review details of 2017 AGM - AGM Task and Finish Group | | Review April 2017 | | | |

MC-ANNUAL WORKPLAN

MEMBERSHIP COUNCIL
CHAIRS' INFORMATION EXCHANGE MEETING

Monday 19 December 2016

NOTES

| | | |
|----------|-------------------|--|
| Present: | Andrew Haigh | Chairman |
| | Kate Wileman | Chair of Surgical DRG |
| | Brian Moore | Chair of Medical DRG |
| | Lynn Moore | Chair of FSS DRG |
| | Ruth Mason | Associate Director of Engagement & Inclusion |
| | Vanessa Henderson | Business Manager, Membership & Inclusion |

1 Apologies

Peter Middleton
 Annette Bell
 George Richardson

Ruth outlined the current situation around Staff Membership Councillors, in that one of the newly-appointed MCs had resigned to take up another post outside the Trust, leaving only three MCs in total. After discussion with the Staff MCs there had been a suggestion that rather than have separate meetings as they do currently, they could attend the second hour of the Chairs' Information Exchange meetings so that they are privy to the information provided by Andrew. This was agreed, subject to approval from Owen.

Action: Andrew to discuss with Owen

2 Notes of the last meeting held on 1 July 2016

The notes of the meeting held on 1 July 2016 were approved as a correct record.

3 Matters arising

- (i) FSS DRG: HRI Birth Centre utilisation

Andrew had discussed this with Keith Griffiths and it was acknowledged that the unit is under-utilised but the Trust is attempting to promote the service more widely.

- (ii) Staff MC Group: Interviewees/communication

Andrew agreed to pursue this issue following the meeting.

Action: Andrew to discuss with Sal Uka

4 Update from the Chair

- (i) **Contract Negotiations:** Andrew reported that the Trust has still not signed the contract for the next two years with the CCGs and it is likely that the Trust will go to arbitration.

The main issue is around activity levels as the CCGs do not have sufficient funding for the activity levels required.

- (ii) **Control Total:** Andrew advised that the Trust has consistently indicated that there will be a cost of implementing the EPR system and we signed up for our control total excluding the cost of EPR. However, NHS Improvement has now said they will no longer agree to keep EPR separate and that we need to meet the control total with EPR included. Andrew outlined the three options available to the Trust and the preferred approach to ensure that the Trust does receive the financial incentive.

Andrew updated the group on progress around the implementation of the EPR.

- (iii) **Activity:** Andrew said the hospitals are extremely busy but the Trust continues to be in the upper quartile of Trusts in the county in terms of meeting the A&E 4-hour target. He confirmed that Owen has thanked the staff in A&E for their hard work.

There had been some concerns about middle grade doctor cover over Christmas but Andrew was hopeful the issue had now been resolved.

- (iv) **Norovirus:** CRH had been particularly badly affected by the outbreak and five wards had been affected overall.

- (v) **MRSA:** Andrew reported that there has been one case of hospital acquired MRSA.

- (vi) **Accelerator Zones:** Andrew reported that NHS England is keen to show that the 4 hour target in A&E can be achieved by March 2017 and West Yorkshire has been identified as one of the areas where this could be done. The whole system across West Yorkshire will receive funding in order to achieve this.

- (vii) **Whistleblower:** Andrew reported that there had been a whistleblowing incident to the CQC. The whistleblower had claimed that staffing pressures had led to unsafe practices and adverse outcomes for patients. Andrew said as a result the CQC had been invited to visit the Trust.

5 To receive the SOAPs from DRG meetings

(i) Estates & Facilities DRG

The SOAP was received and noted.

Andrew advised that the alterations to the car parking system at Acre Mills had been carried out.

In response to a query from Kate, Andrew said his understanding was that the redesign of the Resus area was to be delayed until 2017/18.

Action: Andrew to verify this with Lesley Hill

(ii) Families & Specialist Services DRG

The SOAP was received and noted.

Lynn expressed her concern at the level of third and fourth degree tears in midwifery. Andrew said he would ensure this issue remains on the Quality Committee agenda.

Action: Andrew to discuss with Brendan Brown

(iii) Surgical DRG

The SOAP was received and noted.

Kate reported that she and Annette had attended the recent Surgical Division AGM, which had been a very positive event. She stressed the importance of keeping the membership updated on how well the Trust is doing. There was a discussion around communicating good news externally to the organisation.

Kate updated the group on the discussions at the AGM, including making pathways consistent and people working in consistent ways.

There was a discussion about the issues that had been raised at the DRG meeting around Ophthalmology appointments. Ruth assured Andrew that the issues had been addressed.

(iv) Community DRG

The SOAP was received and noted.

Andrew advised the group that the Community Place initiative had been delayed until January 2017.

Andrew confirmed that the 0-5 Years Service has now been put out to tender.

In response to a query from the Membership Councillors, the division would be asked to provide examples of “near misses” (as referred to at the meeting) at the next DRG meeting.

Action: Vanessa to include on the agenda for the next DRG meeting

(v) Medical DRG

The SOAP was received and noted.

Brian expressed his concern at the low level of attendance by Membership Councillors at the DRG meeting.

This issue was discussed in some depth and Andrew said it was his intention to raise the issue at the next full Membership Council meeting.

6 Membership Office SOAP

The Membership Office SOAP was received and noted.

7 Information provision

The Membership Councillors expressed their thanks to Andrew for the amount of information they receive from him/the Trust.

8 Dates and times of meetings in 2017

| | | |
|--------------------|-------------|---------------------|
| Tuesday 21 March | 2.00 – 4.00 | Room F2, Acre House |
| Monday 3 July | 2.00 – 4.00 | Room F2, Acre House |
| Monday 18 December | 2.00 – 4.00 | Room F2, Acre House |

**MEMBERSHIP COUNCIL REGISTER
AS AT 1 JANUARY 2017**

| CONSTITUENCY | NAME | DATE APPOINTED | TERM OF TENURE | ELECTION DUE |
|-------------------------|--|--|---|---------------------------------|
| PUBLIC – ELECTED | | | | |
| 1 | Mrs Rosemary Claire Hedges | 17.9.15 | 3 years | 2018 |
| 1 | Mrs Di Wharmby | 17.9.15 | 3 years | 2018 |
| 2 | Mrs Veronica Maher | 15.9.16 | 3 years | 2019 |
| 2 | Mrs Katy Reiter | 15.9.16 | 3 years | 2019 |
| 3 | Mr Peter John Middleton (Lead MC from 15.9.16) | 22.9.11 18.9.14 | 3 years 3 years 1 year | 2014 2017 2017 |
| 3 | Ms Dianne Hughes | 19.9.13 15.9.16 | 3 years 3 years | 2016 2019 |
| 4 | Ms Nasim Banu Esmail | 15.9.16 | 3 years | 2019 |
| 4 (Reserve Register) | Mr Grenville Horsfall | 19.9.13 15.9.16 (Reserve Register Cons. 4) | 3 years 1 year | 2016 2017 |
| 5 | Mr Stephen Baines | 15.9.16 | 3 years | 2019 |
| 5 | Mr George Edward Richardson | 18.9.14 | 3 years | 2017 |
| 6 | Mrs Annette Bell | 17.9.15 | 3 years | 2018 |
| 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 Brian Moore | 17.9.15 | 3 years | 2018 |
| 8 | Mrs Michelle Rich | 15.9.16 | 3 years | 2019 |

| CONSTITUENCY | NAME | DATE APPOINTED | TERM OF TENURE | ELECTION DUE |
|--------------|------|----------------|----------------|--------------|
|--------------|------|----------------|----------------|--------------|

| 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 | Mrs Nicola Sheehan | 15.9.16 | 3 years | 2019 |
| 11 - Mgmt/Admin/Clerical | Mrs Eileen Hamer | 20.9.12 17.9.15 | 3 years 3 years | 2015 2018 |
| 12 - Ancillary | Mrs Linda Dawn Salmons Resigned 14.12.16 | 15.9.16 | 3 years | 2019 |
| 13 - Nurses/Midwives | Mrs Charlie Crabtree | 15.9.16 | 3 years | 2019 |
| 13 – Nurses/Midwives | VACANT POST | | | |
| NOMINATED STAKEHOLDER | | | | |
| University of Huddersfield | Dr Cath O'Halloran (From 1.4.16) | 1.4.16 | 3 years | 2019 |
| Calderdale Metropolitan Council | Cllr Bob Metcalfe | 18.1.11 | 3 years 3 years | 2014 2017 |
| Kirklees Metropolitan Council | Cllr Carole Pattison Resigned 5.1.17 | 22.9.16 | 3 years | 2019 |
| Clinical Commissioning Group | Mr David Longstaff | 18.9.14 | 3 years | 2017 |
| Locala | Mrs Sharon Lowrie | 22.1.16 | 3 years | 2019 |
| South West Yorkshire Partnership NHS FT | Mrs Dawn Stephenson | 23.2.10 15.8.13 | 3 years 3 years | 2013 2016 |

RED = CHANGES TO REGISTER

MC-REGISTER MC – 22.9.16

**DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL
AS AT 1 JANUARY 2017**

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 SIGNEDDECLARATION | 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 |
|---------------------------|----------------------|---|-----------------------------------|-----------|--------------------------|---|---|--|
| 1.3.10 | Dawn STEPHENSON | Nominated Stakeholder – South West Yorkshire Partnership Foundation Trust | Director of Corporate Development | - | - | Chair Trustee from 9.9.15 - Kirklees Active Leisure (KAL) | - | 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 |
| 10.10.11 | Peter John MIDDLETON | Public-elected Constituency 3 | - | - | - | - | - | - |
| 9.10.12 | Eileen HAMER | Staff-elected Constituency 11 | - | - | - | - | - | - |

| 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 |
|----------------------------|--------------------|--|--------------|-----------|--------------------------|------------------------------|---|---|
| 13.2.13 | Kate WILEMAN | Public-elected Constituency 7 | - | - | - | - | - | Member of Cancer Partnership Group at St James' Leeds |
| 5.8.13 | Grenville HORSFALL | Public-elected Constituency 5 (Reserve Register Cons. 4) | - | - | - | - | - | - |
| 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 | - |

| 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 ETC. |
|----------------------------|----------------------|--|---|-----------|--------------------------|---------------------------------------|---|--|
| 29.9.15 | Annette BELL | Public-elected Constituency 6 | - | - | - | - | - | - |
| 2.10.15 | Brian MOORE | Public-elected Constituency 8 | - | - | - | - | - | - |
| 4.11.15 | Di Wharmby | Public-elected Constituency 1 | - | - | - | - | - | - |
| 29.10.15 | Rosemary HEDGES | Public-elected Constituency 1 | - | - | - | - | - | Secretary – Calderdale 38 Degrees Group |
| 21.4.16 | Catherine O'HALLORAN | Nominated Stakeholder – University of Huddersfield | - | - | - | - | - | - University of Huddersfield - Registrant & Visitor of Health & Care Professions Council - Treasurer, Council of Deans of Health |
| 14.9.16 | Nasim Banu ESMAIL | Public-elected Constituency 4 | - | - | - | - | - | - |
| 12.10.16 | Veronica MAHER | Public-elected Constituency 2 | - | - | - | - | - | - |
| 13.10.16 | Michelle RICH | Public-elected Constituency 8 | - | - | - | - | - | Kirklees College |
| 10.10.16 | Katy REITER | Public-elected Constituency 2 | Managing Director Treefrog Communications | - | - | - | - | Mentoring via own business. Care Quality Commission |
| 6.10.16 | Stephen BAINES | Public-elected Constituency 5 | - | - | - | Trustee – Halifax Opportunities Trust | - | Calderdale MBC |

| | | | | | | | | |
|----------|-----------------|-----------------------------|---|---|---|---|-----------------------|---|
| 12.11.16 | David LONGSTAFF | Nominated Stakeholder - CCG | - | - | - | - | Mental Health Reviews | Audit Chair Calderdale CCG and Audit Chair Greater Huddersfield CCG |
|----------|-----------------|-----------------------------|---|---|---|---|-----------------------|---|

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:- SHARON LOWRIE

UNIQUE IDENTIFIER NO: G/1/2015

Review Date: January 2019

Review Lead: Company Secretary



Calderdale and Huddersfield
NHS Foundation Trust

A Public Benefit Corporation

STANDING ORDERS

MEMBERSHIP COUNCIL

| | |
|--------------------------|--|
| Version: | 2.0 Review and update including: <ul style="list-style-type: none"> - Expenses clarification - References to Monitor / NHS Improvement - Typographical amends |
| Approved by: | Membership Council |
| Date approved: | |
| Date issued: | |
| Next Review date: | |

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INTERPRETATION

In these Standing Orders, the provisions relating to interpretation in the Constitution shall apply and the words and expressions defined in the Constitution shall have the same meaning and, in addition:

“**The Act**” shall mean the National Health Service Act 2012.

“**Terms of Authorisation**” shall mean the Authorisation of the Trust issued by ~~the~~ Monitor with any amendments for the time being in force.

“**Corporation**” means Calderdale & Huddersfield NHS Foundation Trust, which is a public benefit corporation.

“**Board of Directors**” shall mean the Board of Directors as constituted in accordance with the Trust’s constitution.

“**Chairman**” means the person appointed to be Chairman of the Trust under the terms of the constitution.

“**Chief Executive**” shall mean the chief officer of the Trust.

“**Constitution**” shall mean the constitution attached to the Authorisation with any variations from time to time approved by Monitor.

“**Council Member**” shall mean a member of the Membership Council as defined in section 12 of the constitution.

“**Deputy Chair**” (also known as Lead Governor) is the Public Membership Councillor selected by the Membership Council to act as a lead for the Membership Councillors and to chair meetings in those circumstances where both the Chairman and Vice-Chair have a conflict.

“**Director**” shall mean a member of the Board of Directors as defined in section 13 of the constitution.

“**Membership Council**” shall mean the Council of Members as constituted in accordance with the corporation’s constitution.

“**Membership Councillor**” shall mean those persons elected or appointed to sit on the Trust’s Membership Council.

“**Monitor**” shall mean the Independent Regulator for NHS Foundation Trusts — known as ‘Monitor’ is the previous name of the Independent Regulator for NHS Foundation Trusts. This changed to NHS Improvement on 1 April 2016.

“**Motion**” means a formal proposition to be discussed and voted on during the course of a meeting.

“**NHS Improvement**” is the new Independent Regulator for NHS Foundation Trusts which came into being on 1 April 2016 formed from Monitor and the NHS Trust Development Authority.

“**Officer**” means an employee of the Trust.

UNIQUE IDENTIFIER NO: G/1/2015

Review Date: January 2019

Review Lead: Company Secretary



Calderdale and Huddersfield

NHS Foundation Trust

“**Vice-Chairman**” means the Vice-Chairman of the Trust pursuant to the terms of the constitution who will preside at meetings of the Membership Council in the Chairman’s absence.

“**Secretary**” means the Board Secretary of the Trust or any other person appointed to perform the duties of the Secretary to the Board of Directors.

SECTION A: CONDUCT OF MEETINGS

1. Admission of the Public and the Press

- 1.1. The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Membership Council but shall be required to withdraw upon the Membership Council resolving as follows:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with 12.24 of the Constitution.”

- 1.2. The Chairman (or Vice-Chairman) shall give such directions as he/she thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Membership Council's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on the grounds of the confidential nature of the business to be transacted, the Membership Council may resolve as follows:

“That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Membership Council to complete business without the presence of the public in accordance with 12.24 of ~~this~~ the Trust's Constitution.”

- 1.3. Nothing in these Standing Orders shall require the Membership Council to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than in writing, or to make any oral report of proceedings as they take place without prior agreement of the Membership Council.

2. Calling and notice of meetings

- 2.1. The Membership Council is to meet at least three times in each financial year. Meetings shall be determined at the first meeting of the Membership Council or at such other times as the Membership Council may determine and at such places as they may from time to time appoint.
- 2.2. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least **ten working** days written notice of the date and place of every meeting of the Membership Council to all Council Members. Notice will also be published ~~in local media and~~ on the Trust's website.
- 2.3. Meetings of the Membership Council may be called by the Secretary, by the Chairman, by the Board of Directors or by eight Council members (including two appointed Council Members) who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all Council Members as soon as possible after receipt of such a request giving at least **ten working days'** notice to discuss the specified business. If the Secretary fails to call such a meeting then the Chairman or four Council Members, whichever is the case, shall call such a meeting.
- 2.4. In the case of a meeting called by Council Members in default of the Chairman, the notice shall be signed by those Council Members and no business shall be transacted at the meeting other than that specified on the notice.

- 2.5. All meetings of the Membership Council are to be general meetings open to members of the public unless the Membership Council decides otherwise in relation to all or part of the meeting for reasons of commercial confidentiality or on other proper grounds. The Chairman may exclude any member of the public from a meeting of the Membership Council if they are interfering with or preventing the proper conduct of the meeting
- 2.6. The Membership Council may invite the Chief Executive or through the Chief Executive any other member or members of the Board of Directors, or a representative of the Trust's auditors or other advisors to attend a meeting of the Membership Council. The Chief Executive and any Executive of the Trust nominated by the Chief Executive shall have the right to attend any meeting of the Membership Council provided that they shall not be present for any discussion of their individual relationship with the Trust
- 2.7. The Membership Council may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.
- 2.8. All decisions taken in good faith at a meeting of the Membership Council, or of any of its committees, shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Council Members attending the meeting.
- 2.9. Following notice of the meeting (~~as set out in SO per paragraph 62.3~~), an agenda for the meeting, specifying the business proposed to be transacted at it shall be ~~delivered sent~~ to every Council Member, ~~or sent by post to the usual place of residence of such persons~~, so as to be available to him/her at least ~~seven (7)~~ five working clear days (~~including Saturday and Sunday and any bank holiday~~) before the meeting.
- 2.10. The agendas will include all supporting papers available at the time of posting. Further supporting papers will be received no later than **three (3)** working days before the meeting.
- 2.11. Lack of service of the notice on any one person above shall not affect the validity of the meeting, but failure to serve such a notice on more than six ~~governors~~ Council Members will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

3. Quorum

- 3.1. ~~Sixteen~~ Ten Membership Council members (including not less than ~~nine~~ six Public Council Members, not less than ~~three~~ two Staff Council Members and not less than two Appointed Council Members – in line with the Constitution) present in person or by proxy under arrangements approved by the Membership Council shall form a quorum

4. Setting the agenda

- 4.1. A Council Member desiring a matter to be included on an agenda shall make the request in writing to the Chairman at least **ten working** days before the meeting. Requests made less than fourteen clear days before a meeting may be included on the agenda at the discretion of the Chairman or the Secretary.

5. Chairmanship of meeting

- 5.1. The Chairman of the Trust or, in his/her absence, the Vice-Chairman, or in his/her absence ~~a-the~~ Deputy Chairman will chair meetings of the Membership Council.
- 5.2. The Deputy Chairman/Lead Governor will be appointed from the Public Membership at a general meeting. He/she will act as Chairman of the meeting should the Chairman and the Vice-Chairman be in conflict. The Deputy Chairman will hold the casting vote when he/she is acting as Chairman.

6. Notices of motion

- 6.1. A Council Member desiring to move or amend a motion shall send a written notice thereof at least **ten working** days before the meeting to the Chairman, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda subject to preceding provisions.

7. Withdrawal of motion or amendments

- 7.1. A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chairman.

8. Motion to rescind a resolution

- 8.1. Notice of motion to amend or rescind any resolution (or general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Council Members who give it and also the signature of four other Council Members, of whom at least two shall be Public Council Members. When any such motion has been disposed of by the Trust, it shall not be competent for any Council Member other than the Chairman to propose a motion to the same effect within six months, although the Chairman may do so if he/she considers it appropriate.

9. Motions

- 9.1. The mover of a motion shall have the right of reply at the close of any discussions on the motion or any amendment thereto.
- 9.2. When a motion is under discussion or immediately prior to discussion it shall be open to a Council Member to move:
 - a) An amendment to the motion.
 - b) The adjournment of the discussion or the meeting.
 - c) That the meeting proceed to the next business. (*)
 - d) The appointment of an ad hoc committee to deal with a specific item of business.
 - e) That the motion be now put. (*)

[*In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Council Member who has not previously taken part in the debate.]

- 9.3. No amendment to the motion shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the motion.

10. Chairman's ruling

- 10.1. The decision of the Chairman of the meeting on the question of order, relevancy and regularity shall be final. ~~The Chairman, advised by the Secretary, shall be the final authority in the interpretation of this.~~

11. Voting

- 11.1. Questions arising at a meeting of the Membership ~~council~~ Council requiring a formal decision shall be decided by a majority of votes. In case of an equality of votes the Chairman shall decide the outcome. No resolution of the Membership Council shall be passed if it is unanimously opposed by all of the Public Council Members.
- 11.2. All questions put to the vote shall, at the discretion of the Chairman, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Council Members present so request, or the Secretary deems it advisable or necessary.
- 11.3. If at least one third of the Council Members present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Council Member present voted or abstained.
- 11.4. If a Council member so requests his vote shall be recorded by name upon any vote (other than by paper ballot).
- 11.5. In no circumstances may an absent Council Member vote by proxy. Absence is defined as being absent at the time of the vote.

12. Minutes

- 12.1. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting
- 12.2. No discussion shall take place upon the minutes, except upon their accuracy, or where the Chairman considers discussion appropriate. Any amendments to the minutes shall be agreed and recorded at the next meeting.
- 12.3. Minutes shall be circulated in accordance with Council Members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public via the Trust Website (required by [the](#) Code of Practice of Openness in the NHS).

SECTION B: COMMITTEES

13. Appointment of Committees

- 13.1. Subject to paragraph 40 below and such directions as may be given by ~~Monitor~~NHS Improvement, the Membership Council may and, if directed ~~by him to do so~~, shall appoint committees of the Membership Council, consisting wholly or partly of Council Members. In all cases, each committee shall have a majority of Public Council Members.
- 13.2. A committee appointed under ~~paragraph SO 34-13.1~~ may, subject to such directions as may be given by ~~Monitor~~NHS Improvement or the Membership Council, appoint sub-committees consisting wholly or partly of members of the committee.
- 13.3. These Standing Orders, as far as it is applicable, shall apply with appropriate alteration to meetings of any committees or sub-committee established by the Membership Council.
- 13.4. Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Membership Council), as the Membership Council shall decide. Such terms of reference shall have effect as if incorporated into these Standing Orders.
- 13.5. Committees may not delegate their powers to a sub-committee unless expressly authorised by the Membership Council.
- 13.6. The Membership Council shall approve the appointments to each of the committees which it has formally constituted. Where the Membership Council determines that persons who are neither Council Members, nor directors or officers, shall be appointed to a committee, the terms of such an appointment shall be determined by the Membership Council subject to the payment of travelling and other allowances being in accordance with such sum as may be determined by the Board of Directors or ~~Monitor~~NHS Improvement (in line with SO 20).
- 13.7. Where the Membership Council is required to appoint persons to a committee or to undertake statutory functions as required by ~~Monitor~~NHS Improvement, and where such appointments are to operate independently of the Membership Council or the Board of Directors, such appointment shall be made in accordance with the any regulations laid down by the Chief Executive or his nominated officer or any directions or guidance issued by ~~the Monitor~~NHS Improvement from time to time.

14. Confidentiality

- 14.1. A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Membership Council or shall otherwise have concluded on that matter.
- 14.2. A Council Member or a member of a committee shall not disclose any matter reported to the Membership Council or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Membership Council or committee shall resolve that it is confidential.
- 14.3. In relation to patient confidentiality, the provisions at paragraphs 42 and 43 above for disclosure of information by Council Members or members of committees established by

the Membership Council shall not apply, and such information shall not be disclosed under any circumstances.

15. Appointment of the Chairman, Vice-Chairman and Non-Executive directors

15.1. The ~~membership~~ Membership eCouncil shall appoint a Chairman of the Trust. The Board of Directors will appoint one Non-Executive Director to be Vice-Chairman of the ~~trust~~ Trust. This individual may, through agreement with the Chair, also take on the role of SINED (Senior Independent Non-Executive Director). The Membership Council shall ratify the appointment of the Vice Chairman at a general meeting.

15.2. Non-Executive Directors are to be appointed by a sub-committee (not exceeding four persons) of the Membership Council using the procedures set out under paragraph 13 of the constitution.

SECTION C: REGISTER AND DISCLOSURE OF INTERESTS

16. Register and disclosure of interests

- 16.1. If Council Members have any doubt about the relevance or materiality of an interest, this should be discussed with the Chairman or the Secretary.
- 16.2. Any Council Member who has a material interest in a matter as defined below and in the constitution shall declare such an interest to the Membership Council and it shall be recorded in a register of interests and the Council Member in question:
- Shall not be present except with the permission of the Membership Council in any discussion of the matter, and
 - Shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).
- 16.3. Any Council Member who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Council Members.
- 16.4. At the time the interests are declared, they should be recorded in the minutes of the Membership Council. Any changes in interests should be officially declared at the next meeting as appropriate following the change occurring.
- 16.5. It is the obligation of a Council Member to inform the Secretary in writing within seven days of becoming aware of the existence of a relevant or material interest. The Secretary will amend the register upon receipt within three working days.
- 16.6. The details of Council Members' interests recorded in the register will be kept up to date ~~by means of a monthly review of the register carried out~~ by the Secretary, ~~during which any changes of interests declared during the preceding month will be incorporated and reviewed at each meeting of the Membership Council.~~
- 16.7. Subject to the requirements of the Public Benefit Corporation (Register of Members) Regulations 2006 and the Data Protection Act 1998, the register will be available for inspection by the public free of charge and will be published on the Trust's website. ~~The Chairman will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it.~~
- 16.8. Copies or extracts of the register must be provided to members of the Trust free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-members for copies or extracts of the register.
- 16.9. A material interest in a matter is any interest (save for the exceptions referred to below) held by a Council Member, or their spouse or partner, in any firm or business which, in connection with the matter, is trading with the trust, or is likely to be considered as a potential trading partner with the trust. The exceptions which shall not be treated as material interests are as follows:
- Shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange;

- b) An employment contract held by staff Council Members;
- c) A contract with their PCT-Clinical Commissioning Group (CCG) held by a PCT-CCG Council Member;
- d) An employment contract with a Local Authority held by a Local Authority Council Member;
- e) An employment contract with any organisation listed at paragraph 12.3.5 of the constitution.

16.10. If, in relation to 47, the Chairman has a conflict of interest, the Vice-Chairman will exercise the casting vote. If the Vice-Chairman has a conflict of interest, the Deputy Chairman will preside and exercise the casting vote, the nomination to be approved by a majority vote of those present at the meeting.

16.11. An elected Council Member may not vote at a meeting of the Membership Council unless, before attending the meeting, they have made a declaration in the Membership Council Charter ~~form of~~ as specified by the Membership Council as to the basis upon which they are entitled to vote as a member. The Constitution provides guidance. An elected Council Member shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Membership Council, and every agenda for meetings of the Membership Council will draw this to the attention of elected Council members.

16.12. Members of the Membership Council must meet the requirements of the Fit and Proper persons test.

SECTION D: TERMINATION OF OFFICE AND REMOVAL OF COUNCIL MEMBER

17. Termination of office

17.1. A person holding office as a Council member shall immediately cease to do so if:

- a) They resign by notice in writing to the Secretary;
- b) They fail to attend two meetings in any Financial Year, unless the other Council Members are satisfied that the absences were due to reasonable causes, and they will be able to start attending meetings of the trust again within such a period as they consider reasonable;
- c) In the case of an elected Council Member, they cease to be a Member of the constituency by whom they were elected;
- d) In the case of an appointed Council Member, the Appointing Organisation terminates the appointment;
- e) They have failed to undertake any training which the Membership Council requires all Council Members to undertake;
- f) They have failed to sign and deliver to the Secretary a statement in the form required by the Membership Council confirming acceptance of the Code of Conduct for Council Members/Membership Council Charter;
- g) They refuse to sign a declaration in the form specified by the Membership Council that they are a Member of a specific public constituency and are not prevented from being a Member of the Membership Council. This does not apply to Staff Members;
- h) They are removed from the Membership Council under the following provisions.

18. Removal of Council Member

18.1. A Council Member may be removed from the Membership Council by a resolution approved by not less than three-quarters of the remaining Council Members present and voting at a general meeting of the Membership Council on the grounds that:

- a) They have committed a serious breach of the Code of Conduct; or
- b) They have acted in a manner detrimental to the interests of the Trust; and
- c) The Membership Council considers that it is not in the best interests of the Trust for them to continue as a Council Member.

18.2. Where a person has been elected or appointed to be a Council Member and he/she becomes disqualified for appointment, under ~~paragraph 57~~[SO 17.1](#) above, he/she shall notify the Secretary in writing of such disqualification.

18.3. If it comes to the notice of the Secretary that a person elected or appointed to be a Council Member may be disqualified, under ~~paragraph 57~~[SO 17.1](#) above, from holding that office and the Secretary has not received a notice, under paragraph 59, from that person, the Secretary will make such inquiries as he/she thinks fit and, if satisfied that the person may be so disqualified, the Secretary will advise the Chairman so that the

Chairman can make a recommendation for disqualification to the Membership Council. The recommendation will either be made to a general meeting or to a meeting called specifically for the purpose.

18.4. The Secretary shall give notice in writing to the person concerned that the Trust proposes to declare the person disqualified as a Council Member. In this notice, the Secretary shall specify the grounds on which it appears to him/her that the person is disqualified and give that person a period of fourteen days in which to make representations, orally or in writing, on the proposed disqualification.

18.5. The Chairman's recommendations and any representations by the Council Member concerned shall be made to the Membership Council. If no representations are received within the specified time, or the Membership Council upholds the proposal to disqualify, the Secretary shall immediately declare that the person in question is disqualified and notify him/her in writing to that effect. On such declaration the person's tenure of office shall be terminated and he/she shall cease to act as a Council Member.

SECTION E: REMUNERATION AND PAYMENT OF EXPENSES

19. Remuneration

19.1. Council Members are not to receive remuneration.

20. Payment of expenses

20.1. ~~The Trust may pay travelling expenses and other expenses to Council Members at such rates as it decides. The return cost of travel from the Council Member'~~

a) The actual bus or rail fare using the most direct route.

b) Travel by private car or taxi at the Trust's usual pence per mile rate (currently 28p per mile) using the most direct route.

c) Necessary parking charges.

20.2. Membership Councillors claiming expenses may be required to provide tickets, receipts or other proof of expenditure alongside a completed and signed expenses form.

20.3. Expenses will be authorised through the Secretary's office and details of all expenses claimed by Membership Councillors will be recorded and published in the Trust's Annual Report and Accounts.

SECTION F: STANDARDS OF CONDUCT OF COUNCIL MEMBERS

21. Policy

21.1. In relation to their conduct as a member of the Membership Council, each Council Member must comply with the same standards of business conduct as for NHS staff. In particular, the Trust must be impartial and honest in the conduct of its business and its office holders and staff must remain beyond suspicion. Council Members are expected to be impartial and honest in the conduct of official business.

22. Interest of Council Members in contracts

22.1. If it comes to the knowledge of a Council Member that a contract in which he/she has any pecuniary interest not being a contract to which he is himself a party, has been, or is proposed to be, entered into by the Trust, he/she shall, at once, give notice in writing to the Secretary of the fact that he/she has such an interest.

22.2. A Council Member shall not solicit for any person any appointment in the Trust.

22.3. Informal discussions outside appointment committees, whether solicited or unsolicited, should be declared to the committee.

SECTION G: MISCELLANEOUS PROVISIONS

23. Suspension of Standing Orders

23.1. Standing Orders may be suspended at any general meeting provided that:

- a) at least two-thirds of the Membership Council are present, including at least six elected Council Members and one appointed Council Member, and
- b) the Secretary does not advise against it, and
- c) a majority of those present vote in favour.

23.2. But Standing Orders cannot be suspended if to do so would contravene any statutory provision, or the Trust's Terms of Authorisation, or the Trust's constitution.

23.3. A decision to suspend Standing Orders shall be recorded in the minutes of the meeting and any matters discussed during the suspension of Standing Orders shall be recorded separately and made available to all members of the Membership Council.

23.4. No formal business may be transacted while Standing Orders are suspended.

24. Variation and amendment of Standing Orders

24.1. Standing Orders may only be varied or amended if:

- a) the proposed variation does not contravene any statutory provision, or the Trust's Terms of Authorisation, or the Trust's constitution;
- b) unless proposed by the Chairman or the Chief Executive or the Secretary, a notice of motion under paragraph 19 has been given;
- c) at least two-thirds of the Membership Council are present, including at least six elected Council Members and one appointed Council Member, and at least half of the Council Members present vote in favour of amendment.

25. Review of Standing Orders

25.1. Standing Orders shall be reviewed bi-annually by the Membership Council. The requirement for review shall extend to all and any documents having effect as if incorporated in Standing Orders.

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| MEETING TITLE AND TYPE: PUBLIC MEMBERSHIP COUNCIL MEETING | REPORTING AUTHOR: VICTORIA PICKLES, COMPANY SECRETARY |
| TITLE OF PAPER: ANNUAL MEMBERS MEETING 2017 - PROPOSAL | |
| DATE OF MEETING: TUESDAY 17 JANUARY | SPONSORING DIRECTOR: Andrew Haigh |
| STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • Transforming and improving patient care • A workforce for the future • Financial Sustainability | ACTIONS REQUESTED: <ul style="list-style-type: none"> • For comment • To approve • To note |
| PREVIOUS FORUMS: N/A | |
| <p>EXECUTIVE SUMMARY:</p> <p>The Membership Council has a small task and finish group which each year reviews the arrangements for the Annual Members Meeting and Board of Directors Annual General Meeting.</p> <p>The Group is made up of Kathy Bray, Board Secretary; Vanessa Henderson, Business Manager; Ruth Mason, Associate Director of Engagement and Inclusion; Victoria Pickles, Company Secretary; and Caroline Wright, Communications Manager.</p> <p>This year the group has reviewed timing, format and focus for the annual event given the priorities of the Trust in 2016 and the capacity available from both divisional and corporate resources. We know that the majority of attendees over the past 5-6 years have been staff and members known well to the Trust. We have continued to see dwindling attendance despite considerable promotion and marketing of the event, with only 6 members of the public attending in 2016.</p> <p>We have had some feedback that September is not a good time to hold the meeting. The Constitution currently states that the Annual Members' Meeting has to be held within six months of the financial year end.</p> <p>It is therefore proposed:</p> <ol style="list-style-type: none"> 1. To bring the meeting forward in the year to July, just prior to the start of the school holidays. There are a number of benefits to this including the ability to hold the elections slightly earlier in the year to address some of the current vacancies we are holding; lighter nights and hopefully better weather. 2. To hold the meeting on Wednesday 19th or Thursday 20th July from 5pm 3. To run a small 'health fair' from 5pm to 6pm consisting of: <ol style="list-style-type: none"> 3.1. A stand from each division setting out their successes from 2016/17 and plans for 2017/18 3.2. A successes communication stand celebrating the good work of the Trust 4. To hold the formal AGM meeting at 6pm. <p>If approved, the next steps will be to produce a detailed plan of the venue / stands and an agenda for the speakers and the formal AGM to be presented at the next Membership Council meeting.</p> | |
| <p>RECOMMENDATION:</p> <p>The Membership Council is asked to consider the proposed approach to this year's Annual Members Meeting and Board of Directors AGM.</p> | |
| APPENDIX ATTACHED: YES/ NO | |

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|---|---|
| MEMBERSHIP COUNCIL | |
| PAPER TITLE: QUALITY & PERFORMANCE REPORT/PERFORMANCE ACHIEVEMENT SLIDES | REPORTING AUTHOR: P Keogh |
| DATE OF MEETING: 17th January 2017 | SPONSORING DIRECTOR: H Barker |
| STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> • Keeping the base safe • A workforce for the future • Financial Sustainability | ACTIONS REQUESTED: <ul style="list-style-type: none"> • To note |
| PREVIOUS FORUMS: Executive Board, Quality Committee, Finance and Performance Committee, Board of Directors | |
| <p>IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below:</p> <p>For guidance click on this link: http://nww.cht.nhs.uk/index.php?id=12474</p> | |
| <p>EXECUTIVE SUMMARY:</p> <p>November's Performance Score is 65% for the Trust. 3 of the 6 domains improved in month. Within the Safe domain the Never Event has contributed significantly to the RED rating.</p> <p>In terms of Performance Achievements the Trust continues to maintain a significant number of its regulatory targets as 'Green' and of particular note is Hospital Standardised Mortality Rate (HSMR) which has fallen below 80 for the first time in month (September).</p> | |
| FINANCIAL IMPLICATIONS OF THIS REPORT: N/A | |
| <p>RECOMMENDATION: To note the contents of the report and the overall performance score for November. To acknowledge the Trust's performance achievements over the last quarter and its positive benchmarking when compared both locally and nationally.</p> | |
| APPENDIX ATTACHED: YES | |

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Board Report

November 2016

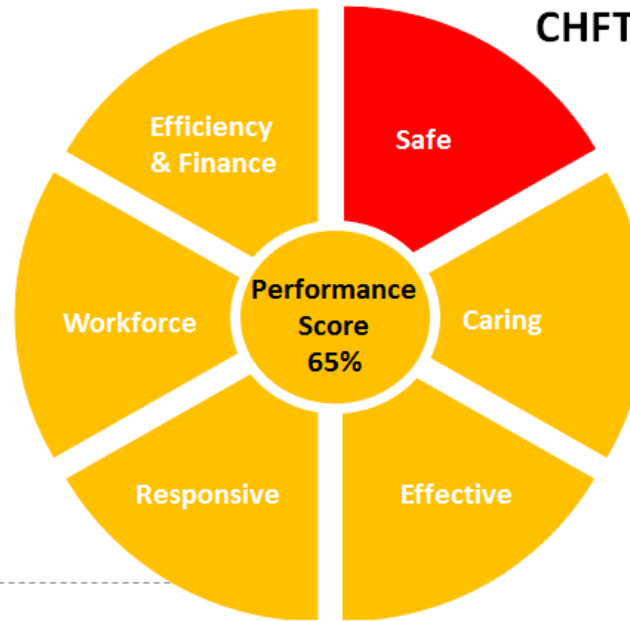


Performance Summary

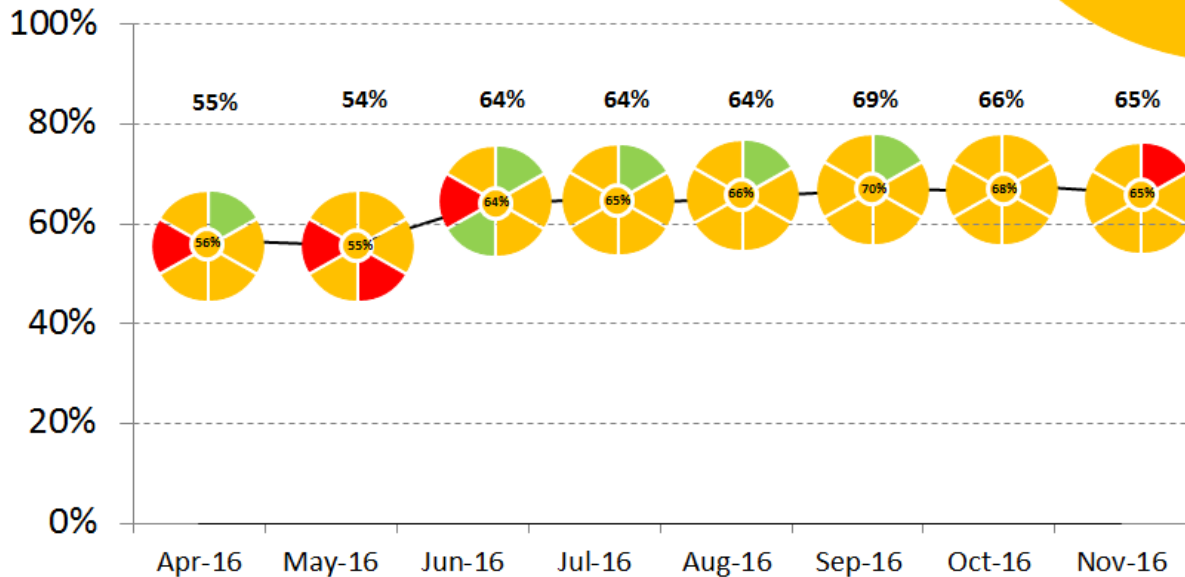
November

RAG Movement

November's Performance Score is 65% for the Trust. 3 of the 6 domains improved in month. Within Safe Never Event contributed significantly to RED rating.



Total performance score



November Score by Domain

| | | |
|--------------------------|------------|---|
| Safe | 46% | ↓ |
| Caring | 70% | ↑ |
| Effective | 64% | ↑ |
| Responsive | 69% | ↑ |
| Workforce | 64% | ↔ |
| Efficiency & Finance | 67% | ↓ |
| Performance Score | 65% | ↓ |

Regulatory Targets

| | |
|-------------------------------------|--|
| CDiff Cases | Cancer 62 day Referral to Treatment |
| Avoidable Cdiff | Cancer 62 day Screening to Treatment 85.7% (90%) |
| ECS 4 hours 94.02% (95%) | Cancer 31 day targets x3 |
| RTT Incomplete Pathways | Cancer 2 Week Referral to Date first seen |
| Data Completeness Community Care x3 | Cancer 2 week Breast Symptoms |

Other Key Targets

| | |
|--|---------------------------------------|
| VTE Assessments | FFT targets x7 |
| Never events 1 (0) | FFT A&E 89.4% (90%) |
| MRSA | FFT Community 86.5% FFT OP 90.9% |
| SHMI 113.8 (100) | Stroke % admitted 4 hours 69.5% (90%) |
| HSMR 102.94 (100) | Diagnostics 6 weeks |
| Emergency Readmissions GHCCG 8.26% (7.05%) | Net surplus/ (deficit) £120k |
| % Complaints closed 38% (100%) | Sickness 4.15% (4%) |

Carter Dashboard

| | Current Month Score | Previous Month | Trend | Target |
|--|---------------------|----------------|-------|--------|
| Friends & Family Test (IP Survey) - % would recommend the Service | 97.6% | 97.3% | ↑ | 96% |
| CARING | | | | |
| Inpatient Complaints per 1000 bed days | 2.2 | 2.2 | ↔ | TBC |
| Average Length of Stay - Overall | 5.2 | 5.1 | ↓ | 5.17 |
| Delayed Transfers of Care | 2.07% | 2.80% | ↑ | 5% |
| EFFECTIVE | | | | |
| Green Cross Patients (Snapshot at month end) | 83 | 100 | ↑ | 40 |
| Hospital Standardised Mortality Rate (12 months Rolling Data) | 102.94 | 105.00 | ↑ | 100 |
| Theatre Utilisation (TT) - Trust | 85.1% | 85.8% | ↓ | 92.5% |

MOST IMPROVED

Improved: Hospital Standardised Mortality Rate (12 months Rolling Data October 15 - September 16) has improved again to 102.94. The Trust HSMR has fallen below 80 for the first time in an individual month - September.

Improved: Number of Hospital admissions avoided by Community Nursing services have almost doubled in November to 119.

Improved: % PPH ≥ 1500ml - all deliveries has improved in month to 1.3%. This is the best performance this year and takes YTD performance to 3.1% - just above the internally set target of 3%.

MOST DETERIORATED

Deteriorated: % Harm Free Care - The Trust performance 93.92% which was below the target of 95%. The Medical division was the only area where this target was not met with performance at 89.19%. The Safety Thermometer audit where the % of harm free care is measured showed an increase in all categories contained in the audit within the Medical Division.

Deteriorated: Never Event - assigned to the Surgical Division in November, this was in Operating Services, Anaesthetics, Pain and Critical Care.

Deteriorated: 62 Day Referral From Screening to Treatment has dropped below the 90% target for the last 2 months. Numbers are very small and represent just 1 breach in 7 patients.

TREND ARROWS:
Red or Green depending on whether target is being achieved
Arrow upwards means improving month on month
Arrow downwards means deteriorating month on month.

ACTIONS

Action: % Harm Free Care - Deep dive was presented at November PRM where areas for improvement were identified at Individual ward level.

A serious incident investigation is underway and will be completed within 60 days. Early learning has identified some improvement areas which are being implemented and monitored.

Action: Target has been missed for the last 2 months where low numbers of breaches caused the failure of the target as there were only a small number of patients in total. Cross divisional action plans between FSS and Surgery in place to avoid future breaches.

Arrow direction count ↔ 1 ↑ 11 ↓ 7

| | | | | |
|--|--------|--------|---|-------|
| RESPONSIVE | | | | |
| % Last Minute Cancellations to Elective Surgery | 0.68% | 0.52% | ↓ | 0.6% |
| Emergency Care Standard 4 hours | 94.02% | 94.86% | ↓ | 95% |
| % Incomplete Pathways <18 Weeks | 96.13% | 95.60% | ↑ | 92% |
| 62 Day GP Referral to Treatment | 89.6% | 88.1% | ↑ | 85% |
| SAFE | | | | |
| % Harm Free Care | 93.92% | 95.78% | ↓ | 95.0% |
| Number of Outliers (Bed Days) | 284 | 840 | ↑ | 495 |
| Number of Serious Incidents | 8 | 9 | ↑ | 0 |
| Never Events | 1 | 0 | ↓ | 0 |

PEOPLE, MANAGEMENT & CULTURE: WELL-LED

| | Current Month Score | Previous Month | Trend | Target |
|--|---------------------|---|-------|--------|
| Doctors Hours per Patient Day | | | | |
| Care Hours per Patient Day | 7.9 | 7.6 | ↑ | |
| Sickness Absence Rate | 4.15% | 3.94% | ↓ | 4.0% |
| Turnover rate (%) (Rolling 12m) | 12.41% | 12.93% | ↑ | 12.3% |
| Vacancy | 355.07 | 402.49 | ↑ | NA |
| FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q4 | 79% | Different division sampled each quarter. Comparisons not applicable | | |
| FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q4 | 60% | Different division samples each quarter. Comparisons not applicable | | |

OUR MONEY

| | Current Month Score | Previous Month | Trend |
|---|---------------------|----------------|-------|
| Income vs Plan var (£m) | £2.80 | £2.68 | ● |
| Expenditure vs Plan var (£m) | -£3.29 | -£3.11 | ● |
| Liquidity (Days) | -14.90 | -14.20 | ● |
| I&E: Surplus/(Deficit) var (£m) | £0.12 | £0.13 | ● |
| CIP var (£m) | £2.03 | £2.08 | ● |
| FSRR | 3 | 3 | ● |
| Temporary Staffing as a % of Trust Pay Bill | 15.79% | 16.26% | ● |

Executive Summary

The report covers the period from November 2015 to allow comparison with historic performance. However the key messages and targets relate to November 2016 for the financial year 2016/17.

| Area | Domain |
|--------|--|
| Safe | <ul style="list-style-type: none"> % Harm Free Care - The Trust performance 93.92% which was below the target of 95%. The Medical division was the only area where this target was not met with performance at 89.19%. The Safety Thermometer audit where the % of harm free care is measured showed an increase in all categories contained in the audit within the Medical Division. Deep dive was presented at Medical Division November PRM where areas for improvement were identified at individual ward level. Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed) - 67% of reports were submitted within 60 days. The capacity of the investigators is still an issue. Additional support is available from the Risk team when timescales become challenging. The Risk team are meeting with trained investigators at key touch points throughout the process to identify any barrier to completion within timeframe. Never Event - A serious incident investigation is underway and will be completed within 60 days. Early learning has identified improvements that are being implemented. All staff in the relevant departments have been made aware and Duty of Candour has been completed. Antenatal Health Visiting Contact by 32 Weeks - fell below 90% target at 81% - visits were missed due to premature births, no access visits and parental preference. Number of Category 4 Pressure Ulcers Acquired at CHFT - There was 1 Category 4 pressure ulcer recorded in October which has been validated and re-classified as a Category 3. All wards will have an allocated Tissue Viability Link Practitioner who will participate in the new quarterly programme (first session January 2017) and disseminate best practice. |
| | <ul style="list-style-type: none"> Complaints closed within timeframe - 109 complaints were closed in November, which is a 56% increase from October. Of the 109 complaints that were closed 38% were closed within target timeframe, same as October. The total number of overdue complaints has been reduced to 5 which is an impressive 93% reduction from October. Should 10% of a Division's complaints become overdue a report will be sent to Executive Director of Nursing and Assistant Director for Quality for discussion in the Weekly ADN meeting. |
| Caring | <ul style="list-style-type: none"> Friends and Family Test Outpatients Survey - % would recommend has maintained last month's performance at 91% which is still below the target of 95%. Further work to continue as part of directorate action plan to achieve Q3 improvement trajectory (December 16). Each department with 3 or more consecutive months of < 95% performance has developed an action plan. Friends and Family Test Community Survey - FFT reports 4% of people would not recommend services. An options paper for FFT recording was presented at November PRM. An analysis of negative voice and SMS messages showed that a high percentage of them were not about CHFT Community services but about other parts of the patient pathway. The division plans to reduce the method of collecting data from voice messages in response to feedback. There are plans to increase the number of teams using the webform or paper collection tool with a view to these being the only data collection methods for all teams from April 2018. |
| | <ul style="list-style-type: none"> Total Number of Clostridium Difficile Cases/Avoidable number of Clostridium Difficile Cases - There has been 1 Clostridium Difficile case reported in month with none avoidable. This takes the total number of cases to 21 as at the end of November against last year's total of 25 which is a higher run rate however the number deemed avoidable at 5 is well below the full year tolerance of 21. Hospital Standardised Mortality Rate (12 months Rolling Data October 15 - September 16) - has shown a further improvement to 102.94. The Trust HSMR has fallen below 80 (79.55) for the first time in an individual month - September. The weekday/weekend split shows a 2 point difference with an improvement in both measures. Mortality Reviews - The completion rate for Level 1 reviews stands at 26% of October deaths having had a corporate level one review. This reduction was anticipated as internal processes are adapted to capture more robust data from Q3 onwards. A number of new reviewers have been recruited and there is a focus on reviewing sepsis related deaths. Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge - In November the number of patients operated on within 36 hours of admission for fragility hip fracture was 36 out of a total of 46. Performance was 78.3% against a target of 85%. YTD performance is 71.3%. The use of Theatre 6 is expected to progress this position with the introduction of 3 additional Trauma lists per week. A 'go-see' is planned to Pilgrim Hospital, Boston, Lincolnshire in January 2017 to identify best practice elements that can be introduced at CHFT. A deep dive has been requested for January's PRM following the visit. Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG/Greater Huddersfield CCG - In October there was an increased rate for both CCGs. Divisions continue to support the readmissions work lead by Community with the first audit planned for December. |

Background Context

During November all Divisional teams have been finalising the 17/18 annual plan and working to develop CIP schemes for 17/18.

AED has seen activity continue to over-perform in month 8 but at a lower level than seen in month 7. Activity is 1.7% above the month 8 plan and cumulatively 3.3% above plan and peaks on Sundays and Mondays continue. Discharges at a weekend and Monday are causing pressure points in relation to bed capacity.

Non-elective activity overall is 3.5% below the month 8 plan. This is a decrease in activity when compared to month 7 when activity was 2.6% above plan. The in-month under-performance is mainly due to a reduction in emergency General Surgery admissions and Accident & Emergency. Cumulatively activity is 0.7% below planned levels due to emergency long stay activity.

Patients on a Green Cross pathway remain high and excess bed days is tracking higher than previous years. Despite this the number of beds open is lower than previous years and flow remains problematic on particular days.

Additional capacity was required in November in the form of HRI wards 14 and 4, partly due to the impact of Norovirus on both sites. Overall Trust level bed numbers are 6 above the November planned levels which is an improvement on the position seen in October and better than 15/16. Surgery has continued with 12 beds above plan while Medicine have improved further to be 6 beds below planned levels in November.

Planned day case and elective activity combined has improved in month 8 with activity 4.6% above plan. This is driven by an over-performance in day cases offset by a continued under-performance within elective inpatients. The improvement from month 7 is mainly within Gastroenterology, Oral Surgery which was under plan last month and General Surgery. Elective under-performance continues mainly within General Surgery, Paediatrics and Gynaecology. Interventional Radiology has a continued under-performance due to the shift to day case activity.

A Paediatric workshop was held at the end of November to review future models of care relating to acute Paediatric Surgery. The meeting involved representatives from all elements of the existing service. A programme of work has been agreed for January with an option appraisal due mid-February.

The Trust's Appointments and Outpatient services has received very positive coverage after been featured at a recent conference. A number of Trusts have asked to come and visit CHFT to learn from the work done in relation to clinic utilisation and efficiency. The success of the Trust's services has been supported by the innovative work done via its Knowledge Portal.

Executive Summary

The report covers the period from November 2015 to allow comparison with historic performance. However the key messages and targets relate to November 2016 for the financial year 2016/17.

| Area | Domain |
|------------------------|---|
| Responsive | <ul style="list-style-type: none"> Emergency Care Standard 4 hours - November's position was 94.02% which was in the Upper Quartile nationally but still breaches occurring that are avoidable. An Emergency Care improvement plan has been developed by the Directorate which focusses on ECS and quality indicators. Stroke - Patients admitted to a stroke ward within 4 hours maintained the 70% performance in November. Patients scanned within 1 hour of arrival however dropped in month. Discussions are ongoing between Medicine and FSS to improve scanning with FSS agreeing to prioritise Stroke patients. Stroke Invited Service Review (ISR) took place in December and early reports are positive regarding the quality of the service with areas for improvement identified. % Last Minute Cancellations to Elective Surgery - just failing to meet target at 0.68%. Main reasons for cancellations were list overruns, unavailable beds and emergencies/Trauma, RTT pathways over 26weeks - numbers continue to reduce and now stand at 79. Further validation resource is being recruited to validate all pathways highlighted in recent analysis. 38 Day Referral to Tertiary remains a concern. FSS provided their approach to improvements and programme of work at their November PRM. Full RCA's carried out on every breach and discussed at the Clinicians' monthly education session. Scoping the possibility of moving the local MDT, currently held on the same day as the central MDT causing a delay of 7 days in most cases. Criteria being established to enable some cases to bypass the local MDT to reduce time between MDT discussions. Regular meetings with pathway tracking team to review all ongoing cases and escalate as appropriate. 62 Day Referral From Screening to Treatment - Target has been missed for the last 2 months where low numbers of breaches caused the failure of the target as there were only a small number of patients in total. |
| | <ul style="list-style-type: none"> Sickness Absence rate - long term sickness is now achieving target for the first time this year. Slight deterioration in short term sickness in month. Return to work Interviews have hit another pick at 72% following the drop in performance in September. However still some way short of 100% target. Mandatory Training and Appraisal - Mandatory training compliance has changed to a rolling 12 month reporting period and is RAG rated against performance at the same point last year. Only Information Governance is below last year's performance. Workforce summit is taking place w/c 12th December where a deep dive will take place and an action plan created. Appraisal compliance is now reported as both year to date and rolling 12 months and has hit the year to date target for October. |
| Workforce | <ul style="list-style-type: none"> Finance: Year to date: The financial position stands at a deficit of £12.48m, a favourable variance of £0.12m from the planned £12.60m. This is positive news as the Trust is continuing to maintain the financial position in the second half of the financial year where there was always acknowledged to be a greater challenge in terms of the timing of CIP delivery, alongside seasonal pressures. Operational performance linked to the Sustainability Transformation Funding has also been maintained in the year to date however, in early December the organisation has faced considerable operational challenges including dealing with Norovirus in the face of continued high clinical activity. It continues to be the case that, in order to maintain safety and secure and regulatory access standards across the Trust with high vacancy levels, there is a reliance upon agency staffing. Total agency spend in month was £1.47m; this is an improved position from last month which compares favourably with expenditure in excess of £2.1m each month in the year to August. This improvement brings the agency expenditure beneath the revised trajectory submitted to NHSI. The impact of this operational position is as follows at headline level: <ul style="list-style-type: none"> EBITDA of £3.95m, an adverse variance of £0.49m from the plan. A bottom line deficit of £12.48m, a £0.12m favourable variance from plan. Delivery of CIP of £9.65m against the planned level of £7.62m. Contingency reserves of £1.0m have been released against pressures. Capital expenditure of £10.66m, this is below the planned level of £17.93m. A cash balance of £3.97m, this is above the planned level of £1.94m, supported by borrowing. A Use of Resources score of level 3, in line with the plan. Theatre Utilisation has maintained its 86% performance. There have been improvements in some of the key specialties that have struggled to achieve the targets in month; namely Ophthalmology, Urology and ENT. |
| Efficiency/ Finance | <ul style="list-style-type: none"> Staff Well Being Flu Vaccination - As at the end of November performance stands at 66.3% with almost 4,000 colleagues vaccinated, just over 2,800 of these were classified as frontline. The Trust has already met the partial payment threshold, further campaign work for December is planned including performance data being sent to relevant areas and further awareness raising being led by the Director of Nursing. Divisional leads are using flu data to challenge lower uptake areas, and a refreshed view of the data broken down to staff groups is being undertaken to see if further opportunities can be identified. |
| CQUIN | <ul style="list-style-type: none"> Activity in-month is above planned levels in all of the main points of delivery apart from elective and non-elective inpatients. Cumulatively elective inpatients and day cases combined are above plan however waiting lists are still high reflecting ongoing demand. |

Background Context

November has seen a high demand on hospital beds and the Community division has been supporting the inpatient teams in facilitating discharge and undertaking additional assessments where possible.

There has been an increased focus on discharge delays from external partners which has supported the Trust in gaining traction regarding the challenges of moving people into packages of care. As a result additional packages of care have been commissioned by CMBC in December.

The 0-5 Public Health Early Years bid was released in November and the completed tender was submitted 14th December.

Cancer waiting times continue to be challenging, a mixture of early pathway pressures with increased referral via fastrack, MDT arrangements and diagnostic pressures. The Divisions are working together on improvements and closer support to the Patient Flow team.

On 21st November Theatre 6 came back into clinical use. This allowed Surgery to increase its Trauma lists by 2 per week on a sustainable basis. The additional theatre has led to a significant reduction in the number of patients waiting on the Trauma list. This will also allow better flow during the week as specialties respond to ongoing demand pressures.

The Medicine division is now preparing to hand over a ward to the Community Division at the CRH site. The plan is to pilot an innovative ward configuration promoting independence and supporting active discharge called the Community Place. This has been developed in collaboration with Calderdale social care and is now planned to "go live" in January.

Diagnostics has been extremely busy responding to internally and externally driven demand but still maintaining access standards.

Demand continues to be high driving increased outpatient activity and work continues to ensure reductions in follow-up waiting times.

Outpatient activity overall has continued to see an increase and is 7.6% above the month 8 plan. The over-performance in-month is across both first and follow-up attendances including procedures. The specialties with the more significant over-performances within first attendances are Oral, ENT, Paediatrics, Rheumatology, Gynaecology, Dermatology and Urology. General Surgery and Ophthalmology have continued to under-perform. Cumulatively outpatient activity is now 3.5% above plan however with demand continuing at high levels this is not resulting in a reduced waiting list size.

The Commissioner Contract includes all NHS Standard Contract Operational Standards and any applicable financial sanctions. Some of these are included within the Sustainability Transformational Fund (STF) performance trajectories and so will not be subject to 'double jeopardy' within the Contract. No further sanctions have been incurred in month 8. Cumulatively there have now been sanctions of £12.9k of which there are 3 Duty of Candour breaches, a Never Event and a Mixed Sex Ward breach.

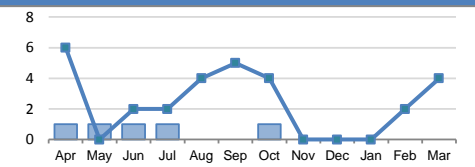
Safe, Effective, Caring, Responsive - Community Key messages

| Area | Reality | Response | Result |
|-----------------------|---|--|--|
| Safe | <p>Falls reduction , reduction cat 3/4 community acquired PU's ,Early Detection of Sepsis Maintained reduction in 3/4 pressure ulcers. The team continues to focus on these 3 areas to improve outcomes - Work on the sepsis model within community is the area that now requires further development and model design.</p> | <p>The orange incident panel meets weekly to review orange and red incidents Robust PU pathway in place Falls prevention and collaboration work continues Working with Mel Johnson re AKI and sepsis - early identification and indicators particularly in care homes and once modeled to roll out across community services</p> | <p>Learning from falls investigation fed into the division via PSQBs QUEST matrons to work collaboratively to identify tools and develop education packages for care homes and community staff and develop training packages for community staff to support the quality agenda By when: March 2017 Accountable: Associate Director Nursing</p> |
| Effective | <p>Flow through intermediate services: There are continued challenges across Calderdale, particularly in Upper Valley, for access to packages of care. This continues to impact on the flow through reablement and intermediate care services.</p> | <p>Flow through intermediate services: additional packages of care have been commissioned by social care in December to support flow through Reablement. The Trust is undertaking a review of all parts of the intermediate tier to understand where the blockages are and what could be done differently. A proposal for running a rapid process improvement intervention has been developed and now looking for support from social care senior managers to undertake this jointly.</p> | <p>Flow through intermediate services:- To have an agreed redesigned intermediate tier process following the rapid process improvement intervention and an agreed action plan for implementing changes. By when: February 2017 Accountable: DO</p> |
| Caring | <p>Health Visitor core contact visits: 39 core contacts have been reported as exceptions with valid reasons why the visit did not take place within timescale. There are 24 clients who did not receive an antenatal visit and 4 babies that did not receive a birth visit within 14 days that have no exception report completed. These will be followed up by the service lead and investigated.</p> | <p>Health Visitor core contact visits: The service lead is aware of all clients that have not received the core contact within the mandated timeframe. This is being followed up with individual health visitors to understand if there are practice issues or other reasons and then will develop actions that can improve performance.</p> | <p>Health Visitor core contact visits: The performance of mandated visits will improve month on month. Expect target to be achieved by end March 2017. By when: March 2017 Accountable: DO</p> |
| Responsiveness | <p>ASI's for MSK Issue is generally in spinal pathway. Whilst capacity has remained there has been an increase in demand for this service in the last year.</p> <p>MSK responsiveness - Typing turnaround There has been an issue identified where letters that have been typed are backed up waiting for the practitioner to sign them.</p> | <p>ASI's for MSK The spinal MSK post has been recruited to. The person leaving post has agreed to bank shifts. Additional MSK practitioners to be appointed following business case approval for 2017/18</p> <p>MSK responsiveness - Typing turnaround New typist has started within team. A template is being agreed within the service. A plan has been implemented with the MSK practitioners to reduce backlog by end December 2016.</p> | <p>ASI's for MSK Reduce the number of ASI's in MSK. Accountable: Head of Therapies By when: February 2017</p> <p>MSK responsiveness - Typing turnaround Backlog for signing will be removed by end December 2016. By when: End December 2016 Accountable: Head of Therapies</p> |

Dashboard - Community

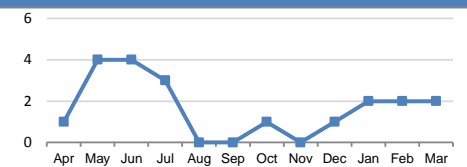
Safe

Community acquired grade 3 or 4 pressure ulcers



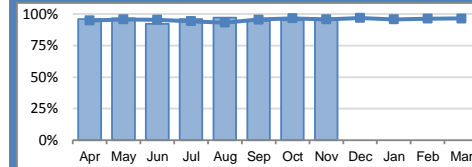
One month in arrears

Falls that caused harm whilst patient was in receipt of Community Services



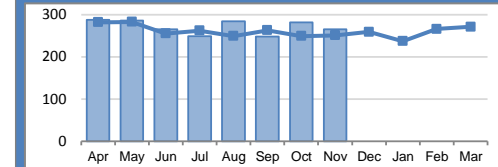
One month in arrears

Incidents Harm free care



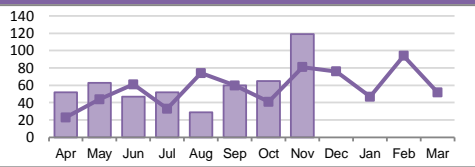
Bar Chart = 16/17 figures Line graph = 15/16 figures

Urinary Catheter Management

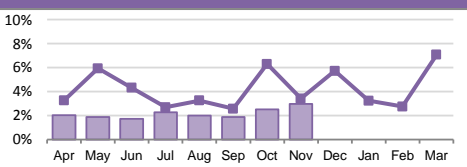


Effective

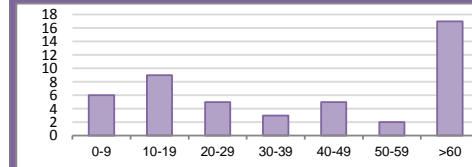
Number of Hospital admissions avoided by Community Nursing services



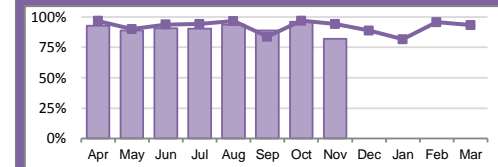
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Reablement - Start to discharge Average (days) Current Month shown

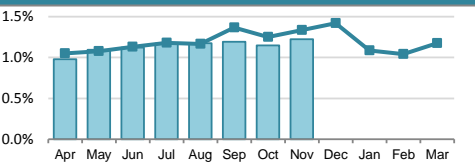


House Bound leg ulcers healed within 12 weeks

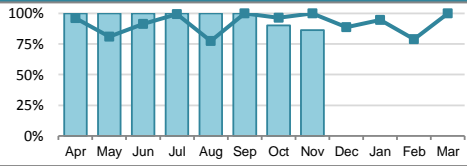


Caring

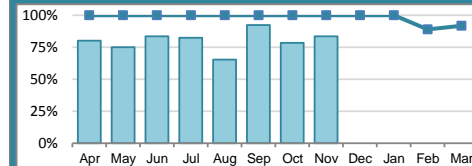
Community No Access Visits Adult Nursing



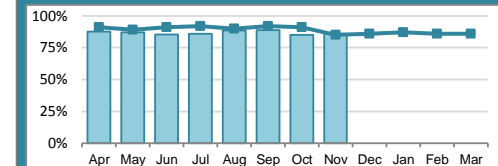
Health Visitor achieved Targeted visits Antenatal and Post Birth visits



End of life patient died in preferred place of death

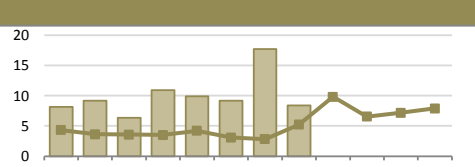


Friends and Family Test- Likely to recommend

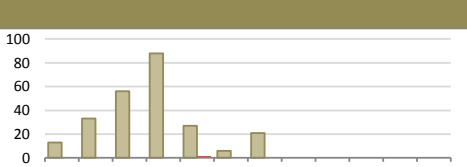


Responsive

Average time to start of reablement (days)

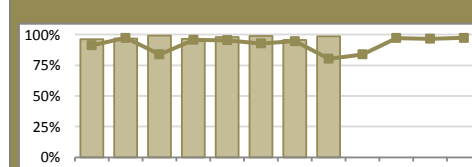


Appointment Slot Issues for MSK & Podiatry

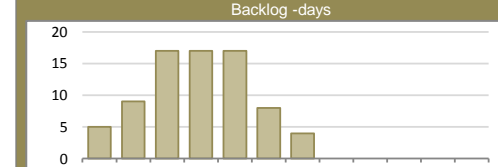


MSK Podiatry

Waiting Times - 18 week RTT

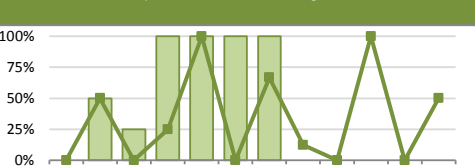


MSK Responsiveness Backlog -days

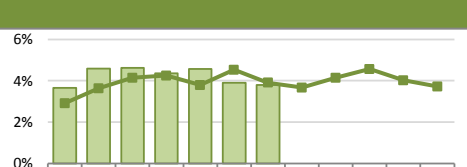


Well Led

% Complaints closed within target timeframe

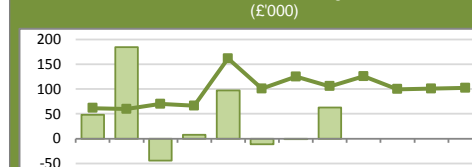


Staff sickness rate



One month in arrears

Finance - Planned variance against actual (£'000)

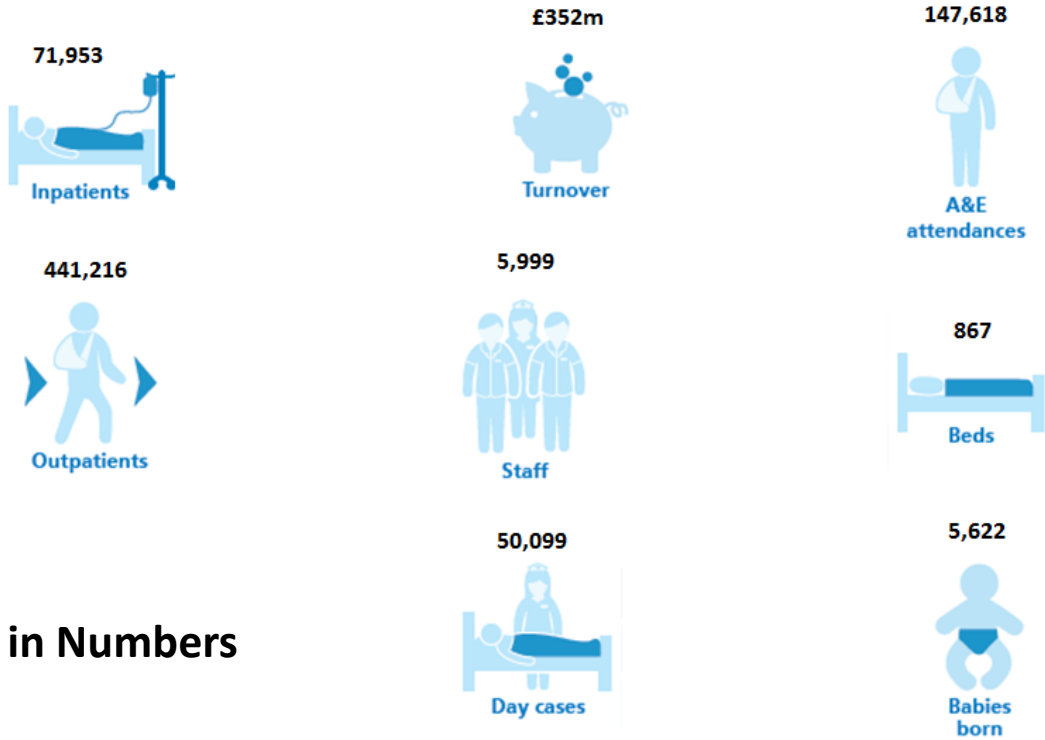


Finance - Planned CIP saving against actual savings (£'000)



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Membership Council Meeting – Performance Achievements Tuesday 17th January 2017



The Trust in Numbers

Significant Improvements

Hospital Standardised Mortality Rate (12 months Rolling Data October 15 - September 16) has improved to 102.94. The Trust HSMR has fallen below 80 for the first time in an individual month - September.

% PPH \geq 1500ml - all deliveries has improved to 1.3%. This is the best performance this year and takes YTD performance to 3.1% - just above the internally set target of 3%.

Number of Hospital admissions avoided by Community Nursing services have almost doubled in November to 119.

Regulatory Targets

| | |
|--|---|
| CDiff Cases | MRSA |
| Avoidable Cdiff | FFT Targets x7 |
| Cancer 62 day Referral to Treatment | Cancer 2 Week Referral to Date first seen |
| Cancer 2 week Breast Symptoms FFT Targets x7 | Cancer 31 day targets x3 |
| RTT Incomplete Pathways | Net surplus/ (deficit) £120k |
| Diagnostics 6 weeks | VTE Assessments |

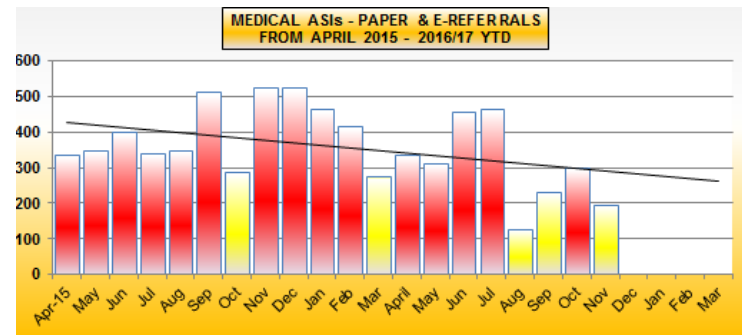


Community Division

Queen's nursing institute award - Amanda Bird has been awarded a QNI award for outstanding district nurse student at Huddersfield University
 Cardiac rehabilitation - 71% of our patients are completing the cardiac rehab programme compared to the national average of 47%
 2 entries shortlisted for celebrating success – outpatient physio and health visiting buggy walk
 Recruitment fair held and resulted in 4 new community nurses recruited
 The division Tea party was attended by about 60 staff throughout the afternoon

Medicine Division

Divisional Access group now firmly established and meeting fortnightly, working with FSS
 Knowledge and information sharing has been invaluable and is reflected in improved divisional performance which has supported safe and effective patient care
 Despite 10.3% increase YTD (2,170 referrals) in referral demand the Division continues to achieve / meet RTT 18 week completed pathway targets
 ASIs continue to fall, with long waiters being validated
 Division has continued to focus on IP, O/P and Diagnostic waiting times, with all targets achieved in month
 Incomplete O/P outcomes on PAS currently only 38 - significant improvement, focus to drive this to 0





FSS Division

Outpatient Services 2016: Innovative Models Shared

Katharine Fletcher recently presented at the above conference in Manchester. Katharine's presentation was based on our use of technology to improve efficiency in outpatients including how we use the Knowledge Portal and the outpatient KPI's linked to our outpatient productivity CIP scheme. Following this Katharine has been contacted by a number of Trusts who were impressed with & interested in our technology and approach.

Congratulations Mike & Jane!

Mike Culshaw has recently been designated as a Fellow of the Royal Pharmaceutical Society for distinction in the Profession of Pharmacy.

Jane Armitage (Medical Illustration) recently won an award for the best Colour Retinal Image by the Ophthalmic Imaging Association.

Surgery Division

Financial Improvement:

In month elective variance to plan reducing compared to run rate with Orthopaedics above plan

Planned activity excluding endoscopy

One substantive junior doctor and one consultant commenced in post in November and December respectively, two agency locums released in line with trajectory

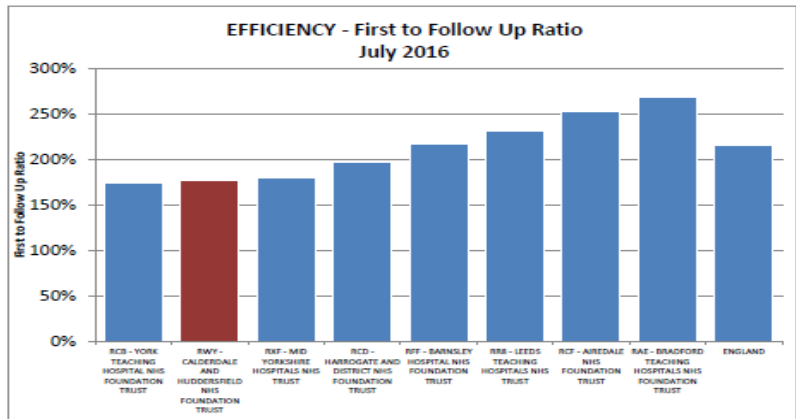
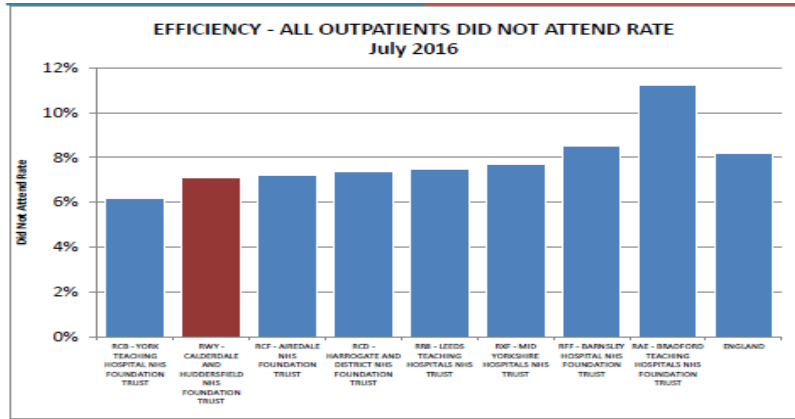
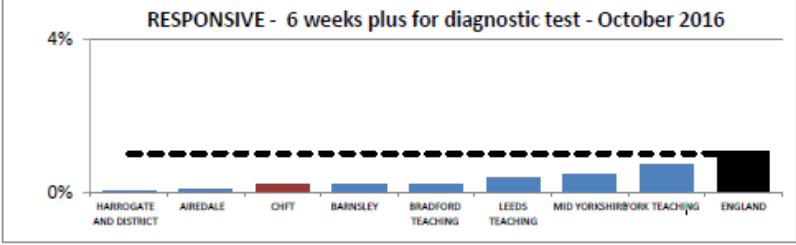
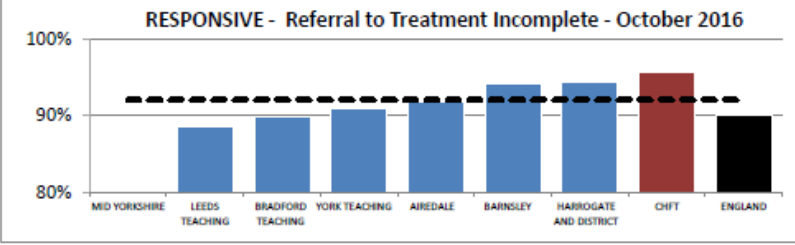
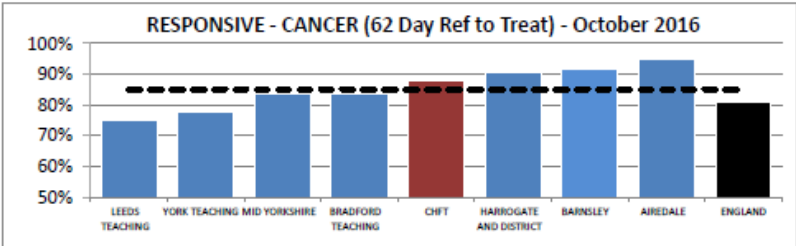
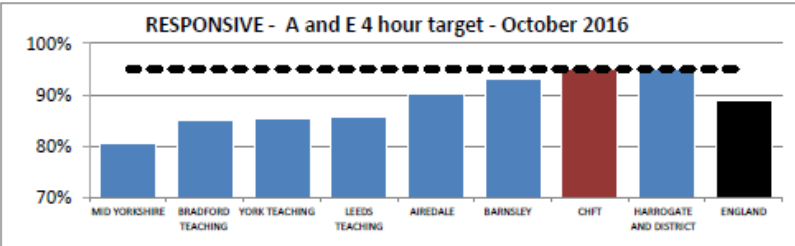
CIP year to date continues to be above plan £0.3m

CIP target identified in full, high risk value schemes (£0.52m) in line with month 6

Underlying forecast deficit improvement from reported month 6 (£0.6m)

£0.5m reduction in creditors linked to Bradford

Benchmarking Selected Measures



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| | |
|--|--|
| MEMBERSHIP COUNCIL MEETING | |
| PAPER TITLE: TRUST FINANCIAL OVERVIEW AS AT 30th NOVEMBER 2106 – MONTH 8 (Capital Letters) | REPORTING AUTHOR: Kirsty Archer |
| DATE OF MEETING: 17/1/17 | SPONSORING DIRECTOR: Gary Boothby |
| STRATEGIC DIRECTION – AREA: <ul style="list-style-type: none"> Financial Sustainability | ACTIONS REQUESTED: <ul style="list-style-type: none"> To note |
| PREVIOUS FORUMS: Finance & Performance Committee | |
| IF THIS IS A POLICY OR A SERVICE CHANGE, HAS IT BEEN EQUIP'd? If so, please provide the unique EQUIP reference number below: For guidance click on this link: http://nww.cht.nhs.uk/index.php?id=12474 | |
| EXECUTIVE SUMMARY: (inc. Purpose/Background/Overview/Issue/Next Steps) The attached report gives an overview of the financial position in the year to date and the financial forecast for year end 2016/17. | |
| FINANCIAL IMPLICATIONS OF THIS REPORT: | |
| RECOMMENDATION: To note the contents of the report | |
| APPENDIX ATTACHED: YES | |

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EXECUTIVE SUMMARY: Trust Financial Overview as at 30th Nov 2016 - Month 8

YEAR TO DATE POSITION: M8

| | M8 Plan £m | M8 Actual £m | Var £m | |
|------------------------------------|------------------|------------------|----------------|---|
| Total Income | £246.13 | £248.93 | £2.80 | ● |
| Total Expenditure | (£241.69) | (£244.98) | (£3.29) | ● |
| EBITDA | £4.44 | £3.95 | (£0.49) | ● |
| Non Operating Expenditure | (£17.05) | (£16.44) | £0.61 | ● |
| Deficit excl. Restructuring | (£12.60) | (£12.48) | £0.12 | ● |
| Exceptional Costs | £0.00 | £0.00 | £0.00 | ● |
| Surplus / (Deficit) | (£12.60) | (£12.48) | £0.12 | ● |

Year to date: The year to date financial position is a deficit of £12.48m, a favourable variance of £0.12m from the planned £12.60m. This is positive news as the Trust is continuing to maintain the financial position in the second half of the financial year where there was always acknowledged to be a greater challenge in terms of the timing of CIP delivery, alongside seasonal pressures. Operational performance linked to the Sustainability Transformation Funding has also been maintained in the year to date however, in early December the organisation has faced considerable operational challenges including dealing with Norovirus in the face of continued high clinical activity. It continues to be the case that, in order to deliver activity and access standards across the Trust with high vacancy levels, there is reliance upon agency staffing. Total agency spend in month was £1.47m; this is an improved position from last month which compares favourably with expenditure in excess of £2.1m each month in the year to August. This improvement brings the agency expenditure beneath the revised trajectory submitted to NHSI.

YEAR END 2016/17

| | Plan £m | Forecast £m | Var £m | |
|------------------------------------|------------------|------------------|----------------|---|
| Total Income | £371.32 | £377.09 | £5.78 | ● |
| Total Expenditure | (£361.96) | (£368.52) | (£6.56) | ● |
| EBITDA | £9.36 | £8.58 | (£0.78) | ● |
| Non Operating Expenditure | (£25.46) | (£24.63) | £0.83 | ● |
| Deficit excl. Restructuring | (£16.10) | (£16.05) | £0.05 | ● |
| Exceptional Costs | £0.00 | (£0.30) | (£0.30) | ● |
| Surplus / (Deficit) | (£16.10) | (£16.35) | (£0.25) | ● |

The impact of this operational position is as follows at headline level:

- EBITDA of £3.95m, an adverse variance of £0.49m from the plan.
- A bottom line deficit of £12.48m, a £0.12m favourable variance from plan.
- Delivery of CIP of £9.65m against the planned level of £7.62m.
- Contingency reserves of £1.0m have been released against pressures.
- Capital expenditure of £10.66m, this is below the planned level of £17.93m.
- A cash balance of £3.97m, this is above the planned level of £1.94m, supported by borrowing.
- A Use of Resources score of level 3, in line with the plan.

The year to date activity over performance sits alongside strong CIP delivery, achieving £2.03m in advance of the planned timescale. The combined benefit has not flowed through in full to the bottom line but has rather absorbed the activity related expenditure pressures and one off issues. However, of the £2m contingency reserves planned for in the year to date, £1m has not been released but rather has been held back to mitigate against pressures in the latter part of the year.

KEY METRICS

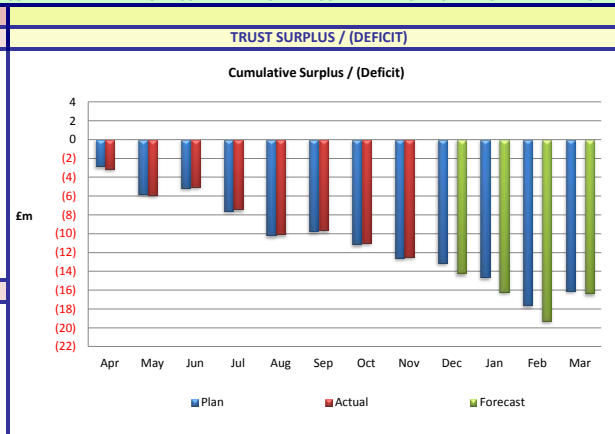
| | Year To Date | | | Year End: Forecast | | | |
|-------------------------------------|-----------------|-----------------|--------------|--------------------|-----------------|----------------|---|
| | M8 Plan £m | M8 Actual £m | Var £m | Plan £m | Forecast £m | Var £m | |
| I&E: Surplus / (Deficit) | (£12.60) | (£12.48) | £0.12 | (£16.10) | (£16.35) | (£0.25) | ● |
| Capital | £17.93 | £10.66 | £7.27 | £28.22 | £27.65 | £0.56 | ● |
| Cash | £1.94 | £3.97 | £2.03 | £1.95 | £1.90 | (£0.05) | ● |
| Borrowing | £58.32 | £60.41 | £2.09 | £67.87 | £61.78 | (£6.09) | ● |
| CIP | £7.62 | £9.65 | £2.03 | £14.00 | £15.19 | £1.19 | ● |
| Use of Resource Metric | 3 | 3 | | 3 | 3 | | ● |

Forecast: Whilst the year to date position remains favourable, the expenditure run rate brings ongoing pressure. The availability of contingency reserves which have not been called upon in full in the first 6 months will bring some respite and the forecast assumes the release of the full £2m across the year. However issues such as higher risk CIP schemes, System Resilience funding shortfall, commissioner affordability and challenge, CQUIN performance and seasonal operational pressures remain. Acknowledging these, the year end forecast position continues to be to deliver the planned £16.1m deficit (excluding £0.3m exceptional costs which are not considered within the NHSI control total). Divisions are required to deliver recovery plans and further savings schemes are delivering. In addition, it is assumed that the Trust will achieve the performance criteria to secure the £11.3m Sustainability and Transformation Funding which is intrinsic to delivery of plan. This forecast excludes any future pressures of EPR implementation.

Trust Financial Overview as at 30th Nov 2016 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT IN NOV 2016

| YEAR TO DATE POSITION: M8 | | | |
|---------------------------|------------------|------------------|---------------|
| CLINICAL ACTIVITY | | | |
| | M8 Plan | M8 Actual | Var |
| Elective | 5,950 | 5,204 | (746) |
| Non-Elective | 34,269 | 34,020 | (249) |
| Daycase | 24,993 | 25,925 | 932 |
| Outpatient | 229,425 | 237,565 | 8,140 |
| A&E | 98,800 | 102,009 | 3,209 |
| Other NHS Non-Tariff | 1,038,175 | 1,086,800 | 48,625 |
| Other NHS Tariff | 77,492 | 83,926 | 6,434 |
| Total | 1,509,103 | 1,575,449 | 66,346 |



| YEAR END 2016/17 | | | |
|----------------------|------------------|------------------|---------------|
| CLINICAL ACTIVITY | | | |
| | Plan | Forecast | Var |
| Elective | 8,787 | 7,786 | (1,000) |
| Non-Elective | 51,619 | 51,181 | (437) |
| Daycase | 36,895 | 38,372 | 1,478 |
| Outpatient | 338,922 | 346,629 | 7,707 |
| A&E | 148,571 | 153,397 | 4,826 |
| Other NHS Non-Tariff | 1,556,020 | 1,627,283 | 71,263 |
| Other NHS Tariff | 115,305 | 124,835 | 9,531 |
| Total | 2,256,117 | 2,349,485 | 93,367 |

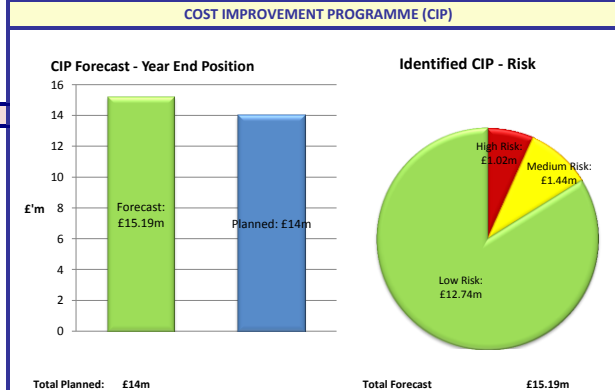
| TRUST: INCOME AND EXPENDITURE | | | |
|----------------------------------|------------------|------------------|----------------|
| | M8 Plan | M8 Actual | Var |
| | £m | £m | £m |
| Elective | £15.21 | £14.42 | (£0.79) |
| Non Elective | £57.96 | £59.58 | £1.62 |
| Daycase | £17.85 | £18.55 | £0.69 |
| Outpatients | £29.38 | £31.00 | £1.62 |
| A & E | £10.93 | £11.43 | £0.50 |
| Other-NHS Clinical | £83.78 | £84.06 | £0.28 |
| CQUIN | £4.55 | £4.68 | £0.13 |
| Other Income | £26.47 | £25.21 | (£1.26) |
| Total Income | £246.13 | £248.93 | £2.80 |
| Pay | (£158.55) | (£160.15) | (£1.60) |
| Drug Costs | (£23.38) | (£22.12) | £1.26 |
| Clinical Support | (£20.33) | (£22.00) | (£1.67) |
| Other Costs | (£31.40) | (£32.68) | (£1.28) |
| PFI Costs | (£8.03) | (£8.03) | £0.00 |
| Total Expenditure | (£241.69) | (£244.98) | (£3.29) |
| EBITDA | £4.44 | £3.95 | (£0.49) |
| Non Operating Expenditure | (£17.05) | (£16.44) | £0.61 |
| Deficit excl. Exceptional | (£12.60) | (£12.48) | £0.12 |
| Exceptional Costs | | | £0.00 |
| Surplus / (Deficit) | (£12.60) | (£12.48) | £0.12 |

KEY METRICS

| | Year To Date | | | Year End: Forecast | | |
|--------------------------|--------------|-----------|-------|--------------------|----------|---------|
| | M8 Plan | M8 Actual | Var | Plan | Forecast | Var |
| I&E: Surplus / (Deficit) | (£12.60) | (£12.48) | £0.12 | (£16.10) | (£16.35) | (£0.25) |
| Capital | £17.93 | £10.66 | £7.27 | £28.22 | £27.65 | £0.56 |
| Cash | £1.94 | £3.97 | £2.03 | £1.95 | £1.90 | (£0.05) |
| Loans | £58.32 | £60.41 | £2.09 | £67.87 | £61.78 | (£6.09) |
| CIP | £7.62 | £9.65 | £2.03 | £14.00 | £15.19 | £1.19 |
| Use of Resource Metric | Plan | Actual | | Plan | Forecast | |
| | 3 | 3 | | 3 | 3 | |

| TRUST: INCOME AND EXPENDITURE | | | |
|----------------------------------|------------------|------------------|----------------|
| | Plan | Forecast | Var |
| | £m | £m | £m |
| Elective | £22.48 | £21.68 | (£0.80) |
| Non Elective | £87.09 | £89.12 | £2.03 |
| Daycase | £26.37 | £27.54 | £1.17 |
| Outpatients | £43.43 | £45.35 | £1.92 |
| A & E | £16.43 | £17.19 | £0.76 |
| Other-NHS Clinical | £129.03 | £131.59 | £2.56 |
| CQUIN | £6.79 | £6.96 | £0.17 |
| Other Income | £39.70 | £37.67 | (£2.03) |
| Total Income | £371.32 | £377.09 | £5.78 |
| Pay | (£237.12) | (£240.44) | (£3.33) |
| Drug Costs | (£35.59) | (£36.31) | (£0.73) |
| Clinical Support | (£30.16) | (£32.77) | (£2.62) |
| Other Costs | (£47.06) | (£46.96) | £0.09 |
| PFI Costs | (£12.04) | (£12.03) | £0.01 |
| Total Expenditure | (£361.96) | (£368.52) | (£6.56) |
| EBITDA | £9.36 | £8.58 | (£0.78) |
| Non Operating Expenditure | (£25.46) | (£24.63) | £0.83 |
| Deficit excl. Exceptional | (£16.10) | (£16.05) | £0.05 |
| Exceptional Costs | | (£0.30) | (£0.30) |
| Surplus / (Deficit) | (£16.10) | (£16.35) | (£0.25) |

| DIVISIONS: INCOME AND EXPENDITURE | | | |
|-----------------------------------|-----------------|-----------------|--------------|
| | M8 Plan | M8 Actual | Var |
| | £m | £m | £m |
| Surgery & Anaesthetics | £13.18 | £13.75 | £0.57 |
| Medical | £15.94 | £16.80 | £0.86 |
| Families & Specialist Services | (£1.93) | (£2.53) | (£0.60) |
| Community | £2.88 | £2.54 | (£0.34) |
| Estates & Facilities | (£17.94) | (£17.22) | £0.72 |
| Corporate | (£16.27) | (£16.11) | £0.17 |
| THIS | £0.25 | £0.37 | £0.12 |
| PMU | £1.69 | £1.40 | (£0.29) |
| Central Inc/Technical Accounts | (£8.38) | (£10.32) | (£1.94) |
| Reserves | (£2.02) | (£1.17) | £0.86 |
| Surplus / (Deficit) | (£12.60) | (£12.48) | £0.12 |



| DIVISIONS: INCOME AND EXPENDITURE | | | |
|-----------------------------------|-----------------|-----------------|----------------|
| | Plan | Forecast | Var |
| | £m | £m | £m |
| Surgery & Anaesthetics | £19.52 | £19.41 | (£0.11) |
| Medical | £22.14 | £22.75 | £0.62 |
| Families & Specialist Services | (£2.35) | (£3.29) | (£0.94) |
| Community | £4.30 | £4.04 | (£0.26) |
| Estates & Facilities | (£26.72) | (£26.08) | £0.64 |
| Corporate | (£24.38) | (£24.60) | (£0.22) |
| THIS | £0.45 | £0.64 | £0.19 |
| PMU | £2.62 | £2.23 | (£0.39) |
| Central Inc/Technical Accounts | (£9.63) | (£12.35) | (£2.72) |
| Reserves | (£2.03) | £0.90 | £2.93 |
| Surplus / (Deficit) | (£16.10) | (£16.35) | (£0.25) |

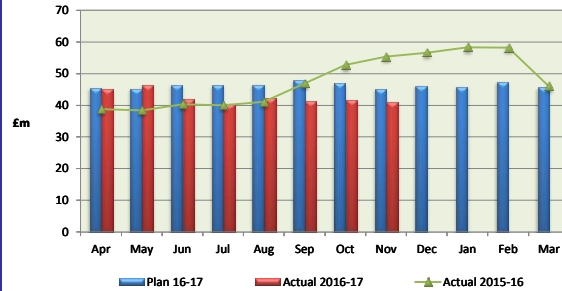
Trust Financial Overview as at 30th Nov 2016 - Month 8

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT IN NOV 2016

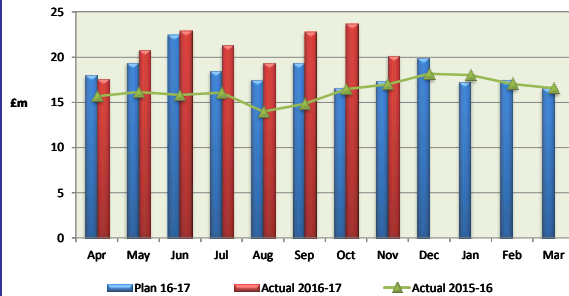
WORKING CAPITAL

| | M8 Plan £m | M8 Actual £m | Var £m | M8 |
|-------------|---------------|-----------------|-----------|----|
| Payables | (£45.16) | (£41.14) | (£4.02) | ● |
| Receivables | £17.38 | £20.12 | (£2.74) | ● |

Payables

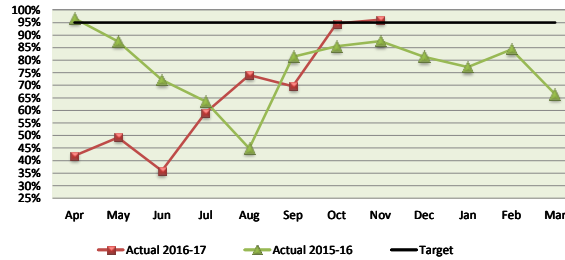


Receivables



BETTER PAYMENT PRACTICE CODE

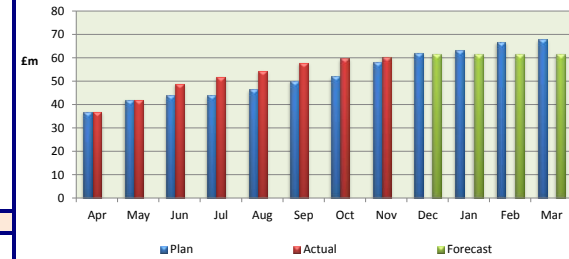
% Number of Invoices Paid within 30 days



CASH

| | M8 Plan £m | M8 Actual £m | Var £m | M8 |
|-------|---------------|-----------------|-----------|----|
| Cash | £1.94 | £3.97 | £2.03 | ● |
| Loans | £58.32 | £60.41 | £2.09 | ● |

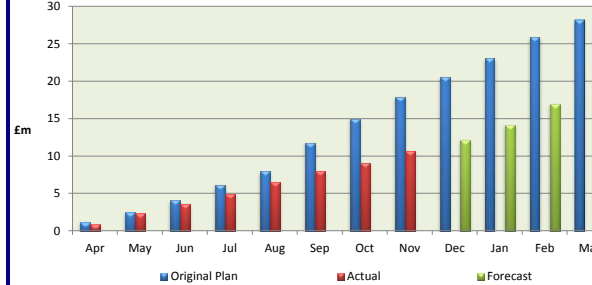
Loans



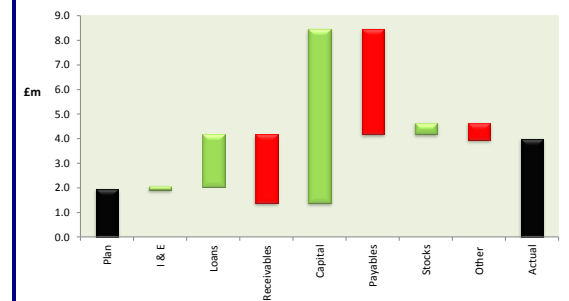
CAPITAL

| | M8 Plan £m | M8 Actual £m | Var £m | M8 |
|---------|---------------|-----------------|-----------|----|
| Capital | £17.93 | £10.66 | £7.27 | ● |

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £12.48m versus a planned deficit of £12.60m.
- Year to date Elective activity remains behind plan but is offset by higher than planned Outpatient, A&E and Daycase activity.
- Capital expenditure year to date is £10.66m against a planned £17.93m.
- Cash balance is above plan at £3.97m against a planned £1.94m.
- The Trust has drawn down loans earlier than planned. The total loan balance is £60.41m against a planned £58.32m.
- CIP schemes delivered £9.65m in the year to date against a planned target of £7.62m.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. This is the equivalent of an Financial Sustainability Risk rating of 2 as previously measured.

SUMMARY FORECAST

- The forecast year end deficit is £16.35m against a planned deficit of £16.10m, but includes exceptional costs of £0.3m relating to the disposal of Princess Royal. These exceptional costs are excluded from the deficit for Control Total purposes and therefore have no impact on our STF allocation or UOR metric. This position assumes delivery of £15.19m CIP and that recovery plans are delivered to offset ongoing pressures and risks.
- Cash forecast is in line with plan at £1.90m.
- The Trust cash position relies on the Trust borrowing £30.53m in this financial year to support both Capital and Revenue plans, lower than the £37.63m planned.
- Forecast capital expenditure is £0.56m below plan at £27.64m. Capital expenditure on EPR has now been pushed back to M12 and a proportion of this expenditure is now forecast to be paid in the next financial year. This has reduced our loan drawdown for 1617, but will need to be added to the 1718 borrowing requirement.
- The year end UOR metric is forecast to be at level 3 as planned.

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

RAG KEY - Cash:
 ● At or above planned level or > £21.2m (20 working days cash)
 ● < £21.2m (unless planned) but > £10.6m (10 working days cash)
 ● < £10.6m (less than 10 working days cash)

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MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2017

JANUARY 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|--------|---|-------------|------------------------------|---------------|
| 17 Jan | MCs/Chair Informal meeting | 3.00 – 4.00 | Board Room, HRI | All |
| 17 Jan | Members Public meeting (MCs Formal meeting) | 4.00 – 6.00 | Board Room, HRI | All |
| 30 Jan | MC Training Session: Holding to Account | 10.30–12.30 | Small Training Room, LC, CRH | Any |

FEBRUARY 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|--------|--------------------------|-------------|------------------------------|------------------------|
| 15 Feb | BOD/MC informal workshop | 4.00 – 6.00 | Board Room, HRI | Any |
| 20 Feb | E&F DRG meeting | 1.00 – 3.00 | Room F2, Acre House | SB, EH, NE, VM, BM, GR |
| 22 Feb | Medical DRG meeting | 2.00 – 4.00 | Small Training Room, LC, CRH | RH, DH, VM, BM, KR, DW |

MARCH 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|--------|-----------------------------------|--------------|-------------------------------|------------------------------------|
| 1 Mar | Surgical/Anaesthetics DRG meeting | 2.00 – 4.00 | Room F2, Acre House | AB, CC, GH, BR, GR, KW |
| 8 Mar | Staff MCs' meeting - CANCELLED | 1.00 – 3.00 | Meeting Room 2, LC, HRI | EH, MK, CC, NS |
| 8 Mar | FSS DRG meeting | 3.00 – 5.00 | Room F2, Acre House | AB, PM, LM, MR, NS, KW |
| 9 Mar | Community DRG meeting | 12.00 – 2.00 | Meeting Room 2, Acre Mills OP | AB, PM, LM, GH, GR |
| 21 Mar | Chairs' Information Exchange | 2.00 – 4.00 | Room F2, Acre House | PM, AB, GR, LM, BM, KW, EH, NS, CC |

APRIL 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|-------|---|-------------|------------------------------|---------------|
| 3 Apr | MC Development Session | 9.00 – 1.00 | Discussion Room 2, LC, HRI | Any |
| 5 Apr | MCs/Chair Informal meeting | 3.00 – 4.00 | Large Training Room, LC, CRH | All |
| 5 Apr | Members Public meeting (MCs Formal meeting) | 4.00 – 6.00 | Large Training Room, LC, CRH | All |

MAY 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|--------|---|-------------|--|------------------------|
| 10 May | BOD/MC Workshop | 10.00–12.00 | Meeting Rooms 3 and 4, Acre Mills Outpatients | All |
| 22 May | Medical DRG meeting | 2.00 – 4.00 | Small Training Room, LC, CRH | RH, DH, VM, BM, KR, DW |
| 24 May | Surgical/Anaesthetics DRG meeting | 2.00 – 4.00 | Room F2, Acre House | AB, CC, GH, BR, GR, KW |
| 25 May | MC Training Session: An Introduction to NHS Finance | 1.00 – 3.00 | Meeting Room 4, 3 rd floor, Acre Mills OP | Any |
| 31 May | FSS DRG meeting | 2.00 – 4.00 | Room F2, Acre House | AB, PM, LM, MR, NS, KW |

JUNE 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|--------|-----------------------|-------------|---------------------------|------------------------|
| 5 June | E&F DRG meeting | 1.00 – 3.00 | Room F2, Acre House | SB, EH, NE, VM, BM, GR |
| 8 June | Community DRG meeting | 2.00 – 4.00 | Syndicate Room 3, LC, CRH | AB, PM, LM, GH, GR |

JULY 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|---------|---|-------------|-------------------------------|------------------------------------|
| 3 July | Chairs' Information Exchange | 2.00 – 4.00 | Room F2, Acre House | PM, AB, GR, LM, BM, KW, EH, NS, CC |
| 5 July | MC Training Session: Working Together Effectively | 10.30–12.30 | Small Training Room, LC, CRH | Any |
| 6 July | MCs/Chair Informal meeting | 3.00 – 4.00 | Discussion Room 1, LC, HRI | All |
| 6 July | Members Public meeting (MCs Formal meeting) | 4.00 – 6.00 | Discussion Room 1, LC, HRI | All |
| 10 July | Staff MCs' meeting - CANCELLED | 3.00 – 5.00 | Room F2, Acre House | EH, MK, CC, NS |
| 24 July | MC Development Session | 1.00 – 4.30 | Medium Training Room, LC, CRH | Any |

AUGUST 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|------|---------|------|----------|---------------|
| | | | | |

SEPTEMBER 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|---------|---|-------------|--|---------------|
| 12 Sept | MC Training Session: Improving the Patient Experience | 1.00 – 3.00 | Meeting room 4, 3 rd floor, Acre Mills OP | Any |
| 14 Sept | Joint BOD & MC Annual General Meeting | TBC | TBC | All |
| 20 Sept | BOD/MC informal workshop | 4.00 – 6.00 | Medium meeting room, LC, CRH | Any |
| 28 Sept | MC Development Session | 9.00 – 1.00 | Discussion Room 2, LC, HRI | Any |

OCTOBER 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|--------|--------------------------------|-------------|--|---------------------|
| 11 Oct | Staff MCs' meeting - CANCELLED | 2.00 – 4.00 | Meeting Room 3, 3 rd floor, Acre Mills OP | EH, MK, CC, NS |
| 16 Oct | MC Induction Day 1 | 9.00 – 4.30 | Discussion Room 1, LC, HRI | MCs elected in 2017 |
| 20 Oct | MC Induction Day 2 | 9.00 – 4.30 | Large Training Room, LC, CRH | MCs elected in 2017 |

NOVEMBER 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|--------|---|--------------|--|------------------------|
| 9 Nov | MCs/Chair Informal meeting | 3.00 – 4.00 | Large Training Room, LC, CRH | All |
| 9 Nov | Members Public meeting (MCs Formal meeting) | 4.00 – 6.00 | Large Training Room, LC, CRH | All |
| 15 Nov | BOD/MC Workshop (MCs AM only) | 9.00 – 12.30 | Boardroom, HRI | Any |
| 20 Nov | Medical DRG meeting | 2.00 – 4.00 | Small Training Room, LC, CRH | RH, DH, VM, BM, KR, DW |
| 22 Nov | FSS DRG meeting | 2.00 – 4.00 | DaTS Meeting Room, North Drive, HRI | AB, PM, LM, MR, NS, KW |
| 23 Nov | Community DRG meeting | 2.00 – 4.00 | Syndicate Room 3, LC, CRH | AB, PM, LM, GH, GR |
| 27 Nov | Surgical/Anaesthetics DRG meeting | 2.00 – 4.00 | Meeting Room 3, 3 rd floor, Acre Mills OP | AB, CC, GH, BR, GR, KW |
| 30 Nov | MC Training Session: Understanding Quality in the NHS | 10.30-12.30 | Small Training Room, LC, CRH | Any |

DECEMBER 2017

| DATE | MEETING | TIME | LOCATION | PLEASE ATTEND |
|--------|------------------------------|--------------|--|-----------------------------------|
| 4 Dec | E&F DRG meeting | 1.00 – 3.00 | Meeting Room 3, 3 rd floor, Acre Mills OP | SB, EH, NE, VM, BM, GR |
| 13 Dec | MC Development Session | 12.30 – 4.30 | Large Training Room, LC, CRH | Any |
| 18 Dec | Chairs' Information Exchange | 2.00 – 4.00 | Room F2, Acre House | TBC (New chairs) + EH, NS, CC, PM |

Complaints and PALs Quarter 2 Report 2016/2017

1. Context / Background

- 1.1 This section provides a quarterly summary of Complaints and PALs contacts using information collected from the data held on the Trust's Patient Advice and Complaints database.
- 1.2 It covers contacts received between July to September 2016; however these do not necessarily relate to issues which occurred during this timeframe.
- 1.3 The report has been split into separate sections to reflect Complaints and PALs.

2. Executive Summary

This report provides a quarterly summary of formal complaints contacts received by Calderdale and Huddersfield NHS Foundation Trust during quarter 2. Key points detailed in the section below are:

- An increase of 7% in the number of complaints received in this quarter, compared to the same quarter in 2015/16; there has also been an increase 4% from quarter 1 of 2016/17.
- The majority of complaints (77%) were graded as yellow or green, ie no lasting harm / minimal impact on care
- Communication, clinical treatment and patient care (including nutrition / hydration) are the main subjects of complaints; this was the same as the financial year.
- Appointments (including delays and cancellations) remain the main subject of concern received.
- Medicine is the Division with the highest number of complaints; however, it is also the largest Division and the number of complaints reflects its size. It should also be noted that there has been a 65% increase in the number of SAS complaints from quarter 1 to quarter 2.

2.1 Key Performance Indicators

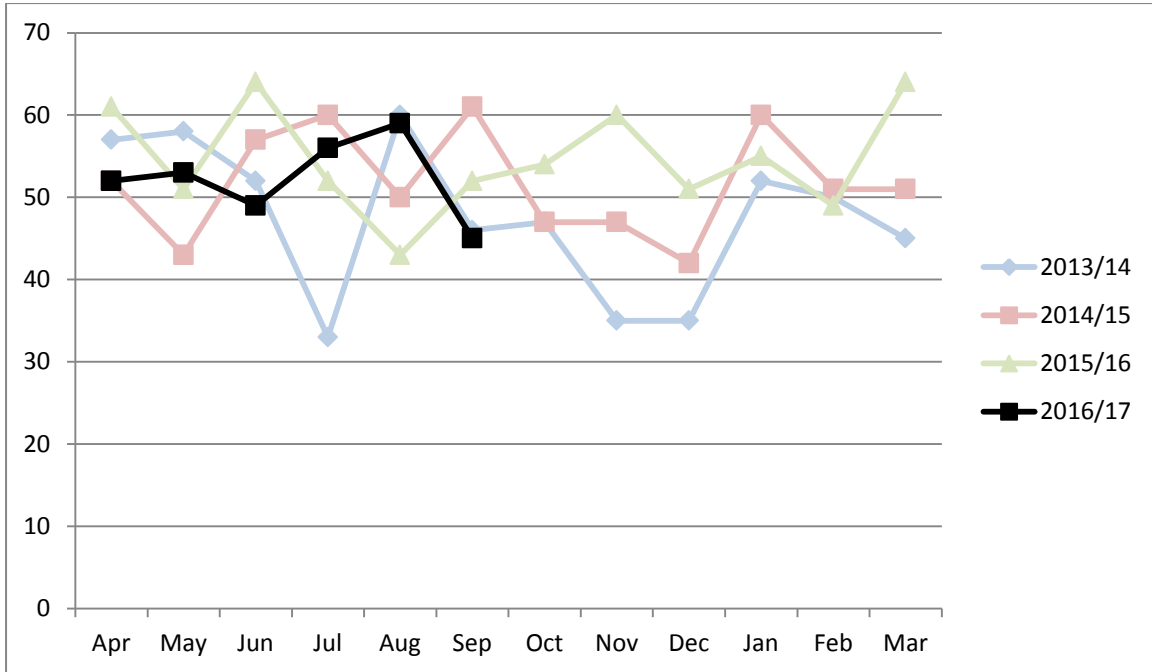
| 2016/17 | July | August | September | Year end Forecast |
|--|------|--------|-----------|---|
| Number of Formal complaints received | 56 | 59 | 45 | No Target set for 2016/17 due to backlog |
| 100% of complaints to be responded to within agreed timescale | 63% | 60% | 42% | End of Q2 average of 48% By year we should achieve 50% average for the year. |
| 100% of complaints acknowledged within 3 working days. | 100% | 100% | 100% | 100% achieved |
| Number of Complaints re-opened | 6 | 5 | 6 | No Target set for 2016/17 due to backlog |
| 0 overdue complaints by November 2016 | 54 | 53 | 66 | Off plan by 46 complaints |

At the end of quarter 2 there was an increase of 9% of responding to complaints within agreed timescale from quarter 1. However, there was an overall decrease in the number of complaints closed which has resulted in a 50% increase the number of overdue complaints. Work is now being led by the Executive Director of Nursing and Divisional Head Nurses to ensure more timely responses is achieved by the end of end of quarter 3 2016/17.

3. Complaints Data

3.1 Comparison of complaints from 2013/14 to present:

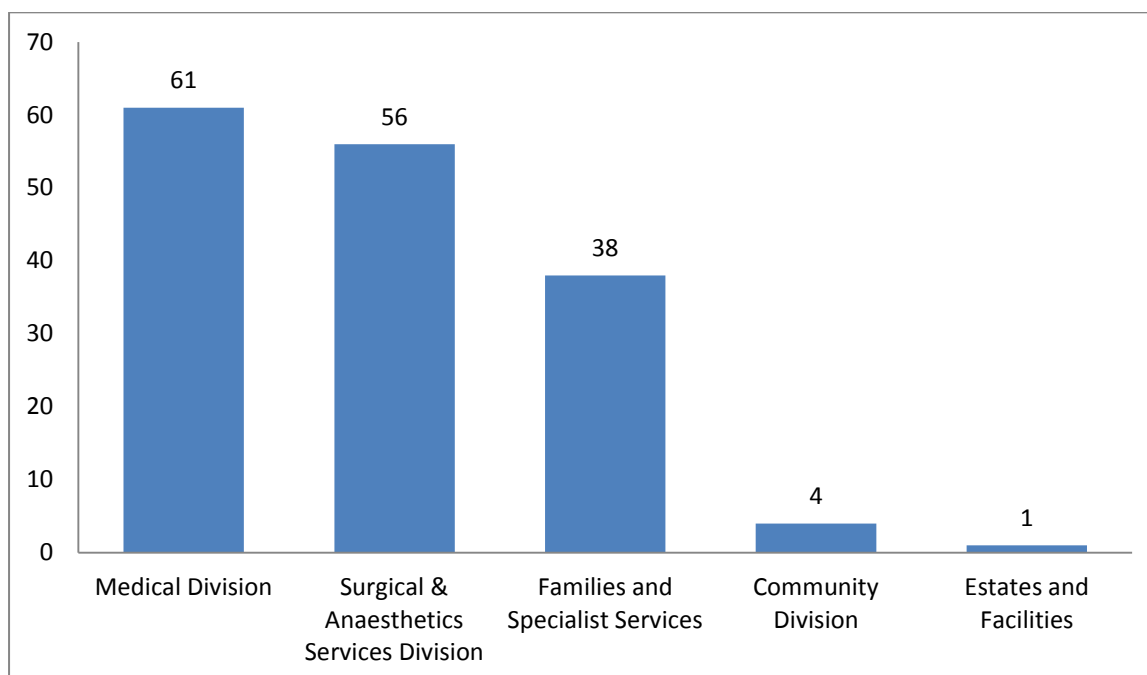
Complaints data reflecting the trends in the number of complaints for the past three years – including numbers for this quarter



3.2 Complaints Received:

At the end of quarter 2 of 2016/17 the Trust received a total number 314 complaints. This is a decrease of 3% from the same quarter last year; however an increase of 3% from the same quarter in 2013/14. From the end of quarter 2 in 2013/14 to the end of quarter 2 in 2016/17 the Trust has an average rate of increase in complaints of 0.6%.

3.3 Quarterly Complaint Numbers by Directorate:

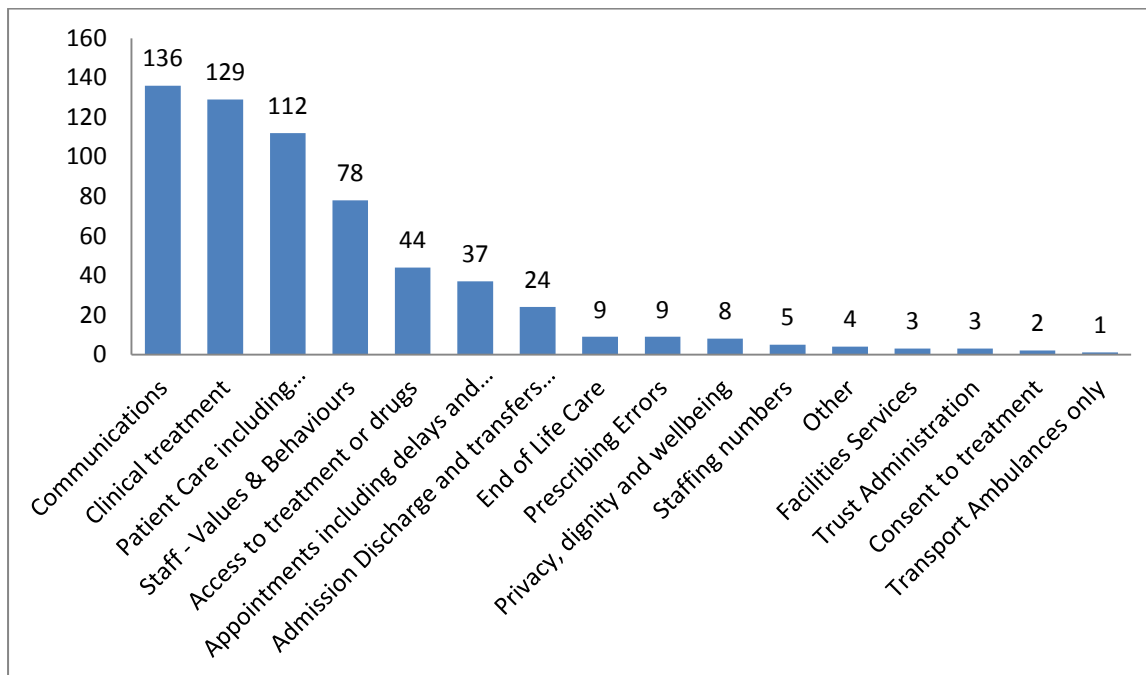


Of the 160 Complaints received in quarter 2 of 2016/17:

- 38% of complaints received related to the division of Medicine, which is the largest division with Emergency Department services. This is a 9% decrease from quarter 1. The Emergency Network was the Directorate within Medicine with the highest number of complaints, a total of 35. Acute Medical and Integrated Medical both received a total of 13 complaints.
- 35% complaints received related to the Division of Surgery and Anaesthetic Services (SAS). This is a 10% increase from quarter 1. General and Specialist Surgery was Directorate within SAS with the highest number of complaints, a total of 28. Head & Neck received a total of 17 complaints, Orthopaedic a total of 10, and Critical Care received a total of 1.
- 24% complaints received related to the Division of Family and Support Services (FSS), which was the same as quarter 1. Woman's Services was the Directorate within FSS with the highest number of complaints, a total of 23. Outpatient and Records a total of 6, Radiology received a total of 5 complaints, Children's Services a total of 3, and Pathology received a total of 1.
- 2% complaints received related to the Division of Community, which was decrease of 1% from quarter 1. All the complaints received in quarter 2 were for Intermediate and Community Directorate.

3.4 Analysis of Complaints by Theme

Complaints are analysed below by primary subjects, within each complaint subject there will be a number of different sub categories with more detail relating to the complaint. There are often a number of issues logged for a single complaint, which is why the number of primary subjects differs from the total number of complaints received.



The top three subjects of complaints for the Trust are as follows:

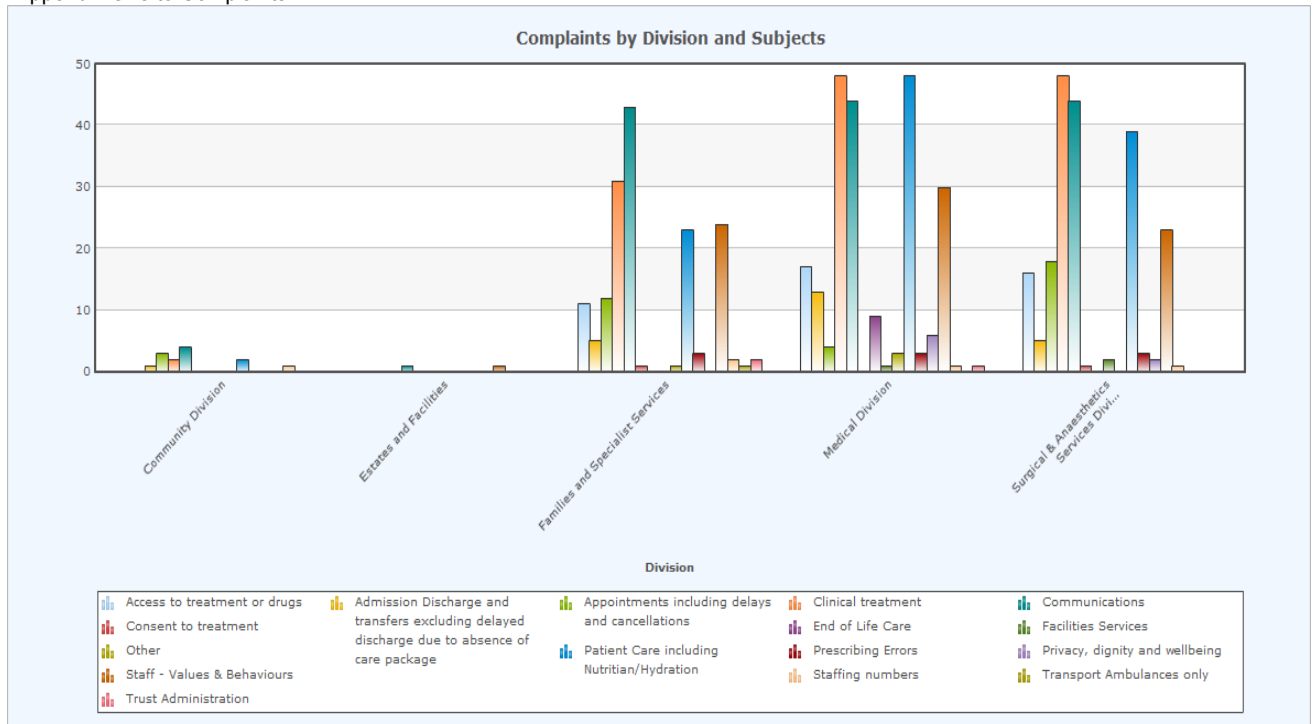
| Subject | Percentage |
|--|------------|
| Communication | 23% |
| Clinical Treatment | 21% |
| Patient Care (including Nutrition and Hydration) | 19% |

The top three complaint subjects above were the same as quarter 1 and in the same order, with marginal differences in percent.

Of the complaints closed in quarter 2 of 2016/17 88% of Communication complaints, 76% of Clinical Treatment complaints and 82% of Patient Care (including Nutrition and Hydration) were upheld or upheld in part.

3.4.1 Quarter 2 Complaints received by Division and Primary Subject

*Appendix One to Complaints



- The top subjects of complaint for Medicine were Clinical Treatment and Patient Care (including Nutrition and Hydration), which both represented 21% of all complaint subjects received for Medicine within quarter 2. Communication represented 19%.
- The top subject of complaint for SAS was Clinical Treatment, representing 24% of all complaint subjects received for SAS within quarter 2. Communication represented 22% and Patient Care (including Nutrition and Hydration) 19%.
- The top subject of complaint for FSS was Communication, representing 27% of all complaint subjects received for FFS within quarter 2. Clinical Treatment represented 19% and Staff – Values & Behaviours 15%.
- The top subject of complaint for Community was Communication representing 31% of all complaint subjects received for Community with quarter 2. Appointments (including delays and cancellations) represented 23% and Clinical Treatment 15%.

3.5 Parliamentary and Health Service Ombudsman Complaints (PHSO)

A total of 2 complaints were received from the PHSO in quarter 2 of 2016/17.

The breakdown for these complaints are as follows:

| Division | Directorate | Received | Description |
|----------|-------------------------|------------|---|
| SAS | Trauma and Orthopaedics | 18/07/2016 | Delay in treatment |
| SAS | General Surgery | 06/09/2016 | Care and treatment dating back to 2009. Delay of 6 years to receiving treatment, which resulted in extended pain and suffering during this period |

*The red line indicates a complaint graded and managed as a red complaint, i.e. where Trust actions / inactions caused death or significant and non-reversible harm.

3 PHSO complaints were closed in quarter 2 of 2016/17; of these 2 were not upheld and 1 was partially upheld. Learning from PHSO cases is address in learning section.

By the end of quarter 2 of 2016/17 the Trust had 15 active complaints with the PHSO under investigating.

3.6 Learning from Complaints

The feedback we receive from complaints gives the Trust a wealth of information that can be used to improve services as an individual complaint provides detailed insight into a patient's experience.

As an organisation we aim to ensure that we learn from complaints so that we can:

- Share good practice
- Increase patient safety
- Improve the patient experience
- Reduce the number of complaints

Our complaints process includes identifying learning from each complaint and sharing this and each service and division is required to be clear:

- How the services records learning from complaints
- How this learning is disseminated within the service / directorate / division
- How it can point to changes arising from learning from complaints

4. PALs Data

4.1 Concerns

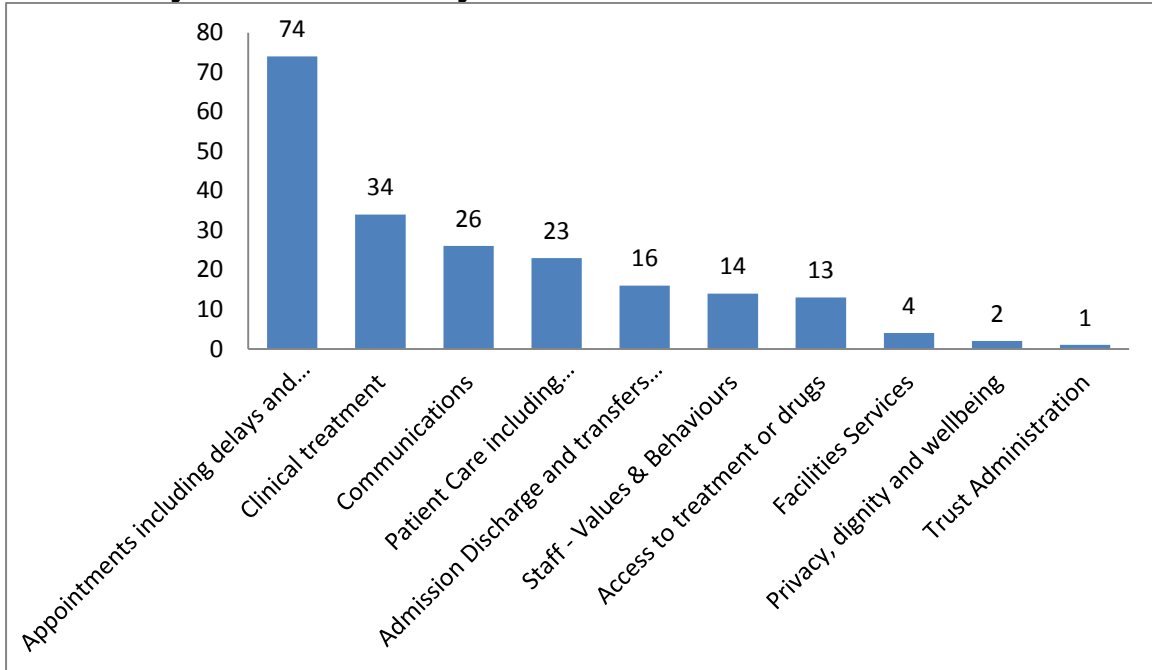
The Trust received a total number of 209 concerns in Quarter 2 of 2016/17.

Concerns are issues raised by patients or relatives via the Patient Advice Team. This is only 2 less than last quarter; however there has been a 21% increase in the number of concerns received in quarter 2 of 2016/17 compared to the same

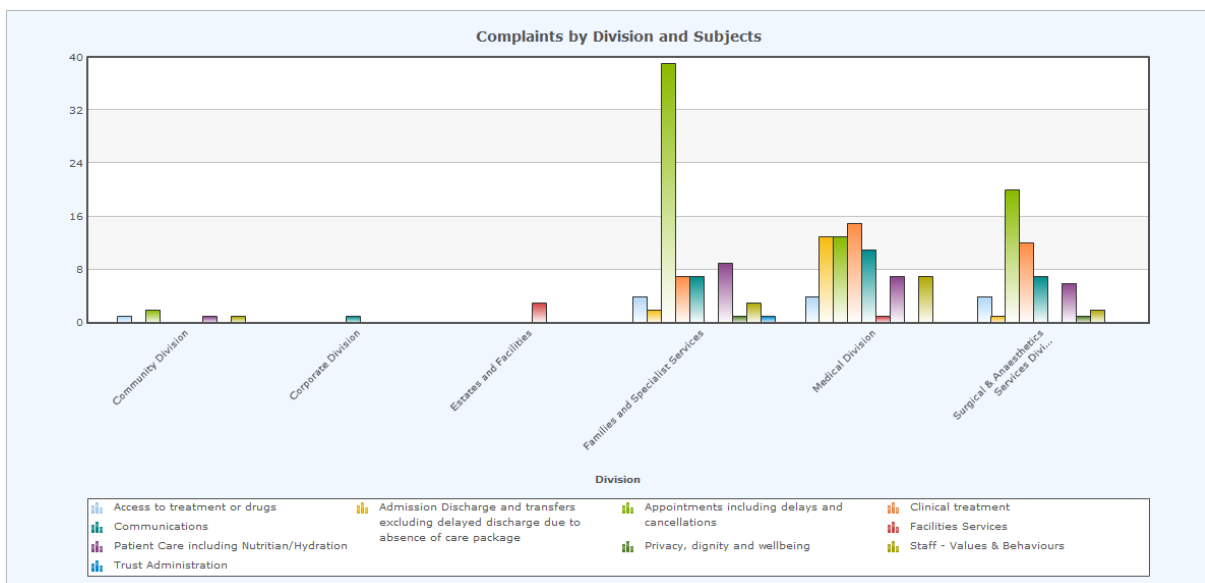
quarter last year.

This year to date there has been a 25% increase in the total number of concerns received by the Trust.

4.2. Analysis of Concerns by Theme



Appointments and Appointments including delays and cancellations was the top subject of concern in quarter 2 of 2016/17 representing 36%. This is similar to quarter 1 of 2016/17, where Appointments and Appointments including delays and cancellations represented 33% of all subjects. Clinical Treatment represented 16% of all subject received, which was the same in quarter 1. Communication has drop from 22% in quarter 1 of 2016/17 to 13% in quarter 2.



*Appendix Two to Complaints

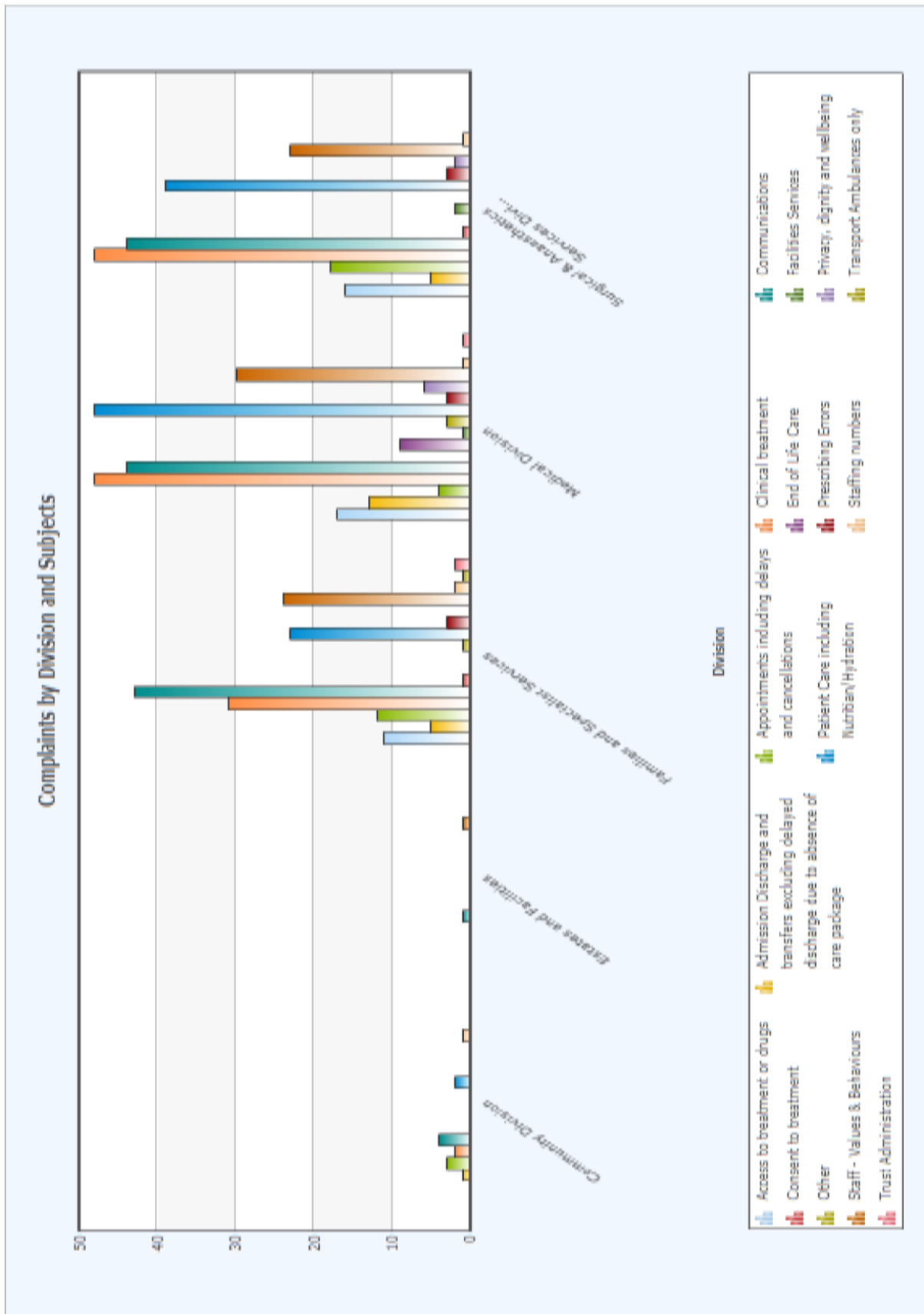
- The top subject of concern for Medicine was Clinical Treatment, representing 21% of all concerns received for Medicine in quarter 2; this was also one of the top complaint subjects received for Medicine within quarter 2. Appointments (including delays and cancellations), Discharge and Transfers (excluding delayed discharge due to absence of care package) both represented 18%. It should also be noted that Communication reduced from 25% in quarter 1 of 2016/17 to 15% in quarter 2.
- The top subject of concern for SAS was Appointments (including delays and cancellations), representing 38% of all concerns subjects received for SAS within quarter 2, unlike complaints subjects where Clinical Treatment was the largest complaint subject received for SAS within quarter 2. Appointments (including delays and cancellations) was also the top subject of concern for SAS in quarter 1; however, there has been a 2% reduction. Clinical Treatment represented 23% and Communication 13%.
- The top subject of concern for FSS Appointments (including delays and cancellations), representing 53% of all concerns subjects received for FSS within quarter 2, unlike complaints subjects where Communication was the largest complaint subject received for FSS within quarter 2. Appointments (including delays and cancellations) was also the top subject of concern for FSS in quarter 1; however, there has been a 8% reduction. Patient Care (including Nutrition and Hydration) represented 12% and Clinical Treatment 10%.
- The top subject of concern for Community was Appointments (including delays and cancellations), representing 40% of all concerns subjects received for Community within quarter 2, unlike complaints subjects where Communication was the largest complaint subject received for Community within quarter 2. Appointments (including delays and cancellations) was also the top subject of concern for Community in quarter 1; however, there has been a 26% reduction. Access to Treat or Drugs, Patient Care (including Nutrition and Hydration), and Staff - Values & Behaviours each represent 20% of the subject of concern received by Community.

Similar to quarter 1, whilst Appointments including Delays and Cancellations was top subject of concern in quarter 2 and the top subject for SAS, FSS and Community, it was not in the top three subjects of complaint, nor was it with the top three for Medicine, SAS or FFS. Again like quarter 1 this would suggest that the majority of these issues are resolved through the Patient Advice Service.

5. Conclusions

- 5.1 Complaints received by the Trust increase by 4% from quarter 1 and 7% from quarter 2 of 2015/16. The division of medicine continues to receive the highest number of complaints, with a quarter of all complaints received by the Trust to date within Emergency Medicine.
- 5.2 The Trust remains off Target against the agreed KPIs in relation to response time. During quarter 2 the Trust saw decrease in the overall response rate to complaints rate to complaints, seeing a 50% increase of overdue complaints at the end of quarter 2 from the end of quarter 1. However, at the time of writing this the position has now changed and this improvement will be reflected in quarter 3's report.
- 5.3 The dominant complaint subjects in quarter 2 relate to communication, clinical treatment, and patient care; these subjects also positioned high in our PALs contact placing second, third and fourth. It should be noted that on receipt the complaint subjects are logged based on the patient's perception of the issues and once investigated there may be a shift in the issue. Complaints are all based on the perception/impression of an experience that a patient or relative is left with and is credible to the individual at the time.
- 5.4 Of the complaints closed in quarter 2 88% of Communication complaints, 76% of Clinical Treatment complaints and 82% of Patient Care (including Nutrition and Hydration) were upheld or upheld in part.
- 5.5 PALs contacts have been fairly consistent in quarter 2 compared to quarter 1 of 2016/17. However there has been a 21% increase in the number of PALs contacts received by end of quarter 2 compared to the same quarter last year. Work continues to increase to the number of PALs contacts with the opening of our PALs office.
- 5.6 The top PALs subject in quarter 2 remains Appointments and Appointments including delays and cancellations. This is not echoed in our complaints data as the majority of these are fully resolved to satisfaction by our PALs Team.

Appendix One: Complaints by Division & Subject



Appendix Two: Concerns by Division & Subject

