




















Meeting of the Council of Governors

Schedule	Thursday 22 October 2020, 15:30 — 17:30 BST
Venue	Microsoft Teams
Organiser	Jacqueline Ryden

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Council of Governors meeting

Date: 28 January 2021

Time: 3:30 – 5:30 pm (Private meeting 2:00 – 3:15 pm)

Venue: TBC

1. Welcome and Introductions:

To Note

Presented by Philip Lewer

2. Apologies for absence:

To Note

Presented by Philip Lewer

3. Declaration of Interests

To Note

4. Minutes of the last meeting held on 9 July 2020

To Approve

Presented by Philip Lewer

17/20 WELCOME & INTRODUCTIONS

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

It was noted that the Council of Governors meeting scheduled for 23 April 2020 had been cancelled due to the Covid-19 pandemic.

18/20 DECLARATIONS OF INTEREST

The Chair reminded the Council of Governors and staff colleagues to declare their interest at any point in the agenda.

19/20 MINUTES OF THE LAST MEETING HELD ON 23 JANUARY 2020

The minutes of the previous meeting held on 23 January 2020 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held on 23 January 2020 were **APPROVED** as a correct record.

20/20 MATTERS ARISING / ACTION LOG

The action log was reviewed and updates were noted.

OUTCOME: The Council of Governors **NOTED** the updates to the action log.

21/20 CHFT COVID-19 RESPONSE

The Assistant Director of Performance presented an update on the Trust's response to Covid-19 including the current position on number of tests carried out for Covid-19, the number of in-patients, deaths and discharges and staff absence. The presentation also incorporated the key principles of stabilisation and reset planning, capacity constraints and work being undertaken, the cancer position, health and well-being assessments and the key risks.

The Chair asked if an update could be provided on outpatients as this had been raised at the Private meeting prior to the public meeting. The Assistant Director of Performance advised that he is the Chair of the performance meeting for the outpatient recovery workstream. There is a significant backlog as treatments have been halted. In general, a great deal of validation work is being undertaken in all specialties and services currently. Meetings have been held with all clinical directors to review plans to prioritise appointments and the types of appointments to be offered. Outpatient capacity is currently at 30%, which is a significant reduction. Regular meetings are being held with all services and divisions and considerable work is being done to ensure the Trust gets back on track with assessments and appointments, although the new 'normal' will be through virtual means rather than face to face.

The Chair asked if the Assistant Director of Performance could explain how the Trust is working with GPs to prioritise patients based on clinical need rather than the time a

patient has been waiting. The Assistant Director of Performance explained that guidelines have been received on prioritisation from the elective perspective for inpatient and day cases, and that the Medical Director is leading a workstream looking at prioritisation for outpatients.

SG asked if guidance had been received both for colleagues who have returned to work after shielding or self-isolating and for colleagues who are pregnant. The Assistant Director of Performance was not able to provide this detail but the Chair undertook to find out this information.

Action: Chair to provide details on guidance for colleagues who are pregnant.

The Director of Finance advised that he has been leading a group of shielding staff and keeping in regular contact with them. The message throughout has been that the Trust will not put staff at risk. He added that a great deal of work has been undertaken on a risk assessment basis with individual risk assessments carried out on all colleagues, and, where necessary, different roles will be identified for individuals.

CHFT has remained open for two-week wait referrals for cancer and has continued with some urgent outpatient activity and high risk cancer surgery and some diagnostics. CHFT is now seeing and treating all cancer and urgent surgical patients in a super green elective area. During the outbreak Emergency Department attendances reduced to approximately 25% but these are now back up to 100%. There are two segregated Emergency Departments at both sites. Prioritisation of patients and management of risk around any harm to patients due to stopping elective activity is key.

SB asked if data is available on the number of retired staff who have returned to CHFT and whether it would be possible to give them a vote of thanks. The Chair will find out the information from the Director of Workforce and Organisational Development and will send them a letter on behalf of the governors. Linzi Smith advised that she has access to this information and will share with the governors following the meeting.

Action: PL/SB to send a letter of thanks on behalf of the governors to the retired staff who have returned to CHFT.

CHFT is performing well on Cancer compared to other organisations within West Yorkshire.

A health and well-being risk assessment has been circulated to all colleagues and over 1,500 responses have been received. A number of themes have been identified and are being addressed.

OUTCOME: The Council of Governors **NOTED** the update on the Trust's Response to Covid-19.

22/20 PERFORMANCE AND STRATEGY

a. Performance Report for May 2020

The Assistant Director of Performance presented an update on the Trust's performance position for the end of March 2020, given that the April Council of

Governors meeting had been cancelled due to Covid-19, and the position at the end of May 2020. The Trust performed very well for 2019/20. There were a significant number of domains which had a 'green' rating and there were no domains over the year rated as 'red'.

Although the Trust missed the Emergency Care 4-hour standard during 2019/2020, it benchmarked extremely well nationally when its two key metrics (Emergency Care and 62 day Cancer) were considered together. It was placed third out of 115 acute organisations nationally. The Trust had been due to get back on track for diagnostic targets at the end of March, but this was not achieved due to the pandemic.

The Assistant Director of Performance advised that the 18 week elective care standard would normally have been included in the three key performance indicators but CHFT is one of 12 pilot organisations looking at a new elective care standard (average waits for patients as opposed to patients who have waited 18 weeks). Prior to the pandemic CHFT was at an 8.8 week average standard for that but this has increased due to the pandemic and the necessity to stop surgery. The pilot, which started in August 2019, will continue as there was not enough evidence for change from the August to the year end position.

The Assistant Director of Performance explained that the Trust Integrated Performance Report (IPR) will change during 2020/2021 as it will need to be more focused on patient outcomes. Several meetings have been held to determine the key performance indicators and this work is ongoing. However, a number of these changes have been included in the May report, and the focus on patient outcome based key performance indicators will open a debate on performance in a number of different areas. The focus on readmissions is in one of the key indicators in the Care Quality Commission (CQC) Insight report.

Trust performance for May 2020 was 72.8%. A number of indicators are still being affected adversely by the Covid-19 situation including sickness, diagnostics 6 week waits, Appointment Slot Issues (ASIs) and 52 week waits.

More positively the Emergency Care 4 hour standard was achieved for the whole of May.

Councillor Warner raised a concern regarding the plan for Business Better Than Usual in relation to staff shortages. The Director of Finance explained that NHS England/Improvement (NHS E/I) requires CHFT to submit plans for those patients who require treatment. There is a recognition that in order to keep patients safe, there is an additional financial impact and additional staffing requirements. The responses submitted by the Trust have been cautious, taking into account the experience and difficulties faced by colleagues over the last months. It is important to find the right balance to care for patients whilst being mindful of what is being asked of colleagues.

OUTCOME: The Council of Governors **NOTED** the performance report for May 2020.

b) Financial Position and Forecast – Month 2

The Director of Finance summarised the key points from the financial year ending 31 March 2020 and the Month 2 position at the end of May 2020. GB advised that CHFT delivered a surplus for the last financial year, 2019/20 for the first time in many years. CHFT delivered the plan that had been set and therefore received a funding bonus of £10m.

The Trust had been in the process of developing a plan for the 2020/21 financial year which after receipt of the £27.48m financial improvement trajectory funding, would have resulted in a breakeven position, although it was noted that this plan would have been challenging. All plans were put on hold due to the pandemic and since then the whole architecture of the financial regime has changed. Income flows are now largely on a block basis, designed to simplify some of the transactions within finance. It was noted there would be no cost improvement target required for the first four months of the year. The cash position at the end of month 2 shows £55.19m in the bank compared to last year when all months ended with £1.7m in the bank. This is due to contract income now being paid in advance and is designed to support quicker payment to suppliers in order to support the economy.

All spend incurred on Covid-19 is funded retrospectively by means of an application by the Trust for top up funds. Year to date the position is at break even after the receipt of £5.8m of retrospective top up funding for monies spent for Covid-19. The Trust spent £6.62m of revenue specifically on dealing with Covid, including additional pay, Personal Protective Equipment (PPE), consumables. Without this, the Trust would have underspent by approximately £1m, which is due to less elective activity taking place.

The regime for the rest of the financial year has not yet been confirmed but it is assumed the Trust will break-even. Work has been undertaken to look at 2020/21 activity and financial modelling to assess how much more money would be required in order to do more activity.

LS asked if the £6.8m spent on Covid includes capital, for items such as laptops, and the Director of Finance confirmed that the £6.8m is revenue but approximately £1m has also been received in terms of capital. He added that NHS E/I has been very supportive.

OUTCOME: The Council of Governors **NOTED** the 2019/2020 End of Year Financial Summary for 2019/20 and the Month 2 Financial Summary for 2020/21

23/20 QUALITY ACCOUNTS

The Associate Director of Nursing for Quality & Safety gave a presentation and shared a paper to advise on changes to the process for Quality Accounts for 2019/2020 and share the progress made with the quality priorities chosen by the governors in 2019/20. The quality priorities for 2020/21 were also included in the paper.

The Associate Director of Nursing for Quality & Safety advised that the Trust improved on all three priorities chosen for 2019/20 as follows:

Priority One – Emergency Department (Safety)

- Trusted assessment
- Trusted assessor
- Home First Team
- Standardised MDT meetings
- Enhanced reablement
- Introduction of the non-weight bearing pathway
- Community care discharge to assess beds
- In the Emergency Department there has been a gradual improvement in the reduction of beds used for long stay patients since April 2018 and this ambition has been sustained.

Priority Two – Deteriorating Patients (Effectiveness)

- In line with NEWS2 the escalation policy was revised as part of the overall Adult Physiological Observation policy.
- In-hours and out of hours escalation processes are in place based on the NEWS
- Digital prompts within Nervecentre encourage staff to consider and perform sepsis screening tests for these patients

Priority Three – Mental Health (Experience)

- Early intervention from the mental health liaison team
- Comprehensive departmental standard operating procedure
- Designated safe environment
- Ongoing risk assessments
- Clear lines of escalation
- Introduction of a rapid investigative tool.

OUTCOME: The Council of Governors **NOTED** the changes to the 2019/20 Quality Account process and timeline, **NOTED** the progress made with the 2019/2020 Quality Account priorities and **NOTED** the agreed Quality Account priorities chosen by governors and members for 2020/21.

UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

24/20 Nominations and Remuneration Committee

The Chair advised that the Nominations and Remuneration Committee (Council of Governors) approved the process for the annual appraisal of the Non-Executive Directors and Chair. A meeting had been scheduled for 25 March 2020 but was cancelled due to the pandemic. The meeting was therefore held virtually and approval confirmed by email. The appraisal process will involve the Lead Governor.

OUTCOME: The Council of Governors **NOTED** the approval of the process for the annual appraisal of Non-Executive Directors and Chair by the Nominations and Remuneration Committee.

GOVERNANCE

25/20 Update from Lead Governor/Chair

Stephen Baines had provided an update to governors in the private meeting held immediately before the public meeting but asked that governors email him directly if they had any further questions.

SB formally thanked the Non-Executive Directors and Chair on behalf of the Governors for their hard work and commitment over and above their contracted hours. He added that the challenge the Non-Executive Directors provide is much appreciated, and that Denise Sterling and Peter Wilkinson, as relatively new Non-Executive Directors have 'hit the ground running'.

OUTCOME: The Council of Governors **NOTED** the Update from the Lead Governor and Chair.

26/20 COMPANY SECRETARY'S REPORT

Changes to Governance Arrangements

The Company Secretary presented a paper to outline the changed governance arrangements made by the Trust in relation to the Board and governors as a result of the Trust response to the Covid-19 pandemic.

The Company Secretary advised that in line with national guidance, the Annual General Meeting scheduled for 15 July 2020 had been deferred. A provisional date has now been agreed for Wednesday 7 October 2020 from 5-6.30pm. This will be a virtual meeting rather than a meeting held in public, for the safety of the public. Arrangements will be confirmed in due course on the Trust website to advise how members of the public can ask questions.

OUTCOME: The Council of Governors **NOTED** the changes to the governance arrangements in response to Covid-19, **NOTED** the position regarding governor extensions and lead governor arrangements for 2020/21, and **NOTED** the changes made to Board and Committee meetings the revised date of the Annual General Meeting.

27/20 NON-EXECUTIVE DIRECTORS

a. Review of NED Tenure September 2020

The Company Secretary presented a paper to advise on Non-Executive Director tenures which are ending during 2020 and the process for review of appointments.

Alastair Graham declared an interest for agenda item 13a Review of NED tenure.

A meeting of the Nominations and Remuneration Committee will be held on 8 September 2020 and the outcome of this will be presented to the Council of Governors meeting on 22 October 2020. The Lead Governor will be co-ordinating the response.

OUTCOME: The Council of Governors **NOTED** the upcoming tenures of two Non-Executive Director for 2020 and the process for review of these.

b. Feedback from Non-Executive Directors in attendance

Alastair Graham, Andy Nelson and Denise Sterling gave a brief introduction including their background and their current focus in their role as Non-Executive Directors. Governors were also invited to forward any questions to the Non-Executive Directors outside of the meeting.

Alastair Graham highlighted the following:

- AG is Chair of Calderdale and Huddersfield Solutions Limited (CHS). CHS have reported a successful financial year for 2019-20, have met most of their key performance indicators and have made a donation of £120k to Trust Charitable Funds for patient care.
- The contract for waste disposal has been changed to a new provider and will deliver a saving of £150k per year as well as a better contract.
- Good working relations between CHS and CHFT during the pandemic.
- AG also sits on the Research and Innovation Committee. CHFT is one of the Trusts that has been involved in the national project for potential treatments for Covid-19 and was one of the Trusts who recruited the largest number of patients to the trial for the successful use of Dexamethasone.
- AG sits on the Transformation Programme Board where it has just been agreed to commence some enabling works to go ahead in advance of the reconfiguration work.

LS asked if the CHS staff are able to access the health and well-being service being offered to colleagues, and AG confirmed this was the case. They have been given paper copies of the health and well-being survey and access to a desk top computer or iPad and their results included in the survey.

Andy Nelson highlighted the following:

- As Chair of the Audit and Risk Committee at the meeting held in June 2020, the Committee approved the annual report and accounts; the Trust reported a stronger financial position than the previous year, in addition to an improvement on the previous year for internal audit. Risk management has focused on activity related to Covid-19 risks, with Personal Protective Equipment (PPE) being the top risk and concern. It was noted, however, that CHFT had not had an issue with PPE throughout the pandemic period.
- AN also sits on the Transformation Programme Board and Covid Oversight Committee.
- AN also attends The Health Informatics Service Board. He advised that CHFT is one of the leading Trusts in the country in the use of technology and this has continued through the pandemic. The strategic direction and investment plan for the Digital Strategy was approved by the CHFT Board at its meeting on 2 July 2020.
- AN also chairs the Resilience and Security Management Group which has been paused since the start of the pandemic.

Denise Sterling highlighted the following:

- DS chairs the Quality Committee which has continued to meet throughout the pandemic but was combined with the Workforce Committee with streamlined agendas to cover the most important issues. From a quality perspective focus was on Covid-19 related issues, the Covid-19 risk register, mortality rates, serious incidents and high-level risks. From a workforce perspective focus has been on the health and well-being offer and strategy going forwards.

- DS also chairs the Covid Oversight Committee, an interim committee that was set up for the duration of the pandemic for the Non-Executive Directors to provide scrutiny and oversight of decision making by the Executive team. The Committee has met on five occasions to date and were able to support all of the decisions that had been made by the outer core team.
- DS has also been involved in the recent recruitment of consultants and two associate director positions, using technology to facilitate this.

The Chair expressed his full support for the work undertaken by the Non-Executive Directors. The Director of Finance echoed this sentiment and added that the Non-Executive Directors have continued to challenge the Executive Directors and have been working differently with more frequent contact throughout the pandemic. They have also been monitoring the health and well-being of the Executive team in an informal way through this challenging period.

28/20 RECEIPT OF MINUTES FROM SUB-COMMITTEES

Minutes of the following meetings were received:

- Quality Committee meetings held on 5.2.20 and 2.3.20
- Workforce Committee meeting held on 18.2.20
- Joint Quality and Workforce Committee meetings held on 4.5.20 and 1.6.20
- Charitable Funds Committee meetings held on 26.2.20 and 24.6.20
- Audit & Risk Committee meetings held on 29.1.20, 7.4.20 and 16.6.2020
- Finance & Performance Committee Meetings held 3.2.20, 2.3.20, 30.3.20, 4.5.20, 1.6.20. The Director of Finance pointed out that the Finance and Performance Committee also monitors performance as well as finance, and that any re-set and stabilization plans will go through this committee.

No questions were raised.

OUTCOME: The Council of Governors **RECEIVED** the minutes from the above sub-committee meetings.

29/20 INFORMATION TO RECEIVE

a. Council of Governors Calendar 2020

The Council of Governor's calendar of meetings for 2020 was circulated for information. This includes all governor meetings, workshops and Divisional Reference Groups.

The Council of Governors meeting scheduled for 22 October 2020 will be a virtual meeting through Microsoft Teams but the Company Secretary is looking at options to make this meeting public.

OUTCOME: The Council of Governors **RECEIVED** the updated Council of Governors Calendar for 2020.

b. Proposed Meeting Schedule for 2021

The calendar of events for the remainder of 2020 were provided for information. The Company Secretary pointed out that although some of these currently show

a physical location, it might be necessary to hold them remotely through Microsoft Teams.

The proposed dates for the Council of Governors meetings for 2021 were provided.

OUTCOME: The Council of Governors **RECEIVED** the updated schedule of events for 2020 and the proposed meeting schedule for 2021.

15/20 ANY OTHER BUSINESS

LS thanked the Workforce and Organisational Development team for all of their work over the last few months and mentioned specifically the wobble rooms, boost boxes and open door policy and noted that the frontline staff were very appreciative. This was also echoed by Councillor Lesley Warner.

The Chair thanked the Council of Governors on behalf of the Board for their continued support.

DATE AND TIME OF NEXT MEETING

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting. The Chair formally closed the meeting at 16.56 and invited members to the next meeting.

Council of Governors Meeting

Date: Thursday 22 October 2020

Time: 3:30 – 5:30 pm (private meeting 2:00 – 3:15 pm)

Venue: Microsoft Teams

5. Matters Arising / Action Log

To Approve

Presented by Philip Lewer

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
23.01.20	Non Executive Directors Karen Heaton to arrange for information gleaned from exit interviews to be re-visited at a future Workforce Committee meeting.	KH	Discussed at the Workforce Meeting on 15 July 2020.	23.04.20		
09.07.20	CHFT Covid-19 Response Philip Lewer to provide details on guidance for colleagues who are pregnant	PL	Email sent to Governors 23.7.20 with responses to queries raised. The Director of Workforce & Organisational Development has advised that the health and well-being risk assessment covers pregnancy so colleagues should complete the assessment. There are also managers guides to help with flexibility/mitigation for those colleagues	22.10.20		23.7.20
09.07.20	CHFT Covid-19 Response PL/SB to send a letter of thanks on behalf of the governors to the retired staff who have returned to CHFT	PL/SB	PL discussed with Suzanne Dunkley, Director of Workforce & Organisational Development who suggested that a letter is sent to all colleagues on behalf of the Governors, the Chair and the Chief Executive. It was subsequently agreed that thank you letters/cards would be issued during the Trust's celebration/thank you period which will run November to March. The programme of events is currently being drawn up and will include the thank you letters.	22.10.20		

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
			Update: it has subsequently been agreed that the			

6. 10 Year Strategy and Strategic Priorities 2020/2021

To Note

Presented by Andrea McCourt

Date of Meeting:	22 October 2020
Meeting:	Council of Governors Meeting of the Trust Board
Title of report:	2020-21 One Year Strategic Plan
Author:	Andrea McCourt, Company Secretary
Sponsor:	Owen Williams
Previous Forums:	Board of Directors 5 March 2020, 2 July 2020
Actions Requested: <ul style="list-style-type: none"> To note 	
Purpose of the Report	
To share with the Council of Governors the annual strategic objectives for the Trust for 2020-21 and the 10 year strategy.	
Key Points to Note	
<p>Discussion took place with governors at the Board of Directors and Council of Governors Workshop held 22 November 2020 reviewing the Trust 5 year strategy and seeking views on ambitions and development of 10 year strategy.</p> <p>On 5 March 2020 the Trust Board reviewed and approved the Trust's ten-year strategic plan.</p> <p>On 2 July 2020 the one-year strategic objectives for 2020-21 that will support delivery of the ten-year plan were presented to the Board. Each of the objectives has a named Director lead identified by initial who will be accountable for delivery.</p> <p>An update on progress with the 2020-21 strategic objectives will be presented to the Board of Directors at its meeting on 5 November 2020.</p>	
EQIA – Equality Impact Assessment	
<p>For each objective described in the one year plan a Quality and Equality Impact Assessment will be undertaken. The accountable Director for each objective will be responsible for this and where it is possible will follow best practice to involve patients, public and colleagues in the process of assessment and the agreement of any required actions to mitigate risks or negative impacts. An update on the equality impact assessments undertaken will be provided in the quarterly reports submitted to the Trust Board.</p>	

Recommendation
<p>The Council of Governors is requested to note:</p> <ul style="list-style-type: none">i. the Trust's 10 year strategyii. the 2020-21 strategic objectivesiii. that an update on progress with the one year strategy for 2020-21 will be provided to the Board of Directors on 5 November 2020.



10 Year Strategy

Our Vision	<i>Together we will deliver outstanding compassionate care to the communities we serve</i>			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
The result	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Sustainability
Our response	Patients and public are able to shape decisions about service developments and their personal care.	We will have achieved and sustained a CQC rating of outstanding.	The Trust will be widely known as one of the best places to work through an embedded one culture of care.	We will be financially sustainable and an exemplar for use of resources.
	We will have an optimal configuration of services and demonstrated improved outcomes for local people.	We will consistently achieve all relevant patient performance targets as featured in the NHS Long Term and ICS plans.	We will foster an open learning culture that focuses on, and demonstrates lessons learnt and sharing best practice.	The Trust will have significantly reduced its carbon footprint.
	Patients and colleagues will be digitally enabled to access and provide care wherever this is needed.	We will be fully compliant with health and safety standards and be faithful to our constitution.	We will have a workforce of the right shape, size and flexibility to deliver care that meets the needs of patients.	
	Working with partners we will regularly use population health data to address health inequalities.		As an anchor institution we will have a workforce that champions, reflects and celebrates our diverse communities.	

2020 / 21 One Year Strategy

Our Vision	Together we will deliver outstanding compassionate care to the communities we serve			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Sustainability
	Implement a programme of transformation based on learning from the COVID-19 pandemic to deliver 'Business Better than Usual'. (AB)	Stabilise the delivery of services in response to the COVID-19 pandemic to minimise the loss of life and protect colleagues safety. (OW)	Develop and implement flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for Nurse staffing and specialist medical roles, thus retaining a turnover below 10%. (SD)	Deliver the 20/21 regulator approved financial plan. (GB)
	Trust Board approval of reconfiguration business cases for HRI and CRH. (AB)	Maintain the Trust CQC overall rating of 'good' and increase the number of services achieving an outstanding' rating. (EA)	Develop an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions. (SD)	Demonstrate improved performance against Use of Resources key metrics. (GB)
	Progress implementation of the Trust's Clinical Strategy working with partner organisations across West Yorkshire. (DB)	Involve patients and the public to influence decisions about their personal care and improve patient experience by: <ul style="list-style-type: none"> responding to the needs of people from protected characteristics groups implementing "Time to Care". achieving patient safety metrics (EA)	Roll out our Leading One Culture of Care and Management Essentials programme to support managers to successfully lead their teams. (SD)	Trust Board approval of a 10 year sustainability plan to support reduction in the Trust's carbon footprint. (SS)
	Trust Board approval of a 5 year digital strategy supported by an agreed programme of work and milestones. (MG)	Develop an outcome based performance framework and deliver against key metrics. (HB)	Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of the workforce. (SD)	Collaborate with partners across West Yorkshire and in place to deliver resilient system plans. (AB)
	Use population health data to inform actions to address health inequalities in the communities we serve. (OW)	Deliver the actions in the Trust's 2020/21 Health and Safety Plan. (SD)	Assign a wellbeing champion to each Ward/Department/Service to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey. (SD)	

PERFORMANCE AND STRATEGY

7. Operational Update - Presentation

To Note

Presented by Helen Barker

8. Finance Report

To Note

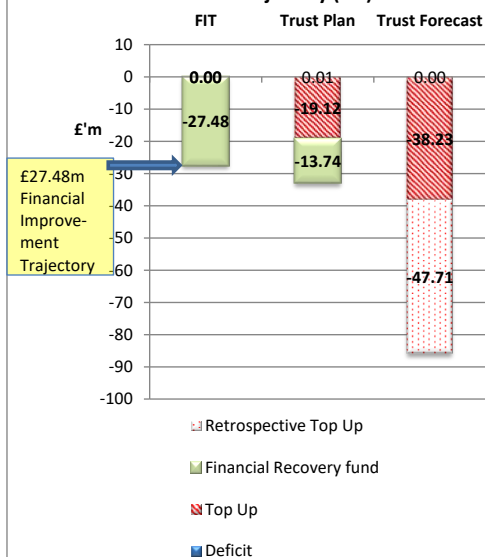
Presented by Gary Boothby

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st Aug 2020 - Month 5

KEY METRICS

	Plan £m	M5 Actual £m	Var £m			YTD (AUG 2020) Plan £m	Actual £m	Var £m			Forecast 20/21 Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£0.00)	(£0.00)	£0.00	●		(£0.01)	(£0.00)	£0.01	●		£0.47	£0.31	(£0.16)	●
Agency Expenditure	(£0.48)	(£0.43)	£0.06	●	1	(£2.41)	(£1.56)	£0.85	●		(£6.52)	(£4.76)	£1.77	●
Capital	£2.07	£0.63	£1.44	●	1	£6.86	£3.09	£3.77	●		£20.85	£23.75	(£2.90)	●
Cash	£5.88	£56.19	£50.31	●	10	£5.88	£56.19	£50.31	●		£3.99	£16.04	£12.05	●
Borrowing (Cumulative)	£152.56	£161.70	£9.14	●	1	£152.56	£161.70	£9.14	●		£19.88	£19.88	£0.00	●
CIP	£1.23	£0.38	(£0.85)	●	0	£6.16	£1.65	(£4.50)	●		£14.77	£5.34	(£9.43)	●
Use of Resource Metric	3	2		●	1	3	2		●		3	2		●

Trust Deficit vs Financial Improvement Trajectory (FIT)



Year to Date Summary

The Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan (extended for a further 2 months) which assumes a breakeven position will be achieved for at least the first six months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively. Year to date the position is at breakeven after assumed receipt of £11.66m of retrospective top up funding: £9.65m has been approved for M1-4, with a further £2.01m required for M5.

- Year to date the Trust has incurred costs of £13.95m in relation to Covid-19. M5 costs incurred were £1.98m, driven mainly by the expansion of the workforce, the segregation of patient pathways, Covid-19 virus testing and PPE costs of which a significant proportion were procured on behalf of the region.
- The underlying position excluding Covid-19 costs is a year to date favourable variance of £2.29m, driven by the impact of lower levels of other activity on non-pay costs and staffing vacancies.
- Divisional plans have been retained as per the original business as usual internal plan. The adjustment to the NHSI derived breakeven plan has been held centrally at Trust level. NHS Clinical contract income has been allocated to divisions based on their planned level of activity and income, following the fixed block principle of the national allocations. As such divisional variances represent the financial impact of operational changes as a result of Covid-19 on other income generation and most notably to expenditure.
- Whilst there is no national expectation of CIP delivery, the Trust continues to deliver some savings as planned. CIP achieved year to date is £1.65m, £4.50m lower than planned.
- Agency expenditure year to date is £1.56m, £0.85m below the planned level.

Key Variances (compared to NHSI derived plan)

- Clinical Contract income is in line with the NHSI Interim plan due to new fixed block and top up arrangements. The 'Retrospective Top Up' of £11.66m drives a favourable variance in overall Clinical Income, offset to some extent by lower than planned income from other sources including private patients, and the absorption of CCG Health Informatics contracts, (usually invoiced as non-clinical income), into the Block. The direct impact of Covid-19 on income generation is a £1.66m adverse variance, including a reduction in Private Patient, Car Parking and Catering income.
- Pay costs are £3.77m above the planned level year to date due to the impact of Covid-19 which is calculated to be £5.51m year to date. The costs attributed to Covid-19 were offset to some extent by underspends in some specialties due to reduced activity and a level of unfilled vacancies in non-Covid impacted areas.
- Non-pay operating expenditure is higher than planned by £3.40m. The costs directly attributable to the Covid-19 response are £8.44m, offset in part by lower than planned costs for specialties that have seen lower than planned activity over the last 5 months. This includes lower than planned consumables, drugs and a favourable variance on high cost drugs which would usually be treated as pass-through, but related income is temporarily fixed.

Forecast

Block and Top Up arrangements have been extended for another 2 months until the end of M6. Pending further guidance on M7-12, the forecast assumes that the Trust will continue to receive CCG clinical income at current block levels and that activity (and associated costs) will increase in line with the 'Stepped Up' Draft Covid Phase 3 planning return submitted to the ICS in early September. The forecast also assumes that the Trust will continue to have access to some sort of top up funding in future months to bridge the financial gap.

Total Group Financial Overview as at 31st Aug 2020 - Month 5

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M5

CLINICAL ACTIVITY

	M5 Plan	M5 Actual	Var	
Elective	2,273	565	(1,708)	●
Non-Elective	24,625	18,532	(6,093)	●
Daycase	17,934	5,961	(11,973)	●
Outpatient	152,959	76,285	(76,674)	●
A&E	67,019	50,089	(16,930)	●
Other NHS Non-Tariff	753,938	378,356	(375,582)	●
Other NHS Tariff	54,687	32,080	(22,607)	●
Total	1,073,434	561,868	(511,566)	

TOTAL GROUP: INCOME AND EXPENDITURE

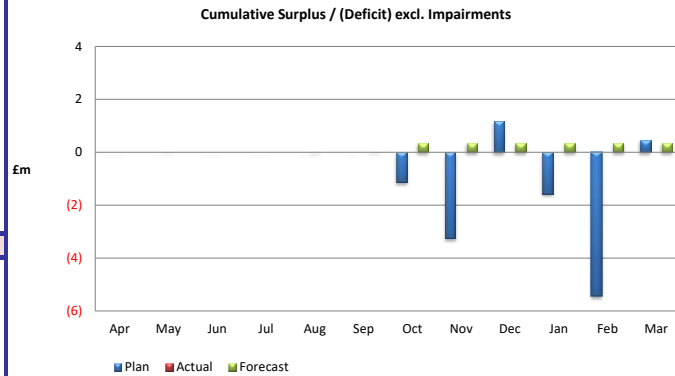
	M5 Plan	M5 Actual	Var	
	£m	£m	£m	
Elective	£7.21	£7.21	£0.00	●
Non Elective	£46.66	£46.66	£0.00	●
Daycase	£12.70	£12.70	£0.00	●
Outpatients	£19.10	£19.10	£0.00	●
A & E	£9.81	£9.81	£0.00	●
Other-NHS Clinical	£45.94	£46.01	£0.07	●
CQUIN	£1.58	£1.58	£0.00	●
Other Income	£23.15	£18.48	(£4.67)	●
Total Income	£166.16	£161.56	(£4.60)	●
Pay	(£111.27)	(£115.04)	(£3.77)	●
Drug Costs	(£17.70)	(£17.15)	£0.56	●
Clinical Support	(£10.96)	(£11.51)	(£0.55)	●
Other Costs	(£26.25)	(£29.66)	(£3.42)	●
PFI Costs	(£5.54)	(£5.54)	£0.00	●
Total Expenditure	(£171.72)	(£178.89)	(£7.17)	●
EBITDA	(£5.56)	(£17.33)	(£11.77)	●
Non Operating Expenditure	(£10.38)	(£10.25)	£0.12	●
Surplus / (Deficit) Adjusted*	(£15.94)	(£27.59)	(£11.65)	●
Conditional Funding (MRET/FRF/Top Up)	£15.93	£27.59	£11.66	●
Surplus / Deficit*	(£0.01)	(£0.00)	£0.01	●

* Adjusted to exclude items excluded for Financial Improvement Trajectory purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M5 Plan	M5 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£6.21	£10.10	£3.89	●
Medical	£17.64	£14.23	(£3.40)	●
Families & Specialist Services	(£3.49)	(£2.27)	£1.22	●
Community	(£0.80)	(£1.13)	(£0.34)	●
Estates & Facilities	£0.00	£0.00	£0.00	●
Corporate	(£18.12)	(£19.15)	(£1.03)	●
THIS	£0.94	£0.63	(£0.31)	●
PMU	£1.48	£1.29	(£0.19)	●
CHS LTD	£0.23	£0.37	£0.15	●
Central Inc/Technical Accounts	(£6.03)	(£3.37)	£2.66	●
Reserves	(£1.16)	(£0.72)	£0.44	●
Unallocated CIP	£3.08	£0.00	(£3.08)	●
Surplus / (Deficit)	(£0.01)	(£0.00)	£0.01	●

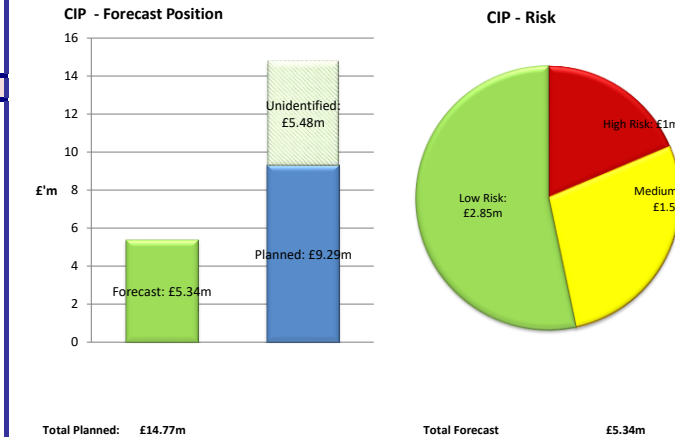
TOTAL GROUP SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M5 Plan	M5 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£0.01)	(£0.00)	£0.01	£0.47	£0.31	(£0.16)	●
Capital	£6.86	£3.09	£3.77	£20.85	£23.75	(£2.90)	●
Cash	£5.88	£56.19	£50.31	£3.99	£16.04	£12.05	●
Loans	£152.56	£161.70	£9.14	£19.88	£19.88	£0.00	●
CIP	£6.16	£1.65	(£4.50)	£14.77	£5.34	(£9.43)	●
Use of Resource Metric	3	2		3	2		●

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 20/21

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	5,574	2,201	(3,373)	●
Non-Elective	60,676	54,027	(6,649)	●
Daycase	43,418	21,365	(22,053)	●
Outpatient	368,867	218,032	(150,835)	●
A&E	158,149	145,255	(12,894)	●
Other NHS Non- Tariff	1,835,796	930,657	(905,139)	●
Other NHS Tariff	131,518	77,439	(54,079)	●
Total	2,603,999	1,448,976	(1,155,023)	

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£18.01	£18.01	(£0.00)	●
Non Elective	£114.89	£114.89	(£0.00)	●
Daycase	£30.72	£30.72	(£0.00)	●
Outpatients	£46.12	£46.12	£0.00	●
A & E	£23.16	£23.16	£0.00	●
Other-NHS Clinical	£112.00	£106.97	(£5.03)	●
CQUIN	£3.79	£3.79	(£0.00)	●
Other Income	£55.38	£45.10	(£10.28)	●
Total Income	£404.07	£388.77	(£15.30)	●
Pay	(£268.48)	(£291.51)	(£23.03)	●
Drug Costs	(£42.64)	(£41.86)	£0.77	●
Clinical Support	(£27.51)	(£34.23)	(£6.72)	●
Other Costs	(£59.54)	(£69.02)	(£9.48)	●
PFI Costs	(£13.21)	(£13.43)	(£0.22)	●
Total Expenditure	(£411.38)	(£450.04)	(£38.67)	●
EBITDA	(£7.30)	(£61.28)	(£53.97)	●
Non Operating Expenditure	(£25.08)	(£24.35)	£0.72	●
Surplus / (Deficit) Adjusted*	(£32.38)	(£85.63)	(£53.25)	●
Conditional Funding (MRET/FRF/Top Up)	£32.85	£85.94	£53.09	●
Surplus / Deficit*	£0.47	£0.31	(£0.16)	●

* Adjusted to exclude items excluded for Financial Improvement Trajectory: Donated Asset Income, Donated Asset Depreciation and Impairments.

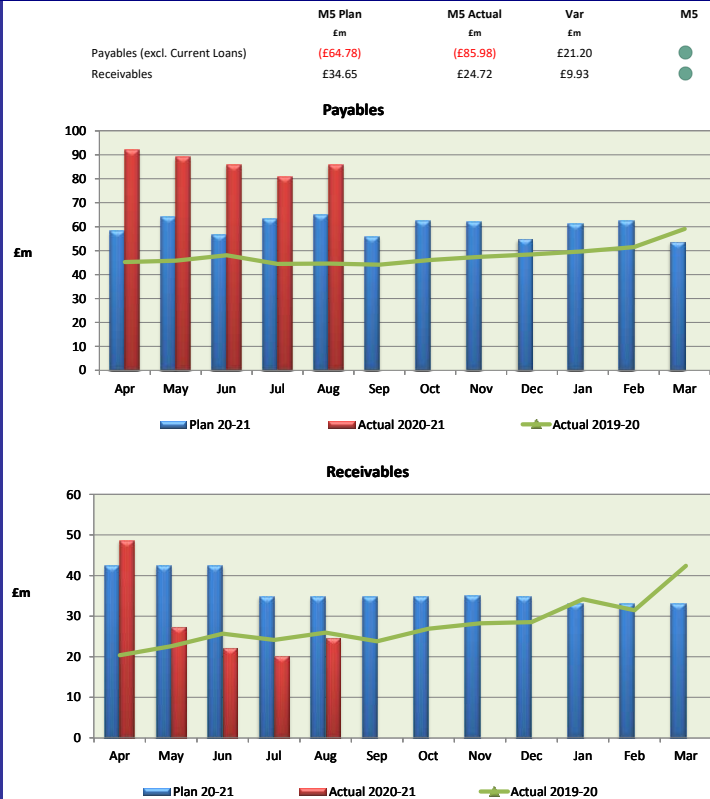
DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£14.99	£17.20	£2.21	●
Medical	£44.03	£31.93	(£12.10)	●
Families & Specialist Services	(£7.10)	(£10.92)	(£3.82)	●
Community	(£1.89)	(£4.17)	(£2.29)	●
Estates & Facilities	£0.00	£0.00	£0.00	●
Corporate	(£43.21)	(£45.94)	(£2.73)	●
THIS	£2.27	£1.53	(£0.73)	●
PMU	£3.55	£2.94	(£0.61)	●
CHS LTD	£0.75	£0.85	£0.10	●
Central Inc/Technical Accounts	(£15.41)	£10.14	£25.55	●
Reserves	(£4.11)	(£3.25)	£0.87	●
Unallocated CIP	£6.62	£0.00	(£6.62)	●
Surplus / (Deficit)	£0.47	£0.31	(£0.16)	●

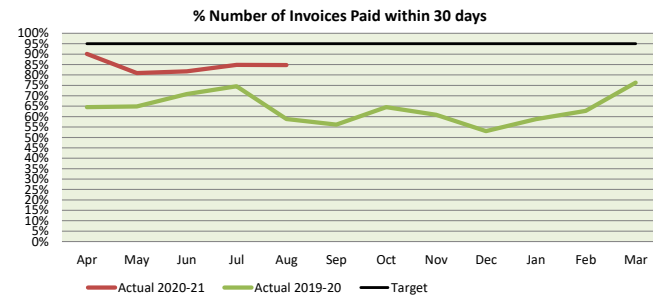
Total Group Financial Overview as at 31st Aug 2020 - Month 5

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

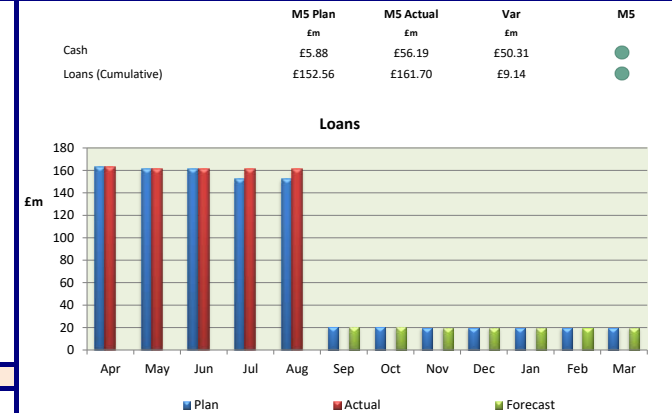
WORKING CAPITAL



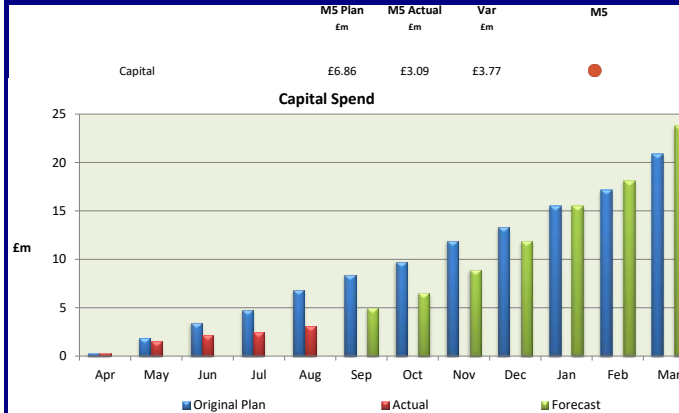
BETTER PAYMENT PRACTICE CODE



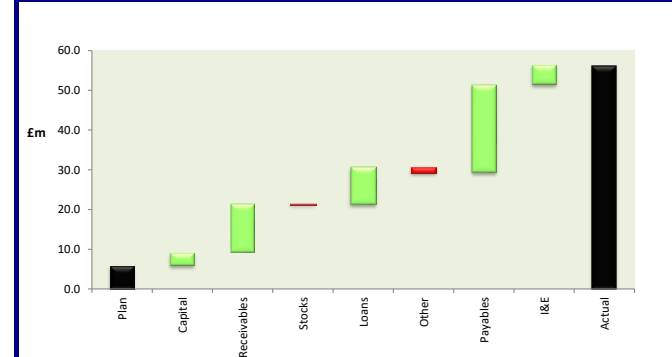
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan which assumes a breakeven position will be achieved for at least the first six months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively. Year to date the position is at breakeven after assumed receipt of £11.66m of retrospective top up funding (of which £9.65m has now been approved).
- Clinical Contract income is in line with the NHSI Interim plan due to new fixed block and top up arrangements. The assumed 'Retrospective Top Up' of £11.66m drives a favourable variance in overall Clinical Income, offset to some extent by lower than planned income from other sources including private patients and the absorption of CCG Health Informatics contracts, (usually invoiced as non-clinical income), into CCG block contracts.
- Year to date activity is well below plan for all points of delivery as a result of the Covid-19 response, but is increasing month on month.
- The Trust has incurred £11.95m in relation to Covid-19, of which £3.39m relates to gowns which were purchased by the Trust on behalf of the region.
- Year to date Capital expenditure was lower than planned at £3.09m against a planned £6.86m.
- Cash balance is £56.19m, £50.31m above plan: payments for September's Block and Top Up received in advance and £10m bonus Financial Recovery Funding (1).
- No interim Revenue loans or PDC were required in month.
- Year to date CIP schemes have delivered £1.65m of savings, £4.50m lower than planned.
- NHS Improvement performance metric Use of Resources (UOR) stands at 2 against a planned level of 3. The Trust's Internal Plan was for a deficit position year to date, where as the interim NHSI Plan is for a break-even position, improving the overall UOR.

NOTES

- The Forecast is based on the 'Stepped Up' Phase 3 draft plan submitted to the ICS in early September, updated for any M5 movements and assumes that the Trust will continue to receive sufficient funding to achieve a break-even position. The forecast position shown includes a planned gain on disposal of £0.31m, below the planned level of £0.46m, (and assumed excluded for the purposes of Top Up / FRF funding). The Forecast position assumes that the Trust's underlying deficit and ongoing costs relates to Covid-19 will be supported by a continuation of the current Block and Top Up arrangements to bring the position to break-even. Total Top up requirements for the year are forecast to be £85.94m. This excludes the likely adverse impact of a non cash £23m accounting adjustment.
- The Trust is forecasting Agency expenditure of £4.76m, considerably below the NHSI ceiling of £8.82m, but offset by an increase in expenditure on Bank staff.
- The Trust is forecasting delivery of £5.34m savings against a Trust CIP plan for 20/21 of £14.77m.
- The Trust is not planning to borrow during this financial year due to changes in the cash regime and planned Financial Recovery Fund / Top Up payments that should bring the Trust to a break-even position.
- The total loan balance at year end is forecast to be £19.88m as planned. All Revenue and Interim Capital Loans (totalling £140.72m) will be repaid and replaced by PDC funding by the end of September.
- Capital expenditure is forecast at £23.75m, £2.90m more than the recently resubmitted 20/21 Capital Plan due to expected additional external funding for Urgent & Emergency Care, Endoscopy equipment, Critical Care and some additional Covid-19 related expenditure that is still waiting for approval, offset to some extent by a reduction in forecast expenditure for Reconfiguration.

RAG KEY:
(Excl: UOR)

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

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

RAG KEY: UOR

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

NHS INTERIM FINANCIAL ARRANGEMENTS - Month 5

INTERIM PLAN APR-SEP 2020

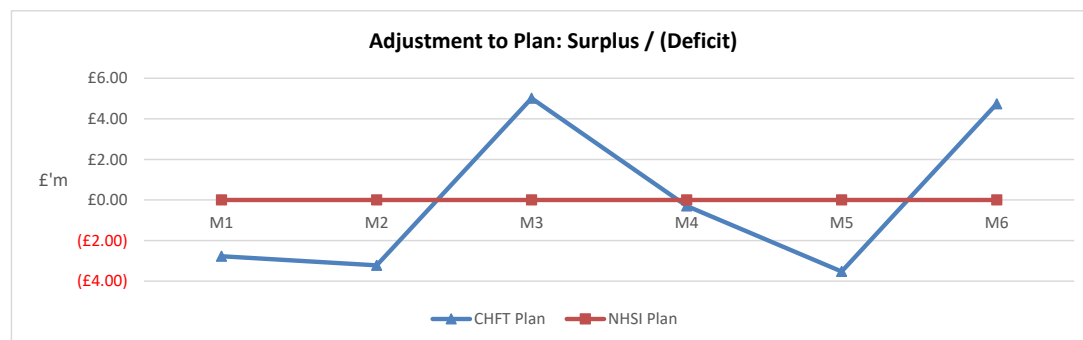
Trust Planned Surplus / (Deficit)	M1 £'m	M2 £'m	M3 £'m	M4 £'m	M5 £'m	M6 £'m
CHFT Plan	(£2.77)	(£3.22)	£5.01	(£0.30)	(£3.53)	£4.74
NHSI Plan	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Adjustment to Plan	£2.77	£3.22	(£5.01)	£0.30	£3.53	(£4.74)

The Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan which assumes a breakeven position will be achieved for at least the first six months of the financial year. This differs from the Trust's internal plan, which whilst coming to a breakeven position by year end, followed a variable monthly profile through the year.

The funding mechanisms during this period have been changed significantly by national emergency Covid-19 accounting guidance. Clinical income contracts with commissioners have been suspended and replaced by a centrally calculated block payment from each commissioner to the Trust. This income is then supplemented by a national top up payment which is designed to replace Financial Recovery Funding (FRF) and other income during this period. Within this funding there is an expectation that the level of efficiency driven by the national tariff will not be delivered in the early part of the year. It should be noted that CHFT's efficiency requirement exceeded this level and so a pressure would therefore emerge.

In addition to the up-front funding described above, a retrospective top up will be applied to fund Covid-19 related expenditure (in allowable cost categories) plus or minus any underlying variance from the breakeven plan. This will compensate for CIP pressures in these early months. The level of retrospective top up requires Chief Executive and Director of Finance sign off and the Covid costs within this are required to undergo audit scrutiny.

Funding has also been available for Covid-19 related capital expenditure (over and above the Trust's and the combined Integrated Care System (ICS) capital plans), and further capital requirements in relation to Covid and reset and stabilisation plans were submitted through the ICS in July.



Variance Analysis vs Original Plan AUG 2020	Variance £'m	
Reported Position (YTD)	£0.00	●
Block & Top Up vs Planned Contract & FRF	£7.82	●
Reported Covid-19 Costs	(£13.95)	●
Undelivered CIP	(£4.51)	●
Impact of Covid-19 on Income	(£1.66)	●
Health Informatics contracts incl. in Block	(£1.47)	●
Lower than planned activity / vacancies	£6.13	●
Unused Reserves	£0.44	●
PDC Dividend lower than planned	£0.38	●
Retrospective Top Up	£11.65	●
Variance from Original Plan	£4.83	●

QUALITY

9. Quality Report - Presentation

To Note

Presented by Ellen Armistead

UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

10. Nominations and Remuneration Committee (CoG) - Chair/Lead Governor

- Draft Minutes of meeting held 8.9.20

To Note

**Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors)
Held on Tuesday 8 September 2020, 13:00 – 13:30, via Microsoft Teams**

MEMBERS

Philip Lewer	Chair
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley)
Christine Mills	Public Elected Governor (Huddersfield Central)
Lynn Moore	Public Elected Governor (North & Central Halifax)

IN ATTENDANCE

Richard Hopkin	Deputy Chair and Senior Independent Non-Executive Director (SINED)
Jason Eddleston	Deputy Director of Workforce and Organisational Development
Andrea McCourt	Company Secretary
Jackie Ryden	Corporate Governance Manager

Item

10/20 APOLOGIES FOR ABSENCE

Apologies of absence were received from: Paul Butterworth, Alison Schofield and Veronica Woollin.

11/20 DECLARATIONS OF INTEREST

Philip Lewer declared a conflict of interest for agenda item 14/20, left the room for this item and did not take part in the meeting at that point.

12/20 REVIEW OF TENURE FOR NON-EXECUTIVE DIRECTORS: ANDY NELSON AND ALASTAIR GRAHAM

The Company Secretary provided a paper to identify the main issues relating to the re-appointment of two Non-Executive Directors whose tenures expire in 2020 and to ensure that the Nominations and Remuneration Committee (Council of Governors) understands its core responsibilities within the context of the constitutional and governance framework directing its business.

There are two Non-Executive Directors whose tenure expires during 2020, which are:

- Andy Nelson whose tenure expires on 30 September 2020
- Alastair Graham whose tenure expires on 30 November 2020

Full details of the term of office of each of the above Non-Executive Directors was provided in the paper, together with a description of their roles and responsibilities. The Chair has undertaken an appraisal for each of the two Non-Executive Directors, and an exercise was completed earlier in the year reviewing the skills and competencies for all Board members including the Non-Executive Directors, which was shared with the Committee. The Nominations and Remuneration Sub-Committee were asked to consider the constitutional arrangements for the re-appointment of Non-Executive Directors and the recommendation that the following terms of office be offered:

- Andy Nelson, Non-Executive Director – 1 October 2020 – 30 September 2023
- Alastair Graham, Non-Executive Director – 1 December 2020- 30 November 2023

The Lead Governor commented that the two Non-Executive Directors perform well across the organisation, particularly at Trust Board meetings, and provide appropriate challenge to the Executive team, and he supported the recommendation to re-appoint the two Non-Executive Directors for the terms listed above. The recommendation was also supported by Christine Mills and Lynn Moore.

OUTCOME: The Nominations and Remuneration Committee **APPROVED** the re-appointment of Andy Nelson, Non-Executive Director from 1 October 2020 to 30 September 2023 and Alastair Graham, Non-Executive Director from 1 December 2020 to 30 November 2023.

13/20 OUTCOME OF CHAIR'S APPRAISAL

Richard Hopkin as Deputy Chair and Senior Independent Non-Executive Director (SINED) provided a verbal update on the outcome of the Chair's appraisal.

RH outlined the process undertaken for the Chair's appraisal which was based for the first time on a national process set by NHS England/Improvement (NHSE/I). A questionnaire based on a template provided by NHSE/I was circulated to key stakeholders (including Executive Directors, Non-Executive Directors, governors and other key members of the Integrated Care System, including some Trust Chairs. A good response rate of 78% (excluding governors) was achieved with just under 50% of responses received from the governor group.

Very positive feedback was received across all categories of stakeholders, indicating another strong year in post, with the appraisal evidencing that the Chair has the full support of the Board and has engaged constructively with partner organisations and across the healthcare system. The responses particularly noted the improvements that have been made to the operation of the Board and the Trust's governance arrangements as a whole, especially in response to the COVID-19 pandemic, with the Chair having spent considerable time in ensuring good levels of communication with governors.

Although relatively few areas for improvement and development were identified, four areas were identified and are reflected in the appraisal documentation.

The governors present at the meeting expressed their support for the Chair and would be pleased to see him continue as Chair.

Following some final input to the appraisal form this will be submitted to NHSE/I in line with national guidance.

A paper will be presented to the Council of Governors meeting on 22 October 2020 confirming that the Chair's appraisal process is complete.

OUTCOME: The Nominations and Remuneration Committee **NOTED** the verbal update on the outcome of the Chair's appraisal.

14/20 ANY OTHER BUSINESS

The Chair advised that the appraisal process had been suspended during the period of the pandemic but he had taken the decision, following a discussion with the Lead Governor, to undertake a condensed interim process of appraisals for all of the Non-Executive Directors. He confirmed that the new process for appraisal of Non-Executive Directors which had been agreed in March 2020 by the Nominations and Remuneration Committee will be implemented in the next cycle of appraisals.

15/20 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The minutes from the Nominations and Remuneration Committee will be shared at the next meeting of the Nominations and Remuneration Committee and Council of Governors meeting on Thursday 22 October for review and approval. The outcome will be reported back to the Board of Directors.

CHAIR'S REPORT

11. Ratify decision at Nominations and Remuneration Committee on Non-Executive Directors re-appointment

To Note

Presented by Philip Lewer

GOVERNANCE

12. Update from Lead Governor/Chair -
Stephen Baines - Chair/Lead Governor
To Note

13. Outcome of Chair's Appraisal

To Note

Presented by Richard Hopkin

**COUNCIL OF GOVERNORS
22 OCTOBER 2020**

OUTCOME OF CHAIR'S APPRAISAL 2019/20

OUTCOMES OF CHAIR APPRAISAL 2019/20

The appraisal of the Chair has now been finalised; below are details of the process undertaken and the outcomes.

An appraisal questionnaire (based on the NHSI/E template) was circulated to key stakeholders, including Executive Directors, Non-Executive Directors, Governors and other key members of the Integrated Care System.

This questionnaire was structured to enable feedback on how the Chair performs against the competencies set by NHS Improvement for Trust Chairs, to evaluate impact and effectiveness in their role. In addition, it considered the Trust's organisational values and provided the opportunity to assess what the Chair does well, where they could improve and to provide any additional anecdotal feedback. There was also a section to assess how the Chair supports the Seven Principles of Public Life (Nolan Principles).

The questionnaire covered the Chair's competency framework in the following areas:

- Strategy
- Partnerships
- People
- Professional Acumen
- Outcome Focus
- CHFT Values

A good response rate of 78% (excluding governors) was achieved with just under 50% of responses received from the governor group.

Very positive feedback was received across all categories of stakeholders, indicating another strong year in post, with the appraisal evidencing that the Chair has the full support of the Board and has engaged constructively with partner organisations and across the healthcare system. The responses particularly noted the improvements that have been made to the operation of the Board and the Trust's governance arrangements as a whole, especially in response to the COVID-19 pandemic, with the Chair having spent considerable time in ensuring good levels of communication with governors.

Areas of Strength highlighted were as follows:

Philip has excellent personal qualities. He is highly committed, honest, caring, self-effacing and demonstrates a high level of integrity and a strong sense of values, fully aligned to those of the Trust. Consequently, he develops good relationships with all stakeholders. Philip is supportive of the Board, encourages full participation and promotes an inclusive environment. He is visible in the organisation and very

approachable. He is good at partnership working and has strong contacts across the healthcare system.

Although relatively few areas for improvement and development were identified, those noted were: greater sharing of personal views, continued improvements in the working of the Board and wider governance arrangements, challenge (as well as support) to the Executives, and engagement at regional and national level.

The Chair is up to date with mandatory training.

The Senior Independent Non-Executive Director (SINED) met with the Chair to review the feedback and formally complete an appraisal. The SINED also met with lead governor to discuss the results of the appraisal questionnaire. Following the appraisal discussion, an appraisal reporting template was completed jointly by the SINED and the Chair to formally record a summary of the key outcomes arising from the discussion, and this was forwarded to Richard Barker, NHS Improvement Chair and Chief Operating Officer on 29 September 2020.

An update on the process was provided to the Nominations and Remuneration Committee on 8 September 2020, and those governors present at the meeting expressed their support for the Chair and would be pleased to see him continue as Chair.

14. Council of Governors Self- Effectiveness Feedback/Outcome

To Note

Presented by Andrea McCourt

Date of Meeting:	22 October 2020
Meeting:	COUNCIL OF GOVERNORS
Title of report:	Council of Governors Self-Effectiveness Feedback
Author:	Andrea McCourt, Company Secretary Vanessa Henderson, Membership and Engagement Manager
Previous Forums:	N/A
Actions Requested:	
<ul style="list-style-type: none"> To note 	
Purpose of the Report	
This report brings presents the analysis of the responses to the Council of Governors annual effectiveness questionnaire undertaken in 2020 and identifies actions from this.	
Key Points to Note	
<p>As part of the Council of Governors cycle of business it periodically undertakes a review of its own effectiveness to ensure that it continues to fulfil its role and discharge its responsibilities in an appropriate way and to strive for continuous improvement in the way it operates.</p> <p>The questionnaire was administered by MS forms this year for the first time and there was a 100% response from publicly elected governors.</p> <p>The questionnaire was structured into the following areas:</p> <ul style="list-style-type: none"> Trust Vision/ Strategy/Plans/Risks Holding Non-Executive Directors to Account Council of Governor meetings Working Together Support/Involvement During the Covid-19 pandemic Governor Training Governor Skills Governor Feedback <p>This paper describes the findings from the self-effectiveness review of the Council of Governors from the summer of 2020 which are largely positive. It identifies some challenges for governors with engagement during the Covid-19 pandemic.</p> <p>The paper identifies areas for development with the Trust response and actions identified for each of the areas for development</p> <p>The paper includes:</p> <ul style="list-style-type: none"> - Analysis of responses - Appendix A – Governors comments from self-effectiveness questionnaire - Appendix B – role of the Senior Independent Non-Executive Director 	

Recommendations

The Council of Governors is asked to:

- i. **NOTE** the positive findings of the 20202 Council of Governors self effectiveness questionnaire;
- ii. **REVIEW AND COMMENT** on the actions identified to address the areas for development.

Council of Governors annual effectiveness questionnaire 2020

Analysis of responses

Introduction

The annual governors' effectiveness questionnaire took place over the summer of 2020. The questionnaire is designed to assess how well individual governors feel they are performing in the role and how the Council of Governors (CoG) is performing as a whole.

Overall, governor feedback has been positive once again. Responses have been analysed and broken down into two categories – 'what is working well' and 'areas for development'. For areas for development a Trust response or an action has been included.

The individual comments received have been collated and are shown in Appendix A.

Response rate

All current governors were asked to complete the questionnaire and the response rate was as follows:

Governor type	Number of governors	Number of responses	Response rate
Public	13	13	100%
Staff	4	3	75%
Appointed	7	3	43%
All	24	19	79%

What is working well overall

1) The majority of governors said they:

- Understand the Trust's visions and values
- Feel the ambitions and strategic direction of the Trust are clearly stated
- Feel the Council of Governors has contributed to improving the Trust's services

2) The majority agree that at CoG meetings:

- Governors have the opportunity to ask questions
- Questions are answered satisfactorily
- Meetings are effective
- Governors have appropriate and understandable information before meetings
- Governors act in accordance with the Trust's Code of Conduct for governors

3) The majority of governors felt their training and development needs had been met by the Trust.

4) In terms of holding the Non-Executive Directors (NEDs) to account, the majority of governors said they:

- know who the NEDs are and how to contact them
 - have had the opportunity to meet with the NEDs to share/discuss issues
 - have had the opportunity to attend Board Sub-committee meetings
- 5) The majority of governors said they had had sufficient information and opportunity to ask questions about the Chair's appraisal; the Annual Report and Accounts and any report from the auditors on them; the appointment of Non-Executive Directors; the review of the Trust's Membership Strategy and the review of the Trust's Constitution.
- 6) In terms of roles and responsibilities, governors say they understand:
- their own role and responsibilities
 - the role of the Lead Governor
 - the role of the NEDs
 - the role of the Chief Executive and other directors
- 7) In terms of working together, the majority of governors felt happy with the way they work with the Lead Governor and other governors, the Chair, NEDs, the Chief Executive and other Directors, and the Company Secretary.
- 8) There were two questions specific to governors on the Nominations and Remuneration Committee. 7 governors responded to these questions: 5 felt they had been able to contribute to the work of the Committee fully. 6 out of 7 governors felt that the Committee operates effectively.
- 9) Support during the COVID-19 pandemic

COVID-19 has, inevitably, had an impact on our governors' involvement with the Trust due to the lack of face-to-face contact, but overall governors reported that they have continued to feel supported and involved since the start of the pandemic.

The majority were also happy that they had been kept informed of issues affecting the Trust and its performance.

Areas for Development

- 1) One third of the governors who responded said they were not fully aware of the Trust's current key areas of concern/risk.

Trust response/action:

Operational Update to Council of Governors 22 October 2020

Risk Register to be presented to governors at 28 January 2021 COG meeting

- 2) One third of the governors did not agree that the Council of Governors is given the opportunity to influence the Trust's strategy and plans.

Trust response/action: *Following events held with governors on strategy and plans:*

Board of Directors and Council of Governors Workshop held 22 November 2020 reviewing 5 year strategy and seeking views on ambitions and development of 10 year strategy

2020/21 Planning Overview presented at Council of Governors meeting 23 January 2020

NED/COG workshop 17 September 2020 presentations on financial regime, Health and Well Being Strategy and Service Reconfiguration

10 Year Strategy and Strategic Priorities for 2020/21 presented to governors at Council of Governors meeting 22 October 2020

2021/22 annual plan review to be scheduled into COG meeting in 2021

Discussion with governors as to further opportunities they would like on strategies and plan (AMcC)

- 3) A quarter of governors felt they had not had the opportunity to ask the NEDs about progress of the Trust's priorities, performance and decisions.

Trust response/action:

- *NED question and answer session has been a routine part of Council of Governor meetings with governors invited to submit questions for NEDs in advance of Council of Governor meetings.*
- *Ask governors how wish to increase opportunities further (AMcC/ Lead Governor)*

- 4) 25% of governors said they do not understand the role of the Senior Independent Non-Executive Director (SINED).

Trust response/action:

- *current SINED is Richard Hopkin – role described at Appendix B attached*
- *undertaking of Chair's appraisal is key function of SINED – Chair's appraisal being presented to CoG by SINED on 22 October 2020*
- *SINED role to be given more focus on governors' induction programme (AMcC/VH – July 2021)*
- *issues involving governors and SINED to be reported routinely at formal CoG meetings (AMcC/JR – ongoing)*

- 5) Almost half of the governors who responded (47%) feel they need to develop and improve the way they work with members.

Trust response/action:

- *The Membership Strategy was reviewed at the beginning of 2020, with a renewed focus on engagement between governors and members. It was*

approved at the CoG in February 2020. Much of the work around improving engagement between the CoG and members has been put on hold due to COVID-19 restrictions. However work is going on to identify opportunities to engage in other ways, until face-to-face engagement becomes possible again.

- An update on progress with the year 1 action plan is being shared with governors at the meeting of 22 October 2020.*

- 6) 25% of respondents felt that there was room for improvement in terms of governors sharing information they have learned on external training courses.

Trust response/action:

- Any governor who attends an external training course will be asked to share their learning at the next private CoG meeting (Governors AMcC/JR)*

- 7) Some governors have had issues with the technology required for virtual meetings and some reported that they felt disengaged with the Trust as a result of this.

Trust response/action:

- Review all our governors' ability to access technology for meetings on a monthly basis while meetings continue to be held virtually (JR/VH/DB – 31.10.20 and monthly thereafter)*
- Offer all governors the opportunity to have informal MS Team meetings with the Lead Governor as a way of supporting contact with other governors, and staff at the Trust as required (VH/DB – e-mail to assess interest sent to governors 15.10.20; if sufficient interest set up first meeting by 31.10.20 and monthly thereafter)*

APPENDIX A: Governor Comments from 2020 Self Effectiveness Questionnaire

TRUST VISION/STRATEGY/PLANS/RISKS

Although the Council of Governors is informed of the Trust's strategy and plans and can comment on them I don't feel that we have ever significantly influenced them due to fast moving change in the NHS due to covid and now working from home I am not as clear on the concerns/risks as I used to be

HOLDING NEDs TO ACCOUNT

Because information is not fully shared how can they be held to account

Holding to account - I think this could be done better (including myself) further questioning Because information is withheld by NED's and Executives from Governors so they cannot hold NED's to account!!

I believe they are working well to the benefit of the Trust

over the last 12 months (excluding COVID) there has been time set aside during meetings to hold NED's to account making it work better than before when no allocated time was set aside

The Governors were making progress in holding the non-exec's to account through the meetings at which they took questions from [half of] us. This was a useful innovation from the Chair. However this has ceased since the start of the hospital's pandemic response.

COG MEETINGS

Not always enough governors present.

4 weeks prior to CoG private meetings it would be helpful if every Governor was asked if they had any agenda items and what they preferred any presentations be included as trends are always changing

I do feel that with the private governors meeting first followed by almost the same meeting with the non executive directors the meeting is far too long. This is a personal view. I think the trust often has meetings for meetings sake.

Perhaps a tighter control of business of the day otherwise they can tend to over-run

Possibly more informal meetings with the lead Governor and other members outside of a formal meeting with a heavy agenda

Sometimes exec's give rather 'sideways' answers to questions. Perhaps there's a communication mismatch: they speak management English whilst I speak medical English. Over many years as a senior doctor I've found that NHS managers often appear to think that they've answered a question but it sounds like a 'politician's answer': it's couched in sufficiently vague and uncertain terms that one wonders what proportion of the answer was fruit cake and what was just icing. Views are heard.

Because when/if questions are answered Governor's told they cannot share information with other Governors by Chair and Lead Governor

WORKING TOGETHER

I think there has been an improvement in the way we work together and some excellent training opportunities

We do not have many opportunities to work with the Membership but the Trust is looking at ways this could be improved.

To Date the only members I have contact with are other Governors apart from when i am involved in Place or interviews. Would be useful to invite some members to a 'get together' to discuss what is happening in the Trust

It would be nice to hear from Lead Governor on a monthly basis to be filled in on what discussions the Lead and the Chair are having so that all Governors are kept in the loop about things and just generally to be included and acknowledged rather than waiting for the next quarterly meeting before we are in touch as a group. Many changes and updates happen within short spaces of time and we are not always made aware either a)at all or b)until months down the line at the next meeting. staff governors are given weekly updates via email about various things and i think it would be an idea if Governors were given a fortnightly/monthly newsletter into changes/challenges etc.

I felt at the workforce committee when I asked about Covid I was dismissed slightly as if I was asking a bit of a daft question.

Possibly more informal chats, I'm aware that Philip always asks us to contact him, but I'm aware that he is also very busy

I am constantly working on developing relationships with colleagues- I think its just about having time together and putting the effort it- Covid has been a bit tricky and halted this

I don't always know how to feedback to my staff group anything about the role of me being a/ their staff governor. I'm never sure if things are confidential so don't share anything at present. I wonder if there should be a method of feedback to staff via staff governors to make the role more visible.

SUPPORT/INVOLVEMENT DURING COVID-19 PANDEMIC

The meetings have steadily improved but the need to change to virtual meetings has been a significant step backwards (though an understandable one). The main problem is that one cannot see all of the participants, just a Microsoft Teams' selection of those who have recently spoken. Perhaps there's an enhanced version that can show more faces.

Due to meetings online I personally don't always feel as confident to participate.

Since covid I have felt disengaged from other Governors and the Trust.

communication from home is now more difficult it feels more isolating

I have received training in on line TEAM meetings.

I will be honest and say that as an older governor I do sometimes find it harder to retain the information given on line rather than at an open face to face meeting.

The TEAMS meetings are good

I am unsure as to what support was available. However contact has been made regarding Governor input during the Pandemic Period. Also the weekly postings of what has been occurring in the Trust over this time have been very informative and useful.

GOVERNOR TRAINING

the trust delivers training well and on this

I prefer in house training

The training event I attended was very helpful in clarifying roles and remit.

GOVERNOR SKILLS

Patience and analytical skills

Knowledge of CHS business; 23 years of NHS background; Good organiser, listener and approachable

I feel my skills have been used effectively whilst being a Governor
Communications/writing up reports, ability to engage one-to-one or in meetings. Head of department background; wide contacts book
Age and experience, of life and as a carer and a user of the services provided.
EFFECTIVE ONLINE COMMUNICATION AND PARTICIPATION SKILLS FROM A NON TRUST PC
Explanation of medical terms
I'm not afraid to ask questions and I can be an effective communicator at a basic level
Communication
Being able to share information
I have a substantive post with Huddersfield University which provides an opportunity for the development of collaborations and initiatives. I am seconded to CHFT and work to promote research and improve the patient experience.

OTHER COMMENTS
The lack of public consultation on downgrading of HRI A/E department
A lot of information to digest
I find the non executive directors involved with committees I attend always willing to take the time to explain anything I do not understand.
Governor's cannot ask questions because information is selectively shared
Be OPEN AND HONEST AND SHARE INFORMATION!
I wonder at times if we hear enough of the difficulties and strain that all are under. As professionals we mostly get the positives, but then nationally we read that thousands are thinking of leaving the NHS, either to go into private practice or become locums due to pressure and lack of resources
When things return to normal (ever?) there should be an annual dinner for the Governors. Nothing too posh, we don't want to stress the Exec. Dir. of Finance.

APPENDIX B

Extract from The NHS Foundation Trust Code of Governance – July 2014

The role of the Senior Independent Director (SID)

A.4.1 In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.

A.4.2 The chairperson should hold meetings with the non-executive directors without the executives present. Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate.

.....

22.10.20. The current Senior Independent Non-Executive Director is Richard Hopkin

15. Membership Strategy: Update on Year 1 Action Plan

To Note

Presented by Andrea McCourt

Date of Meeting:	22 October 2020
Meeting:	COUNCIL OF GOVERNORS
Title of report:	Membership Strategy: Update on Year 1 Action Plan
Author:	Andrea McCourt, Company Secretary Vanessa Henderson, Membership and Engagement Manager
Previous Forums:	N/A
Actions Requested:	
<ul style="list-style-type: none"> To note 	
Purpose of the Report	
This report brings presents a progress update as at 15 October 2020 against the year 1 action plan of the Membership and Engagement Strategy 2020-2023.	
Key Points to Note	
<p>The Council of Governors agreed a three year Membership Strategy at its meeting on 23 January 2020 and confirmed actions for the first year of the strategy.</p> <p>The three goals in the Membership Strategy are:</p> <ol style="list-style-type: none"> 1: A membership community that is active and engaged, is representative of our local communities and increases year on year 2: Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public 3: Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our future plans <p>An update on the actions that the Membership Office have undertaken to achieve the goal are given in the enclosed paper. A number of anticipated actions relating to goals 2 and 3 have not been possible due to the Covid-19 pandemic.</p>	
Recommendation	
The Council of Governors is asked to NOTE the update on progress against the Year 1 action plan of the Membership and Engagement Strategy and propose any further suggestions to achieve the goals of the strategy in year 1.	

Membership and Engagement Strategy 2020-2023

Progress against Year 1 action plan

Goal	Year 1 – actions to achieve goal	Progress as at October 2020
1: A membership community that is active and engaged, is representative of our local communities and increases year on year	1.1: Analyse membership and recruit members from under-represented groups	<p>Analysis of our membership community continues to show under-representation within BAME groups, males and younger people.</p> <p>We have sent out publicity material to encourage membership applications to:</p> <ul style="list-style-type: none"> - CHFT's BAME staff network - Huddersfield University's Student Union BAME Ambassador Scheme - BAME staff network and Pakistani Student Society. <p>Also see 1.5 below.</p>
	1.2: Introduce a youth membership constituency	<i>This action is no longer required as the Council of Governors did not approve the introduction of a youth membership constituency.</i>
	1.3: Ensure database is up-to-date	The membership database is monitored for data quality and updated regularly.
	1.4: Increase incentives to attract new members	We undertook a "Go See" of other Trusts' membership offices to see what incentives they offer to members. The result was that we have identified some companies that offer discounts to staff and members that we plan to approach (this is in addition to the arrangement that we already have in place with Health Service Benefits, a company offering discounts).
	1.5: Establish links with local organisations to recruit members	We met (virtually) with the Engagement Officer from Locala, as the organisation has a similar membership/governor set up to a NHS Foundation Trust. We discussed ways of utilising each others' membership communities including asking guest clinicians and governors to speak at Locala's meetings. Through the link with Locala, we are also exploring whether we could become involved in a project between Global Diversity Positive Action (GDPA) and the University of Huddersfield looking at health/economic outcomes. <i>[Unable to progress this work further currently due to COVID-19.]</i>

Goal	Year 1 – actions to achieve goal	Progress as at October 2020
		<p>We have established contact with the Ahmadiyya Muslim Association and are currently exploring methods for recruiting members from their local branches in Huddersfield and Halifax and developing engagement opportunities with them. This will also help to achieve action 1.1 as 99% of the members of the association are from a BAME background. See 1.1 above.</p> <p>Based on information received from Healthwatch, we have created a comprehensive directory of BAME groups that we will be able to contact to promote membership over the coming months.</p>
2: Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public	2.1: Promote membership and raise governor and Council of Governors profile	<p>We have produced two videos which have been published on YouTube via the Trust's website:</p> <ol style="list-style-type: none"> 1. A video featuring our Lead Governor, a publicly-elected governor and a member of staff who was redeployed from her work as a Paediatric Physiotherapist to work with the respiratory team on the Intensive Care Unit caring for patients during phase 1 of the Covid-19 pandemic describing her experiences – the videos can be found by clicking on the links below: https://www.youtube.com/watch?v=xn-n4ljyC2g&feature=youtu.be 2. A video featuring our Lead Governor, a staff governor and her experience of working during phase 1 of the Covid-19 pandemic and the same member of staff describing her experiences of Covid-19 as a redeployed physiotherapist. https://www.youtube.com/watch?v=IW22dD03w6o&feature=youtu.be <p>The purpose of the videos is to give governors the opportunity to engage virtually with members and keep them aware of issues facing the Trust currently whilst face-to-face engagement is not possible. We plan to record and publish similar videos three times a year going forward.</p>

Goal	Year 1 – actions to achieve goal	Progress as at October 2020
		<p>We have increased the number of editions of Foundation News (our members' newsletter) from two to three per annum, which will allow us to share developments and feed back on changes to our members more frequently.</p> <p>We have purchased pull-up banners promoting membership and the governor role and these are now displayed in main entrances and areas with high patient footfall on both hospital sites. Banners have recently been distributed to some of our community premises also.</p> <p>A "pop-up" message has been introduced on the front page of the CHFT website promoting membership and signposting visitors to the relevant pages on the Trust's website. Analysis of the source of new member applications shows that the pop-up has attracted over 30 new members so far.</p>
	2.2: Give governors opportunities and skills to seek out views on changes being discussed	<p><i>We had plans in place to offer training to governors in face-to-face engagement, with pilot sessions to be facilitated by Jude Goddard and Vanessa Henderson scheduled for March 2020. The sessions were put on hold due to COVID-19 as face-to-face training (and engagement with members) was not possible. We agreed with Healthwatch in February 2020 that we would use their existing events and forums as opportunities for our governors to have two-way engagement with members and members of the public. These plans are now on hold due to COVID-19.</i></p>
	2.3: Give governors opportunities to feed back to members/public information about strategic proposals made by the trust board	
	2.4: Create new channels to communicate/engage with members	<p>We are making more use of social media to publicise membership and other topics of interest for members, eg Foundation News, the Trust's recent AGM, the governor videos.</p>
3: Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future	3.1: Introduce series of member events	<i>No action possible to date due to COVID-19.</i>
	3.2: Increase opportunities for members to be involved with the Trust	See 3.5 below
	3.3: Set up focus groups and member surveys	<i>No action possible to date due to COVID-19.</i>

Goal	Year 1 – actions to achieve goal	Progress as at October 2020
	3.4: Increase opportunities for members to get involved in service changes	<i>No action possible to date due to COVID-19.</i>
	3.5: Set up Patient Panel	<i>Not progressed due to need to prioritise COVID-19.</i> We are in the process of establishing a 'Readers' Panel' through which members, patients, volunteers and partners will be involved in the co-design and review of written information for patients. A task and finish group has been set up to take this work forward, and the plan is to establish the panel by early 2021.

COMPANY SECRETARY REPORT

To Note

Presented by Andrea McCourt

16. a. Review allocation of governors on Board sub-committees and Divisional Reference Groups

b. Allocation of governors to Board meetings 2020/2021

c. Review Council of Governors
Declarations of Interest Register

d. Review Annual Council of Governors
Annual Business Cycle 2021

e. Terms of Reference for the
Nominations and Remuneration
Committee Council of Governors

To Note

Date of Meeting:	22 October 2020
Meeting:	COUNCIL OF GOVERNORS
Title of report:	COMPANY SECRETARY REPORT
Author:	Andrea McCourt, Company Secretary
Previous Forums:	N/A
Actions Requested: <ul style="list-style-type: none"> To note 	
Purpose of the Report	
<p>This report brings together the following items for noting by the Council of Governors.</p> <ul style="list-style-type: none"> Governor allocations to Board Sub-Committees and Divisional Reference Groups and Board of Director meetings The declarations of interests register for the Council of Governors The 2021 Council of Governors business cycle for 2021 Approve the updated terms of reference of the Nominations and Remuneration Committee of the Council of Governors and identify a governor for the vacancy 	
Key Points to Note	
<p>a. Review allocations of Governors on Board Sub-Committees and Divisional Reference Groups (DRGs)</p> <p>Governors have the opportunity to observe Non-Executive Directors chairing Board Committees as governors as part of their role in holding Non-Executive Directors to account and to gain greater understanding of services and current issues through meetings with divisional management teams, known as Divisional reference Groups held three times a year.</p> <p>During September 2020, governors were asked to submit their preferences for attendance at Divisional Reference Groups and Board Sub-Committees. The allocation of governors to Divisional Reference Groups and Board Sub-Committees has now taken place.</p> <p>There remain two Board Sub-Committee allocations to confirm:</p> <ol style="list-style-type: none"> Finance and Performance Committee – monthly meeting – allocated governor and deputy to be confirmed (lead governor currently attending in the interim) Quality Committee deputy from April 2021 <p>The Council of Governors is asked to RECEIVE and NOTE Appendix 1 and Appendix 2 which confirm the Divisional Reference Groups and Board Sub-Committee allocations and upcoming dates of meetings and identify allocations for the allocations not yet filled noted above.</p> <p>The allocations will be effective from November 2020. Governors who are unable to attend any of the Board Sub-Committee dates are asked to contact the Deputy allocated to that meeting, to attend in their absence.</p>	

b. Review Allocation of Governors to Board Meetings 2020/21

A schedule inviting individual public governors to act as observers at the Public Board of Directors Meetings during the remainder of 2020 and 2021 was sent to Governors on 9 October 2020.

The Council of Governors is asked to **NOTE** Appendix 3 which confirms the dates individual governors are invited to attend the Public Board of Directors meetings in 2020. Governors who are unable to attend the allocated date are asked to contact the Corporate Governance Manager to rearrange.

c. Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached for review. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to the Corporate Governance Manager, including requesting a form to submit a declaration.

The Council of Governors is asked to **NOTE** Appendix 4 which confirms the Council of Governors Declarations of Interest Register.

d. Review Annual Council of Governors Business Cycle 2021

The Council of Governors is asked to review and approve the annual workplan for the Council of Governors at Appendix 5. Comments are to be sent to the Corporate Governance Manager.

e. Terms of reference for the Nominations and Remuneration Committee for the Council of Governors

A revised terms of reference for the Nominations and Remuneration Committee for the Council of Governors was reviewed and approved at the meeting of the Nominations and Remuneration Committee on 13 January 2020. The terms of reference would usually have been approved at the April 2020 meeting of the Council of Governors which was cancelled due to the Covid-19 pandemic and is therefore brought to this meeting for approval.

The Nominations and Remuneration Committee recommends the approval of the terms of reference for the Nominations and Remuneration Committee to the Council of Governors.

The Council of Governors is asked to approve the terms of reference based on this recommendation. Changes to the terms of reference are shown in red and relate to membership. The revised terms of reference are enclosed at Appendix 17.

There is a vacancy for one member of the Committee following a former member's decision not to continue in this role. Governors were asked for nominations however to date none has been forthcoming.

The Council of Governors is asked to:

APPROVE the revised Nominations and Remuneration Committee (CoG) terms of reference.
IDENTIFY a governor to fill the public governor member vacancy.

Recommendation

The Council of Governors is asked to **NOTE** the:

- a. Allocations of Governors on Board Sub-Committees and Divisional Reference Groups (DRGs) and propose allocations for the gaps identified for Finance and Performance Committee
- b. Allocation of Governors to Public Board of Directors meetings in 2021
- c. Council of Governors Declarations of Interest Register
- d. Council of Governors Annual Business Cycle 2021

The Council of Governors is asked to:

APPROVE the revised Nominations and Remuneration Committee (CoG) terms of reference and
IDENTIFY a governor to fill the public governor member vacancy.

SUB-COMMITTEE ALLOCATION 2021 - PROPOSED

Quality Committee		
Allocated:	Christine Mills Public Elected Governor - Huddersfield Central christine.mills14@nhs.net	<i>Deputy</i> - Dr Peter Bamber Until March 2021 Staff Elected Governor – Drs/Dentists Peter.Bamber@cht.nhs.uk

Charitable Funds Committee		
Allocated:	Sheila Taylor Public Elected Governor - Huddersfield Central sheila.taylor16@nhs.net	<i>Deputy</i> - John Gledhill Public Elected Governor - Lindley and the Valleys John.gledhill1@nhs.net

Organ Donation Committee		
Allocated:	Annette Bell Public Elected Governor - East Halifax and Bradford annette.bell4@nhs.net	<i>Deputy</i> - Sally Robertshaw Staff Elected Governor – Allied Healthcare Professionals (AHPs) Sally.Robertshaw@cht.nhs.uk

Finance and Performance Committee		
Allocated:	TBC Lead Governor to act as interim representative until governor identified.	TBC

Audit and Risk Committee		
Allocated:	John Richardson Public Elected Governor - South Kirklees john.richardson11@nhs.net	<i>Deputy</i> - John Gledhill Public Elected Governor - Lindley and the Valleys John.gledhill1@nhs.net

Workforce Committee		
Allocated:	Jude Goddard Public Elected Governor – Calder and Ryburn Valleys jude.goddard1@nhs.net	<i>Deputy</i> - Linzi Smith Staff Elected Governor – Mgt/Admin Linzi.Smith@cht.nhs.uk

Transformation Programme Board		
Allocated:	Stephen Baines Lead Governor Public Elected Governor – Skircoat and Lower Calder Valley Stephen.baines@nhs.net	

Divisional Reference Groups and Estates & Facilities Services Group Meetings in November 2020 and 2021 with governor allocations
All meetings will be held via MS Teams until further notice

Group	Date & Time	Governors
Medical Divisional Reference Group	Wednesday 4 November 2020 1.30 pm – 3.00 pm	Alison Schofield John Gledhill Linzi Smith Stephen Baines
	Monday 22 February 2021 10.30 am – 12 noon	
	Monday 7 June 2021 1.30 pm – 3.00 pm	
	Monday 1 November 2021 1.30 pm – 3.00 pm	
Families & Specialist Services Divisional Reference Group	Monday 9 November 2020 11.00 am – 12.30 pm	Annette Bell Lynn Moore Peter Bamber Sally Robertshaw Veronica Woollin
	Thursday 25 February 2021 2.00 pm – 3.30 pm	
	Wednesday 9 June 2021 10.30 am – 12 noon	
	Thursday 4 November 2021 10.30 am – 12 noon	
Community Healthcare Divisional Reference Group	Monday 9 November 2020 1.30 pm – 3.00 pm	Lynn Moore Sheila Taylor Chris Owen Annette Bell Stephen Baines
	Tuesday 9 February 2021 1.30 pm – 3.00 pm	
	Monday 14 June 2021 10.30 am – 12 noon	
	Tuesday 2 November 2021 10.30 am – 12 noon	
Surgery & Anaesthetics Divisional Reference Group	Tuesday 10 November 2020 1.30 pm – 3.00 pm	Chris Owen Christine Mills John Richardson Jude Goddard Rosie Hoggart
	Monday 8 February 2021 1.30 pm – 3.00 pm	
	Monday 14 June 2021 1.30 pm – 3.00 pm	
	Monday 1 November 2021 10.30 am – 12 noon	
Estates & Facilities Services Group	Thursday 12 November 2020 1.30 pm – 3.00 pm	Alison Schofield Annette Bell John Gledhill John Richardson Sheila Taylor
	Friday 5 February 2021 1.30 pm – 3.00 pm	
	Thursday 3 June 2021 10.30 am – 12 noon	
	Wednesday 3 November 2021 1.30 pm – 3.00 pm	

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETINGS 2020/2021

Unless stated otherwise Board of Director meetings commence at **9.00 am**.

DATE	VENUE	GOVERNORS ATTENDING
Thursday 5 November 2020	Microsoft Teams	John Gledhill Christine Mills Jude Goddard Stephen Baines
Thursday 14 January 2021	Microsoft Teams	Annette Bell Paul Butterworth Alison Schofield Stephen Baines
Thursday 4 March 2021	Microsoft Teams	Chris Owen John Richardson Brian Richardson Stephen Baines
Thursday 6 May 2021	Microsoft Teams	Sheila Taylor Veronica Woollin Lynn Moore Stephen Baines
Thursday 1 July 2021	Microsoft Teams	John Gledhill Christine Mills Jude Goddard Stephen Baines

Please contact councilofgovernors@cht.nhs.uk if this date is not convenient.

**DECLARATION OF INTERESTS – COUNCIL OF GOVERNORS
AS AT OCTOBER 2020**

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

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS 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
25.3.20	Lynn MOORE	Public-elected Constituency 7- North and Central Halifax	-	-	-	-	-	-
20.3.20 No change	Brian RICHARDSON	Public-elected Constituency 5 - Skircoat and Lower Calder Valley	-	-	-	-	Locala Members' Council Healthwatch Calderdale Programme Board. Practice Health Champion PRG member at Beechwood Medical Centre	-
23.3.20 No change	Annette BELL	Public-elected Constituency 6 - East Halifax and Bradford	-	-	-	-	-	-
27.3.20 No change	Veronica WOOLLIN	Public-elected Constituency 4 from 15.11.17	-	-	-	-	-	-

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS 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
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29.3.20 No change	Stephen BAINES	Public-elected Constituency 5 - Skircoat and Lower Calder Valley	-	-	-	Councillor Calderdale MBC Calderdale Health & Well-being Board member	-	Councillor Calderdale MBC
21.7.17	John RICHARDSON	Public-elected Constituency 3 - South Kirklees	-	-	-	-	-	Club Steward
11.8.17	Alison SCHOFIELD	Public-elected Constituency 7 - North and Central Halifax	-	Owner and founder of Disability Roadmap.co.uk	-	Soon to be Trustee of Imagineer Foundation	Member of Steering Group – Leonard Cheshire Disability Charity	-
30.8.17	Paul BUTTERWORTH	Public-elected Constituency 6 - East Halifax and Bradford	Chairman Bradford Bulls Supporters Trust	-	-	-	-	-
29.11.17	Chris REEVE	Nominated Stakeholder, Locala	Locala Community Partnership				Chair of Honley High School Cooperative Trust (school but school nursing service)	
4.12.17	Salma YASMEEN	Nominated Stakeholder - SWYPFT	Director – South West Yorkshire Partnerships NHS FT					
21.3.20 No change	Dr Peter BAMBER	Staff elected – Drs/Dentists	-	-	-	-	-	- Registered with the General Medical Council (GMC) - Member of the

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS 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
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								British Medical Association (BMA) - Fellow of the Royal College of Anaesthetists - Member of the Association of Anaesthetists - Member of the Obstetric Anaesthetists Association - Member of the Association of Dental Anaesthetists
20.3.20	Linzi SMITH	Staff elected – Admin/ Clerical	-	-	-	-	-	-
24.3.20	Sally Robertshaw	Staff elected – Admin/Clerical						- Membership HCPC (professional registration) - Member of the Chartered Society of Physiotherapy
17.1.18	Chris REEVE	Nominated Stakeholder - Locala	Company Secretary – Locala Community Partnerships CIC	Stakeholder for Locala CIC	-	-	-	As before
29.1.18	Felicity ASTIN	Nominated Stakeholder – University of Huddersfield	-	-	-	-	-	Joint clinical academic post undertaking work at both CHFT and the University of Huddersfield
28.3.18	Megan SWIFT	Nominated Stakeholder – Calderdale Metropolitan Council	-	-	-	Trustee - Health Trust Trustee – Mixenden Parents Resource Centre	-	Councillor – Calderdale MBC

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS 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
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21.3.20	Christine MILLS	Public elected - Constituency 2 (Huddersfield Central	-	-	-	-	-	-
18.07.18	Jude GODDARD	Public elected – Constituency 2 - Calder and Ryburn Valleys	Director Imagine Results Limited	Director of Imagine Results Limited	Director of Imagine Results Limited	-	Associate work for HealthSkills Associate NHS Elect	Member of the Q Community Health Foundation Director of Imagine Results that carried out work for and with NHS England
24.7.18	Sheila TAYLOR	Public elected - Constituency 2 – Huddersfield Central	-	-	-	Secretary to Huddersfield NHSRF	-	Huddersfield NHSRF
19.8.19	Chris OWEN	Public elected – Constituency – South Huddersfield	-	-	-	-	-	-
9.7.19	Cllr Lesley WARNER	Nominated Stakeholder – Kirklees Council						Councillor – Kirklees Metropolitan Council
20.3.20 No change	John B GLEDHILL	Public elected governor – Constituency – Lindley and the Valleys	Chairman and Director of Yorks WR Masonic Activities Limited Director of Interaction and Community Academy Trust at Castle Hill School, Newsome, Huddersfield	-	-	-	-	

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS 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
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23.3.20 No change	Jayne TAYLOR	Nominated Stakeholder – Calderdale & Huddersfield Solutions Ltd.	-	-	-	-	-	Employee of Calderdale and Huddersfield Solutions Limited, wholly owned subsidiary of Calderdale & Huddersfield NHS Foundation Trust
8.10.19	Rosemary HOGGART	Staff Elected – Nurses / Midwives	-	-	-	-	-	Nursing and Midwifery Council Royal College of Midwives
4.11.19	Helen HUNTER	Nominated Stakeholder – Healthwatch	-	-	-	Chief Executive at Healthwatch Kirklees and Healthwatch Calderdale Trustee of Halifax Opportunities Trust	-	Chief Executive at Healthwatch Kirklees and Healthwatch Calderdale

Please notify Jackie Ryden, Corporate Governance Manager immediately of any changes to the above declaration: - 01484 355933 or Jacqueline.ryden@cht.nhs.uk or return the attached with amendments.

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2021

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS

Under National Health Service Act 2006:

- To appoint and, if appropriate, remove the Chair
- To appoint and, if appropriate, remove the other non-executive directors
- To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs
- To approve the appointment of the Chief Executive
- To appoint and, if appropriate, remove the NHS Foundation Trust's external auditor
- To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report

In preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.

Under Health and Social Care Act 2012:

- To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
- To represent the interests of the members of the Trust as a whole and of the public
- To approve "significant transactions" as defined within the constitution
- To approve any applications by the Trust to enter into a merger, acquisition, separation or dissolution
- To decide whether the FT's private patient work would significantly interfere with its principal purpose, i.e. the provision of goods and services for the health service in England or the performance of its other functions
- To approve any proposed increase in private patient income of 5% or more in any financial year
- Jointly with the Board of Directors, to approve amendments to the FT's constitution

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest with new governors	
Minutes of previous meeting	✓	✓	✓		✓	Upload approved minutes to public website

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
Matters arising	✓	✓	✓		✓	
Chair's Report	✓	✓	✓		✓	
Lead Governor Update	✓	✓	✓	✓ (Annual update)	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - – Audit & Risk Committee – Finance & Performance Committee – Quality Committee – Workforce Committee – Nomination & Remuneration Committee – Charitable Funds Committee – Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	<u>Private meetings:</u> <ul style="list-style-type: none"> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	
Quality Report	✓	✓	✓		✓	

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
Updated Council of Governors Calendar	✓ Receive	✓ Receive	✓ Receive		✓ Receive	
REGULAR ITEMS						
Election Process	✓ Agree proposed timetable for election	✓ Progress on elections report		✓ Ratify appointment of newly elected members		
Nominations and Remuneration of Chair and Non-Executive Directors	✓ Receive update on tenures	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom & Rem Committee Meeting	
Strategic Plan & Quality Priorities	Receive update: <ul style="list-style-type: none"> Notes from BOD/COG Workshop Quality Accounts 	✓ Receive update on progress		✓ Receive updated plan and priorities	✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission		✓ Receive Annual Plan (GB, AB)				Details of annual plan review and sign off to be planned once guidance for 2021/22 received – may require extra-ordinary COG Meeting or COG workshop)

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
Appointment of Lead Governor		✓ Paper to be presented to discuss election process		✓ Appointment confirmed		
Chair/Non-Executive Director Appraisal	✓ Approve Chair appraisal process	✓ Approve Chair process	✓ Receive informal report			April – Approve process July – Receive report
Constitutional Amendments		✓ Review amendments				Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts				✓ Receive presentation from audit on Accounts and Quality Accounts		
Future Council of Governors Meeting Dates			✓ Draft – meeting dates agreed		✓ Venues confirmed	
Council of Governors Sub Committees					✓ Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
Council of Governors Self Appraisal of Effectiveness					✓ Self-Appraisal feedback / outcome	✓ Self-Appraisal process to commence July / August 2021
Review Annual Council of Governors Meetings Workplan (this document)		✓ Review			✓ Review any amendments / additions	Review as required

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				
Quality Accounts	✓ Receive update on Quality Account Priorities					Approval of local indicator for QA agreed at December COG Workshop
Review details of 2021 Annual General Meeting		✓ Review April				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						Tender due for review April 2020
Appointment of Auditors		✓				Re-tendering of external auditors for 2021/22 onwards
Review progress with annual plan for Membership Strategy		✓			✓ Review	Review as required and no less than every 3 years
Review of Standing Orders – Council of Governors		✓ Review	✓ Review			Bi-annually
Risk Register	✓					

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS

TERMS OF REFERENCE

Version:	V 3.1 for review at 13.1.20. Nominations and Remuneration Committee
Approved by:	Council of Governors
Date approved:	11 April 2019 Council of Governors
Date issued:	April 2019
Review date:	April 2020

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

1. Constitution

- 1.1 In line with the Constitution the Trust hereby resolves to establish a Committee to be known as the Nominations and Remuneration Committee of the Council of Governors. The Committee has no executive powers other than those specifically delegated in these terms of reference.
- 1.2 All references in these terms of reference to Non-Executive Directors are to be taken to include the Chair, unless specifically indicated otherwise.
- 1.3 All procedural matters in respect of conduct of meetings shall follow the Constitution and Standing Orders of the Council of Governors.

2. Purpose

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

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

3. Authority

- 3.1 The Nominations and Remuneration Committee of the Council of Governors, hereafter referred to as the Committee, is constituted as a standing committee of the Council of Governors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Council of Governors meetings.
- 3.2 The Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Nominations and Remuneration Committee.
- 3.3 The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 3.4 The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

4. Conflicts of Interest

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

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

5. Nominations role

The Committee will:

- 5.1 Recommend to the Council of Governors potential candidates for appointment as Chair and / or Non-Executive Director.
- 5.2 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and, having regard to the view of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.
- 5.3 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills, diversity, knowledge and expertise needed on the Board of Directors in the future, having regard to any relevant legislation and requirements of the independent regulator.
- 5.4 To ensure a formal and transparent procedure is in place to monitor the performance and undertake the appraisal of the Chair and other Non-Executive Directors and report the outcome of these reviews to the Council of Governors on an annual basis.
- 5.5 Review annually the time commitment requirement for Non-Executive Directors.
- 5.6 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities and expected time commitment required and review the job description and person specification for the role of the Chair and Non-Executive Directors via the Nominations and Remuneration Committee of the Council of Governors.
- 5.7 Make recommendations to the Council of Governors concerning plans for succession, particularly for the key role of Chair.
- 5.8 Keep the leadership needs of the Trust under review at Non-Executive level to ensure the continued ability of the trust to operate effectively in the health economy.
- 5.9 Keep up-to-date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.
- 5.10 Agree with the Council of Governors a clear process for the selection and nomination of candidates for the office of Chair or Non-Executive Director of the Trust, taking into account the views of the Board of Directors on the qualifications, skills and experience required for each position.
- 5.11 To establish an appointments panel for the purposes of managing the process for the appointment of a Chair and / or Non-Executive Director.
- 5.12 To identify, interview and nominate suitable candidates who meet the 'Fit and Proper Persons Test' to fill vacant posts within the Committees remit and make a recommendation for approval of the appointment to the Council of Governors.

- 5.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- 5.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest as well as with compliance with 'Fit and Proper Person' requirements are reported.
- 5.15 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board of Directors meetings.
- 5.16 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review and be subject to annual re-appointment.
- 5.17 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director.

6. Remuneration role

The Committee will:

- 6.1 Recommend to the Council of Governors remuneration packages and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of his own remuneration and terms of service), the Chief Executive, and any external advisers.
- 6.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms of office, of the Non-Executive Directors.
- 6.3 Receive and evaluate reports about the collective performance of Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.
- 6.4 In adhering to all relevant laws and regulations establish levels of remuneration which:
 - 6.4.1 are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust;
 - 6.4.2 reflect the time commitment and responsibilities of the roles;
 - 6.4.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and
 - 6.4.4 are sensitive to pay and employment conditions elsewhere in the Trust.
- 6.5 Oversee other related arrangements for Non-Executive Directors.

7. Governor Conduct Matters

- 7.1 To promote high standards of conduct by Governors and assist Governors to observe the code of conduct. All Governor members of the Committee must have attended “holding to account” training to be a member of this Committee.
- 7.2 To review the Governor code of conduct annually and make relevant recommendations to the Council of Governors for approval.
- 7.3 To receive and consider reports from the Trust chair on issues of Governor conduct, eligibility and removal.
- 7.4 To provide recommendations to the Council of Governors on issues of:
 - 7.4.1 Governor conduct, eligibility and removal;
 - 7.4.2 Process for dealing with any reports of breaches of the Code of Conduct or Trust Constitution.

8. Membership and attendance

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

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

The following will attend in a professional advisory capacity:

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

Membership of the Committee will be reviewed annually.

9. Chair of the Committee

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

10. Quorum

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

11. Secretary

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

12. Training

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

13. Attendance

- 13.1 Only members of the Committee have the right to attend Committee meetings.
- 13.2 At the invitation of the Committee, meetings shall normally be attended by the Chief Executive and Director of Workforce.
- 13.3 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

14. Frequency of Meetings

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

15. Minutes and Reporting

- 15.1 Formal minutes shall be taken of all Committee meetings and once approved by the Committee, circulated to all members of the Council of Governors unless a conflict of interest, or matter of confidentiality exists.
- 15.2 The Committee will report to the Council of Governors after each meeting.
- 15.3 The Committee shall receive and agree a description of the work of this Committee, its policies and all Non-Executive Director remuneration in order that these are accurately reported in the required format in the Trust's Annual Report.
- 15.4 Members of the Committee will be required to attend the Annual General meeting to answer questions from the Foundation Trust members and the wider public.

11. Performance Evaluation

- 11.1 The Committee shall review annually its collective performance.

12. Review

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

Appendix 1

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS

Membership	Member / Attendee	Role
Trust Chair (Chair)	Philip Lewer	Member Chair
Senior Independent Non-Executive Director	Richard Hopkins	Chair if Trust Chair has conflict of interest
Lead Governor	Stephen Baines	Member
Public Governor	Paul Butterworth	Member
Public Governor	Alison Schofield	Member
Public Governor	Lynn Moore	Member
Public Governor	Veronica Woollin	Member
Public Governor	Christine Mills	Member
Company Secretary	Andrea McCourt	Attendee
Deputy Director of Workforce and Organisational Development	Jason Eddleston	Attendee

October 2020

NON-EXECUTIVE DIRECTORS

17. Feedback from Non-Executive Directors in attendance

Presented by Richard Hopkin and Peter
Wilkinson

RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

18. a. Quality Committee 29.6.20, 3.8.20, 2.9.20

b. Workforce Committee 15.7.20, 10.8.20

c. Charitable Funds Committee 26.8.20

d. Audit & Risk Committee 22.7.20

e. Finance & Performance Committee
Meetings held 29.6.20, 3.8.20, 1.9.20

f. Organ Donation 15.7.20

QUALITY COMMITTEE

Monday, 29 June 2020

93/20 WELCOME AND INTRODUCTIONS

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Dr David Birkenhead (DB)	Medical Director
Christopher Button (CB)	Lead Cancer Nurse
Andrea Dauris (AD)	Associate Director of Nursing, Quality and Safety
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Andrea McCourt (AMcC)	Company Secretary
Christine Mills (CM)	Public-elected Governor
Dr Cornelle Parker (CP)	Deputy Medical Director
Naheed Razzaq (NR)	Risk Manager
Elisabeth Street (ES)	Clinical Director of Pharmacy
Maxine Travis (MT)	Senior Risk Manager
Lucy Walker (LW)	Quality Manager, Calderdale & Huddersfield CCG
Michelle Augustine (MAug)	Governance Administrator (Minutes)

94/20 APOLOGIES

Lindsay Rudge (LR) Deputy Director of Nursing

95/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

96/20 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Monday, 1 June 2020 were approved as a correct record.

The action log can be found at the end of the minutes.

97/20 INTEGRATED PERFORMANCE REPORT

EA reported that the Integrated Performance Report at appendix B1 and B2 was discussed at length at the Finance and Performance Committee meeting earlier today, including stabilisation and reset, and the impact that this could have on care pathways. Due to this being one of the quality and safety priorities going forward, the Finance and Performance Committee and Quality Committee need to ensure that this is referenced in both groups.

It was stated that the report should remain on the agenda as the dataset continues to evolve.

98/20 MEDICATION SAFETY AND COMPLIANCE GROUP REPORT

ES presented appendix C which provided an overview of medication safety issues reported at the Medication Safety and Compliance Group (MSCG) in the last quarter.

- Medication incidents:
 - a comparison of incidents from quarter 4 in 2018-2019 (334) and quarter 4 in 2019-2020 (242) show a reduction;
 - four of the incidents which resulted in moderate patient harm in quarter 4 2019-2020 were summarised;
 - the total number of medication incidents reported in 2019-2020 (1227) was broken down into groups:

- 532 (43%) related to administration errors
 - 239 (20%) related to prescribing errors
 - 207 (17%) related to pharmacy errors
- COVID-19 medication issues:
- *medication shortages of critical medicines and renal replacement fluids* – there were national supply chain issues with medications required to treat patients requiring critical care and/or hemofiltration due to demand during the COVID-19 surge. Actions were taken to mitigate risks.
 - *Oxygen vacuum insulated evaporator (VIE) security* – alerted to increased risks of a security breach to oxygen VIE compounds during COVID-19. A task and finish group was established to review current security and identify any improvements required.
 - *Oxygen capacity* – a task and finish group worked collaboratively to produce clear guidance for interpreting oxygen capacity and therefore understanding the number of ventilators and continuous positive airway pressure (CPAP) equipment that can be in use at any one time
 - *Medical gas compliance / training* – deep dive carried out in relation to governance and additional training requirements for colleagues
- General medication safety updates
- *Active Temperature monitoring update* – funding now approved for an active temperature monitoring system for medication fridges and for ambient temperature monitoring in medication storage areas
 - *Key security* - all the required key safes have now been installed to ensure safe storage of medication keys and spare keys for those areas not open 24/7.
 - *Controlled drug updates* – report received from internal audit undertaken in March 2020, and action plan to be reviewed by the MSCG. The audit identified several areas of significant progress, as well as some areas to improve compliance.
 - *Audits:*
 - *Medication security NHS protect audit* - audit completed and action plan to be monitored by the MSCG.
 - *Delay and omission of administration of high-risk drugs audit* – audit completed in April 2020, with recommendations being monitored by the MSCG
 - *Pharmacy system interface* – a business case for the interface has been approved. Medications are currently processed by a manual transcription by the pharmacy team, and the interface will reduce transcription errors and enhance medication safety.

Since the report was written, a more comprehensive medical gases paper has been produced and will be submitted to the Weekly Executive Board, then to this Committee. The report further describes the Health Technical Memorandum (HTM). An updated MSCG terms of reference were also submitted for ratification, with a few amendments made. These were agreed.

It was asked how CHFT benchmarks regionally or nationally against the 1227 medication incidents reported for 2019-2020. ES stated that it comes up on the Model Hospital pharmacy report, and overall, CHFT level of harm is good as in low level, with very few serious and moderate harms, however, CHFT may not be as good as reporters as other organisations. Whilst it is good news to see a reduction in medication incidents, it is healthy to have a lot of incidents in order to see where the problems are and to see a low level of harm. Historically, the four incidents are on track considering the number of drugs that are prescribed and administered daily, especially during this time period.

EA stated that the medical gases group has been an issue in the organisation for some time and would strongly support the governance of medical gases into the Quality Committee.

OUTCOME: The Quality Committee received and noted the report.

99/20 CANCER BOARD REPORT

CB presented appendix D summarising that the Cancer Board has now met eight times and chaired by Helen Barker (Chief Operating Officer). The membership includes the cancer management team of Helen Barker, Jo Dent as Lead Clinician, Maureen Overton as Lead Cancer Manager and CB. Other members include the clinical leads of the cancer multi-disciplinary teams, the divisional general managers, and representation from Radiology, Pathology, Pharmacy, Neuro-specialists and Cancer Information Specialist teams.

The last meeting took place in January 2020, and the Board has not met formally since COVID-19 but have had interim meetings to discuss the impact of COVID-19 on the cancer service, but this is not reflected in this report which is from 15 January 2020 meeting.

The meeting had a focus on performance, which is managed by Maureen Overton, who has weekly meetings with operational managers and the cancer teams, and where necessary the divisional general managers, to look at any breach avoidances.

A large part of the meeting was dedicated to the new 28-day Faster Diagnosis Standard which was due to start reporting from 1 April 2020. That has now been delayed due to COVID-19 but have been shadow monitoring for the last 12 months.

During quarter 3 (October to December 2019), five of the seven national operational cancer waiting times standards were achieved. The targets missed were described, and the Cancer Board were not sure how CHFT benchmarked against other trusts in terms of the 104-day performance breaches, therefore this has been reviewed and a report is being prepared for the next Cancer Board. One of the targets achieved; the 62-day standard, is one of the two well-published metrics in the mainstream press, and nationally, 48 trusts achieved this target. CHFT was 15th on the national league table.

The Cancer Board had an in-depth discussion on the new 28-day faster diagnosis standard, which is the time from urgent referral from GP, to a patient being informed of a cancer diagnosis. The target is now within 28 days, and each cancer site team reviewed their position with the monitoring and how they were trying to achieve the standard. From the overall shadow monitoring of the standard, CHFT are aiming for a target of 75%, and three months ahead of the official reporting, CHFT performance stood at 74.3%. The Board felt to be on course to achieving the target which was due to come into effect on 1 April 2020. There were some areas where the shadow monitoring was around 40%, and some suggestions were made and put in place following the meeting.

Also discussed were incidents, complaints and compliments:

- From April to December 2019, there were 95 incidents in total where cancer was mentioned. This included two serious incidents and both investigations were concluded, and the lessons learnt distributed not only to the teams where the incidents took place, but also to wider teams. 65 of the incidents were in the '*assessment / treatment / diagnosis*' category, and 46 of those (71%) were 104-day breaches. For the remaining cases, there were no themes.
- For the same reporting period, there were 27 complaints and concerns where cancer was mentioned. The category of cases included '*clinical treatment*', '*communication failure*', '*car parking*', '*privacy and dignity*', and '*inappropriate discharge*'.
- For the same reporting period, five compliments were recorded on the Datix system where cancer was mentioned, which under-represents the compliments which are received through cards, letters, etc and not formally recorded on systems.

The Cancer Board agreed to build on the work of reviewing incidents with the addition of complaints and compliments. This will enable identification of themes and disseminating lessons learnt or changes to practice.

The Board made the decision to add patient and primary care representation to future meetings, which will start with patient representation at the next meeting and primary care representation in July 2020.

The First Steps health and wellbeing programme for newly diagnosed cancer patients, aimed at providing information and education to empower people to take some ownership of their illness and its management, started as face-to-face sessions in October 2019 and has been well received by patients and their supporters. This has been moved online for the last few months due to COVID-19.

It was stated that there are more compliments which are made than compliments which are logged and is important that they are recorded for the benefit of the staff.

It was stated that looking forward, there will be some delays in cancer diagnosis, and it was asked what the approach and governance route will be for reporting the consequences. CB stated that a weekly meeting has been taking place reviewing the backlog position in each cancer speciality on what diagnostics have caused an impact on any delays and what treatment delays there have been. The biggest impact is diagnostics and a meeting where divisional representatives responsible for patients in their division are looking at patients on a case-by case basis. An example of this is where endoscopy and colonoscopy were closed for the first two months of COVID-19. The service has now re-opened and there were less than 10 two-week wait patients waiting for a date for an endoscopy or colonoscopy. Those patients had an appointment date before the end of June 2020.

It was also asked where the quality outcome measures are being reported. CB reported that due to there not being another date as yet for the next Cancer Board, the stabilisation and reset meetings for cancer are available to report and discuss these measures, which will then feed into the Incident Management Team (IMT) meeting, and any relevant issues will be reported into the Quality Committee.

EA stated that we need to ensure that the stabilisation and reset workstreams do not cut across what is already in place. EA and DB will be meeting with Helen Barker to ensure that different groups are not reporting into other groups when there is already a clear reporting structure. With regard the quality priorities, this has to be our number one priority for the next few months and need to ensure that we do not lose anything, but equally do not start duplicating work and setting a dual governance structure in place.

It was asked if there were any timescales for when the Board would like to see primary care colleagues joining the meeting. CB reported that the plan was for primary care to join in July 2020, but due to no further meetings taking place, this has not transpired. There is a proposal for the stabilisation and reset group to become the Cancer Board in the future, but the membership would need to be amended, and would be opened to primary care representation.

OUTCOME: The Quality Committee received and noted the report.

100/20 PATIENT SAFETY GROUP REPORT

MT presented appendix E highlighting a summary of work undertaken and actions from the Patient Safety Group during quarters 3 and 4 of 2019-2020, including the membership of two junior doctors who have made very valuable contributions to the Group.

Reports received from sub-groups included updates from:

- *Resuscitation Group* – the Group looked at incidents and root cause analyses around the commencement of cardiopulmonary resuscitation (CPR) and the resuscitation process. There have been a number of incidents, with an action plan put in place and learning shared from those cases. An audit was also undertaken on the paediatric resuscitation trolleys which identified improvements needed to be made.

- *Hospital Transfusion Group* – transfusion-related activity, particularly serious hazards of transfusion (SHOT) reportable incidents and the robustness of investigations to identify learning have been discussed. Risks have also been identified and placed on the risk register, with further work to be done.
- *Pressure ulcer collaborative* – since COVID-19, there has been a shift in reporting of pressure damage from inpatient into the Community, which reflects that more patients are being kept at home during the pandemic meaning that incidents are occurring in the community rather than as inpatients.
- *Medical devices and procurement Group* – reporting was based on risk register entries and some are aligned with the quality priorities in terms of medical devices and end of life support.
- *National Early Warning Score (NEWS)* – training was refreshed with a baseline of zero with an expected reduction in compliance whilst training was completed again. That has been an upward trend, however hindered by COVID-19, and will be picked up in the next quarter. Compliance is now being captured on ESR to allow for easier reporting.
- *Patient safety alerts* – The Group has oversight of the delivery of actions, and a recent meeting has taken place with the central alert system (CAS) officer to look at the process for escalation, the embedding of monitoring to strengthen relationships with safety alert leads, and to improve governance processes. This is currently work in progress ensuring that reporting into the national system is done in a timely and comprehensive manner.
- *Healthcare Safety Investigation Branch (HSIB)* – these are national investigations, and the relevance of reports are assessed and reported into the PSG on a quarterly basis, with a gap analysis on how to comply with the recommendations and what the action plans are. Each gap analysis has a named lead and are aligned with serious incident investigations within the Trust.
- *Junior doctor feedback* – reports have been received on surgical and prescribing issues, one of which was delayed removal of ureteric stents, which has recently commenced as a HSIB investigation, which will allow feedback to be linked into the national report.

In relation to the assurance of patient safety alerts, it was asked who signs the required actions off as being taken. It was stated that this is currently being reviewed and working through the Central Alert System policy to ensure that the governance aspect is clearly documented, as there have been some changes to alerts and incidences where it is not clear who is closing actions, and in conjunction with the risk team, are recording actions more robustly on the Datix system. This is all part of the work currently in progress.

In relation to the Hospital Transfusion update, it is pleasing that a new Chair has been appointed, and that the risk register has been reviewed, and looked at the quality improvement work. It was stated that those priorities are now better triangulated and aligned and now need to take forward work with divisions to ensure that when SHOT incidents are reported, that it is not the Transfusion team's responsibility to undertake the root cause analysis, as it should sit within the division that the incident occurred in order for the learning to be embedded in that division. The Chair stated that it would be good to have at a future date, a report to this Committee on the development work undertaking and how that is progressing. In terms of the audits not yet completed, it was noted that there was a national clinical audit that could not be supported from the medical division. It was asked how that would be addressed. It was stated that this is being taken back into the Hospital Transfusion Committee to review their audit programme and to prioritise that in the context of the wider trust priorities. It is unsure of the delivery of the audit programme, which has been restricted due to capacity within the Transfusion team rather than wider organisational ownership. This is part of the engagement process that transfusion sit within divisions. If engagement, ownership and accountability is improved, then the delivery of incident investigations and the audit programmes will be a

collaborative rather than being reliant on the Transfusion team. This is on the risk register as a compliance issue.

The report also mentions the development of the dementia nurse role and a steer was requested from the Quality Committee on how to take this forward. AD stated that there is a vacancy within the corporate nursing team related to dementia and this is an opportunity to see what is happening in other organisations and how we can inform the vacancy going forward, as an element of improvement work is required. The post is currently not out to advertisement, and any suggestions were welcomed. It was stated that this may also link into the mental health strategy.

Action: MT to check with LR and feedback.

101/20 QUALITY PRIORITIES PAPER

AD presented appendix F to enhance the conversation regarding the stabilisation and reset agenda and what the quality priorities need to look like going forward.

The paper describes the programme of work around quality priorities where governors and staff were involved to choose three priorities which were set out in early March 2020 and agreed. There were additional quality priorities which the quality leads (AD, EA, CP, LR and DB) identified needed to be in parallel to the three quality priorities. The additional seven quality priorities are:

- Clinical documentation
- Personal Protective Equipment (PPE)
- Medical Devices
- End of Life Care
- Falls resulting in harm
- Deferred care pathways due to Covid-19/ and how these relate to the mortality of Covid and non Covid death
- New ways of working

Clinical Documentation – this has been an ongoing challenge in the organisation and a significant piece of work was done in relation to the transformation and launch of the Cerner system across the organisation. There was a recent paper presented to the Digital Health Forum which looked at our standard ward assurance document which audits clinical records and when the report was presented in February 2020, it described limited assurance from recent auditing of clinical records, and raised some concerns on the sustained improvement journey. Record keeping should be an accurate reflection of the care of a patient and should be describing the patient's story, what their diagnosis and priorities are, and their journey through the organisation. The initial stocktake raised some concern, and there are some improvements on the limited assurance

Personal Protective Equipment (PPE) – the PPE Group was established early during the COVID-19 pandemic and continues to meet daily to determine a strategy going forward. The group has established several measures around patient safety and the staff experience by having the right level of PPE to deliver care. A significant amount of work has been done in the Group, with further work yet to be completed, and given the current challenges with the supply chain, this piece of work will need to continue going forward.

Medical Devices – this group was established to review medical devices to support the pandemic and deployment of equipment across the organisation. The group gave a clear steer of work that needed to be done and identified gaps in the assurance processes that need to be addressed and progresses to ensure patient safety is maintained.

End of Life Care – there is an end of life strategy 2019-2021 with three key priorities, however, this is about the provision of compassionate and person-centred end of life care, and to keep as a high priority on the Trust's agenda. The National Audit of Care at End of Life (NACEL)

audit was undertaken with some improvements made, but there was an opportunity to improve.

Falls resulting in harm – Upon reviewing some of the reports on trends across the organisation, slips, trips and falls remains the highest type of incident being reported. This scheme is looking at a reduction in the number of falls that result in harm. There is a falls collaborative which is steering this work going forward.

Deferred care pathway – this is looking at pathways that were deferred as a result of COVID-19 and how to understand the impact on a patient perspective and the outcome measures of that going forward.

Business better than usual – there has been a piece of work ongoing in response to the COVID-19 pandemic looking at how to do things differently – *business better than usual* - and capturing the learning in organisation and ensuring that those changes made are evaluating and positively impacting on the patient's experience of safety and quality, and ensuring a plan for a more sustainable implementation.

EA stated that the refreshed priorities are reflective of the journey through COVID-19 and beyond. EA also stated that infection prevention and control is incredibly important and may need to be added as a clinical priority, following further assurance seen by the Quality Committee, particularly around the nosocomial infections. The recommendation was to agree the priorities and refresh them at the end of the financial year, and work as a group to swiftly define the expected outcome measures.

It was further stated that these were the Committee's top priorities of focus at this point in time, and that there will be further priorities, however, the agreement which was reached before COVID-19 was that a shorter set of quality priorities were needed to give an overview of how successful we are as an organisation in terms of managing some of those risks. It was accepted that if there was a second COVID-19 surge, the priorities would need to be further reviewed.

Various comments were made on this being a good step forward in terms of clarifying a reasonable number of priorities. It was also stated that any key priorities are fed into the relevant stabilisation and reset meetings.

Ideas of how outcomes could be measured going forward were welcomed from the Committee. Regarding clinical documentation and the reduction in legal claims, it was stated that it can take up to three years for a legal claim to be completed, therefore it was uncertain how immediate this measure would be and suggested that complaints would be a timelier measure. It was also stated that the starting point for all the measures would need to be identified first in order to be specific on what the reduction would be.

It was asked how much information is being gathered about the impact of poor clinical documentation on discharge planning, and it was stated that some of this is being gathered through incident reporting within and from other organisations relating to interface-type incidents. There are standards on record keeping published by several bodies, therefore will need to audit against those standards to understand any improvements.

AD was happy to receive comments outside of the meeting to inform what success measures could look like.

Action: Committee members to contact AD with any thoughts on the paper.

102/20 LEARNING FROM DEATH ANNUAL REPORT

CP presented appendix G which comprises of two parts:

- the learning from deaths annual report which covers an 11-month period due to the outbreak of COVID-19, and focuses on divisional assurance in relation to modes of

examining deaths in the organisation, and whether the processes cover a representative sample of deaths; and

- COVID-19 mortality review for deaths between 23 March and 19 May 2020.

In relation to learning from deaths, the mortality metrics continue to move in the right direction, with crude mortality declining, Hospital Standardised Mortality (HSMR) continuing to be a positive outlier with the latest figure at 88.6%, and the Summary Hospital-level Mortality (SHMI) remains within expected limits at 98.6%.

Two level of reviews are conducted on death, the first being the initial screening reviews which are delivered across the specialities, with a target set at 50%. This was not achieved during the 11-month period, and currently stands at 32%, largely due to reviews being suspended during the COVID-19 pandemic and clinicians being released for front-line clinical activity. The second level of reviews – structured judgement reviews did continue, and 128 deaths were reviewed over the period. Particular interest was in whether there was assurance that divisions were acting on very poor scores. This was audited and found that 15 out of 17 deaths were escalated to the divisions and the outcomes of those are detailed in the paper. The other two deaths were still in process of the audit.

In terms of demographics and whether a representative sample of deaths were being reviewed, this was found to be correct. Gender and ethnicity were approximate to our ethnic and gender distribution across all deaths, and the same was for initial screening reviews. For the structured judgement reviews, it was found that a slightly younger population were being reviewed, which was not surprising as the potential for avoidability may be regarded as being higher in that younger age group. In terms of ethnicity, the cases reviewed matched deaths across the hospital; but for all patient contacts, the ethnic breakdown was 79% white and 13% black, Asian and minority ethnic (BAME), but for mortality, there was a greater proportion of individuals who were white, at 87%.

In relation to COVID-19 review of deaths between 23 March and 19 May 2020, there were 348 inpatient deaths, of those, 140 were COVID-19 positive. Peak mortality occurred week commencing 10 April 2020 which coincided with the national peak, but was a week earlier than other Trusts in the region. During COVID-19, there was an overall 31% increase in the total number of COVID-19 positive and non-COVID-19 deaths. When COVID-19 deaths were excluded, there were fewer non-COVID-19 deaths than in the same time period the year previously. The majority of patients who died had multiple co-morbidities, and there was a sense that patients coming into hospital without COVID-19 were sicker, due to them delaying coming into hospital. This was examined to see if there was any evidence to support that. The admission NEWS score was reviewed, and there was some evidence. The mean NEWS score before COVID-19 was 4.3 and during COVID-19 it was 5.6. A NEWS score of 5 or more is a key threshold for an urgent clinical alert and response. Demographics were also reviewed and in common with the national picture, CHFT figures were almost identical in that twice as many males died than females, and again in keeping with the national picture, our population were older compared to the normal mortality profile. The ethnicity data was also reviewed, and the ethnicity of those who died from COVID-19 and those who did not, was very similar to the normal mortality profile, however, the same pattern was not seen nationally in this instance, that more of our deaths took place proportionately in the white population rather than the BAME population. Further analysis is yet to be done on this, and it is possible that the BAME deaths took place in a slightly younger population. This analysis has just been completed for the COVID-19 deaths, and if a patient died from COVID-19 at CHFT and came from a BAME background, the average age of death was 37.9, compared to if a patient was white, with an average age of death being 53.5.

The recommendations from the paper over the next 12 months will link into the newly appointed lead Medical Examiner's team, and work alongside the learning from deaths process.

It was asked if there was any information regarding deaths in the community and if there was an increase in patients who died at home. It was stated that this data was not available, however, some people who died with COVID-19 may have had multiple co-morbidities.

Regarding the 50% of all in-patient deaths being subject to initial screening by June 2021, it was asked whether the target was realistic. CP stated that the target is realistic but is dependent on whether there is a second COVID surge, which will take clinicians out of their non-clinical roles.

103/20 INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK

DB presented appendix H, the infection prevention and control (IPC) board assurance framework which was released by NHS England and NHS Improvement on 4 May 2020, as a voluntary assessment to support organisations in providing assurance around processes in place to manage COVID-19 from an infection control perspective.

CHFT completed the assessment using independent colleagues who previously worked for the Trust, who provided an independent assessment against the 10 standards included in the report. Overall, they provide a broad level of assurance around the Trust's approach to IPC in relation to COVID-19. Each standard is detailed in the report, as well as the assurance found, and a small number of actions needed to take forward. An action plan will be developed around the board assurance framework moving forward.

Despite the assessment being voluntary, there are now requests from the CQC to show that this has been received by the organisation and by the Board, and whether it has been completed. It was stated that the five weeks since the assessment took place is a long time in relation to COVID-19, with changes taking place on a weekly basis with more guidance being published. The Trust has moved on substantially since then, and the assessment is from a point in time. It is felt that these assessments may need to continue to take place as new guidance is published, to ensure that CHFT are responding appropriately against the recommendations.

It was stated that recommendation 2 – *'improve the communication between the various visiting teams to ensure consistency of messages'* – is quite a challenge with the fact that colleagues are working in different places trying to be as supportive as they can. It was asked how this will be addressed, and DB stated that it has been a challenge and were conscious of how to communicate quite complex issues, and a lot was unknown about COVID-19 in the beginning which has now improved, and were using the usual mechanisms of communication in terms of the daily briefing messages; a number of forums, both medical and nursing; red border emails which were used to communicate urgent pieces of communication; using the intranet; screensavers and using the communications team to ensure messages were circulated in a consistent manner, however, there were some concerns on occasion that colleagues felt they were not up to speed with guidance that may have changed on a very frequent basis. Every mode of communication open to us will continue to be used.

It was stated that in the future, it would be good to get an update on how the recommendations have been implemented, and DB agreed that an action plan with an assurance statement against the 10 standards and any new guidance that has been issued, can be brought back to the Committee.

Action: Action plan to be brought back to the Committee at a later date.

104/20 QUALITY COMMITTEE TERMS OF REFERENCE

An amended copy of the terms of reference were available at appendix I, to note the addition of the Clinical Director of Pharmacy as a permanent member of the Committee, and the change from the Executive Director of Workforce and Organisational Development to the Deputy Director of Workforce and Organisational Development as a permanent member.

105/20 ANY OTHER BUSINESS

CM stated that the general public may have a rough idea of what staff have been through during COVID-19, but from seeing the extra administration, caring and medical work that has been done, a big thank you was conveyed to everyone for the work carried out over the past few months.

106/20 MATTERS TO REPORT TO THE BOARD OF DIRECTORS

- The quality priorities were agreed and supported by the Committee
- The infection, prevention and control (IPC) board assurance framework was also received

107/20 EVALUATION OF MEETING

This item was not taken.

108/20 QUALITY COMMITTEE ANNUAL WORK PLAN

A copy of the workplan was available at appendix J and the Chair stated that the agenda items which were deferred will be back on schedule within the next few meetings.

NEXT MEETING

Monday, 3 August 2020
3:00 – 4:30 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 29 JUNE 2020

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
UPCOMING ACTIONS				
29.6.20 (100/20)	<u>PATIENT SAFETY REPORT</u>	Maxine Travis	The report mentioned the development of the dementia nurse role and a steer was requested from the Quality Committee on how to take this forward. AD stated that there is a vacancy within the corporate nursing team related to dementia and this is an opportunity to see what is happening in other organisations and how we can inform the vacancy going forward, as an element of improvement work is required. The post is currently not out to advertisement, and any suggestions were welcomed. It was stated that this may also link into the mental health strategy. Action 29.6.20: MT to check with LR and feedback.	UPDATE DUE Monday, 3 August 2020
29.6.20 (101/20)	<u>QUALITY PRIORITIES PAPER</u>	Andrea Dauris	AD was happy to receive comments outside of the meeting to inform what success measures could look like. Action 29.6.20: Committee members to contact AD with any thoughts on the paper.	UPDATE DUE Monday, 3 August 2020
29.6.20 (103/20)	<u>INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK</u>	David Birkenhead	It was stated that in the future, it would be good to get an update on how the recommendations have been implemented, and DB agreed that an action plan with an assurance statement against the 10 standards and any new guidance that has been issued, can be brought back to the Committee. Action 29.6.20: Action plan to be brought back to the Committee at a later date.	UPDATE DUE Monday, 3 August 2020
3.6.19 (108/19) 1.7.19 (123/19) 29.7.19 (action log) 30.9.19 (action log) 2.12.19 (action log) 6.1.20 (action log) 2.3.20 (40/20)	<u>MENTAL HEALTH STRATEGY</u> Lindsay Rudge (Deputy Chief Nurse) reported that the three year mental health strategy, which is being developed in line with the Trust strategy and aligns to the Treat as One document, will be submitted to the Weekly Executive Board, and be brought to the next Quality Committee meeting in July.	All Lindsay Rudge	Action 3.6.19: Mental health strategy to be received next month Update June 2019: Mental Health Strategy to be forwarded to Committee for comments to Lindsay by 15 July 2019 Update 29.7.19: This item to be deferred as further engagement needed. A draft paper for arrangements in the organisation will provide assurance to the Quality Committee on standards expected. A definitive paper will be available at the end of September. Update 30.9.19: Update provided – see item 177/19 Action: 30.9.19: Written update to be provided in October 2019 Update November: For strategy to be deferred to December Update 2.12.19: Report still in draft and due for submission to Quality Committee in January 2020 Update 6.1.20: Strategy still in development – to be deferred to the next meeting. Additional update: Strategy to be deferred to March, along with the Policy and training plan Update 2 March 2020: See item 40/20. The draft strategy and terms of reference were presented. Comments on the terms of reference to be forwarded to LR in the next 2 weeks. Action 2.3.20: Any comments on the terms of reference to be forwarded by Monday, 16 March 2020. Action 2.3.20: The amended terms of reference along with the mental health policy and training plan to return to Quality Committee for the next meeting Update June 2020: It has been agreed that the strategy, terms of reference, mental health policy and training plan will be presented at the meeting on 3 August 2020	DUE Monday, 3 August 2020
2.3.20 (43/20)	<u>CLINICAL RECORD KEEPING</u> (as part of CQUINS update)	Lindsay Rudge	Action 2.3.20: Paper to be provided on clinical record keeping Update June 2020: It has been agreed that the clinical record keeping paper will be presented at the meeting on 3 August 2020	DUE Monday, 3 August 2020
ACTIONS DUE LATER IN THE YEAR				
1.7.19 (120/19) 2.3.20 (41/20)	<u>COMPLAINTS DEEP DIVE</u>	Owen Williams	Action 1.7.19: OW to be invited to a future meeting to present next steps. Update 29.7.19: Work is ongoing to review systems and processes, with an action plan being pulled together. Update 30.9.19: A three month update was provided – see item 176/19 Action 30.9.19: Further update to be provided in six months' time, and maybe earlier if improvement and sustained change is not noted. Update 2.3.20: Following discussion on target timescales of between 25 to 40 working days for responding to complaints, it was queried why the same timescale cannot be delivered for serious incidents. Action 2.3.20: Deep dive into serious incidents to take place.	UPDATE DUE Monday, 28 September 2020
5.2.20 (21/20)	<u>OUTPATIENTS IMPROVEMENT PLAN</u>	Katharine Fletcher / Helen Barker	Action 5.2.20: Progress on actions from the outpatient's improvement plan to be provided in April 2020. Update June 2020: Awaiting steer from Executive Director of Nursing due to a number of amber/red actions which need clarity in the context of COVID-19	UPDATE DUE Monday, 28 September 2020
CLOSED ACTIONS				
2.3.20 (45/20)	<u>HIGH LEVEL RISK REGISTER – GOVERNANCE PROCESS</u>	Maxine Travis	Update 2.3.20: Following discussion around the reduction of risks, it was suggested that the governance process is reviewed in order for the Quality Committee to initially agree a risk reduction before being considered at the Risk and Compliance Group. Action 2.3.20: Governance process to be reviewed Update: The governance process remains that Divisional PSQBs and DMTs review their risks and propose those for escalation to ≥15. These are then discussed through the Risk and Compliance Group, who then proposes the Quality-related risks to Quality Committee for discussion and agreement, which then goes onto the high-level risk register prior to the Board of Directors. The issue regarding the reduction of the complaints risk (6493) at the March meeting should not have taken place before there was any evidence that the impact of actions could be sustained and mitigated in the longer term.	CLOSED Monday, 29 June 2020
2.3.20 (50/20)	<u>SELF-ASSESSMENT</u>	Committee members	Update 2.3.20: A link to the self-assessment forms for completion by the core committee members was circulated, and to be submitted by Monday, 16 March 2020. Action 2.3.20: Responses to be submitted by Monday, 16 March 2020 Update June 2020: Due to the annual report being deferred to August 2020, a new self-assessment form will be circulated, with responses required one week later.	CLOSED

QUALITY COMMITTEE

Monday, 3 August 2020

STANDING ITEMS

109/20 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)
Ellen Armistead (EA)
Dr David Birkenhead (DB)
Andrea Dauris (AD)
Karen Heaton (KH)
Andrea McCourt (AMcC)
Christine Mills (CM)
Lindsay Rudge (LR)
Elisabeth Street (ES)
Lucy Walker (LW)
Michelle Augustine (MA)

Non-Executive Director (Chair)
Executive Director of Nursing
Medical Director
Associate Director of Nursing, Quality and Safety
Non-Executive Director / Chair of Workforce Committee
Company Secretary
Public-elected Governor
Deputy Director of Nursing
Clinical Director of Pharmacy
Quality Manager, Calderdale & Huddersfield CCG
Governance Administrator (Minutes)

In attendance

Suzanne Dunkley (SD)
Adam Matthews (AM)

Director of Workforce & Organisational Development (item 119/20)
Workforce Reconfiguration Lead (item 119/20)

110/20 APOLOGIES

Jason Eddleston (JE)
Dr Cornelle Parker (CP)
Maxine Travis (MT)

Deputy Director of Workforce & Organisational Development
Deputy Medical Director
Senior Risk Manager

111/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

112/20 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Monday, 29 June 2020 were approved as a correct record.

The action log can be found at the end of the minutes.

MATTERS ARISING

113/20 MENTAL HEALTH POLICY / TERMS OF REFERENCE

Lindsay Rudge (Deputy Director of Nursing) reported that the mental health strategy and terms of reference for the mental health clinical network were submitted to the Quality Committee in March 2020 (see item 40/20 of the Quality Committee minutes) and were approved and signed off.

The mental health policy was drafted by Janet Youd (Emergency Nurse Consultant) and Vicky Thersby (Safeguarding Lead), however, the development was slowed down due to colleague deployment during the pandemic. Work is also ongoing on the Policy with partners at South West Yorkshire Partnership NHS Foundation Trust and their mental health act legal team, which has caused a further delay, however, this is nearly complete.

A copy of the stabilisation and reset operational group terms of reference will be circulated to the Committee.

Action: Stabilisation and reset operational group terms of reference to be circulated.

LR reported that a meeting with CP is scheduled to ensure that the strategy contains the relevant information, post-COVID, and following the presentation at item 119/20 on health and well-being which focusses on staff mental health, it is anticipated that there may be an increase in issues related to mental health through our services.

114/20 CLINICAL RECORD KEEPING

Lindsay Rudge (Deputy Director of Nursing) presented appendix C which provided an overview of the ward assurance clinical record audit. The paper was also presented to the Weekly Executive Board in February 2020.

The audit resulted in low compliance against quality standards expected through clinical documentation on the electronic patient record, and also served as a prompt of the enforcement action received from regulators during an inspection on record keeping. A number of recommendations were made including:

- To review and strengthen the governance of the clinical records group;
- To develop a combined nursing and medical overview page of outstanding tasks;
- To provide a weekly extract of the data into the Weekly Executive Board report for monitoring and performance management;
- A Work together to get results (WTGR) session to understand the workflows;
- To review training package
- Divisional and directorate management teams to provide leadership support to improvement activities required to increase compliance.

LR noted this as one of the quality priorities and outlined to the Committee the position before COVID-19. The Committee were asked to support recommendations made.

KH queried if there was a timescale attached to the work, to which LR confirmed as being an immediate focus of delivery of improvement to drive performance back to expected levels. It was also stated that a progress update and action plan can be provided at the next meeting.

Action: Progress update to be provided to the next Committee meeting.

The Chair asked when the work together to get results session would be and what some of the known barriers were. LR stated that barriers include the multiple ways that specific information can be recorded in the clinical record and bypasses to some of the routes of extraction. A fair amount of training needs to be undertaken to direct colleagues to where information should be documented in the clinical record, however, it is not yet known what alterations can be made to stop other fields being visible. A focused piece of work will be done to ensure that correct medical representation is on the clinical records group, as one of the recommendations related to divisional and directorate leadership. It will be critical to have the correct governance and engagement to ensure there is clarity on cross-cutting issues, as well as divisional-specific issues.

OUTCOME: The Quality Committee were in support of recommendations made.

SUB-GROUP REPORTS

115/20 PATIENT EXPERIENCE AND CARING GROUP REPORT

Lindsay Rudge (Deputy Director of Nursing) acknowledged and gave particular thanks to Amanda McKie (Matron Lead for learning disabilities and deputy chair of the patient experience and caring group) and Alison Lodge (Quality improvement manager for patient experience) who have both kept the patient experience and caring group meetings ongoing while LR was absent, and also having oversight of patient experience priorities and ensuring they were supported in response to COVID-19.

LR presented appendix D which highlights the output from the patient experience and caring group on end of life care work, ongoing work with the friends and family test, and the national inpatient survey action plan.

The Chair stated that the comprehensive report provides a good oversight on the amount of work undertaken as well as the innovative initiatives by individual areas. Thanks were conveyed to all those involved.

SAFE

116/20 INTEGRATED PERFORMANCE REPORT

Ellen Armistead (Executive Director of Nursing) reported on the Integrated Performance Report (IPR) at appendix E noting the decrease in performance in the safety domain, the first domain to register a red RAG rating in over 12 months. This was a combination of a never event, access to diagnostics targets, appointment slot issues and 52 week waits.

There is a need to review dashboards at ward level for rapid reporting in order to take any action needed in a timely manner. One of the quality priorities is clinical prioritisation which is important in striking the balance in getting back to enabling people to access our services while at the same time treating those in greatest clinical need.

David Birkenhead (Medical Director) reported on concerns around clostridium difficile, as there seems to be a small increase in isolated cases across the region and trying to understand why this is happening. This could be due to increased antibiotic usage, either in the community or in the organisation as a result of COVID-19. This is being monitored.

LW asked if the Trust were addressing the appointment slot issues that were above and beyond the stabilisation and reset meetings, as there have been queries in the Clinical Commissioning Groups. EA stated that there was a programme of work on the longer-term outpatients' transformation and the legacy issues which have been in the system for quite some time. The action plan is now being reviewed and Kimberley Scholes (Business Manager for Outpatient Services) is due to attend this meeting again to provide an update on work done on the legacy issues prior to COVID-19.

KH noted that the return to work interviews were decreasing and saw this as an opportunity to link into the wellbeing of colleagues returning to work. KH also noted that the unconditional offers to acceptance on recruitment seems to be high and asked if this was due to people taking time to decide or whether this was on the Trust's part? EA stated that the governance structure which supports the Quality Committee has been reviewed and there have been gaps in the high-level triangulation over and above of what is seen in the integrated performance report, and within the next few months, meetings will be taking place to consider exit data, freedom to speak up, complex complaints and complex serious incidents, and triangulate the learning to feed into the Quality Committee. It was stated that the IPR is useful in providing a detailed overview, however, it would also be helpful to take one or two pieces of information to review in further detail.

The Chair stated that even though COVID-19 can be used to explain and justify some of the reductions in performance, we still need to ensure that every opportunity is used to move back in the direction we need to be.

117/20 BOARD ASSURANCE FRAMEWORK 2020 / 2021

Andrea McCourt (Company Secretary) presented appendix F and reminded the Quality Committee that the risks on the Board Assurance Framework relate to achieving strategic objectives, and are on for a longer period than the operational risk register.

The Board Assurance Framework for 2020 / 2021 shows a significant amount of movement and reflects the revised 10-year strategy and the impact of the COVID-19 pandemic on the strategic objectives.

Each risk has a responsible Committee, and the Quality Committee is the lead for five of the risks on the Board Assurance Framework:

- 3/19 - Seven-day services
- 4/19 - Patient and Public Involvement
- 6/19 - Compliance with quality & safety standards
- 9/19 - HRI estate and equipment (impact quality)
- 4/20 - CQC rating

The Quality Committee were asked to note the removal of one risk (5/19 - Electronic Patient Record benefits realisation), which has been on the Board Assurance Framework for three years and reached its target score. This was agreed at the Audit and Risk Committee as appropriate. A digital risk has also been added (2/20 - Investment to fund Digital Strategy).

Of the six new risks added, one relates to the CQC rating which the Quality Committee is a lead on and scoring 12. The Quality Committee are asked to agree that this is added to the Board Assurance Framework today.

It is expected that a health inequalities risk will be added to the risk register in August or September 2020, however, some national work is awaiting completion, which will inform the risk.

Information on risk exposure has been added to the report, which is where the risk score is greater than the risk appetite. There is new risk (5/20 – service capacity due to COVID-19) in the harm and safety category which is scoring above the risk appetite. The lead Committee for this is the Trust Board, however, the Quality Committee may also want to be sighted on this.

There are two staffing risks (10a/19 Medical Staffing and 10b/19 Nurse Staffing) which have both the Workforce and Quality Committees as the responsible committees, however, from a governance perspective, it is not clear where the responsibility lies, and discussion is needed on which Committee should lead on the risks.

Board Committees are now being asked to closely review their risks and build them into their work plans. It was suggested that the Quality Committee carry out a deep dive on one risk per month between now and the end of the financial year, and a steer from the Committee is needed on how this can be done, possibly based on the RAG rating of the risks, and to also consider the annual strategic plan. The Chair acknowledged responsibility to liaise with the executive leads for the risks to take their view on how this is progressed.

OUTCOME: The Quality Committee accepted the recommendations as outlined in the report and agreed that the Workforce Committee will lead on the two staffing risks.

Further discussion is needed at the next meeting on how to undertake the deep dive work between now and the end of the financial year, and AMcC reported the further work is needed on the Board Assurance Framework to review the gaps in controls to ensure there are clear actions associated with each risk.

WELL-LED

118/20 CQC UPDATE AND INFECTION PREVENTION AND CONTROL ASSESSMENT

Ellen Armistead (Executive Director of Nursing) provided an overall CQC update and reported that the Trust has a good relationship with the CQC and had positive engagement meetings. The emergency support framework currently in place is set to continue for the foreseeable future and likely to be moving to a more digital-based assessment process for submitting evidence. The CQC preparation is now in the process of merging with the ward accreditation

programme with less duplication to reflect the CQC likely areas of focus if they come in. The Trust is not aware of any forthcoming inspections but will always remain prepared.

David Birkenhead (Medical Director) reported on the infection prevention and control (IPC) assessment at appendix G and congratulated the IPC team and the rest of the organisation for achieving this response.

Prior to the submission to CQC, the Trust had a self-assessment approach to COVID-19, and with external assurance, achieved all eleven standards. Some areas of good practice were also noted in the report.

It was noted that the report was a very positive read and congratulations were conveyed to all involved.

119/20 COVID-19 HEALTH AND WELLBEING RISK ASSESSMENT

Suzanne Dunkley (Director of Workforce and Organisational Development) and Adam Matthews (Workforce Reconfiguration Lead) were in attendance to provide an overview of the COVID health and wellbeing risks assessments and mitigations which are categorised by physical, mental health and personal circumstances.

The number of mitigations addressing mental health risk factors are far-ranging, and was suspected that not many people would be discovered that were not already known to have high physical risk factors, however, there was one example of where a colleague with serious underlying health conditions was missed by the national shielding letter, and therefore not formed part of our shielding group.

Within 24 hours of the risk assessment, 99% of calls were made to colleagues who were feeling very anxious. From a physical point of view, where there may be a colleague with high physical risk factors and working in an area of high risk (red zone), consideration was made whether to automatically, under our duty of care, remove that colleague from that area or recognise the need to involve the colleague in that decision. It was thought that the duty of care should be taken, however, feedback suggested that the decision could be undermining for some colleagues and would take away their personal responsibility for their own health and wellbeing. Another physical risk mitigation is for colleagues to undertake a one-to-one meeting with managers to map their individual physical risk versus the place they work, which should be taken as a combined response.

In terms of mental health mitigations, a 24-7 helpline has been offered, which has relied heavily on internal colleagues to support, however, support has been gained from an external company called [Socrates](#) that specialises in cognitive behavioural therapy and post-traumatic stress disorder, and colleagues have been triaged through that route for a while. In response to the staff survey, it is suggested that that is continued and to resource a bid to the Commercial Investment and Strategy Group to keep the 24/7 helpline running.

Our response to COVID-19 has been co-developed with the engagement team in Workforce and Organisational Development and also our team of psychologists. One issue which has been reflected on recently, is that in the Ministry of Defence, or in firearms protection of the Police Force, every year, their colleagues are given a psychological test to check that they are safe to do their job. Given what colleagues have been through over the last several weeks, it is suggested that the same is done in a healthcare setting for colleagues who may be carrying some severe mental health issues who are being asked to provide care to patients.

The Trust wants to talk more about mental health wellbeing and to normalise mental health by carrying out a few exercises such as a very focused response to certain areas like ICU and critical care, who are showing acute signs of mental health issues both as a team and as individuals, and also looking at ways to normalise mental health and mental health issues which may include some high profile colleagues talking about their own mental health.

Another result that the risk assessment has shown is that the known higher-risk factor groups – men, people aged over 55, black, Asian and minority ethnic (BAME) colleagues, and people with underlying health conditions are returning the risk assessment forms in lower numbers than white colleagues. The health and wellbeing risk assessment was taken to the BAME network meeting and suggestions were provided on what could be done to improve completion, including BAME colleagues volunteering to help the engagement team to promote the risk assessment, and talking to colleagues to gain intelligence as to why certain groups are not responding to the risk assessment.

In terms of personal circumstance risk factors, the most levels of anxiety were about schools not reopening, childcare, public transport, etc, and mitigations for these are identifying flexible approaches for colleagues.

Some other mitigations were also considered but not adopted and would be good to audit those decisions and why they were not taken.

Discussion took place on the leadership development programme including mental health and how learning can help colleagues deal with trauma; how the suggestion of undertaking psychological test for colleagues would be beneficial; breaking the stigma of mental health and sharing stories; and how to balance working from home.

EA stated that this is not a health and wellbeing assessment to be completed following an event, but that this will be the way we work going forward, to embody one culture of care. Concern regarding engagement with BAME colleagues was also raised and more needs to be done as a senior leadership team to engage in a more productive way, by having well-being champions reflecting the workforce.

Ongoing communication needs to remain in place to reassure colleagues that the risk assessments are designed to help.

ES reported that it was good to see a lot being done to support colleagues and their wellbeing. Whilst the clinical workforce are being supported in terms of their risk assessment and managers are being very supportive of colleagues working from home, there is a risk as a service and department, that some colleagues may not be doing their job as well as they could, for example pharmacists missing clinical reviews and patient contact, which is really important to be done with the patients directly. There's also a risk that there will be less staff in a service or department if they are being taken out for wellbeing activities. SD stated that consideration had been taken as to whether this would have a negative impact, or whether not allowing it will have more of a negative impact; and if colleagues are not allowed to have time to themselves, there may be a disastrous and devastating dip in attendance at work. SD stated that the well-being of colleagues will be done on a regular basis and that the balance between service provision and patients and colleagues will be a challenge.

Action: Any comments on the COVID health and wellbeing risk assessment to be forwarded to SD.

RESPONSIVE

120/20 QUALITY ACCOUNT – FIRST DRAFT

AD presented the first draft of the quality account at appendix I, which is in line with revised timeframes, and circulated to key stakeholders for comment. The report is a statutory requirement, and due to the timeframes being reset, a full years' worth of data has been included, with the exception of the guardians of safe-working.

The Committee are asked to review the document and provide any comments by Monday, 17 August 2020.

Action: Comments on the first draft of the Quality Account to be forwarded to AD by Monday, 17 August 2020.

121/20 ANNUAL REPORT

AD presented the Quality Committee's annual report at appendix J which describes the Committee's activity between April 2019 and March 2020.

The paper provides an overview of the role of the Quality Committee, details of the membership and their attendance between the timeframes, and information on the work of Committee broken down into areas of quality improvement, governance and risk, patient safety, audit and assurance, and quality and safety reporting. Reference has also been made to the results of the effectiveness of the Committee, which will be placed into an action plan and submitted to the Quality Committee.

The Committee were asked to review section four of the report to decide if the functions of the Committee were fulfilled, and to note the next steps for 2020 / 2021.

OUTCOME: The Quality Committee accepted the report.

Action: An action plan will be submitted to the Committee once the results have been reviewed.

POST MEETING REVIEW

122/20 MATTERS TO REPORT TO THE BOARD OF DIRECTORS

- Report received on the clinical record keeping audit with limited assurance of accurate documentation of clinical care
- Report received from the patient experience and caring group, which was a very strong report in terms of initiatives underway and completed.
- Integrated performance report - to note the reduction in the safe domain
- CQC infection prevention and control assessment – the Trust achieved all eleven standards

123/20 REVIEW OF MEETING

What went well....

- The reports were very easy to understand and very open and honest
- The meeting went really well in a short space of time

What could be better.....

- Need to start considering quality priorities at every meeting
- The meeting papers being circulated on time

124/20 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

125/20 GROUND RULES FOR MEETINGS

The Chair noted the meeting ground rules at appendix K and asked the Committee to review.

126/20 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix L, and will be amended to include the quality priorities, as well as the risks from the Board Assurance Framework.

NEXT MEETING

Monday, 2 September 2020 at 3:00 – 4:30 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 3 AUGUST 2020

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
UPCOMING ACTIONS				
3.6.19 (108/19) 1.7.19 (123/19) 29.7.19 (action log) 30.9.19 (action log) 2.12.19 (action log) 6.1.20 (action log) 2.3.20 (40/20) 3.8.20 (113/20)	MENTAL HEALTH POLICY Lindsay Rudge (Deputy Chief Nurse) reported that the three year mental health strategy, which is being developed in line with the Trust strategy and aligns to the Treat as One document, will be submitted to the Weekly Executive Board, and be brought to the next Quality Committee meeting in July.		<p><u>Action 3.6.19:</u> Mental health strategy to be received next month</p> <p><u>Update June 2019:</u> Mental Health Strategy to be forwarded to Committee for comments to Lindsay by 15 July 2019</p> <p><u>Update 29.7.19:</u> This item to be deferred as further engagement needed. A draft paper for arrangements in the organisation will provide assurance to the Quality Committee on standards expected. A definitive paper will be available at the end of September.</p> <p><u>Update 30.9.19:</u> Update provided – see item 177/19</p> <p><u>Action: 30.9.19:</u> Written update to be provided in October 2019</p> <p><u>Update November:</u> For strategy to be deferred to December</p> <p><u>Update 2.12.19:</u> Report still in draft and due for submission to Quality Committee in January 2020</p> <p><u>Update 6.1.20:</u> Strategy still in development – to be deferred to next meeting.</p> <p><u>Additional update:</u> Strategy to be deferred to March, along with the Policy and training plan</p> <p><u>Update 2 March 2020:</u> See item 40/20. The draft strategy and terms of reference were presented. Comments on the terms of reference to be forwarded to LR in the next 2 weeks.</p> <p><u>Action 2.3.20:</u> Any comments on the terms of reference to be forwarded by Monday, 16 March 2020.</p> <p><u>Action 2.3.20:</u> The amended terms of reference along with the mental health policy and training plan to return to Quality Committee for the next meeting</p> <p><u>Update June 2020:</u> It has been agreed that the strategy, terms of reference, mental health policy and training plan will be presented at the meeting on 3 August 2020</p> <p><u>Update 3.8.20:</u> The mental health policy was drafted by Janet Youd (Emergency Nurse Consultant) and Vicky Thersby (Safeguarding Lead), however, the development was slowed down due to colleague deployment during the pandemic. Work is also ongoing on the Policy with partners at South West Yorkshire Partnership NHS Foundation Trust and their mental health act legal team, which has caused a further delay, however, this is nearly complete.</p> <p>A copy of the stabilisation and reset operational group terms of reference will be circulated to the Committee.</p> <p>Action 3.8.20: Stabilisation and reset operational group terms of reference to be circulated.</p>	COMPLETED
2.3.20 (43/20) 3.8.20 (114/20)	CLINICAL RECORD KEEPING (as part of CQUINS update)	Lindsay Rudge	<p><u>Action 2.3.20:</u> Paper to be provided on clinical record keeping</p> <p><u>Update June 2020:</u> It has been agreed that the clinical record keeping paper will be presented at the meeting on 3 August 2020</p> <p>Update 3.8.20: LR confirmed as being an immediate focus of delivery of improvement to drive performance back to expected levels. It was also stated that a progress update and action plan can be provided at the next meeting.</p> <p>Action 3.8.20: Progress update to be provided to the next Committee meeting.</p>	DUE Wednesday, 2 Sept 2020 SEE AGENDA
3.8.20 (119/20)	COVID-19 HEALTH AND WELLBEING RISK ASSESSMENT	All	Action 3.8.20: Any comments on the COVID health and wellbeing risk assessment update on mitigations and next steps to be forwarded to SD.	
3.8.20 (120/20)	QUALITY ACCOUNT – FIRST DRAFT	Andrea Dauris	Action 3.8.20: Any comments on the first draft of the Quality Account to be forwarded to AD by Monday, 17 August 2020.	
ACTIONS DUE LATER IN THE YEAR				
3.8.20 (121/20)	QUALITY COMMITTEE ANNUAL REPORT ACTION PLAN	Chair	Action 3.8.20: An action plan will be submitted to the Committee once the results have been reviewed.	UPDATE DUE Monday, 28 Sept 2020
1.7.19 (120/19) 2.3.20 (41/20)	SERIOUS INCIDENTS DEEP DIVE	Maxine Travis	<p><u>Action 1.7.19:</u> OW to be invited to a future meeting to present next steps.</p> <p><u>Update 29.7.19:</u> Work is ongoing to review systems and processes, with an action plan being pulled together.</p> <p><u>Update 30.9.19:</u> A three-month update was provided – see item 176/19</p> <p><u>Action 30.9.19:</u> Further update to be provided in six months' time, and maybe earlier if improvement and sustained change is not noted.</p> <p>Update 2.3.20: Following discussion on target timescales of between 25 to 40 working days for responding to complaints, it was queried why the same timescale cannot be delivered for serious incidents.</p> <p>Action 2.3.20: Deep dive into serious incidents to take place.</p>	UPDATE DUE Monday, 28 September 2020
5.2.20 (21/20)	OUTPATIENTS IMPROVEMENT PLAN	Kimberley Scholes	<p><u>Action 5.2.20:</u> Progress on actions from the outpatient's improvement plan to be provided in April 2020.</p> <p>Update June 2020: Awaiting steer from Executive Director of Nursing due to a number of amber/red actions which need clarity in the context of COVID-19</p>	UPDATE DUE Monday, 28 September 2020
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CLOSED ACTIONS				
29.6.20 (101/20)	QUALITY PRIORITIES PAPER		<p>AD was happy to receive comments outside of the meeting to inform what success measures could look like.</p> <p><u>Action 29.6.20:</u> Committee members to contact AD with any thoughts on the paper.</p> <p>Update 3.8.20: AD has now received comments and responses on the quality priorities, and meetings with leads for further development are taking place.</p>	CLOSED Monday, 3 August 2020
29.6.20 (100/20)	DEMENTIA NURSE ROLE (Part of patient safety report)		<p>The report mentioned the development of the dementia nurse role and a steer was requested from the Quality Committee on how to take this forward. AD stated that there is a vacancy within the corporate nursing team related to dementia and this is an opportunity to see what is happening in other organisations and how we can inform the vacancy going forward, as an element of improvement work is required. The post is currently not out to advertisement, and any suggestions were welcomed. It was stated that this may also link into the mental health strategy.</p> <p><u>Action 29.6.20:</u> MT to check with LR and feedback.</p> <p>Update 3.8.20: LR reported that she has met with Renee Comerford (Consultant Nurse for Older People) who is writing a draft job description for an Associate Nurse Consultant which will incorporate the dementia work.</p>	CLOSED Monday, 3 August 2020

QUALITY COMMITTEE

Wednesday, 2 September 2020

STANDING ITEMS**127/20 WELCOME AND INTRODUCTIONS**Present

Denise Sterling (DS)
Ellen Armistead (EA)
Dr David Birkenhead (DB)
Andrea Dauris (AD)
Christine Mills (CM)
Maxine Travis (MT)
Rachel White (RW)
Michelle Augustine (MA)

Non-Executive Director ([Chair](#))
Executive Director of Nursing
Medical Director
Associate Director of Nursing, Quality and Safety
Public-elected Governor
Senior Risk Manager
Assistant Director of Patient Experience
Governance Administrator ([Minutes](#))

In attendance

Carol Gregson (CG)
Corinna Hampshire (CH)
Anita Hill (AH)
Helen Hodgson (HH)
Azizen Khan (AK)
Philip Lewer (PL)
Maggie Metcalfe (MM)
Elizabeth Morley (EM)
Dr Julie O'Riordan (JOR)
Robert Ross (RR)
Vicky Thersby (VT)

Associate Director of Digital Health / CNIO ([item 131/20](#))
Matron – Surgical Division ([attending for Rachel Rae & item 142/20](#))
Medication Safety Officer ([attending for Elisabeth Street & item 135/20](#))
Matron – Medical Division ([item 133/20](#))
Assistant Director - Human Resources ([attending for Jason Eddleston](#))
Chairman ([observing](#))
Associate Director of Nursing - Medicine ([item 143/20](#))
Associate Director of Nursing - Community ([item 140/20](#))
Divisional Director – FSS Division ([item 141/20](#))
Chief Medical Engineer ([item 132/20](#))
Safeguarding Lead ([item 136/20](#))

Rachel White was introduced to the meeting, as the new Assistant Director of Patient Experience.

128/20 APOLOGIES

Jason Eddleston (JE)
Karen Heaton (KH)
Andrea McCourt (AMcC)
Rachel Rae (RR)
Lindsay Rudge (LR)
Elisabeth Street (ES)
Lucy Walker (LW)

Deputy Director of Workforce & Organisational Development
Non-Executive Director / Chair of Workforce Committee
Company Secretary
Associate Director of Nursing - Surgery
Deputy Director of Nursing
Clinical Director of Pharmacy
Quality Manager, Calderdale & Huddersfield CCG

129/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

130/20 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Monday, 3 August 2020 were approved as a correct record.

The action log can be found at the end of the minutes.

QUALITY PRIORITY UPDATES**131/20 CLINICAL DOCUMENTATION**

Carol Gregson (Associate Director of Digital Health) was in attendance to provide a progress update following last month's report on performance relating to the clinical digital record and metrics obtained that do not provide assurance to the Trust that record keeping is of a high standard.

The previous paper had recommendations signed off by the Quality Committee, and as a result, a draft action plan (appendix B) was produced in support of continued improvement in the inputting of data into the digital record. Alongside this, the Digital Health Team are formulating an optimisation plan which supports digital record keeping improvement.

The initial draft of the action plan was reviewed, and an update provided following a work together to get results (WTGR) workshop last week to understand the barriers to producing good digital record. This resulted in securing support from nine colleagues to review this focused work moving forward.

The Chair thanked CG for providing a clear outline of the work underway and asked if any Allied Health Professionals are involved to provide multi-disciplinary focus on this work. CG stated that this resource is being looked into through the optimisation plan, to include as many staff working groups as possible.

AD stated that this is a comprehensive and sustainable action plan that will hopefully be maintained through the proposed changes. It was asked when these improvements would start to be realised, and CG reported that a small task and finish group will be started to implement some quick improvements, however, in the long-term, the optimisation plan aims to change culture with staff, as attempts made with improvement measures in the past were not sustainable.

With regard to cultural change, the Chair asked how easily this will be disseminated thoroughly across the Trust, and CG stated that this will be difficult, however, commitment and support from higher levels of the Trust should help drive this forward.

132/20 MEDICAL DEVICES

Robert Ross (Chief Medical Engineer) was in attendance to present appendix C, providing an update on compliance for medical device training and maintenance.

The current position of divisional medical device training was provided as:

- | | |
|---|-------------|
| ▪ Calderdale and Huddersfield Solutions (CHS) | 79% (amber) |
| ▪ Community | 78% (amber) |
| ▪ Families and Specialist Services | 74% (red) |
| ▪ Surgery and Anaesthetics | 67% (red) |
| ▪ Medicine | 61% (red) |
| ▪ Corporate | 50% (red) |

The compliance target of 95% is not being achieved, and a plan is needed to rectify this position and work towards achieving and maintaining the target. This is essential to patient and staff safety.

The current position for medical device maintenance is:

- | | | |
|---------------|--------|--------------|
| ▪ High risk | 82.45% | (target 80%) |
| ▪ Medium risk | 75.4% | (target 70%) |
| ▪ Low risk | 58.84% | (target 60%) |

RR reported that compliance with the low risk devices changes on a daily basis, and compliance is now over 60%. The only way to improve compliance is to change staff habits and behaviours, and for ward areas to take ownership of the equipment that is used by the staff in that area. In order to do this, a plan is proposed to increase equipment availability to individuals by increasing maintenance provided to the required levels, which will increase patient safety.

This process was done last year in the Community division, and over a period of eight months, compliance was increased by over 11%, which was a substantial change in the available equipment that was fit for purpose, and a significant increase in patient safety.

By working with divisions on a phased approach, the plan is to carry out an audit of all devices in the Trust by ward area, and any that require maintenance are immediately removed, maintained and returned for use. This can be achieved quite quickly when the equipment is presented to the medical engineering service. The asset management system can also be updated with the current location, which can be agreed with the ward / department manager, which will provide a true reflection of the equipment available to use. Access to the equipment asset management system, the active tracking system (put in place during COVID), and the active temperature monitoring system can also be given to the ward / department manager at this point.

The Chair asked if there was any learning from the work done with the Community division that would be useful to try and roll out across the Trust. RR responded that engagement and working closely with the department managers, enabled the medical engineering service to facilitate the maintenance of their equipment and react to their needs fairly quickly.

RR requested that divisions identify an equipment lead for each ward or department area, who will be assisted by the medical engineering service throughout the audit process, with training on how to use the asset management system to review equipment that is currently allocated to their area, and how to identify equipment that is out of date and needs presenting for maintenance.

EA requested that medical devices training and any issues relating to equipment location is a regular item on the divisional Patient Safety and Quality Board agendas, and also placed on divisional risk registers.

Action: Medical devices training and maintenance to be added to PSQB agendas as a regular item
Medical devices training and maintenance to be added as a risk on divisional risk registers

RR was thanked for the report and given the opportunity to return to the Quality Committee in future with an update if progress was not being made.

OUTCOME: The Quality Committee were in support of recommendations made.

133/20 FALLS RESULTING IN HARM

Helen Hodgson (Matron) was in attendance to present appendix D providing the background and starting point to the quality initiative of reducing the number of falls resulting in harm at CHFT over the next 12 to 24 months.

The Trust is part of the National Audit of Inpatient Falls (NAIF) that reviews all patients who have fallen and sustained a fractured neck of femur. The results of this audit suggest that if organisations have strong leadership and involvement from the senior team, a 20-30% reduction in the number of falls amongst patients can be achieved. The Trust are aiming to achieve a reduction of 10% in the first 12 months, then build on the target year on year to create a sustained decrease in falls resulting in harm.

A sustained decrease in the number of falls was achieved 12-18 months ago, however, this has increase recently, due to staffing and COVID-19. One of the key factors is to achieve the targets of multi-factorial (nursing, medical and physio) assessments to reduce harm falls, which result in a fractured neck of femur or subdural haematoma.

A multi-disciplinary Falls Collaborative is in place, and prior to COVID-19, there was good engagement from physiotherapists, nursing and medical teams, and representation from both the medical and surgical divisions. The key is to ensure that learning from past incidents are embedded, however, it is not clear whether a robust system is in place to ensure that this is done. Falls champions have been changed to falls link practitioners to try to get them into a similar role to the tissue viability and infection control link practitioners, and quarterly falls workshops which were due to take place prior to COVID-19, are still planned, to ensure all inpatient areas are up to date with current practices and ensure learning from any inpatient fall is disseminated and actioned. Support from the Quality Committee will be key to improve patient safety.

The Chair asked why only a 10% reduction in falls was anticipated. HH stated that this was seen to be more realistic and achievable in the first 12 months from a quality improvement perspective, as opposed to the full 20% reduction, which was proposed to be attained over 24 months. EA also asked whether our 10% reduction ambition was in line with our partners' targets, as 10% seemed low.

In terms of best practice, the Chair also asked whether any of our peer Trusts are maintaining a reduction in falls. HH reported that following a visit to the West Yorkshire Learning Forum in July 2019, CHFT were performing well and sustained the reduction against other local Trusts, however, this has since decreased. HH stated that recent benchmarking data can be added to the monthly falls dashboard in order to monitor performance against other Trusts.

It was also stated that the equality impact assessment for the report would need to be completed as it would have an impact of this group of patients.

Action: HH to take comments back to the Falls Collaborative to reconsider the 10% reduction target and to provide further assurance to the Quality Committee.

Action: The equality impact assessment to be completed.

Action: Benchmarking data from other Trusts to be added to the monthly falls dashboard.

HH was thanked for the report and given the opportunity to return to the Quality Committee in future with an update if progress was not being made.

134/20 CLINICAL PRIORITISATION

Dr David Birkenhead (Medical Director) provided a verbal update on the work which took place over the last few weeks regarding clinical prioritisation, which is currently an important issue in relation to the delays experienced by outpatients as a result of COVID-19.

There are three stages of work, firstly consisting of the initial prioritisation of patients who were delayed. A process was developed through the Clinical Reference Group (CRG) to prioritise patients into one of five groups depending on the need for an appointment, and whether they should be seen via remote consultation (telephone or video) or face-to-face. That work has already started with clinicians validating waiting lists according to those priorities. Prioritisation is currently done on an Excel spreadsheet, and would be preferred if this was done within the Trust's Electronic Patient Record (EPR) system to ensure a permanent record of validation prioritisation. The current issue is that there is no link between the parts of the EPR used by clinicians and the parts of the EPR used by the appointment centre. Implementation of a new piece of software in the EPR is anticipated in the next month, dependent on testing, which will allow prioritisation to be done and sighted by both groups.

The second stage of work is how patients who have a delayed appointment are supported, and how we are assured that those patients are not deteriorating whilst waiting for an appointment. Work on a buddy system for those patients is ongoing, where the patients are contacted and assessed by a non-clinician via a screening questionnaire to ascertain if they are stable or whether they are deteriorating. A dashboard is being developed to have oversight and assurance of the validation. Clinical validation is taking place immediately for urgent patients (those who have passed their appointment date) and within six weeks of a delayed appointment for non-urgent patients.

The third stage of work is around providing capacity in the outpatient clinics to see patients, which will be aided by the new infection control guidance.

The Chair asked about the frequency of the buddy system and the assessments by non-clinicians. DB stated that this will be a single assessment to ensure that patients are aware that they have not been abandoned and have someone that they can contact and be supported by. If patients are deteriorating, recommendations can be made to bring their appointment forward or seek further support from their GPs.

EA reported that the CQC will be less interested in the targets around elective activity and more interested in systems and processes for corporate oversight of any patients at risk, as a result of being on a waiting list. We have ambitious targets on phase 3, but in achieving those, we need to ensure that capacity needs to be mapped to those with greatest clinical need.

OUTCOME: The Quality Committee noted the update.

SAFE

135/20 MEDICATION SAFETY AND COMPLIANCE GROUP REPORT

Anita Hill (Medication Safety Officer) was in attendance for Elisabeth Street (Clinical Director of Pharmacy) to provide an update from the Medication Safety and Compliance Group (appendix E), highlighting:

- Medication incidents – there was a noted downward trend in medication incidents due to a fall in patient numbers due to COVID-19, rather than a reduction in the number of incidents that were occurring. There is now a recovery and a spike in prescribing incidents, which may be due to a new outpatient provider who is engaging and reporting more in terms of interventions that they are noting from reviewing prescriptions.
- Controlled Drugs – a series of incidents relating to controlled drugs (CDs) are now being picked up as an organisation, with meaningful discussions taking place both internally and externally. The CQC have been critical in how the organisation managed controlled drugs in the past, and it is anticipated that when they return, they will review this again. A lot of work has taken place in the governance around controlled drugs with the CD sub-group and changes to practice put in place.
- Electronic controlled drugs register – funding has been secured and now in a position to start working with a project group to take this forward.
- Active temperature monitoring – Work ongoing with the medical engineering team with the installation of asset tags in medication storage areas. The electronic system will help with support in terms of cold storage of medicine and also the ambient temperature monitoring of locations to provide assurance that medicines are fit for purpose
- Medication storage – spot checks have been taking place to understand what the CQC may notice, and proactive discussions are being had with colleagues. An issue was picked up around medicines storage in trollies which has been escalated to nursing colleagues. Work with internal audit is currently on hold due to not being able to visit areas but is still part of work plan.
- Medical gases – medical gases, in particular oxygen, has been in for forefront for the past six months and work is ongoing with the medical gases and non-invasive ventilation group to support the organisation. Plans for extra training are being rearranged for designated nursing officers (DNOs) and designated medical officers (DMOs) in order to have more

clinical staff available to support if there were any medical gas emergencies. Work is also ongoing with the Health and Safety Committee to ensure colleagues who are exposed to nitrous oxide either directly or through the use of Entonox, are undertaking checks to ensure their exposures are within safe limits

- Medication patient safety alerts – Work is already underway on the safety alert relating to risk of death from unintended administration of sodium nitrite, due for completion by November 2020; and discussions are to take place regarding work to be done for the alert on steroid emergency care to support early recognition and treatment of adrenal crisis in adults, due for completion in May 2021.

MM commented that the pharmacy and nursing staff are now working much better together, which is due to the Medication Safety and Compliance Group, the controlled drugs sub-group and Elisabeth Street and Anita Hill.

The Chair noted from the report the areas that had not completed the departmental assessments in relation to exposure tests for nitrous oxide and Entonox and asked what is being done about those areas. AH reported that a further area, radiology, was missing from the list, and that this is being discussed through the families and specialist services patient safety and quality board (PSQB) meeting and it is anticipated that this will also go back to the Health and Safety Committee. The Chair also asked if there was a timeframe for which the assessments needed to be completed. AH stated that this will be taken back to the division to check, but states that it needs to take place in the next few months.

Action: AH to find out timescales for when assessments need to take place.

In relation to the matter of medication storage, the Chair asked if this would be a small issue to rectify or whether it would be a bigger issue for the organisation. AH stated that some work has taken place with Ian Kilroy (Resilience and Security Manager) to look at medication storage. 18 areas were visited, and as a Trust, there is a risk as the storage units do not meet the current legislation for metal cupboards. Some areas are following good practice; however, some areas are still using kitchen-type wooden cupboards with weak locks. This is being followed up by the Medication Safety and Compliance Group.

AH was thanked for the report.

136/20 SAFEGUARDING CHILDREN AND ADULTS ANNUAL REPORT

Vicky Thersby (Safeguarding Lead) was in attendance to present the safeguarding children and adults annual report 2019/2020 at appendix E, which provides an overview of the national and local context of safeguarding and areas of practice across the Trust, as well as providing assurance on key performance activity and information on how statutory responsibilities are met, any significant issues of risks and how they are mitigated.

Safeguarding is part of every ward, department and interfaces with all divisions, through attendance at patient safety and quality board (PSQB) meetings, orange panels and involved in falls and medication incidents.

Key points to note are:

- CHFT have met its statutory, regulatory and contractual obligations ensuring that statutory posts have been filled throughout the year.
- CHFT has met its statutory responsibilities in relation to Prevent.
- Adult Safeguarding has seen an increase in referrals that meet the section 42 criteria of the Care Act 2014 made by CHFT staff into the multi-agency policies and procedures. The continued number of referrals provides assurance that there are robust reporting arrangements in place and that staff are aware of safeguarding procedures. There was a dip in March 2020 which was in line with the reduction in hospital attendances, however, this began to rise again in April 2020.

- There is a positive awareness of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). 87% of DoLS applications are now made by the ward, with only 33 requiring minor amendments, which is a big achievement.
- The Mental Capacity (Amendment) Act received Royal Assent in May 2019 and introduces the Liberty Protection Safeguards to replace Deprivation of Liberty Safeguards (DoLS). The Minister of State announced post pandemic that they now aim for full implementation of by April 2022. It is anticipated that the codes of practice will be available early next year, when it will be clearer on what needs to be planned for the coming year. There will be resource implications in relation to new posts and training in relation to Liberty Protection Standards.
- CHFT and SWYPFT have continued to work in partnership formally through the Service Level Agreement, the scheme of delegation and the joint clinical working protocol. CHFTs Mental health Operational Group and Safeguarding Committee receive data and assurance that our mental health act processes are robust and effective.
- CHFT are fully compliant with the National Mortality Review Programme (LeDeR) and have taken part in NHS Improvement learning disabilities standards pilot data collection in 2019 and 2020.
- CHFT have maintained mandatory reporting in relation to Prevent and Female Genital Mutilation (FGM). These training figures have maintained above 90% compliance.
- Nationally there are concerns regarding the impact of the restrictions in place in relation to COVID-19 since March 2020, and how this will impact in relation to increased and unseen domestic abuse. The Safeguarding team responded to concerns raised by the Government and have disseminated information and created a safeguarding [Covid-19 intranet page](#) whilst maintaining the service throughout the pandemic.
- The Calderdale's Children Looked After team, at the start of COVID-19, were told to stop completing review health assessments for some of the most vulnerable children and young people in the community. It caused some confusion in the safeguarding team, but sent every 18-25 year old care leaver a letter at the start of the lockdown offering advice and support and how to contact the team, with up to date public health information which included advice around handwashing etc.
- Safeguarding training is a mandatory requirement for all staff. Whilst overall compliance compared to last year remains stable and above 90%; level 3 safeguarding adults and Children's training did not reach the Trust target of 90% by March 2020 (this has now been achieved as of June 2020) and also increased safeguarding supervision by 35%, which is another big achievement
- As part of this year's report, a safeguarding strategy has been developed, which links with the six principles of safeguarding and linked with what the key objectives will be over the next two years. These are in relation to empowerment, prevention, proportionality, partnership, accountability and protection.
- The recommendation for the Quality Committee is to note the key highlights of the annual report and the strategy for 2020-2022, which will continue to drive forward and embed the safeguarding agenda across the organisation.

EA commented that safeguarding is a very complicated subject, and that the report is much clearer and presented in an easier way this year.

The Chair asked whether the extra work entailed for the additional resource to implement LPS by 2022 has been scoped. VT reported that there are links with other provider organisations as to what that will look like in practice. Work is ongoing with The Mid Yorkshire Hospitals NHS Trust and other local hospitals for some consistency. Links have also been made with South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and is anticipated to be a significant piece of work, however, until the codes of practice are published next year, it is not known what it would look like.

The Chair also commented on the patient story that was included in the report in relation to human trafficking, which was a very powerful story, highlighting the complexity and depth of work undertaken by safeguarding.

137/20 HIGH LEVEL RISK REGISTER

Maxine Travis (Senior Risk Manager) presented appendix G which was discussed at the Risk and Compliance Group on 6 August 2020.

The top risks on the risk register scoring 20 and above (see below), will go through a deep dive through the Risk and Compliance Group to understand how long they have been on the risk register, what the controls and gaps are in the mitigations and to assess that risk rating to ensure it is where it should be.

- **7454:** *Radiology Staffing Risk (score 20)*
- **2827:** *Over-reliance on locum middle grade doctors in the emergency department (score 20)*
- **6345:** *Nurse staffing risk (score 20)*
- **7078:** *Medical staffing risk (score 20)*
- **7689:** *Waiting for diagnostics, operations and outpatients (COVID) (score 20)*
- **7683:** *Lack of isolation capacity (COVID) (score 20)*

Risk 2827 has been on the high-level risk register since 2011, and will be the first risk reviewed at the Risk and Compliance Group in September 2020, to assess the controls and gaps, and review the risk rating in more depth and understand the complexities of the risk and why it has been at that level for such a period of time, and if it is the right place to be. A suggested risk to be reviewed at a subsequent Risk and Compliance meeting is the one relating to medical devices, asset tracking, maintenance of medical devices and staff training compliance.

Risk 7689 relates to the earlier item on clinical prioritisation and the work ongoing to validate outpatients. The impact of this on patient harm and clinical incidents is being awaited.

All seven new risks proposed for addition to the high-level risk register in August 2020 were as a result of the COVID-19 pandemic. The COVID-19 risk register has 90 risks in total and goes through the COVID incident management team (IMT) on a weekly basis and reports through to the Board of Directors. Work is ongoing to align all the COVID-19 risks to the 40-plus workstreams in order for them to lead on the governance and oversight of risks owned by workstreams.

138/20 QUALITY AND SAFETY STRATEGY

Ellen Armistead (Executive Director of Nursing) presented appendix H giving an overview of a strategy of our quality and safety workstreams, governance activities and priorities.

The title of the strategy is 'CHFT Quality and Safety Strategy 2020-2022 – One culture of care: learning and improving'. One of the gaps in the strategy is the improvement of clinical quality and governance, which is one of the focuses of the strategy.

EA briefly summarised and set the context of the strategy, including the 10-year and one-year strategy; the shared definition of quality; results of a 3R session; principles; delivery; and governance framework. Within the governance framework, there are two new groups:

- **Corporate Patient Safety and Quality Board (PSQB)** – the purpose is to gather and have oversight of intelligence at divisional level and triangulate learning across and up and down the divisions and relevant sub-groups. The group will have standard agenda items that recognise the role of the Quality Committee and the quality priorities, with a consistent dashboard of metrics that are used throughout the organisation. The divisional Patient Safety and Quality Boards will strengthen and expect divisions to have more consistency.

- Learning and Improvement Review Group (formerly the Serious Incident Review Group) – this group has been in place for some time and will now be expanded to provide on a quarterly basis, a further opportunity to triangulate intelligence, with a high level of challenge and reflection as to the success of the strategy, taking into account how patients feel and what colleagues are saying.

The governance structure shows the meeting arrangements already in place; and the reporting of quality priorities based on the CQC domains, as well as the refreshed focused quality priorities.

The next steps are to agree the workplan for the quality committee to reflect the strategy; share the strategy through the divisions; define the approach to work together get results to improve; set up the learning and improvement review group and the corporate Patient Safety and Quality Board; develop the quality metric dashboards to ensure consistent reporting; review reporting arrangements to avoid duplication with the Integrated Performance Report; review all risk registers and mitigating actions and to review the Strategy in quarter 1 going forward.

AD thanked EA for the welcomed strategy which shows clarity and the consistency needed regarding the quality journey.

The Chair stated that the strategy is clear on the engagement and involvement required and outlines the work to be focussed on. It was also asked when the strategy is due to be launched. EA stated that the strategy will be presented at a quality masterclass next week and plans to launch at the beginning of October following the next Quality Committee meeting.

Action: Any comments on the strategy, to be forwarded to EA outside of the meeting.

139/20 INTEGRATED PERFORMANCE REPORT

Ellen Armistead (Executive Director of Nursing) provided a brief update on appendix I which has already been discussed at the Finance and Performance Committee.

The concerns to highlight were in relation to the cancer 31 days indicator, but overall, cancer performance is excellent. There are issues on diagnostic 6 week waits and the 52 week waits, as a result of delays due to COVID-19. The safety domain has returned to a green rating, following for the first time last month, a red rating for the domain.

With regard to workforce, the return to work interviews are not at their target, and there is a possibility for discussions between the Workforce and the Quality Committee regarding assurance around this. There are plans in place to move the integrated performance report to a more outcome-focussed metrics, and to focus on the potential duplication between the integrated performance report and the quality reporting.

Infection Prevention Control (IPC) training is also not at target and given that IPC is a critical element, work is ongoing to remedy any shortfalls.

The Chair noted the concern with the return to work interviews and two areas of recruitment that are still not achieving the target.

Action: DS to follow this up with the workforce committee.

WELL-LED – Q1 PATIENT SAFETY AND QUALITY BOARD REPORTS

140/20 COMMUNITY DIVISION

Elizabeth Morley (Associate Director of Nursing) was in attendance to present appendix J highlighting that during quarter 1, the division saw a significant increase in the prevalence of category two and three pressure ulcers and correlated with an increase rate of referrals of patients that were approaching end of life. The other cohort of patients with increasing

pressure ulcers were those who declined a visit from a healthcare professional due to a fear of COVID-19. A lot of work is ongoing in the division around reassuring patients.

The division had no open red incidents and one complaint was received during the quarter.

AD mentioned the high numbers of pressure ulcers in relation to non-concordance and asked how non-concordance is defined. EM stated that a meeting took place last week and work is ongoing with tissue viability and other professionals around the non-concordance policy, and further updates will be provided in the next report.

Action: Feedback on the development of non-concordance to be provided in the next quarterly report.

The Chair noted the rise in incidents in the last few months and asked if there were any themes. EM stated that the themes were pressure ulcers and falls, which are not unusual in the community division, but falls predominantly occur in one setting and education work is ongoing with CHFT staff in that setting.

The Chair also mentioned the Quest / frailty / OPAT (outpatient parenteral antibiotic therapy) pathways, which have produced successful outcomes and benefits, and asked what numbers are expected in terms of avoiding hospital admissions. EM stated that during COVID-19, the numbers were low, which was thought to be that staff numbers were low, however, going forward in winter planning and business cases, it is hoped to treble the numbers. Around 15 admissions were avoided for patients who could have IV antibiotics without having hospital admission, but there would have been more if the capacity was available to deliver the service

OUTCOME: The Quality Committee received and noted the report

141/20 FAMILIES AND SPECIALIST SERVICES (FSS) DIVISION

Dr Julie O’Riordan (Divisional Director) was in attendance to present appendix K highlighting the processes that were changed due to COVID-19.

Paediatrics and gynaecology saw a significant reduction in acute inpatient activity as a result of less patients in hospital as well as the reduction in elective patients, however, gynaecology surgery for fast-track and urgent patients have continued. Paediatrics worked with ENT to devise new pathways to support paediatric ENT surgery at CRH.

Maternity services continued throughout COVID-19 and changed the way they worked by introducing a combination of face-to-face and virtual appointments.

Pathology changed the way how the laboratories and staff worked, particularly in microbiology, where staff moved from other parts to support the testing facility.

Phlebotomy introduced an appointment rather than a walk-in service to allow for appropriate social distancing.

Radiology services have been impacted by the constraints of infection prevention and control (IPC) and social distancing, affecting the number of examinations that can be performed and the service continues to work closely with clinician colleagues as part of the outpatient reset work to ensure acute and elective examinations can be safely delivered.

Outpatients stopped face-to-face appointments and changed to telephone appointments, which continues to work and increase. It has been a challenge to getting face-to-face appointments back up and running due to staff being redeployed due to social distancing. The booking and appointment centre have also been challenged to how they work and still work in progress. The division have an external company to support the trust to improve efficiency and numbers through outpatients.

Incidents reviews continued through weekly orange panel meetings, with an initial dip in orange incidents being reported, but that soon returned to usual numbers and carry out investigations.

The Chair reported that a matter relating to the phlebotomy service will be followed up with JOR at a later point.

OUTCOME: The Quality Committee received and noted the report

142/20 SURGERY AND ANAESTHETICS DIVISION

Corinna Hampshire (Matron) was in attendance to present appendix L.

- PSQB was stepped down in March and April but was swiftly reinstated in May 2020 via Microsoft Teams.
- Orange Panel meetings were maintained throughout the pandemic on a weekly basis, with specialist colleagues invited to capture all the required information in investigations.
- Directorate DMT's have been maintained throughout the pandemic on a monthly basis.
- Risk registers have been reviewed both in the PSQB and DMT setting with regular challenge and oversight from the Quality Governance Lead.
- The divisional response to COVID-19 was the division developing a staffing plan and deploying over 200 staff members from across the organisation into Critical care with a plan in place that would support up to 48 level 3 beds. This was supported by a training and education plan.
- Elective surgery has continued to be stepped down with limited theatre lists running in order to provide treatment for urgent/time sensitive trauma and some cancer cases, maternity provision was also made.
- Most outpatient appointments were reviewed and converted to virtual appointments where clinically relevant. This is a new way of working that could remain and benefit us and our patient's long term.
- Through Q1, the Patient Safety and Quality Board noted that the lack of theatre activity brought significant concern to the division in terms of clinical outcomes for patients awaiting treatment and/or surgery. Other concerns raised were in regard to the CRH/ITU theatre staffing and the ENT tier one on-call rota gaps. The division is working towards mitigating the risk as much as possible and risk registers are reflective of that.
- Incidents - there were a total of 359 incidents reported in quarter 1, a reduction of 107 from the last quarter. This could be due to the reduction in activity due to the pandemic. The top five occurring types of incidents include Pressure Ulcers; slips, trips and falls; Medication; Infection Control and Assessment/Treatment/Diagnosis. Three red serious incidents occurred in the quarter, which were detailed in the report.
- Falls – there were a total of 70 falls reported during the quarter, with a visible increase in falls, particularly across trauma and orthopaedics and general surgery. 56 of those falls were unwitnessed, and some factors may have played a role in the increase in falls, including the pandemic.
- Pressure ulcers – there were 90 pressure ulcers reported in the quarter, with 34 reported in ICU. COVID-19 has meant that Critical Care has had to care for a high volume of seriously ill and often intubated patients. The patients had high acuity and the skill mix and experience of the staff deployed onto the wards may have impacted the increase. The Surgical Assessment Unit reported 13 pressure ulcers, and wards 19 and 21, both trauma and orthopaedics wards, also reported high incidents. The division are working with the Tissue Viability Nursing team to improve pressure ulcer care.
- COVID-19 incidents – there were a total of 39 COVID-19 specific incidents reported, and the majority of those incidents took place in Critical Care during the peak of the pandemic.

- Complaints – there were a total of 11 complaints during quarter 1, which was a significant decline in comparison to the 30 received in quarter 4. This could be due to less patients attending the hospital for clinic appointments/treatment throughout the pandemic.
- Incident and complaints actions – there were a total of 359 outstanding actions from complaints in quarter 4, and a lot of work has been undertaken to improve this and currently at 160 outstanding actions, with plans to reduce this even further.
- Risk register – in quarter 4, there were seven COVID-19 risks, which currently stands at 18, and there were four high-level risks, which now stands at eight. This demonstrates both the volume and complexity of risks that the pandemic has brought about, particularly as we now attempt to 'reset'.
- Patient experience – COVID-19 has affected the experience of being an inpatient or the family of someone who is an inpatient. As an organisation, the continued effort to reduce the spread of infection, but as a result of the suspension of visiting this has affected both our patients and their relatives, however, the Trust has acted quickly and instigated digital visiting across wards, which has resulted in excellent patient feedback.

As the organisation moves through and beyond this pandemic and into 'business better than usual', there is no doubt of the division's commitment to deliver the best service and outcomes for patients in what has been a very difficult and challenging set of circumstances.

RW queried the vacant position of the patient experience and quality support, and whether the position was sustainable. CH reported that the post will be advertised, and RW wondered how much holding that position has impacted on the ability to move some of the work forward, especially the learning of complaints. CH reported that Helen Marsh (Quality Governance Lead) has been carrying out both her new role as Quality Governance Lead and the patient experience support role.

MT thanked CH for presenting the comprehensive report and made an observation on the positive cross-references being made between the risk entries and the narratives on learning.

OUTCOME: The Quality Committee received and noted the report.

143/20 MEDICAL DIVISION

Maggie Metcalfe (Associate Director of Nursing) was in attendance to present appendix M, highlighting the elements for keeping the base safe through COVID-19 by:

- Reinstating Patient Safety and Quality Board and the directorate board meetings, with modified agendas throughout
- Orange panel meetings being maintained and continued to review the risk registers
- Pressure Ulcers - Tissue viability Nurse (TVN) meetings have started and these are proving very effective. A divisional pressure ulcer improvement plan has been making very good progress, and TVN link practitioners are now in place.
- Changes made throughout COVID-19 were:
 - Stroke beds – guidance published stating that patients who were receiving acute rehab were safer to be rehabilitated in the community, so during the period, patients for rehab were discharged into community and the rehab beds were closed within the hospital. It has now been deemed that the risk to the patients of not receiving the acute rehab in comparison to contracting COVID-19 is less, so a paper is being written. The acute rehab that was taking place in the community probably was not to the same intensity as the hospital, so work is ongoing with the community division to look at the provision
 - Oncology / haematology outpatients – there has been a huge move to video conferencing and telephoning for patients, and only clinically-urgent patients being seen face-to-face. The 24/7 helpline for oncology and haematology has helped with hospital avoidance / attendance and because of this, the service is being expanded.

- Emergency Departments - Both departments have seen an increase in staff morale and the additional staff who were deployed to work in the departments have embraced the challenge and have been a pleasure to work with. All teams have integrated well and have even been asked for potential permanent employment.
- Incidents – there were 470 incidents reported in the quarter, with slips, trips and falls being the highest cause. The division has seen an increase in falls for a number of reasons, and a lot are taking place in the bed areas of the hospital and are unwitnessed. This could partly be due to the fact that there are no visitors, as they tend to stop patients from falling out of bed. To mitigate this, some work on bay nursing is underway to observe the patients better.
- Four serious incidents were reported in the quarter:
 - Delay in commencing CPAP (Continuous positive airway pressure). The patient had a cardiac arrest and died.
 - Wrong site surgery (Never event)
 - A mental health patient who attempted a hanging on the ward and found in cardiac arrest. Successful resuscitation, transferred to ICU
 - Unsafe transfer from HRI to CRH, peri arrest on arrival, intubated and transferred to ICU

MM noted the acuity of patients with pressure ulcers, particularly through the isolation period where there were a lot of elderly patients self-isolating at home, and some of those patients were probably not eating, drinking or looking after themselves as they should, their skin integrity was not as expected once they came into hospital, therefore there has been an increase in pressure ulcers, however, work is ongoing on this.

Complaints – a significant reduction in complaints were noted during COVID-19, which are increasing again. Work is underway to try to improve complaints compliance, and looking to have additional training for investigators, and a flowchart with timescales attached to start implementing and ensuring that complaints are back on track.

The Chair was pleased to note the ongoing commitment to closing complaints, and to identify additional trained investigators to take on that work.

OUTCOME: The Quality Committee received and noted the report.

RESPONSIVE

144/20 BI-MONTHLY QUALITY REPORT

Andrea Dauris (Assistant Director of Quality and Safety) presented appendix N, providing an ongoing oversight of the quality agenda and the emerging issues that need to be considered.

The report is now in line with the agreed format, which was agreed pre-COVID, where a new approach was tested regarding the levels of assurance and gives a high-level overview and reflects how quality assurance is reported moving forward. The frequency of the report has also changed to a bi-monthly report, and slightly out of sync with the Board of Directors meetings, therefore this report will be submitted to the Board tomorrow, and the workplan will be amended to ensure the report is received and commented on at this Committee before being presented at the Board going forward.

- Complaints – this remains a concern for the Trust and will be a key part of the stabilisation and reset workstreams. This will need a commitment across the organisation working in partnership to progress this.
- CQC engagement meetings and ongoing assurance regarding: Progression of investigations, open enquiries, incidents of interest to CQC, Personal and Protective Equipment, COVID-19 Service Provisions, Reset Plans, Changes to Governance due to COVID-19. Full assurance demonstrated with the Infection Prevention and Control

Assurance Framework. MD8 (medical staffing) and SD9 (Emergency Consultant cover) remain at a limited assurance position with plans to address expanded upon within the report.

- An improving position in response to central alerting system (CAS) alerts, and the CQC report described the organisation as an outlier with 19 overdue alerts. This has now reduced to five outstanding alerts, and work is ongoing to sustain that position going forward and working through a standard operating procedure for alerts coming into the organisation to strengthening our position going forward.
- Pressure Ulcers – three areas of limited assurance note an improving position with reasonable assurance across five areas. The reporting of pressure ulcers have now changed within the integrated performance report – there are now category 2, category 3, category 4, unstageable and deep tissue injury (DTI) pressure ulcers, which will impact on our numbers, but is reflective of where we need to be nationally in terms of reporting and the action plan will also reflect that work going forward.
- Assessment of Dementia Screening – assurance remains limited
- Nutrition and hydration – assurance remains limited
- Management of inquests – assurance is limited

The recommendation is for the Committee to note the contents of the report and activities across the Trust to improve the quality and safety of patient care.

AD was thanked for the report, and the Chair mentioned the quality priorities and the two-way dialogue with the Patient Safety and Quality Boards and the expectation for their reports to include some narrative on progress of the quality priorities.

Any feedback and comments on this approach were asked to be forwarded to AD

POST MEETING REVIEW

145/20 MATTERS TO REPORT TO THE BOARD OF DIRECTORS

- Process for closer monitoring of the focused quality priorities and updates received from some today
- First draft of the quality and safety strategy received
- Patient Safety and Quality Board quarter 1 reports received

146/20 REVIEW OF MEETING

What went well....

- A full agenda has been managed well and conversation taken place on those elements
- The quality of some of the reports have been outstanding

What could be better.....

- Still a challenge on the agenda and the amount of work to cover. The size of the agenda is being managed
- Getting the papers circulated on time as a lot of are being chased passed the deadline

147/20 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

148/20 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix O, and will be amended to include the quality priorities, as well as the risks from the Board Assurance Framework. Some thoughts on how

to conduct the deep dives and how to have some rigour in the process will be brought to the next meeting.

NEXT MEETING

Monday, 28 September 2020 at 3:00 – 5:00 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON WEDNESDAY, 2 SEPTEMBER 2020

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
UPCOMING ACTIONS				
2.9.20 (132/20)	<u>QUALITY PRIORITY - MEDICAL DEVICES</u>	Divisions	<p>Action 2.9.20: Medical devices training and maintenance to be added to PSQB agendas as a regular item</p> <p>Update September 2020: MA has now added medical device training to all Patient Safety and Quality Board workplans - COMPLETED</p> <p>Action 2.9.20: Medical devices training and maintenance to be added as a risk on divisional risk registers</p> <p>Update September 2020: MA to check with all divisions that this is on risk registers.</p>	UPDATE DUE Monday, 28 Sept 2020
2.9.20 (133/20)	<u>QUALITY PRIORITY – FALLS RESULTING IN HARM</u>	Helen Hodgson	<p>Action 2.9.20: HH to take comments back to the Falls Collaborative to reconsider the 10% reduction target and to provide further assurance to the Quality Committee</p> <p>Action 2.9.20: The equality impact assessment to be completed.</p> <p>Action 2.9.20: Benchmarking data from other Trusts to be added to the monthly falls dashboard.</p>	UPDATE DUE Monday, 28 Sept 2020
2.9.20 (135/20)	<u>MEDICATION SAFETY AND COMPLIANCE REPORT</u>	Anita Hill	Action 2.9.20: AH to find out the timescales for when departmental assessments in relation to exposure tests for nitrous oxide and Entonox need to take place.	UPDATE DUE Monday, 28 Sept 2020
2.9.20 (138/20)	<u>QUALITY AND SAFETY STRATEGY</u>	Ellen Armistead	Action 2.9.20: Any comments on the strategy, to be forwarded to EA outside of the meeting.	UPDATE DUE Monday, 28 Sept 2020
2.9.20 (139/20)	<u>INTEGRATED PERFORMANCE REPORT</u>	Denise Sterling	Action 2.9.20: DS to follow up concern with the return to work interviews and two areas of recruitment that are still not achieving the target, with the Workforce Committee.	UPDATE DUE Monday, 28 Sept 2020
3.8.20 (121/20)	<u>QUALITY COMMITTEE ANNUAL REPORT ACTION PLAN</u>	Chair	Action 3.8.20: An action plan will be submitted to the Committee once the results have been reviewed.	UPDATE DUE Monday, 28 Sept 2020
1.7.19 (120/19) 2.3.20 (41/20)	<u>SERIOUS INCIDENTS DEEP DIVE</u>	Maxine Travis	<p>Action 1.7.19: OW to be invited to a future meeting to present next steps.</p> <p>Update 29.7.19: Work is ongoing to review systems and processes, with an action plan being pulled together.</p> <p>Update 30.9.19: A three-month update was provided – see item 176/19</p> <p>Action 30.9.19: Further update to be provided in six months' time, and maybe earlier if improvement and sustained change is not noted.</p> <p>Update 2.3.20: Following discussion on target timescales of between 25 to 40 working days for responding to complaints, it was queried why the same timescale cannot be delivered for serious incidents.</p> <p>Action 2.3.20: Deep dive into serious incidents to take place.</p>	UPDATE DUE Monday, 28 September 2020
5.2.20 (21/20)	<u>OUTPATIENTS IMPROVEMENT PLAN</u>	Kimberley Scholes	<p>Action 5.2.20: Progress on actions from the outpatient's improvement plan to be provided in April 2020.</p> <p>Update June 2020: Awaiting steer from Executive Director of Nursing due to a number of amber/red actions which need clarity in the context of COVID-19</p>	UPDATE DUE Monday, 28 September 2020
29.6.20 (103/20)	<u>INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK</u>	David Birkenhead	<p>It was stated that in the future, it would be good to get an update on how the recommendations have been implemented, and DB agreed that an action plan with an assurance statement against the 10 standards and any new guidance that has been issued, can be brought back to the Committee.</p> <p>Action 29.6.20: Action plan to be brought back to the Committee at a later date.</p> <p>Update August: Progress report will be made available for 28 September 2020 meeting</p>	UPDATE DUE Monday, 28 September 2020
ACTIONS DUE LATER IN THE YEAR				
2.9.20 (140/20)	<u>COMMUNITY DIVISION REPORT</u>	Community division	Action 2.9.20: Feedback on the development of non-concordance in relation to pressure ulcers to be provided in the next quarterly report.	DUE Monday, 30 November 2020
CLOSED ACTIONS				
3.6.19 (108/19) 1.7.19 (123/19) 29.7.19 (action log) 30.9.19 (action log) 2.12.19 (action log) 6.1.20 (action log) 2.3.20 (40/20) 3.8.20 (113/20)	<u>MENTAL HEALTH POLICY</u> Lindsay Rudge (Deputy Chief Nurse) reported that the three year mental health strategy, which is being developed in line with the Trust strategy and aligns to the Treat as One document, will be submitted to the Weekly Executive Board, and be brought to the next Quality Committee meeting in July.		<p>Action 3.6.19: Mental health strategy to be received next month</p> <p>Update June 2019: Mental Health Strategy to be forwarded to Committee for comments to Lindsay by 15 July 2019</p> <p>Update 29.7.19: This item to be deferred as further engagement needed. A draft paper for arrangements in the organisation will provide assurance to the Quality Committee on standards expected. A definitive paper will be available at the end of September.</p> <p>Update 30.9.19: Update provided – see item 177/19</p> <p>Action: 30.9.19: Written update to be provided in October 2019</p> <p>Update November: For strategy to be deferred to December</p> <p>Update 2.12.19: Report still in draft and due for submission to Quality Committee in January 2020</p> <p>Update 6.1.20: Strategy still in development – to be deferred to next meeting.</p> <p>Additional update: Strategy to be deferred to March, along with the Policy and training plan</p> <p>Update 2 March 2020: See item 40/20. The draft strategy and terms of reference were presented. Comments on the terms of reference to be forwarded to LR in the next 2 weeks.</p> <p>Action 2.3.20: Any comments on the terms of reference to be forwarded by Monday, 16 March 2020.</p> <p>Action 2.3.20: The amended terms of reference along with the mental health policy and training plan to return to Quality Committee for the next meeting</p> <p>Update June 2020: It has been agreed that the strategy, terms of reference, mental health policy and training plan will be presented at the meeting on 3 August 2020</p> <p>Update 3.8.20: The mental health policy was drafted by Janet Youd (Emergency Nurse Consultant) and Vicky Thersby (Safeguarding Lead), however, the development was slowed down due to colleague deployment during the pandemic. Work is also ongoing on the Policy with partners at South West Yorkshire Partnership NHS Foundation Trust and their mental health act legal team, which has caused a further delay, however, this is nearly complete.</p> <p>A copy of the stabilisation and reset operational group terms of reference will be circulated to the Committee.</p> <p>Action 3.8.20: Stabilisation and reset operational group terms of reference to be circulated - COMPLETED</p>	CLOSED Monday, 2 Sept 2020

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON WEDNESDAY, 2 SEPTEMBER 2020

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
2.3.20 (43/20) 3.8.20 (114/20)	<u>CLINICAL RECORD KEEPING</u> (as part of CQUINS update)	Lindsay Rudge	Action 2.3.20: Paper to be provided on clinical record keeping Update June 2020: It has been agreed that the clinical record keeping paper will be presented at the meeting on 3 August 2020 Update 3.8.20: LR confirmed as being an immediate focus of delivery of improvement to drive performance back to expected levels. It was also stated that a progress update and action plan can be provided at the next meeting. Action 3.8.20: Progress update to be provided to the next Committee meeting. Update 2.9.20: See item 131/20	CLOSED Monday, 2 Sept 2020
3.8.20 (119/20)	<u>COVID-19 HEALTH AND WELLBEING RISK ASSESSMENT</u>	All	Action 3.8.20: Any comments on the COVID health and wellbeing risk assessment update on mitigations and next steps to be forwarded to SD. - COMPLETED	CLOSED Monday, 2 Sept 2020
3.8.20 (120/20)	<u>QUALITY ACCOUNT – FIRST DRAFT</u>	Andrea Dauris	Action 3.8.20: Any comments on the first draft of the Quality Account to be forwarded to AD by Monday, 17 August 2020. COMPLETED	CLOSED Monday, 2 Sept 2020

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE

Held on Wednesday 15 July 2020, 12.45pm. – 1.45pm

VIA TEAMS

PRESENT:

Ellen Armistead	(EA)	Deputy Chief Executive/Director of Nursing
Helen Barker	(HB)	Chief Operating Officer
David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Karen Heaton	(JH)	Non-Executive Director (Chair)
Andrea McCourt	(AM)	Company Secretary
Sharon Senior	(SS)	Staff Side Representative
Denise Sterling	(DS)	Non-Executive Director
Linzi Smith	(LS)	Staff Governor

IN ATTENDANCE:

Philip Lewer	(PL)	Chairman
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18/20 WELCOME AND INTRODUCTIONS:

The Chair welcomed members to the meeting.

19/20 APOLOGIES FOR ABSENCE:

Jude Goddard, Public Governor

20/20 DECLARATION OF INTERESTS:

There were no declarations of interest.

21/20 MINUTES OF MEETING HELD ON 18 FEBRUARY 2020:

The minutes of the Workforce Committee meeting held on 18 February 2020 were approved as a correct record.

The Committee meetings scheduled to take place in April and June 2020 were cancelled due to the Covid-19 pandemic.

Workforce matters were discussed at joint meetings of Quality and Workforce on 4 May and 1 June 2020. The Workforce section of the notes were shared with members today.

22/20 MATTERS ARISING

There were no matters arising.

23/20 ACTION LOG

The action log was reviewed and updated accordingly.

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – JUNE 2020

Performance on workforce metrics continues to be high although the Workforce domain decreased to 82.6% in June 2020. This is now 14 consecutive months of a 'Green' domain.

Only 3 of the 17 metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', and 'Sickness Absence Rate' and Long term sickness absence rate'. The appraisal compliance for both medical and non-medical are not included in the Domain scoring due to postponement of appraisal activity as a consequence of Covid-19. It was however noted that the appraisal season for non-medical colleagues opened on 1 July and will close on 31 October.

Workforce – May 2020

The Staff in Post increased by 5.3 FTE, which, due, in part, to 30.08 FTE new starters in May 2020. This led to a decrease of 7.35 FTE vacancies.

Turnover increased to 7.20% for the rolling 12 month period June 2019 to May 2020. This is a slight increase on the figure of 7.09% for April 2020.

Sickness absence – April 2020

The in-month sickness absence increased to 5.47% in April 2020. The rolling 12 month rate increased for the ninth consecutive month, to 4.11%.

Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 28.11% of sickness absence in April 2020, increasing from 27.90% in March 2020.

The RTW completion rate decreased to 51.54% in May 2019.

Essential Safety Training – May 2020

Performance has improved in 6 of the core suite of essential safety training. With all 9 above the 90% target with 4 achieving the 95% 'stretch' target.

Overall compliance increased to 94.11% but remains below the stretch target for the fifth consecutive month.

Workforce Spend – May 2020

Agency spend fell by £0.16M, whilst bank spend decreased by £0.16M.

Recruitment – May 2020

1 of the 5 recruitment metrics reported (Shortlisting to Interview) deteriorated in May 2020. The time for Unconditional offer to Acceptance in May 2020 decreased and was just over 4 weeks.

DS noted there are 17 wellbeing buddies in the Trust and asked what the plan is to increase this number. SD advised that there are a number of friendly ear champions along with FTSU ambassadors, making up approximately 60 colleagues and recruitment is continuing. Nikki Hosty is working to co-ordinate these groups of colleagues who will support one culture of care as a wellbeing champion to each department/service/team. It was noted that NHSE/I are considering incorporating into the well-led framework that all trusts will have a designated well-being officer.

SD stated that following the Covid re-deployment of colleagues reflection is being given to whether colleagues should be matched to their existing/current department or consider the benefits of colleagues working across areas. SD requested that staff redeployment is discussed at the next Committee meeting.

SD advised that at 31 March 2019 sickness absence was under the 4% target which was the anticipated position for 31 March 2020. Over the last few months sickness absence peaked at approximately 12.5%. Covid now represents approximately 3% of overall absence. The national shielding programme is 'paused' from 1 August 2020 and conversations are progressing with shielding colleagues to facilitate their return to work. Sickness absence is expected to return to normal rates over the next 2 to 3 months.

DS questioned if the decrease in return to work submissions was symptomatic of Covid. SD advised that it is an ongoing issue and it was noted that work is ongoing to address this. SD confirmed that a 'people' related objective has been added to all manager appraisals to support one culture of care and achieve key workforce targets.

ACTION: Colleague deployment to be discussed at August 2020 meeting (SD).

OUTCOME: The Committee **RECEIVED** and **NOTED** the report.

25/20

COVID HEALTH AND WELLBEING PLANS

SD advised the Board of Directors agreed to continue to support and fund the 24/7 helpline. Debrief sessions have been established mainly for clinical colleagues with the first phase commencing with matrons in the Surgery Division. Listening events rolled out and Schwartz Rounds via Microsoft Teams have been hugely successful. The Trust's psychology team continue to be available for support and guidance. Next steps include a wellbeing buddy assigned to every team/service.

SD thanked staff side colleagues for their ongoing guidance and support and the joint learning that has helped develop the right responses. Learning from colleague feedback is that language and actions need to be carefully thought through as the impact can be very different for each individual.

The Committee expressed their thanks and support to the response plans.

Action: Provide Covid health and wellbeing plan activity outcomes to a future Committee meeting (SD)

OUTCOME: The Committee **RECEIVED** and **NOTED** and **SUPPORTED** the plans.

26/20

EXIT INTERVIEW DATA

MB presented data for the period 1 January 2020 – 30 June 2020. 248 colleagues had left the Trust during the period. 72 colleagues completed the leavers survey (29%).

The top reason for leaving is retirement age, with some peaks in voluntary resignation, lack of opportunities, promotion, and relocation.

55 colleagues said their managers had a conversation with them about their reason for leaving.

Overall colleague satisfaction working at the Trust is positive. Two areas did identify as requiring some focus: The Trust values my work and non-salary benefits.

Health and wellbeing question answers were overwhelmingly positive (84%).

42% of colleagues said they had felt unwell and were absent due to work related stress.

Equal opportunities is a positive overall response at 58%.

Appraisal results responses are overwhelmingly positive, 90% of colleagues had an appraisal in the last 12 months. 75% of the responses said their appraisal did help to set their objectives.

57.5% of colleagues said they would recommend the Trust as a place to work.

72.6% of colleagues said they would recommend the Trust for treatment.

62% of colleagues said they are staying within the NHS.

KH queried the leaver survey response rate. MB advised that the survey format has recently been refreshed to facilitate more simpler completion. The survey is now predominately a tick box approach with just one free text box at the end of the survey for users to add comments. As the survey is web based, colleagues are able to complete and submit after they have left the Trust. A section has been added to the termination form to prompt managers to remind colleagues and additionally the Business Intelligence team email the survey link to each colleague prior to leaving.

DS asked about survey results feedback. JE reported that there is reliance on managers to promote the survey but also that an early conversation be initiated by a manager to better understand the principal reasons for leaving in order to seek to address any issues and retain colleagues in employment.

Previously the line manager bulletin and general manager cascade has been a mechanism for promoting the survey. JE acknowledged additional activity is required to ensure conversations take place so as to improve the survey response rate. However, it was recognised that the aim is to maintain a dialogue with colleagues about their experience at work in order to deal with issues that may mean they become dissatisfied and ultimately leave their employment.

OUTCOME: The Committee **RECEIVED** and **NOTED** the data results and noted the revised approach.

27/20

LEADERSHIP DEVELOPMENT PROGRAMME

SD confirmed the online programme will launch on 31 July 2020.

The programme has several key modules including a launch module, WTGR, Management Essentials and Leading One Culture of Care elements.

Bespoke modules for Nursing and Midwifery, AHP and Medical Consultant will be available from September 2020.

The approach taken is to ensure learning is part of recovery of Covid. Colleagues can undertake the learning in their own time at a place to suit them. The programme is available to all colleagues, with all people managers being encouraged to undertake the programme.

SD advised the learning will be tracked via a log. KH asked about a mechanism for evaluation. Activity can be identified from the number of hits on the Intranet and leadership development will be a theme incorporated in the appraisal conversation. An option to

purchase a bolt on learning management system to enable tracking through ESR is being explored. Procurement timescale for this is 6 to 12 months.

Colleagues will be allowed one year to complete the programme. With a projection of 700 managers completing the programme, this would not have been possible via cohorted face to face learning. Colleague feedback has been very positive expressing strong support for the programme.

SD asked if Committee members would participate in recording a podcast about their particular leadership journey. PL and other directors had already signed up to this.

OUTCOME: The Committee **RECEIVED** and **SUPPORTED** the Leadership Development Programme.

28/20

ANY OTHER BUSINESS

LS expressed thanks and gratitude to everyone concerned for the excellent communication in keeping colleagues updated, involved and engaged over the last few months, in particular the easy access to support and guidance.

PL stated he is proud to be Chair.

KH formally thanked everyone in Workforce and OD for their contribution and response to the Covid pandemic.

29/20

DATE AND TIME OF NEXT MEETING:

10 August 2020 via MS Teams.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE

Held on Wednesday 10 August 2020, 1pm – 3pm

VIA TEAMS

PRESENT:

Ellen Armistead	(EA)	Deputy Chief Executive/Director of Nursing
David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Karen Heaton	(JH)	Non-Executive Director (Chair)
Andrea McCourt	(AM)	Company Secretary
Helen Senior	(HS)	Staff Side Representative
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Nicola Hosty	(NH)	FTSU Guardian/ED&I Manager (for agenda item 39/20)
Adam Matthews	(AM)	Workforce Reconfiguration Lead (for agenda item 36/20)
Charlotte North	(CN)	Assistant Director of HR (for agenda item 34/20)
Jackie Robinson	(JR)	HR Business Partner (for agenda item 37/20)
Owen Williams	(OW)	Chief Executive

30/20 WELCOME AND INTRODUCTIONS:

The Chair welcomed members to the meeting.

31/20 APOLOGIES FOR ABSENCE:

Helen Barker, Chief Operating Officer
Jason Eddleston, Deputy Director of Workforce and Organisational Development
Sharon Senior, Staff Side Representative

32/20 DECLARATION OF INTERESTS:

There were no declarations of interest.

33/20 MINUTES OF MEETING HELD ON 15 JULY 2020:

The minutes of the Workforce Committee meeting held on 15 July 2020 were approved as a correct record.

34/20 MATTERS ARISING

Consultant Recruitment – Internet micro site

CN advised that prior to Covid, Magie an external company had been commissioned to develop the micro internet website. The build and background including updating starter packs, recording of podcasts and videos has been prepared by the Medical HR team however the actual internet site is paused as Magpie are currently furloughed.

CN reported on the success in the reduction in consultant vacancies. In April 2018 there were 95 consultant vacancies. Today's figure is 38 vacancies.

Currently there are 31 junior doctor vacancies. To supplement these vacancies an over

establishment of trust doctor vacancies has been created along with the introduction of junior clinical fellow vacancies in ED.

The Committee noted a Radiology Global Fellow Programme had been introduced in the Radiology Department. Following its success 3 further Radiology Global Fellows will join the Trust in November 2020.

The Committee commended Medical HR on their achievements particularly during the recent pressures.

Action: Provide update on Intranet Micro site at a future Committee meeting (CN)

35/20

ACTION LOG

The action log was reviewed and updated accordingly.

36/20

COVID HEALTH & WELLBEING RISK ASSESSMENT

AM confirmed the data sources to provide the triangulation of data comprised antibody testing, ESR, Health and wellbeing Risk Assessment, PCR testing and Roster.

- 6302 substantive colleagues included in this analysis.
- 5797 (92.0%) are at work, or are working from home.
- 106 colleagues were identified as being at an increased risk of severe COVID infection in the Health and Wellbeing Risk Assessment that were not assessed as part of the shielding group.
- 18.1% of antibody test results returned positive for BAME colleagues compared with 13.4% for White colleagues.
- Orthopaedics Directorate have the highest rate of antibodies detected in their test results at 39.5%. By comparison, Critical Care has just 9.9%.
- 5 colleagues did not have antibodies detected following a positive PCR test.
- Colleagues experiencing increased levels of anxiety are more likely to have had sickness absence episodes in the quarter 2 of 2020/21.

274 colleagues were identified as being at 'very high' or high' risk of severe COVID infection as part of the shielding assessment. The greatest concern is the 11 colleagues that have been identified as 'High Risk' from their responses to the Health and Wellbeing Risk Assessment' but no additional risk was identified as part of the shielding assessment.

Antibody testing has now been completed for 4502 substantive colleagues (71.4%). Antibodies were detected for 636 of those colleagues (14.1%). The results show BAME colleagues are more likely to have received a result showing antibodies detected. White females colleagues are the least likely group to have antibodies detected with just 13.0%.

The graph shows that colleagues that are experiencing increased level of anxiety are more likely to have had sickness absence episodes. 32.2% of colleagues in that group have had at least 1 sickness episode between 1 April 2020 and 30 June 2020, compared to 13.4% for those colleagues that have said they are not anxious.

DB queried if a deep statistical analysis of data had been undertaken. AM advised conclusions were compiled from comparisons of data.

OW shared with the Committee antibody testing data of colleagues' residence and ethnicity. There is a view that overlaying different levels of workforce data can potentially provide a route map as opposed to symptomatic testing alone.

EA noted the high incidence of positive antibody results along with significant Covid related

sickness absence in Ward 20. EA expressed a view that these results are not unexpected and pointed out the benefits of learning from softer intelligence such as feedback from experienced managers particularly when triangulated data isn't available, enabling a quicker response.

SD reported the results from the analysis and triangulation of data corroborated the health and wellbeing risk assessment had been critical to ensuring colleagues have the appropriate interventions in place. SD confirmed there is mechanism within the external mental health service for review and evaluation. Risk assessment leads would connect with Occupational Health to review and assess outcomes in terms of colleague physical issues.

OUTCOME: The Committee **RECEIVED** and **NOTED** the report.

37/20

STAFF RE-DEPLOYMENT PLANS

JR presented the approach and activities in response to workforce escalation, reset and stabilisation. EA wished to thank all involved in the extensive work undertaken over the recent months. She acknowledged the Trust now has a robust skills matrix for the future particularly beneficial over the winter months and also the importance on colleagues maintaining new skills through ongoing CPD. EA considered a key element to success was through local conversations and strong relationships between line manager and individuals.

CP expressed some concern in terms of colleagues resetting in response to the restarting of elective procedures. EA advised the Clinical Workforce Group will continue to meet to map colleagues to respond to service needs and acknowledged the uncertainty at this time.

OW asked about systems for tracking multiple moves of colleagues. JR advised that workforce models in Roster are able to report accurately on where colleagues are working at any given point. DH saw opportunity for further rotational schemes perhaps to support the future transformation work.

CN had a view that asking colleagues to cancel annual leave rather than enforcing would have resulted more positively. OW felt there were alternatives to cancelling annual leave that were not explored and this should be noted for the future.

KH commented on the learning and the positive outcomes as a result of Covid-19. The Committee noted examples of how colleagues had supported each other. JR felt it had been a very emotional time.

KH expressed congratulations to all.

OUTCOME: The Committee **RECEIVED** and **NOTED** and **SUPPORTED** the plans.

38/20

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – JUNE 2020

MB presented the report.

Summary

Performance on workforce metrics continues to be high although the Workforce domain decreased to 76.1% in July 2020. This is now 15 consecutive months of a 'Green' domain. Only 4 of the 15 current metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', and 'Sickness Absence Rate' and 'Long term sickness absence rate' and 'Short term sickness absence rate'. The appraisal

compliance for both medical and non-medical are not included in the Domain scoring due to postponement of appraisal season d and Covid-19.

Workforce – June 2020

The Staff in Post increased by 11.07 FTE, which, due, in part, to 30.34 FTE new starters in June 2020. This led to a decrease of 0.17 FTE vacancies.

Turnover decreased to 6.86% for the rolling 12 month period July 2019 to June 2020. This is a slight decrease on the figure of 7.20% for May 2020.

Sickness absence – May 2020

The in-month sickness absence decreased to 4.22% in May 2020. The rolling 12 month rate increased for the tenth consecutive time in 19 months, to 4.22%.

Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 35.13% of sickness absence in May 2020, increasing from 28.11% in April 2020. The RTW completion rate increased to 56.86% in May 2020.

Essential Safety Training – June 2020

Performance has improved in 6 of the core suite of essential safety training. With all 9 above the 90% target with 4 achieving the 95% 'stretch' target. Overall compliance increased to 94.24% but remains below the stretch target for the sixth consecutive month.

Workforce Spend – June 2020

Agency spend increased by £0.19M, whilst bank spend increased by £0.12M.

Recruitment – June 2020

2 of the 5 recruitment metrics reported (Pre employment to unconditional offer, and Unconditional offer to acceptance) deteriorated in June 2020. The time for Unconditional offer to Acceptance in June 2020 decreased and was just over 5 weeks.

KH asked about the response rate of return to work interviews. SD confirmed the ongoing work to increase rates.

The Committee noted the improvement in sickness levels. SD advised that CHFT benchmarks well against other Trusts but cautioned about sickness absence impact during school holidays.

DS asked what the challenges are in the compliance of role specific training. Generally role specific modules take longer to complete and is face to face training. Some of the modules are being converted to virtual training to increase participation.

OUTCOME: The Committee **RECEIVED** and **NOTED** the report.

39/20

FREEDOM TO SPEAK UP ANNUAL REPORT

NH perceives the increase in reporting of concerns suggests that colleagues are gaining trust and confidence in the FTSU process. Nine concerns were reported in 2018. This increased to 67 in 2019 and at the end of June 2020, 52 concerns have been reported. Increased focus on colleague accountability and a culture of 'your voice matters' is making a real difference in the Trust.

The number of FTSU ambassadors has increased. Colleagues can choose to have a conversation should they not wish to use the FTSU Portal.

During the pandemic primary themes of concern emerged; management relationships, lack of PPE, colleagues feeling like commodities. This crisis is an opportunity to listen to colleagues' voices for learning and improvement. All FTSU concerns reported during Covid have been captured and communicated to the Incident Management Team. This feedback should support improvements in 'resetting services' and any preparations should there be a second wave.

Future areas of focus will be to increase volunteer FTSU ambassadors, ensure that learning from FTSU is incorporated into development of patient safety processes and continue to increase visibility of speaking up channels. Analysis of NGO case studies and recommendations for best practice to be examined within the FTSU team and recommendations for action will be taken as a result of these discussions.

DS asked if ambassador colleagues are volunteers from across all divisions. NH acknowledged this was the case and could be strengthened further by increasing the numbers. KH asked if special training is required. NH explained that buddying up, monthly meetings and quarterly check-ins provides support to volunteers and enhances their skills.

OW stated the FTSU process creates an opportunity for colleagues to raise concerns where one culture of care/4pillars is not being adhered to.

DS asked what support is available in terms of complex concerns particularly during the pandemic. At the beginning of the pandemic the NGO provided free access to employer systems programmes. NH advised she has 'go to' people outside of the organisation for her own wellbeing along with internal Executive level support and Jason Eddleston the FTSU Champion.

DS asked if concerns are fed into the IMT regularly and if this will continue. NH confirmed concerns will continue to be escalated as required.

KH commended NH on an excellent piece of work.

OUTCOME: The Committee **RECEIVED** and **NOTED** the Report
ANY OTHER BUSINESS

40/20

The Committee noted the 2020 NHS Staff Survey is to be launched the second week in September and will run for the full period. Some Covid-19 questions will be incorporated. Focus will be on quality of response.

SD advised a response to the NHS People plan is being developed and will be submitted to the Board of Directors in September 2020. The documents will be uploaded to The Cupboard and will be a subject for a deep dive at a future Committee meeting.

Board Assurance Framework to be added to the workplan

41/20

MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

Well Being Risk Assessment
Redeployment plans
Positive elements of Workforce Performance Report
FTSU

42/20 **EVALUATION OF MEETING**

What went well: Colleagues outside of WOD involved in the meeting to challenge workforce activities.

43/20 **DATE AND TIME OF NEXT MEETING:**

19 October 2020

Hot House: Skill Mixes & Hybrid Roles, 1pm-3pm, DR1&3, Learning Centre, HRI
Review Quality & Performance Report – Workforce, 3pm – 4pm, DR2,
Learning Centre, HRI

DRAFT



**Minutes of the Charitable Funds Committee meeting held on
Wednesday 26 August 2020, 2.00pm – 3.30pm
via Microsoft Teams**

PRESENT

Philip Lewer (PL)	CHAIR
Gary Boothby(GB)	Director of Finance
Ellen Armistead (EA)	Director of Nursing/Deputy Chief Executive
David Birkenhead (DB)	Medical Director
Richard Hopkin (RH)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director

IN ATTENDANCE

John Gledhill (JG)	Council of Governors' Representative
Emma Kovalski (EK)	Fundraising Manager
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Heather Lamont (HL)	CCLA
Julia Cocklin (JC)	CCLA

ABSENT

Asif Ameen	Director of Operations, (Medical)
Zoe Quarmby	ADF Financial Control

1. DECLARATION OF INDEPENDENCE

At the beginning of the meeting the Charitable Funds Committee members made their Declaration of Independence.

2. APOLOGIES FOR ABSENCE

Apologies were received and noted for Sheila Taylor and Lyn Walsh.

3. CCLA INVESTMENT PERFORMANCE REVIEW

HL (CCLA) presented 'Managing Your Investment Portfolio'. Its contents were NOTED.

The discussion that followed covered, amongst other items, the possible effects of the global pandemic, a second wave, a medical development such as a vaccine, the American elections, governance independence (HL confirmed that there was no conceivable link between what is bought for the fund and CCLA's relationship with our Charity Trustee), the robustness of our pooled fund which is actively managed, the risk profile of our fund (3/7 equating to low/medium risk), whether to consider moving to the Charities Ethical Investment Fund at zero cost (deadline April 2021). It was agreed that, either at the next meeting in November or at an extra one before that, a discussion would take place about

rearranging our portfolio mix. HL would be invited for part of it. HL would also provide information on the more risky Global Equities fund.
Once HL and JC left the meeting, RH discussed the tender process

ACTION: set up meeting or add to agenda for November meeting to decide on our investment portfolios. (GB leading with EA/PW/RH before November meeting **26.08.20 – 1**). To include:- increasing risk on longer term investment (A Ormerod), a possible move to the Ethical fund and whether to continue with CCLA or set up a tender process (to include checking the diversity at board level).

4. MINUTES OF MEETING HELD ON 26 FEBRUARY 2020

The minutes of the meeting held on 26 February 2020 were approved as an accurate record.

5. ACTION LOG AND MATTERS ARISING

The action log was reviewed and noted.

Risk Register

RH asked if his points had been considered, particularly around risk scores. EK confirmed these had been addressed and presented the amended Risk Register which was NOTED. This is a live document which is reviewed at each meeting and then updated if necessary.

6. MINUTES OF EXTRA MEETING 24 JUNE 2020

The minutes of the meeting held on 24 June 2020 were approved as an accurate record.

7. REPORT & ACCOUNTS 2019/20 DRAFT

GB presented the key points in this report. He said that Covid-19 had been referenced but it did not feature heavily in the financial year 2019/20 (of this report) but 2020/21.

RH discussed the Reserves policy and felt it needed to be revisited. GB agreed to discuss the report further with RH, finalise it and share with PL. CH would discuss the reserves policy with KPMG.

ACTION: GB to discuss wordings/language with RH, finalise report and share with PL - **26.08.20 – 2**, Sept 20.

ACTION: CH to discuss Reserves policy with KPMG – **26.08.20 - 3**, Sept 20.

8. QTR 1 2020/21 INCOME & EXPENDITURE SUMMARY (inc. SOFA & BS)

EK presented this and shared some 'good news' stories around donors. DB said he would be happy to be involved personally in thanking/valuing these donors in the future. The contents were NOTED.

9. TERMS OF REFERENCE – ANNUAL REVIEW

These were reviewed and it was agreed to delete the highlighted words. It was also agreed that the membership should be extended to include a staff representative from the BAME network and also a member of the new operational sub committee once it has been set up. These will be added to the Terms of Reference as positions and named members will be confirmed later when EA and EK have followed this up.

ACTION: amend Terms of Reference (**CH 26.08.20 – 4, Sept 20**).

ACTION: confirm new members (**EA/EK 26.08.20 – 5 Nov 20**)

10. OUTSTANDING AUDIT RECOMMENDATIONS

GB reported that all actions had finally been completed. This paper is for information only and its contents were NOTED.

11. MINUTES OF STAFF LOTTERY COMMITTEE MEETING HELD ON 3 MARCH 2020

The paper is for information only and its contents were NOTED.

12. ANY OTHER BUSINESS

EK said that she had been in discussions with Locala's Finance Director about accessing some of the NHSCT monies but this was politely refused.

EK updated re the recent receipt of £50k from NHS Charities Together, This will be used for people disproportionately affected by Covid-19 such as BAME network and also for virtual patient visiting. A further possible bid of £132k will take place in Stage 3.

JG thanked EK for all her hard work in this last year.

DATE AND TIME OF NEXT MEETING:

Wednesday, 25 November 2020, 2pm – 3.30pm, via Microsoft Teams

**Draft Minutes of the Audit and Risk Committee Meeting held on Wednesday 22 July 2020
commencing at 10.00am via Microsoft Teams**

PRESENT

Andy Nelson (AN)	Chair, Non-Executive Director
Richard Hopkin (RH)	Non-Executive Director
Denise Sterling (DS)	Non-Executive Director

IN ATTENDANCE

Andrea McCourt	Company Secretary
Kirsty Archer	Deputy Director of Finance
Helen Kemp-Taylor	Head of Internal Audit, Audit Yorkshire
Kim Betts	Internal Audit Manager, Audit Yorkshire
Salma Younis	Senior Manager, KPMG
Steve Moss (Item 56/20)	Head of Anti-Crime Services, Audit Yorkshire
Jackie Ryden	Corporate Governance Manager (minutes)
Maxine Travis	Senior Risk Manager
Rob Birkett	Director of Digital Services, The Health Informatics Service
Suzanne Dunkley (Item 51/20)	Director of Workforce & Organisational Development
Alison Wilson (Item 51/20)	Contracts Compliance Manager

47/20 APOLOGIES FOR ABSENCE

Apologies were received from Gary Boothby, Mandy Griffin, Olivia Townsend and Clare Partridge.

The Chair welcomed everyone to the Audit and Risk Committee meeting. Rob Birkett was attending on behalf of Mandy Griffin, Maxine Travis, Senior Risk Manager attending for the first time in line with revised terms of reference, Steve Moss on behalf of Olivia Townsend, Counter Fraud, and Suzanne Dunkley and Alison Wilson to present the deep dive on Health and Safety.

48/20 DECLARATIONS OF INTEREST

The Chair reminded the Committee to declare any items of interest at any point in the agenda.

49/20 MINUTES OF THE MEETING HELD ON 16 JUNE 2020

The minutes of the meeting held on 22 July 2020 were approved as a correct record subject to the following amendments.

Year End Audit Report – ISA 260

The External Audit Partner KPMG explained the findings related to the significant risks. There was one unadjusted audit **difference** related to EPR carried forward and two control recommendations related to the theatre stocktake and payroll reconciliations

Annual Report and Accounts

The following sentence will be added at the beginning of the agenda item 43/20:

At their meeting on 7 May 2020, the Trust Board delegated authority to the Audit and Risk Committee to sign off the annual accounts and annual report. This proposal was supported by the Audit and Risk Committee at the meeting on 7 April 2020.

Going Concern Report

CP pointed out that last year a ~~disclaimer~~ **material uncertainty** had been included in the report due to the amount of debt, but circumstances have changed and assurance has been received for financial support from NHS Improvement (NHSI) which has led to many Trusts receiving clean

opinions.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 22 July 2020 subject to the above amendments.

50/20 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updated accordingly.

OUTCOME: The Committee **NOTED** the updates to the Action Log.

51/20 HEALTH AND SAFETY DEEP DIVE

The Director of Workforce & Organisational Development and the Contracts Compliance Manager provided a presentation on the health and safety arrangements within CHFT. The presentation included details of the Health and Safety Committee, the governance framework for both HRI and CRH, progress on the action plan and the next steps for outstanding actions. Key points to note were as follows:

- The Health and Safety Committee receives feedback and has representation from specialist advisors, divisions, Calderdale and Huddersfield solutions Limited (CHS), ISS and Engie, which allows for shared learning.
- The monthly CHFT/CHS Contracts and Performance meetings discuss, investigate and challenge risks, escalating where necessary.
- CHS have their own Health and Safety Committee which meets monthly to discuss, manage and monitor incidents.
- There is a good working relationship between CHS the Private Finance Initiative (PFI), ISS and Engie.
- Suzanne Dunkley and Karen Heaton act as Board champions for health and safety to provide an extra layer of assurance.
- Action plans were presented to the Trust Board in January 2020 and a number of these are still in progress. Work with the interim Head of Health and Safety is ongoing to progress outstanding items.
- Interviews are scheduled on 5 August 2020 to appoint a Head of Health and Safety. Five excellent candidates have been shortlisted.
- An audit on health and safety is currently being undertaken and all actions resulting from this will be added to the overall action plan.

RH asked for clarification regarding the CHFT/PFI Strategic Meeting reporting into the Finance & Performance Committee. The Contracts Compliance Manager explained that previously this meeting had been less formal but the meetings have now been formalised and scheduled for 2020 and will report into the Finance & Performance Committee via the Director of Finance using the minutes and key points. Terms of Reference are currently being finalised and will be presented to the Finance & Performance Committee.

A discussion took place on the importance of escalating key points to Board committees and it was agreed that a summary page to accompany meeting minutes was the most effective method of addressing this, as previously agreed at the Audit and Risk meeting in January 2020. A template was approved and previously circulated. The Director of Workforce & Organisational Development confirmed this will be provided for future meetings.

OUTCOME: The Committee **NOTED** the details provided in the Health and Safety Deep Dive presentation.

52/20 AUDIT AND RISK COMMITTEE ANNUAL REPORT 2019/20

The Audit and Risk Committee Annual Report for 2019/20 was received. The report detailed the role of the Audit and Risk Committee including membership and attendance and described the activities of the Audit and Risk Committee during the year in line with the duties within the terms of reference.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee annual Report for 2019/2020 and **NOTED** the assurances that the Audit and Risk Committee met its duties for 2019/20.

53/20 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Deputy Director of Finance presented a report summarising the losses and special payments for the quarter ending June 2020. She brought to the Committee's attention the heightened risk this year of potential losses and special payments relating to Covid-19. Specific drugs were both purchased by the Trust and manufactured by Hospital Pharmacy Services for use specifically in relation to Covid-19. If these are not used, future losses may need to be re-categorised. Should this be the case, as these costs relate to Covid-19 they would be funded retrospectively by means of an application by the Trust for 'top up' funds.

OUTCOME: The Committee **APPROVED** the review of losses and special payments.

2. Review of Waiving of Standard Orders

The Deputy Director of Finance presented a report on the Trust's waiving of standing orders to enable volume and value to be monitored during the first financial quarter of 2020/21. The Deputy Director of Finance explained that due to the date of the previous meeting and submission of papers prior to the month end the report shows waivers completed from 27 March 2020 until the end of quarter one.

In April 2020 a paper was approved by the Audit and Risk Committee to allow for special measures that would have to be in place through the Covid-19 emergency period. It was noted in the paper, with regard to tenders, that the nature of the Covid-19 preparations and fast pace required to deal with the limitations of supply of key products were likely to lead to a higher than usual number of exceptions.

To ensure full transparency, the details of the orders placed through Procurement specifically for Covid-19 were provided as appendix 4 to the report. The Deputy Director of Finance reported that the Trust is currently considering whether to issue a Transparency Notice for these single source items, which could take the form of publication on the internet.

RH asked if this would require consultation with the regulators, and the Deputy Director of Finance replied that this would not be necessary although advice could be taken from the Procurement regulatory body.

The Chair asked if there will now be opportunities to drive greater value for money in future and the Deputy Director of Finance advised that now the urgency of the situation has somewhat abated and the supply of Personal Protective Equipment has improved, there will be opportunities to return to previous practices.

The Chair queried a number of items in the Families and Support Services (FSS) Division and the Health Informatics Service. The Director of Digital Services explained that this related to a legacy

system and once the system is decommissioned this will no longer be required. The Deputy Director of Finance agreed to provide more details for the FSS items.

Action: Deputy Director of Finance to provide further detail for FSS waivers.

OUTCOME: The Committee **NOTED** the waiving of standing orders report.

54/20 INTERNAL AUDIT

Internal Audit Quarter 1 Follow Up Report and Internal Audit Progress Report

The Internal Audit Manager advised that fewer internal audit recommendations have been implemented during quarter one than usual, consistent with other organisations, due to the availability of staff during the pandemic. It is expected that this will increase during the second quarter.

A number of major recommendations are still outstanding, one of which is overdue. This relates to cybersecurity. There is a big piece of work to be completed and a request has been made to extend the date to January 2021. This will be closely monitored.

The Chair asked what actions are being taken in the interim and what is the risk exposure to the Trust. The Director of Digital Services advised that this is related to a number of different systems to manage asset management of computers rather than any cyber security issue. It is closely linked to the data security and protection toolkit and there is an action plan in place to bring this back in line, hopefully by September 2020 or at the very least for the March submission in 2021.

The Chair raised a query regarding the percentages provided for progress on the recommendations and asked for clarification.

Action: Internal Audit Manager to check the percentages for progress on recommendations and provide clarification.

Eight reports have been issued since the last Audit and Risk Committee meeting in April 2020. All reports with a high or significant opinion are available in the Review Room and were circulated with the agenda and meeting papers, apart from the audit report for Medical Devices. This has not been provided as the Calderdale and Huddersfield Solutions Board wish to review this prior to its presentation at Audit and Risk Committee. The Internal Audit Manager will ensure that in future it is timed to avoid the Audit and Risk Committee waiting to see the report.

A number of requests have been made to Audit Yorkshire for changes to the audit plan which needs to be flexible for this year. Some of the requests are related to Covid-19, which is a separate agenda item. There has also been a request to review charitable donations. The plan has to be flexible but will need to mirror the Trust's current risks. The Internal Audit Manager will meet with the Company Secretary and Senior Risk Manager to ensure these are aligned. A new plan will be presented at the Audit and Risk Committee meeting in October 2020.

Action: Internal Audit Manager to present the revised audit plan to the Audit and Risk Committee Meeting in October 2020.

DS asked about the recommendation from December 2018 regarding the consultant job plans and the timescale for this recommendation. The Internal Audit Manager will investigate and respond to DS outside of the meeting.

Action: Internal Audit Manager to provide DS with the timescale for the consultant job plans.

Internal Audit Report CHFT Car Parking Strategy and Controls

The Internal Audit report for Car Parking Strategy and Controls was provided. This has a limited assurance opinion and has a significant number of recommendations. The Internal Audit Manager explained that these primarily stem from the lack of a strategy or policy for Car Parking being in

place. These are on hold as the Trust awaits guidance in respect of how it should implement the Government's commitment to provide free hospital car parking for those in the greatest need.

RH asked if the targets for addressing the car parking issues are realistic and the Internal Audit Manager advised that she will be reviewing this with the Managing Director of Calderdale and Huddersfield Solutions Limited to check that the timing is correct and achievable. The Chair added that reconfiguration plans could also affect the strategy. RH pointed out that car parking is a sensitive issue with staff and this needs to be taken into consideration.

OUTCOME: The Committee **APPROVED** the Internal Audit Quarter 1 Follow Up Report and the Internal Audit Progress Report.

55/20 INTERNAL AUDIT COVID-19 GOVERNANCE

A request was made for Internal Audit to assist the Trust in its completion of Audit Yorkshire's Response to Covid-19 - Governance Arrangements & Checklist document. A high-level review was also undertaken with a view to providing independent assurance over the changes made by the Trust through verification of evidence/documents provided by the Trust.

The review found that the Trust made adequate and appropriate amendments to its governance arrangements in response to the Covid-19 pandemic, and no cause for concern was found by Audit Yorkshire.

OUTCOME: The Committee **NOTED** the outcome of the high-level review on the changes made to the governance arrangements in response to Covid-19.

56/20 LOCAL COUNTER FRAUD

1. Local Counter Fraud Progress Report

Steve Moss, the Head of Anti-Crime Services, Audit Yorkshire, presented the Counter Fraud Progress Report. He apologised for the late submission of the papers and advised that Olivia Townsend has taken over the role as Lead Local Counter Fraud Specialist (LCFS) following the retirement of Adele Jowett.

The Head of Anti-Crime gave an update on key findings from the work undertaken for the last reporting period and highlighted key points. A staff awareness survey has recently been circulated to a number of teams and 70 responses were received. A detailed summary of the results will be presented to the Audit and Risk Committee meeting in October 2020. The Anti-Crime Service has continued to disseminate information throughout the pandemic using a variety of methods, including Covid-19 Fraud Alert newsletters. The LCFS has met with the Trust's Fundraising Manager to discuss the potential of fraud within the Trust's Charitable fund and has offered to review the new policy and procedure documents prior to their implementation to ensure they are robust in the prevention of fraud, bribery and corruption.

Since the last Audit and Risk Committee meeting, the LCFS has undertaken one formal investigation related to the booking of accommodation. Prompt action was taken and there was no financial loss to the Trust. A report has been submitted to the Health and Care Professions Council which will conduct their own investigation which is likely to take around six months. The outcome of the report will be presented to the Audit and Risk Committee when it becomes available.

The Head of Anti-Crime advised that information has been received from the NHS Counter Fraud Authority (NHSCFA) including details of their strategic intelligence assessment and the annual review of potential fraud issues. This highlights a number of areas of emerging threats or losses in the NHS. Most of the issues identified have been picked up in the 2020/21 counter fraud plan and have actions to review and address them.

The Counter Fraud Authority Standards will be changing from 2021. There is a lack of clarity over the implications of these changes and a working group has been set up to address this. Steve Moss will be a member of the group.

The NHSCFA has developed a project aimed at ensuring every health body has a nominated counter fraud champion; Andrea McCourt has volunteered to undertake this role on behalf of the Trust, and will meet with Olivia Townsend to talk through any issues relating to the role of the champion.

OUTCOME: The Committee **APPROVED** the Local Counter Fraud Progress Report.

2. Local Counter Fraud Annual Report

The Head of Anti-Crime presented the Annual Counter Fraud Report for 2019/2020 summarising the work undertaken in 2019/20 under the four areas of strategic governance; inform and involve; prevent and deter and hold to account.

In order for NHSCFA to derive a clear picture of the work conducted and assess compliance with the counter fraud standards, every NHS provider is required to submit a Self-Review Tool (SRT). The SRT is intended to enable the organisation to produce a summary of the anti-fraud, bribery and corruption work it conducted over the previous financial year. Organisations are required to complete the SRT annually and return it with the Local Counter Fraud annual report to NHSCFA. The Trust's SRT for 2019/20 was approved by the Director of Finance and Audit and Risk Committee Chair and submitted prior to the deadline of 30 May 2020. The report identified that the Trust has fully met 21 of the standards and two of the standards were recorded as neutral, which has given the Trust an overall status of green. This evidences the positive work that has been undertaken by the Trust to support the anti-fraud role. Two areas were rated as neutral as there were no witness statements or interview under cautions undertaken in year. The NHSCFA's Quality and Compliance Team select a number of organisations to be assessed along with the type of assessment to be undertaken but CHFT has not been selected in the past.

Following a query from RH, the Head of Anti-Crime gave details of Olivia's background and advised that Olivia has been working in the Trust for a number of years and has a wealth of experience and the support of a good team.

OUTCOME: The Committee **APPROVED** the Local Counter Fraud Annual Report for 2019/2020.

57/20 EXTERNAL AUDIT SECTOR UPDATE Sector Update

The Senior Manager KPMG presented a report to highlight the main technical issues which are currently impacting on the health sector.

The Senior Manager KPMG advised that KPMG has set up a dedicated website to advise on the response to Covid-19 which includes a number of useful documents.

The accounting manual for 2020/2021 has been issued. There are no significant changes. A new Code of Audit Practice came into force on 1 April 2020. The most significant changes to the new Code are in relation to auditors' work on value for money arrangements. A consultation to seek views on the guidance to support auditors' work on value for money arrangements is ongoing and the Trust has an opportunity to comment on this. Also ongoing is a consultation on the exposure draft for the 2020 version of Practice Note 10: 10 Audit of Financial Statements and Regularity of Public Sector Bodies in the UK.

OUTCOME: The Committee **APPROVED** the sector update.

58/20 REVIEW OF BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the first review of the Board Assurance Framework (BAF) for 2020/2021 for approval prior to review at the Trust Board on 3 September 2020. The updated BAF is the first for the new financial year 2020/21 and reflects the sign-off of the strategic objectives by the Board on 2 July 2020 and the impact of Covid-19. Six new risks have been added, three with risk scores rated as red and three rated as amber:

- 1/20 Delivery of Trust Clinical Strategy - red
- 2/0 Investment to fund Digital Strategy – amber
- 3/20 Business Better than Usual service transformation – amber
- 4/20 CQC rating – amber
- 5/20 Service capacity due to Covid-19 response – red
- 6/20 Climate action failure – red.

All risks have also been updated and it is proposed to remove one risk, 5/19, relating to EPR benefits realisation as the risk target score of 10 has now been met with the approval of the Digital Strategy.

The Company Secretary explained that following discussions at Private Board, the Board wish to focus more on risk exposure and trend reporting. The paper identified the risks by risk appetite category and by risk exposure.

The Company Secretary reported that in order to ensure a more strategic discussion on risk at the Board and its Committees, it is proposed to streamline the review of risks. The Board will continue to review the BAF three times a year at its meetings in March, September and November, with oversight and review by the Audit and Risk Committee prior to this in January, July and October. The high-level risk register is currently presented at each meeting of the Board.

It is proposed that each Board Committee has a greater role in reviewing the risks on the BAF and any operational / high level risks that are aligned to these risks. The high-level risk register would then be presented to the Board three times a year, with focused discussion on key areas, with greater assurance from Board Committees that they have reviewed in detail both operational and strategic risks relevant to the work of the Committee. This will enable the Board to focus discussion on high level risks of concern rather than reviewing all risks.

Early discussions with the Non-Executive Directors who chair Board Committees and the Director of Nursing as the lead Director for risk management are supportive of this approach, which moves forward the direction of travel agreed at the Board on 2 July 2020.

Board Committee Chairs will be requested to schedule deep dive reviews of the risks in their workplans during the year. This will move ownership to the whole committee and ensure shared ownership and understanding of the actions required to mitigate the risks.

It is anticipated that a risk will be added relating to health inequalities once national guidance on this is received. This is expected to be received during August.

RH advised that the risk relating to long-term financial sustainability, reference 18/19 should be rated at 16 as this was revised downwards by the Finance & Performance Committee. The Deputy Director of Finance agreed to confirm this with the Director of Finance.

Action: The Deputy Director of Finance to check the score for risk 18/19 with the Director of Finance.

RH confirmed his agreement for the Finance and Performance Committee review of risks 8/19 and 14/19 but commented that he was not certain that Finance & Performance Committee looks at the BAF risk in relation to capital funding.

RH raised a number of queries relating to the proposed allocation of the risks. He suggested that risk 3/20, Business Better Than Usual, might also need to be considered at the Transformation Programme Board. RH also pointed out that risk 2/20 Digital Strategy and Risk 6/20 Climate Action Failure should not be allocated to the Finance & Performance Committee as there is no representation from the Health Informatics Team on the Finance & Performance Committee. The Company Secretary pointed out that the digital strategy risk relates to securing appropriate investment. The Chair suggested that the list of allocations is discussed and agreed at the weekly Non-Executive Directors meeting on 29 July 2020.

Action: Company Secretary to provide paper for Non-Executive Directors meeting on 29 July 2020 to be presented by the Chair of Audit & Risk Committee.

The Senior Risk Manager commented that more work is required to ensure that the risks on the high-level risk register are aligned with the BAF.

Action: Company Secretary to meet with Senior Risk Manager to ensure that the risks are aligned between the Board Assurance Framework and the High-Level Risk Register.

The Chair thanked the Company Secretary for the detailed paper and welcomed the focus on risk exposure. He commented that the information provided in the updates was thorough but requested that any areas with a gap in controls or assurance should include an action and timelines to address these.

OUTCOME:

The Committee **AGREED** the addition of 6 new risks to the Board Assurance Framework, **AGREED** the removal of risk 5/19 EPR benefits realisation, **NOTED** the updates to risk and movement in risks scores for risks 4/19, 8/19, 9/19 subject to clarification of the risk score for 18/19, **NOTED** the risk exposure identified in the paper, **AGREED** that Board Committees schedule routine review of BAF risks and **NOTED** that a new risk on health inequalities may be added to the BAF.

59/20 COMPANY SECRETARY'S BUSINESS

1. Audit and Risk Committee Workplan

The annual workplan for the Audit and Risk Committee was circulated for consideration.

The Company Secretary advised that a number of items have been added to the workplan, including clinical audit as the recent Committee Self-assessment identified a gap.

RH referred to a document issued by the Good Governance Institute and asked if the risks related to the Integrated Care Systems (ICS) were covered in the workplan. The Chair advised this was not explicitly addressed in the workplan. Following a discussion on the risks that an organisation would have in relation to the ICS and their potential impact on the Trust, the Company Secretary agreed that this is an area for development and will consider how this can be achieved and asked if auditors had any insights on this from other Trusts.

The Head of Internal Audit advised that there is national recognition that there is no clarity in terms of the assurance links between organisations and the ICS. This has been also recognised by the Healthcare Financial Management Association (HFMA) Governance and Audit Committee and two of the members have agreed to take on a project to work with the HFMA and NHSE/I to review how local assurance could work given that assurance currently is through partnership groups and is informal. There is a requirement for a more formal governance structure. Audit Yorkshire are undertaking some work with organisations and CCGs on this, but this needs a major drive to get

clarity and lines of accountability and reporting lines in place. This has been considered as part of the Audit Committee events and Audit Yorkshire are planning to cover this next year when it is hoped there will be more clarity in terms of legislation.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee 2020/21 Workplan.

2. Review of Audit and Risk Terms of Reference and Job Description of Audit Chair (Approve)

The Audit and Risk Terms of Reference and Job Description of the Audit Chair were presented for review and comment. These had been reviewed by the Chair and Company Secretary and the changes noted in the papers.

OUTCOME: The Committee **APPROVED** the Audit and Risk Terms of Reference and the Job Description of the Audit Chair.

3. Proposal of Future Audit and Risk Committee Meeting Dates 2021 (Approve)

The proposal for future dates of the Audit and Risk Committee meetings was provided for 2021. The Committee meetings will take place quarterly. An Extra-ordinary Committee meeting will be arranged in May 2021 to sign off the annual report and accounts.

RH commented that he is not available for the meeting scheduled in April 2021 but will discuss with Jackie Ryden outside of the meeting.

Post meeting update: The Audit and Risk Committee meeting in April 2021 has been rescheduled to Monday 12 April 2021.

OUTCOME: The Committee **APPROVED** the proposal of future Committee dates, including dates for when the internal and external audit pre-meetings will take place.

4. Meeting Groundrules

The Company Secretary provided a set of meeting Groundrules which had been approved by the Board as part of the Trust's Governance Better than Usual review on 2 July 2020. These need to be operationalised by all the committees and the Company Secretary requested that Committee Chairs share these with their relevant committees.

OUTCOME: The Committee **AGREED** to **ADHERE TO AND PROMOTE** the use of the meeting groundrules to increase meeting efficiency.

5. Covid-19 Donations and End of Year Nil Declarations

The Company Secretary advised that she recently completed a piece of work with the Director of Finance and the Fundraising Manager to ensure there are clear arrangements to ensure donations given to the Trust are recorded by the Charity, with personal individual gifts to be reported as usual via the online system for declarations.

The process for recording end of year nil declarations, which was deferred from earlier in the year due to the Covid-19 pandemic, has now begun. Approximately 50% of the declarations have been submitted within the last three days. A summary report will be presented to the Audit and Risk Committee in October 2020.

OUTCOME: The Committee **NOTED** the verbal update on Covid-19 Donations and End of Year Nil Declarations.

60/20 AUDIT AND RISK SELF ASSESSMENT 2019/20 REPORT

The Company Secretary presented the collated views for the Audit and Risk Committee self-assessment undertaken in February 2020 and advised that this report had been deferred from the April agenda which had been streamlined due to the response to the Covid-19 pandemic. The report included the key points for further work during 2020/2021.

The Company Secretary proposed that the Audit and Risk Committee consider whether to invite the executive lead to future committee meetings where limited assurance reports have been issued by Internal Audit, in line with a number of other organisations. This proposal was supported by the Committee and it was agreed that this would be considered on a case by case basis.

In order to improve Committee engagement and the relationship with other Board Committees, given the over-arching role of the Audit and Risk Committee, it is planned to present annual reports from Board Committees to the Audit and Risk Committee for assurance from 2020/2021 onwards.

In order to support the streamlined governance approach and adhere to the meeting groundrules agreed at the Board on 2 July 2020 for Governance Better Than Usual, the Audit and Risk Committee has begun to action this by placing assurance information in the Review Room on Convene and focusing discussion during the meetings on items for approval.

The Chair commented that it was pleasing to note that several points identified in the self-assessment are already being actioned, in particular the need to improve the relationship with other Board Committees. RH added that this will also be enhanced by spreading responsibility of the risks in the Board Assurance Frameworks to individual Committees.

OUTCOME: The Committee **NOTED** the outcome of the Audit and Risk Committee self-effectiveness review for 2019/20 and the areas for continued improvement contained in the report.

61/20 SUMMARY REPORTS AND MINUTES TO RECEIVE

A summary report of work undertaken since January 2020 was provided for the following groups:

- Risk and Compliance Group
- Information Governance and Risk Strategy Group
- Data Quality Board

Minutes of the above meetings were provided for assurance and were available in the Review Room on Convene and circulated to attendees of the Audit and Risk Committee with the agenda.

The Company Secretary commented that the summary reports provided assurance that work is continuing throughout the pandemic despite the cancellations of some meetings due to the pandemic. As discussed earlier on the agenda, a summary report will be provided going forwards for the Health and Safety Committee meetings.

OUTCOME: The Committee **NOTED** the summary reports for the Risk and Compliance Group, the Information Governance and Risk Strategy Group and the Data Quality Board.

62/20 ANY OTHER BUSINESS

There was no other business.

63/20 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- Board Assurance Framework – revisions to BAF and focus on driving the BAF through the sub-committees.
- Internal audit – fluid plan which will be revised.
- Internal audit reports - Good assurance received from the Covid-19 Governance audit, three reports with limited assurance (GP Communications, Car Parking, End of Life follow up)
- Annual Reports to be provided for all sub-committees.

64/20 DATE AND TIME OF THE NEXT MEETING

Wednesday 21 October 2020 10.00am – 12.00pm.

65/20 REVIEW OF MEETING

Progress is being made on reducing the volume of papers.
The deep dive on health and safety was helpful.

DRAFT

**Minutes of the Finance & Performance Committee held on
Monday 29 June 2020, 11.00am – 1.00pm
Via Microsoft Teams**

PRESENT

Anna Basford	Director of Transformation & Partnerships
Gary Boothby	Director of Finance
Ellen Armistead	Director of Nursing / Deputy CEO
Helen Barker	Chief Operating Officer (In part)
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)

IN ATTENDANCE

Andrea McCourt	Company Secretary
Betty Sewell	PA to Director of Finance (Minutes)
Kirsty Archer	Deputy Director of Finance
Philip Lewer	Chair
Sian Grbin	Governor
Stuart Baron	Associate Director of Finance

ITEM

075/20 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

076/20 APOLOGIES FOR ABSENCE

Apologies were received and noted for Owen Williams.

077/20 DECLARATIONS OF INTEREST

There were no declarations of interest to note.

078/20 MINUTES OF THE MEETING HELD 1 JUNE 2020

The Minutes of the meeting held 1 June 2020 were approved as an accurate record.

079/20 ACTION LOG AND MATTERS ARISING

009/19: Use of Resources (UOR) Update – The Deputy Director of Finance introduced a timeline of the latest plan to reinvigorate the UOR preparation work which will lead to an external review by Capsticks in October 2020. Internal work will continue to gather evidence which will be presented to WEB in September. In addition, the Director of Nursing has agreed to follow up with contacts at the CQC to try to identify likely timescales and the focus of the CQC inspection. It was noted that there had not been any major pushback from individuals in attending the Task & Finish groups, however, we should be mindful of fatigue and the capacity of our operational and clinical managerial colleagues.

ACTION: It was agreed that this item should come back to this Committee as per the timeline – **KA, verbal update 1/9/20 and an In-depth review 2/11/20**

088/19: Referral To Treatment (RTT) Final Close-down Report – The Chief Operating Officer updated the Committee that the Trust have halted the delivery against the RTT standard at the moment and are treating patients on a 'clinical need'

basis. It was suggested that a one-page update will be provided to the next meeting. It was noted that if/when the national programme recommences then a further report would be provided to the Committee.

ACTION: To present a one-page update regarding RTT following due-governance – **HB/PK, 3/8/20**

055/20, 059/20 & 065/20: HB suggested that the IPR will be agreed in terms of the KPIs by the end of August, which will include a focus on the KPIs to be managed through winter. It was agreed that all actions relating to IPR KPIs, Winter, the targets not historically achieved and a review of the overall system-wide position should be brought together as part of a Stabilisation and Re-Set Plan at the end of August – **HB, 1/9/20**

Recovery Workstreams/Outpatient Re-Set Workstream Update – A Stabilisation and Re-set Plan will be brought to this Committee which will align with the IPR – **HB, 1/9/20**

FINANCE & PERFORMANCE

080/19 MONTH 2 FINANCE REPORT

The Director of Finance stated that at Month 2 we are reporting a break-even position after assuming retrospective top up funding of £5.8m. It was noted that year to date the Trust has incurred £6.8m in relation to COVID, of which £2.4m relates to gowns which were purchased by the Trust on behalf of the region. The underlying position excluding COVID costs is a year to date favourable variance of £1.0m, driven by the impact of lower levels of other activity on non-pay costs and staffing vacancies.

The following headlines were noted:

- CIP is still being reported within the position and CIP achieved year to date is £0.64m, £1.8m lower than planned.
- Agency expenditure year to date is just below £600k which is significantly below plan.
- Cash balance is higher than planned due to contract payments being made in advance.
- Payments to suppliers are being made more frequently with more invoices being paid within 30 days compared to last year which has lead to our Better Payment Practice Code being much improved. However, the challenge for the Trust is the internal approval of invoices to enable invoices to be paid. As a result, a piece of educational work has been commissioned which will enable colleagues to understand their responsibility for the ordering and receipting of goods.

A question was asked regarding the re-introduction of car parking charges. It was noted that we are awaiting national directive, however, there are no immediate plans to re-introduce car parking charges. It was noted that as part of our Business Better Than Usual (BBTU) plans there is an opportunity to do something differently and an external piece of work is due to be commissioned which would review our existing car parking policy, this piece of work is due to be concluded by the end of September and will be reviewed with our Council of Governors.

It was noted that at a regional Finance Directors' Forum held last week the data for Month 2 was shared. The Director of Finance commented that a comparison with other Trusts is difficult, however, what we do know is that our Month 1 top up funding has been supported and that an audit will be undertaken by NHSI in the fullness of time. It was also noted that we are relatively comfortable with our figures and that we have the right governance in place.

It was agreed that Finance Risks will continue to be kept under review but will not be discussed as part of the meeting today.

The Governor representative, Sian Grbin, asked what our working relationship with other trusts had been like during COVID. From a finance perspective, it was noted that there had been a good level of co-operation throughout West Yorkshire and that there is an opportunity as part of our BBTU principles to keep some of those streamlined procedures. However, from a Performance perspective it was noted that working within WYAAT became more insular, this had led to conversations which are taking place around some services we accessed from other organisations which could be taken away from us.

The Committee **NOTED** the Month 2 Finance Report.

081/20 FUTURE FINANCIAL MODELLING

The Deputy Director of Finance took the Committee through a presentation which had been included within the papers. An overview described that 3 submissions had been required by the Integrated Care System (ICS) covering our activity position, associated revenue and our capital requirements.

The slides and the assumptions for each financial model were described in detail. In summary it was noted that:-

- Initial submissions had been made to ICS
- Operational and financial plans will continue to evolve
- Potential to be given a total financial envelope to work within
- National planning guidance and clarity on capital funding availability awaited
- Further national planning submissions deadline expected end July

It was recognised that there had been a vast amount of work undertaken to complete the submissions at pace and we await further national guidance.

The Committee **NOTED** the contents of the Finance Modelling presentation.

082/20 INTEGRATED PERFORMANCE REVIEW – MAY 2020

The Chief Operating Officer reported the key headlines for May. It was reported that generally we have seen a positive position. It was noted that following approval at Board we are treating patients based on 'clinical need' rather than time waited and, therefore, some KPIs will change in terms of that delivery over the next few months.

- **Emergency Care Standard** – good performance which needs to be secured due to our inability to social distance within waiting rooms in EDs where space is limited. The challenge at both sites is the provision of side rooms this will be a particular challenge with the on-set of winter.

- **Cancer** – rapid progress has been made regarding diagnostics and treatment for patients, this includes using the independent sector.
- **2 Week Waits** - not quite back at pre-COVID levels. There is anxiety that due to the large number of diagnostics being undertaken, particularly around endoscopy, that this could lead to an increase in a greater conversion rate for surgery, however, this is being tracked.
- **Stroke** – we have managed well through COVID and there is a focus with the team to ensure there is no slippage.
- **Complaints** – as part of COVID there was an opportunity for organisations to pause complaints, however, we did not take that decision and we continued to respond. We have seen an increase particularly relating to potential incidents of serious harm due to delays and conversations are taking place regarding capacity.
- **Never Event** – we have had a total of 2 ‘never events’ since May which is a challenge.
- **Diagnostics 6 Week Waits** – following COVID, this will take a long time to recover and we are looking at about 50% to 60% of previous diagnostic capacity.
- **RTT** – outside of what has already been discussed we have 76 patients who have waited over 52 weeks. There are no plans to treat these patients as per the decision to treat on a ‘clinical need’ basis, however, there is a priority to undertake a clinical review to ensure that patients are not coming to any harm.

In terms of the work around stabilisation and re-set there will be clear review of capacity and the Chief Operating Officer asked for an ‘external lens’ from the Finance & Performance Committee when the paper comes to this forum.

It was noted that as part of COVID we had to complete a new daily report which had 10 criteria why the patient should require a bed. This meant that every patient had to be assessed every day to see if they met any 1 of the 10 criteria. This has proved to be an invaluable piece of work and is something which will continue to form part of our transfer of care.

The Committee **NOTED** the Integrated Performance Report for May.

083/20 TERMS OF REFERENCE – VERSION 5.1

The Chair presented the revised Terms of Reference (Version 5.1). The Company Secretary asked for a further amendment to Section 4.2, last bullet point to include “strategic risks”, which will be captured in this version of the Terms of Reference.

The Committee **APPROVED** the Terms of Reference (Version 5.1) to be ratified at Board in September.

084/20 DRAFT MINUTES FROM SUB-COMMITTEES

The following Minutes were **RECEIVED** and **NOTED**:

- Draft Capital Management Group held 15 June 2020
- Draft THIS Executive Board held 27 May 2020
- Draft Commercial Investment & Strategy Committee held 21 May 2020

It was requested that a summary of any points requiring escalation to this Committee should be included with the Minutes from the individual sub-Committees.

085/20 WORK PLAN 2020/21

The Work Plan had been reviewed since the last meeting with no major changes. It was noted that COVID-19 and Business Better Than Usual (BBTU) plans had been added to the schedule. It was also noted that “Deep-Dives” will be built in to the Workplan and suggestions for topics were requested from the Committee.

086/20 REVIEW OF MEETING

It was commented that it had been a good meeting which allowed colleagues to share the work which is being carried out.

087/20 ANY OTHER BUSINESS

Project Echo – The Associate Director of Finance updated the Committee with the latest position regarding Project Echo. It was noted that regarding the ‘approval’ element the Health Minister has approved the transaction from his perspective and this has now been presented to the Treasury Minister for a second review. In terms of the ‘general project’, conversations are on hold until approvals have been received. In terms of the ‘accounting’ process, as previously reported, due to COVID the new IFRS 16 accounting standard has been deferred and we continue to try to find a solution to this issue with the NHSI regional team. The scale of the issue is a potential adverse revenue impact this year of £23.4m.

It was noted that internally, the Board delegated the approval level, however, as this was some time ago, the lenders are requesting further Board approval. The proposal would be to present to the Board at the end of August / early September for ratification.

It was asked if we had assured ourselves that the organisations we are dealing with are financially stable and do not pose a risk. It was confirmed that we have carried out all the relevant due diligence and we will continue to keep monitoring providers.

DATE AND TIME OF NEXT MEETING:

MONDAY 3 August 2020, 11am – 1pm, via Microsoft Teams

**Minutes of the Finance & Performance Committee held on
Monday 3 August 2020, 11.00am – 12.30pm
Via Microsoft Teams**

PRESENT

Anna Basford	Director of Transformation & Partnerships
Owen Williams	Chief Executive
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)

IN ATTENDANCE

Andrea McCourt	Company Secretary
Betty Sewell	PA to Director of Finance (Minutes)
Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Rosemary Hoggart	Deputy Governor
Stuart Baron	Associate Director of Finance

ITEM

088/20 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

089/20 MEETING GROUND RULES

The Chair introduced a paper for information which outlined meeting etiquette required both in preparation for and during meetings.

The paper and contents were **NOTED** by the Committee.

090/20 APOLOGIES FOR ABSENCE

Apologies were received and noted for Gary Boothby, Helen Barker and Sian Grbin

091/20 DECLARATIONS OF INTEREST

There were no declarations of interest to note.

092/20 MINUTES OF THE MEETING HELD 29 JUNE 2020

The Minutes of the meeting held 29 June 2020 were approved as an accurate record.

093/20 ACTION LOG AND MATTERS ARISING

The Action Log was reviewed and noted.

088/19: Delivery of the Referral To Treatment (RTT) Standard – This item was discussed in the Private Session of the meeting.

FINANCE & PERFORMANCE

094/20 MONTH 3 FINANCE REPORT

The Deputy Director of Finance reported a break-even position at Month 3 assuming the central retrospective top-up funding of £7.91m. It was noted that year to date the Trust has incurred £9.97m worth of costs in relation to COVID, of which £2.76m relates to gowns which were purchased by the Trust on behalf of the region. The underlying position excluding COVID costs is a year to date favourable variance of

£2.06m, driven by the impact of lower levels of other activity, non-pay costs and staffing vacancies.

It was also noted that the current financial regime will continue into September, which will mean that we have been working under these rules for the first 6 months of this financial year.

The following headlines were also noted:

Capital – Year to date we are under-spent however; it was noted that capital is moving at pace in relation to our plan. At Month 3 we were reporting against a plan of circa £16m, since this point it has been confirmed that we have been allocated £4.6m for critical infrastructure funding. In addition, we are still working with the ICS to bid for further capital funding particularly to support COVID and re-set. The capital plan has been updated to reflect the £4.6m, however, other elements have still to be progressed.

Cash – The higher than planned cash position reflects the fact that we are receiving payments in advance from Commissioners to enable us to respond quickly for all our COVID requirements with suppliers, it also includes receipt of the 2019/20 Financial Recovery Funding bonus. However, Aged debt continues to be a focus and it was reported that the latest position for aged debt was slightly below £4.0m.

Forecast – There has been presentations of our Forecast to the Committee over the last few months, however, a further central submission of our forecast with a deadline of end of September has been requested. A draft Forecast position will be presented to the next F&P Committee on the 1st September 2020 prior to submission.

The Chief Executive asked for clarification of the underlying run-rate of financial performance and the Deputy Director of Finance referred to the figures previously reported regarding top-up funding and COVID costs.

In terms of creditor payments, it was noted that there is a Trust focus regarding the importance of receipting invoices in a timely manner, and in addition to the reminders which have been included in the daily Trust COVID Briefing, a 'cartoon' using the same format as The Cupboard, has been commissioned showing the end-to-end 'procurement to pay' process. In addition, as part of the online Leadership Development Modules, there is a Managing Our Money module plus additional detailed information which will be linked together.

ACTION: The draft Forecast to be presented at the next F&P Committee – **KA, 1/9/20**

The Committee **NOTED** the Month 3 Finance Report and that the current financial regime will stay in place until the end of September.

A discussion took place regarding the re-introduction of car parking charges. It was noted that we are awaiting national directive. However, there are no immediate plans to re-introduce car parking charges at CHFT and a decision had been made at Weekly Executive Board (WEB) to continue with free car parking for staff at CRH and HRI for the foreseeable future. It was suggested that a Trust-wide communication to

this effect would alleviate anxiety for colleagues and it was agreed that this will be progressed.

095/20 FINANCE & PERFORMANCE BAF RISK ALLOCATION

The Company Secretary briefed the Committee that building on the Governance Better Than Usual strategy, the Board was looking to all Board Committee members for assurance that they understand the detail and management of the risks allocated to their Committee.

It was confirmed that the BAF risks which have been allocated to Finance & Performance were as follows: -

1. Long-Term Financial Sustainability
2. Long-Term Capital Funding
3. Commercial Growth to maximise contribution to CHFT
4. Achievement of local/national performance targets

Discussions took place regarding the suggest reporting method and it was agreed that a separate page, to include the longer-term BAF risks, will be included within the Finance Report for this Committee. The Company Secretary stressed that the full detail of the risk, not just the headline, should be built into the schedule to enable the Committee to question any gaps and any assurances missed.

ACTION: To develop an additional page for the F&P Committee BAF Risk Allocation within the Monthly Report taking the comments of the Company Secretary on board – **KA, 1/9/20**

096/20 FUTURE FOCUSED FINANCE (FFF) ACCREDITATION

The Deputy Director of Finance explained to the Committee that FFF is a national programme designed to engage everyone in improving NHS Finance to support the delivery of quality services for patients. It aims to bring finance staff at all levels of the profession together and make sure that everyone has access to skills, knowledge, methods and opportunities to influence the decisions affecting our services. The ethos is that by working together in this way we can harness our diverse and talented NHS finance workforce to produce high quality services and reduce waste in NHS spending.

It was noted that there are three levels of accreditation and that Level 1 is achieved by a process of self-assessment which the Trust's Finance department have carried out and this will be submitted in advance of the next deadline for accreditation at the end of August. Accreditation for Levels 2 and 3 follow an external inspection process, participation in this scheme is actively encouraged by NHSI / E and this will be our next step.

ACTION: To schedule on the Workplan a review of the evidence to support the application for Level 2 Accreditation – **April 2021**

The Committee **NOTED** the submission of the Trust's self-declaration of FFF Accreditation Level 1.

097/20 INTEGRATED PERFORMANCE REVIEW – JUNE 2020

The Assistant Director of Performance reported that the Trust's performance for June was 65.1%, down from the previous month. It was noted that there had been a never

event, a full investigation will be carried out and completed by the 22/9/20. A number of indicators continue to be adversely affected by the COVID situation including Sickness, Diagnostics 6 week waits, ASIs and 52 week waits. It was also noted that the SAFE domain became the first area to register a RED RAG rating in over 12 months with the accumulation of a number of targets missed including the never event.

From a positive point of view, it was noted that the Emergency Care 4-hour standard was achieved for the whole of June and just missed for type 1 only.

It was highlighted that Antibody testing figures have been added to the COVID Metrics and that further Quality outcome-based indicators are being considered as current metrics are removed from the IPR.

With regard to Complaints, the Chief Executive suggested that the Trust should have the capacity to help drive through investigations and asked that 'Complaints' be an item for the Outer Core Group agenda. It was suggested that potentially, there is a group of patients who have been waiting for treatment which had been delayed due to the prioritisation of COVID, who potentially could start to ask questions regarding their appointment. It was acknowledged that Complaints is a topic primarily for Quality Committee, but that Finance & Performance should also keep it under review to ensure we are responding in a timely manner.

ACTION: To include 'Complaints' as an agenda item for the Outer Core Group – **AB**

ACTION: To continue to monitor Complaints via Finance & Performance – in the short term, it was acknowledged the numbers may increase, and we need to ensure we are responding in a timely manner – **HB/PK, 1/9/20**

In terms of the Caring Domain and the Family & Friends testing, as previously reported, the process was going to be changed from April, but we are still waiting to hear when it will be re-introduced.

The Committee **NOTED** the Integrated Performance Report for June and the inclusion of the COVID statistics.

It was noted that correspondence received from NHSE dated 31/7/20 set out some aggressive targets for Re-set/Recovery which will be monitored through this Committee. The Chief Executive highlighted the role for both the Board and the Finance & Performance Committee to scrutinise through a Trust system lens how we can meet the aspirations of the national view.

ACTION: To review the initial top-line response to the correspondence from the centre – **HB, 1/9/20 (timing of action tbc)**

098/20 ECHO RE-FINANCING UPDATE

The Associate Director of Finance referenced the presentation which was included within the papers giving the following overview: -

- Following approval by Trust Board of the Calderdale PFI Restructuring Business Case on 5th September 2019, the Trust has continued to advance

discussions with the SPV regarding the technical, legal and financial aspects of the transaction. An update on the project was presented to Board in December 2019.

- The current expectation was for the transaction to reach Financial Close in Q2 2020, subject to timely approval of the transaction from DHSC/Treasury, however, this will be challenging unless Treasury approval is received imminently.
- Following DHSC/Treasury the Trust will commit to progression of the project and will commit to significant financial costs to complete the transaction. These will only become payable by the Trust should the transaction not complete (they will otherwise be deducted from gains realised).

The paper provided a re-fresh to the Committee of the following key elements: -

- The current transaction and the restructuring gain
- The technical and legal position
- The accounting impact

It was highlighted to the Committee that the deferral of the new accounting standard due to COVID has had an adverse impact on the Trust's in year financial performance of circa £23m. The impact of this is being discussed with NHSE/I Regional Finance Team.

Further clarification was given regarding the approval process and it was noted that there is no indication that the restructuring will not be approved. It was also noted that an Extraordinary Trust Board will be required to approve the transaction and documentation.

The Chair acknowledged the complicated process however, the Committee should be assured that he has reviewed the accounting implications with the Associate Director of Finance and that they are based on advice received from accountants PWC and our auditors, KPMG.

The Committee **NOTED** the presentation and that the timescale for completion is still uncertain.

099/20 DRAFT MINUTES FROM SUB-COMMITTEES

The following Minutes were **RECEIVED** and **NOTED**:

- Draft Minutes from the Capital Management Group held 14 July 2020
- Draft Minutes from the Huddersfield Pharmacy Specials (HPS) Board held 20 July 2020
- Draft Minutes from the CHFT/CHS Joint Liaison Committee held 25 June 2020
- Draft Minutes from the CHFT/SPC Quarterly Meeting held 10 June 2020

The Committee were reminded that a summary of any points requiring escalation from the individual sub-Committees would be provided with future sub-Committee minutes.

100/20 WORK PLAN 2020/21

The Work Plan was **NOTED** by the Committee.

101/20 REVIEW OF MEETING AND POINTS TO ESCALATE TO THE BOARD

It was noted it had been a good meeting and the following points should be escalated to Board: -

- Month 3 position with the overall break-even/COVID top-up payments as in previous months.
- Financial regime to stay in place until at least the end of September
- Requirement for a re-forecast for the end of the year, a draft will be reviewed at the next F&P prior to submission at the end of September.
- F&P BAF Risk Allocation – reporting and review process agreed.
- Future Focussed Finance Accreditation – application for Level 1 status to be submitted with the ambition to apply for Level 2 & 3.
- IPR – reduction in performance in June with the Safe domain reporting RED for the first time in 12 months, however, A&E performance was still strong. Work continues to revise the IPR and the indicators which will be discussed at the next F&P Committee.
- Project Echo Update – awaiting Treasury approval with the hope that this will conclude within the next Quarter.

102/20 ANY OTHER BUSINESS

No other items raised.

DATE AND TIME OF NEXT MEETING:

TUESDAY 1 September 2020, 11am – 1pm, via Microsoft Teams

**Minutes of the Finance & Performance Committee held on
Tuesday 1 September 2020, 11.00am – 1.00pm
Via Microsoft Teams**

PRESENT

Gary Boothby	Director of Finance
Helen Barker	Chief Operating Officer
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)

IN ATTENDANCE

Betty Sewell	PA to Director of Finance (Minutes)
Peter Keogh	Assistant Director of Performance
Philip Lewer	Chair
Stuart Baron	Associate Director of Finance

ITEM

103/20 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

104/20 APOLOGIES FOR ABSENCE

Apologies were received and noted for Owen Williams, Anna Basford, Kirsty Archer and Andrea McCourt.

It was also noted that Sian Grbin, Governor had left the organisation and the Chair will discuss with the Company Secretary a replacement.

105/20 DECLARATIONS OF INTEREST

There were no declarations of interest to note.

106/20 MINUTES OF THE MEETING HELD 3 AUGUST 2020

The Minutes for the Public and Private meetings held 3 August 2020 were both approved as an accurate record.

107/20 ACTION LOG AND MATTERS ARISING

The Action Log was reviewed and noted.

009/19: Use of Resources Update (UoR) – The Director of Finance confirmed that wherever possible the UoR workstreams continue to meet collating evidence to articulate our story and that work is on schedule to report back to this forum with formal review in November, as per the Action Log.

097/20: Complaints Update – Following concerns from the Chief Executive of the likely increase in Complaints the Chief Operating Officer confirmed we had not yet seen an increase. It was noted that all Divisions, except Medicine, are making progress with complaints and that Lindsay Rudge, Deputy Director of Nursing is working with the Medicine Division to help clear their backlog. It was agreed that Complaints would continue to be monitored closely as part of the Integrated Performance Report – **action closed**.

FINANCE & PERFORMANCE

108/20 INTEGRATED PERFORMANCE REVIEW – JULY 2020

The Assistant Director of Performance reported that the Trust's performance for July was a similar position as last month at 65%. It was noted that a number of indicators continue to be affected adversely by the COVID situation including Sickness, Diagnostics 6 week waits, ASIs and 52 week waits. It was also noted that Stroke and Cancer 31 day indicators also missed their targets for a second month although it was acknowledged that overall Cancer performance has been excellent managing to achieve many of the key indicators. It was confirmed that there will be a deep-dive into Stroke being one of the key indicators which the organisation has never consistently achieved. From a positive point of view, it was noted that the SAFE domain had returned to a GREEN rating.

The following highlights were also noted: -

Caring – we are still awaiting the replacement of the Friends & Family Test which may take another 2 to 3 months. It was noted that the revised process will hopefully give the opportunity for feedback from patients.

Effective – remains GREEN although there has been a rise in C-diff.

Responsive – Emergency Care was just below 95% for July.

For clarity it was confirmed that those who are shielding are not included in the Sickness Absence figures. In terms of Delayed Transfer of Care, it was noted that it is a cause for concern, and it has been escalated in terms of a system approach. Regarding the Readmission rates it was noted that the plan is to split frailty from non-frailty to get a clearer picture. It was reported that we have re-joined the Frailty Collaborative and the Trust will be taking part in the first cohort of an Optimiser Programme. Specific work has been carried out within the Trust and we benchmark well nationally in terms of frailty readmissions, however, internally it has been suggested that there could be an opportunity to re-instate our Task & Finish Group.

The Committee **NOTED** the Integrated Performance Report for July.

109/20 OUTCOME BASED PERFORMANCE

The Committee **NOTED** the contents of the paper, the progress to date and the forward plans.

110/20 STABILISATION AND RE-SET PLAN (PRESENTATION)

The Chief Operating Officer provided a presentation of the Trust's Phase 3 stabilisation and re-set plan. Helen Barker started by outlining the process for the planning submission, which was noted by the Committee. The key principles for the re-set plan were highlighted as follows:

- Patient and Staff safety a priority
- Resilience for surge and winter
- All de-escalation to have a rapid escalation plan
- PPE, equipment and consumable availability
- Estate and Workforce redesign essential
- Understand interdependencies
- Ensure learning reviewed and embedded
- Needs based
- Incorporation of priority action plans

In addition, the expectations and assumptions were described in detail. The presentation continued covering areas such as: Activity, Opportunities, Operations, Winter Planning, Community Care, Workforce, Bed Modelling and IPR updates.

The Chief Operating Officer went on to summarise the areas which are outstanding. It was noted that the key unknown is the size of the financial envelope and once this has been identified it is likely that plans will need to be re-visited.

The key risks were highlighted within the presentation as:-

- Workforce fatigue and overall resilience
- Demand exceeding plan
- System unable to secure 82% Non-elective admissions
- Mental Health ability to respond
- Transfer of care position further deteriorates
- Flu/Norovirus/Cdiff outbreaks
- COVID19 surge
- Significant increase in acuity
- Impact on Full Business Case development

The Chief Operating Officer asked for the Committee to recognise the excellent work that Helen Gaukroger, Assistant Director of Finance had made towards the submission.

The Chair thanked Helen Barker for her presentation and the detail which was included. The presentation had been circulated during the meeting and attendees were asked to reflect further on the content and to forward any comments to Helen Barker prior to the Board meeting to be held 3 September 2020. It was recognised by the Committee that this would be an area for on-going debate and discussion.

The Committee **NOTED** the contents of the presentation and acknowledged the input from Helen Gaukroger, Assistant Director of Finance.

111/20 MONTH 4, FINANCE REPORT

The Director of Finance reported that Month 4 was in line with previous months which assumes a breakeven position will be achieved for at least the first four months of the financial year, the following headlines were also noted: -

- Year to date the position is at breakeven after assumed receipt of £9.65m of retrospective top up funding.
- The Trust has incurred costs of £11.97m in relation to Covid-19, of which £3.14m relates to gowns which were purchased by the Trust on behalf of the region. The underlying cost of Covid-19 from a Trust perspective is therefore £8.83m.
- We continue to be underspent on Agency and year to date Capital.

It was noted that the principle of centrally funded COVID costs will continue, however, this will be a prospective top-up funded on allocation which may not necessarily be at the same rate and may result in a shortfall.

The Committee **NOTED** the Month 4 Finance Report.

112/20 DRAFT RE-FORECAST SUBMISSION (VERBAL)

The Director of Finance informed the Committee that due to late submission of guidance the financial teams are still working through the assumptions and the financial costing. It was noted that we are working to the deadline set by the Integrated Care System (ICS) of close of play today.

From the point of view of the finance regime, up until the end of September, we continue to be funded on a retrospective basis, however, going forward a financial envelope for the remainder of the year will be issued to the ICS. Guidance has been promised this week and that the national submission of the overall plan is due by the end of September.

The following points regarding the Re-forecast were noted:-

Independent Sector – clarification regarding who will pay for the independent sector is still unclear.

Incentives – the target has been allocated as a system yet the guidance suggests that penalties and incentives will be applied to individual organisations. It is not clear where funds from penalties are held, it could be locally at CCG level or nationally. Our assumption is that we will not be penalised.

Capital – includes:

- Allocated funding for A&E
- Allocated funding for critical infrastructure
- Allocated funding for Diagnostics
- Our assumption is that there is no requirement to submit a revised Capital Plan at this stage.

It was noted that our challenge is to be clear about what we have and have not included in our re-submission. Discussions took place regarding the governance process to agree the plan, however, it was agreed that until further information/guidance is received a process cannot be formalised. However, the detailed submission will be reviewed at the next Finance & Performance Committee.

ACTION: To review the detailed Re-Forecast submission at the next meeting – GB/KA, 28/9/20

113/20 FINANCE & PERFORMANCE ALLOCATED BAF RISKS

The Chair referenced the schedules included in the papers and confirmed that the risk relating to Climate Change would be picked up by the Transformation Board. It was agreed that the format received would be used in future papers. The Chief Operating Officer informed the Committee that in relation to the Performance Risk the score has been increased from 12 to 20 which links, in part, to the Board decision to treat patients on a clinical need basis as opposed to waiting time. In terms of the Finance Risk Scores, these were reviewed and agreed.

ACTION: To liaise with the Company Secretary to ensure the timing of BAF discussions link to Board meetings on the Work Plan – BS

Post-meeting note – A timetable has been received and the Work Plan will be updated accordingly.

GOVERNANCE

114/20 DRAFT MINUTES FROM SUB-COMMITTEES

The following Minutes were reviewed:

- Draft Minutes from the Capital Management Group held 11 August 2020
 - Helen Barker asked if the Backlog Maintenance Plan would be shared as it would be helpful to understand the plan from an Estates perspective in terms of Operational impact. Stuart Baron confirmed that there is a paper to share with Executives before the commencement of any work.
- Draft Minutes from the Commercial Investment & Strategy Committee held 23 July 2020
- Key Matters from the THIS Executive Board held 26 August 2020
- C&GH A&E Delivery Board – July & August

The Chair welcomed the summaries of points for escalation to the Committee and thanked the sub-Committees for producing these.

The Committee **RECEIVED** and **NOTED** the key points of escalation.

115/20 WORK PLAN 2020/21

The Work Plan and the following forthcoming items were highlighted: -

- Review of Commercial Strategy - HPS & THIS
- Review of Procurement – Process & Opportunities

Post-meeting note: It was felt that the Review of Procurement should be discussed by the CHFT/CHS Joint Liaison Committee to include building in KPIs and to link with UoR.

The Chair commented that certain key themes relating to Finance and Operations coming out of the various Business Better Than Usual (BBTU) key Workstreams were likely to be built into the Work Plan.

ACTION: To build into the Work Plan the BBTU Workstreams with key themes relating to Finance and Operations once agreed – **RH/BS, going forward.**

The Work Plan was **NOTED** by the Committee.

116/20 MATTERS TO ESCALATE TO THE BOARD

The following points will be escalated to Board: -

- The key focus was Phase 3 Stabilisation and Re-Set Plan
- Points noted from the IPR
 - Concerns around Stroke
 - SAFE domain back in GREEN
 - Some issues relating to the Delayed Transfer of Care
 - Challenges around re-admissions
- Finance – a continuation of previous months, however, the uncertainty is the financial envelope and the Re-Forecast for the remainder of the year.
- BAF Risks – the Committee agreed with the rating of the 4 risks assigned to F&P

117/20 REVIEW OF MEETING

The Chair commented that the meeting had been dominated, quite rightly, by the Phase 3 Stabilisation and Re-Set Plan and that if anyone still had any comments they should feed-back to the Chief Operating Officer.

118/20 ANY OTHER BUSINESS

No other items raised.

DATE AND TIME OF NEXT MEETING:

Monday 28 September 2020, 11am – 1pm, via Microsoft Teams

**ORGAN DONATION ENGAGEMENT GROUP MEETING
WEDNESDAY 15 JULY, 2020
ICU SEMINAR ROOM, CALDERDALE ROYAL HOSPITAL**

MINUTES

Present: Philip Lewer (Chair)
Paul Knight, Clinical Lead, Organ Donation
Jayne Greenhalgh, Specialist Nurse, Organ Donation
Caroline Winkley, Sister, ICU
Malcolm Rogers, Donor Family Representative
Karen Piotr, Ambassador
Gary Boothby, Director of Finance
Huw Masson, A&E Consultant
Sarah Whittingham, Nursing Line Manager, Organ Donation
Nicki Schofield, Staff Nurse, ICU
Kim Maloney, ODP, CHFT
Jenny Taylor, Finance
Annette Bell, Governor
Rebecca Johnstone, Admin Team Leader, Operating Services and Critical Care

Apologies: Caroline Wright, Communications Team

Minutes of the Last Meeting

The minutes of the last meeting were agreed as a true record.

Karen Piotr agreed to attend future CHFT ODC meetings as a representative from the ambassadors team.

Donation Activity

Paul reported that he sent out an email stating that, on a personal level, he was enormously pleased about how everyone has pulled together during the difficult last few months to achieve referrals where needed and that this reflects in the report. There was one case where brain stem death testing had not taken place, Paul has looked into this case and talked it through with the appropriate clinicians re lessons learnt.

Paul reported that one of the things proving difficult throughout the region is predicting time to asystole in the DCD Donor. It is a broader issue than we can deal with in our local group. Jayne stated that this is a national problem and always something NHSBT do monitor.

Malcolm stated that we are pleased with the results of the NHSBT report for CHFT – 100 per cent referrals and 100 per cent SNOD presence. He would like to ensure our congratulations to the team are recorded in this meeting. Jayne will make a poster for the ICU coffee room. Sarah passed on huge thanks to the team and said that, despite everything going on at the moment, we are still keeping organ donation in mind and performing well as a Trust.

Missed Opportunities and Action Taken

Paul stated that he is not aware of any missed opportunities since our last meeting.

Legislation Change

Jayne and Sarah reported that legislation changes are going live in the next few days. 100 per cent of the SNOD team are trained. We will go live in the Yorkshire region on 20 July. Jayne has reassured staff that they are not going to see a difference on the front line, referrals should be made in exactly the same timely way. The law change may be used for families who have not talked about donation and do not know their loved ones wishes, so it is just another tool for different conversations. It remains best practice not to pre-approach for donation without SNOD presence.

Malcolm wondered if the legislation changes have been kept low profile as a national campaign doesn't seem to have happened. Philip will speak to Caroline in Communications to see if anything has been arranged. He also said that we still have twice weekly Covid-19 newsletters which are sent to 6,000 members of staff and we could use this opportunity with advice and guidance from Caroline.

Donor Recognition Funding and Finance

Plans for mounting Jovial Man onto a plinth have been put on hold, as the sculptor's brother lives in the South West and is currently shielding. Nothing is likely to be planned for this before November, however Caroline has been in touch with him and he is happy for us to share the story in the media during Organ Donation Week.

Gary asked where this would be placed and whether it would need to be moved during reconfiguration. Paul reported it is to go between the shop and the chapel at HRI, near to the organ donation memorial.

The cost of putting the sculpture onto a plinth is £2,000 and this makes use of some of our funding in the bank. Jenny said that after that there will be £792 carried forward from last year. Sarah said that the letter for this financial year is currently with their admin team and should be with us soon and she reported we have a total of £13,768, which is to be split between ICU and Theatres. Paul said he is open to suggestions from the group for use of any other funds that may become available. Jenny will send an update after the meeting.

Promotional Activity/Organ Donation Week

This has been brought forward a week to week commencing 7th Sept. This year we are looking at virtual events. Sarah reported a national call to the Comms teams to see what the theme is going to be. One suggestion is 'Yorkshire Landmarks' with photographs of SNOD teams outside a local landmark. We need to start planning as soon as possible. Any ideas gratefully received.

Malcolm said he is liaising with Bradford Council with regard to having several buildings in Bradford floodlit in pink. Paul suggested the Piece Hall may be a good place for CHFT. Jayne suggested we get in touch with Caroline in Comms to pull all this together.

Other suggestions from Malcolm were to fly a flag for organ donation and to identify a donor family. Sarah is in contact with someone about flags for organ donation week and will let us know the outcome.

Gary will contact Caroline regarding a CHFT colleague who donated a kidney as an act of kindness.

Gary revealed he had a liver transplant 24 years ago.

Operational Matters Escalated from Clinical Areas: ED, ICU, Theatres

Paul stated that when our monitors power down they make a 'happy little jingle', which can be inappropriate at withdrawal of treatment. He has arranged with the manufacturers to remove this jingle, so hopefully this will be dealt with.

Feedback to Trust Board

Philip reported that he uses every opportunity he can to formally feedback at Board meetings. Annette is a governor and feeds back to the council of governors.

Policies and Guidelines

Paul will chase up getting the new guidelines on the website.

Review of Governance Structure/ Terms of Reference

Gary said that he is more than happy to promote.

YODELS

Jayne reported that the first Yodels on tour in Bradford in May had to be postponed due to Covid-19. We are hoping to go to Pinderfields in October, but not sure yet whether this will be possible. Jayne suggested that training could be done on Zoom.

Any Other Business

Communication between Trusts - Malcolm reported that he has trialled a meeting on Zoom as a better way of communicating between different hospitals. He said it was a very useful session about how we could work more closely together and share knowledge. Philip is in full support of this.

Regional Chair – NHSBT are looking to have a regional chair in post. Sarah suggested asking chairs currently in the region as this has to be a current chair.

Transplant Games, 2021 - Caroline Winkley reported that the British Transplant Games are coming to Leeds on 3 to 6 August, 2021. She said this is a massive opportunity to promote things in the area and suggested we get local athletes in for promotion. Sarah said this is an opportunity to get all the different committees together at the same time. Caroline will be the Committee's lead on this for disseminating information.

Unfortunately, the World Games in Texas next year have been cancelled.

Date and Time of Next Meeting

Wednesday 13 January, 2021 – 10.30 am – via Teams.

Wednesday 7 July, 2021 – 10.30 am – via Teams.

INFORMATION TO RECEIVE

19. ANY OTHER BUSINESS

- 20. a. Council of Governors Calendar
2020/2021 and meeting dates
- b. Updated Register of Council of
Governors

2020-21 MEETING SCHEDULE FOR GOVERNORS

Meeting Type

Annual General Meeting

Attend: All

Council of Governors Meeting

Attend: All

Medical Divisional Reference Group Meeting

Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines

FSS Divisional Reference Group Meeting

Attend: Peter Bamber - Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin

Community Divisional Reference Group Meeting

Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen

Surgery Divisional Reference Group Meeting

Attend: Jude Goddard - Rosie Hoggart - Christine Mills - John Richardson - Chris Owen

Estates & Facilities Services Group Meeting

Attend: Alison Schofield - Annette Bell - John Gledhill - John Richardson - Sheila Taylor

Joint Board of Directors / Council of Governors Workshop

Attend: All

Governors / Non-Executive Directors Informal Workshop

Attend: All

Date	Time	Venue
Wednesday 7 October 2020	5.00 – 6.30 pm	Via Microsoft Teams
Thursday 22 October 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Wednesday 4 November 2020	1.30 – 3.00 pm	Via Microsoft Teams
Monday 9 November 2020	11.00 am – 12.30 pm	Via Microsoft Teams
Monday 9 November 2020	1.30 – 3.00 pm	Via Microsoft Teams
Tuesday 10 November 2020	1.30 – 3.00 pm	Via Microsoft Teams
Thursday 12 November 2020	1.30 – 3.00 pm	Via Microsoft Teams
Friday 20 November 2020	1:00 – 4:00 pm	Via Microsoft Teams
Tuesday 15 December 2020	12:30 – 4:30 pm	Via Microsoft Teams

2020-21 MEETING SCHEDULE FOR GOVERNORS

2021

Council of Governors Meeting

Attend: **All**

Estates & Facilities Services Group Meeting

Attend: Alison Schofield - Annette Bell - John Gledhill - John Richardson - Sheila Taylor

Surgery Divisional Reference Group Meeting

Attend: Jude Goddard - Rosie Hoggart - Christine Mills - John Richardson - Chris Owen

Community Divisional Reference Group Meeting

Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen

Governors / Non-Executive Directors Informal Workshop

Attend: **All**

Medical Divisional Reference Group Meeting

Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines

FSS Divisional Reference Group Meeting

Attend: Peter Bamber - Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin

Council of Governors Meeting

Attend: **All**

Joint Board of Directors / Council of Governors Workshop

Attend: **All**

Estates & Facilities Services Group Meeting

Attend: Alison Schofield - Annette Bell - John Gledhill - John Richardson - Sheila Taylor

Date	Time	Venue
Thursday 28 January 2021	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Friday 5 February 2021	1.30 pm – 3.00 pm	Via Microsoft Teams
Monday 8 February 2021	1.30 pm – 3.00 pm	Via Microsoft Teams
Tuesday 9 February 2021	1.30 pm – 3.00 pm	Via Microsoft Teams
Thursday 11 February 2021	3:00 – 5:00 pm	Via Microsoft Teams
Monday 22 February 2021	10.30 am – 12 noon	Via Microsoft Teams
Thursday 25 February 2021	2.00 pm – 3.30 pm	Via Microsoft Teams
Thursday 22 April 2021	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Tuesday 11 May 2021	1:00 – 4:00 pm	Via Microsoft Teams
Thursday 3 June 2021	10.30 am – 12 noon	Via Microsoft Teams

2020-21 MEETING SCHEDULE FOR GOVERNORS

Medical Divisional Reference Group Meeting

Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines

FSS Divisional Reference Group Meeting

Attend: Peter Bamber - Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin

Community Divisional Reference Group Meeting

Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen

Surgery Divisional Reference Group Meeting

Attend: Jude Goddard - Rosie Hoggart - Christine Mills - John Richardson - Chris Owen

Council of Governors Meeting

Attend: **All**

Governors / Non-Executive Directors Informal Workshop

Attend: **All**

Council of Governors Meeting

Attend: **All**

Surgery Divisional Reference Group Meeting

Attend: Jude Goddard - Rosie Hoggart - Christine Mills - John Richardson - Chris Owen

Joint Board of Directors / Council of Governors Workshop

Attend: **All**

Medical Divisional Reference Group Meeting

Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines

Community Divisional Reference Group Meeting

Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen

Monday 7 June 2021	1.30 pm – 3.00 pm	Via Microsoft Teams
Wednesday 9 June 2021	10.30 am – 12 noon	Via Microsoft Teams
Monday 14 June 2021	10.30 am – 12 noon	Via Microsoft Teams
Monday 14 June 2021	1.30 pm – 3.00 pm	Via Microsoft Teams
Thursday 15 July 2021	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Thursday 16 September 2021	3:00 – 5:00 pm	Via Microsoft Teams
Thursday 21 October 2021	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Monday 1 November 2021	10.30 am – 12.00 pm	Via Microsoft Teams
Friday 19 November 2021	1.00-.00pm	Via Microsoft Teams
Monday 1 November 2021	1.30 pm – 3.00 pm	Via Microsoft Teams
Tuesday 2 November 2021	10.30 am – 12 noon	Via Microsoft Teams

2020-21 MEETING SCHEDULE FOR GOVERNORS

Estates & Facilities Services Group Meeting

Attend: Alison Schofield - Annette Bell - John Gledhill - John Richardson - Sheila Taylor

FSS Divisional Reference Group Meeting

Attend: Peter Bamber - Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin

Governors / Non-Executive Directors Informal Workshop

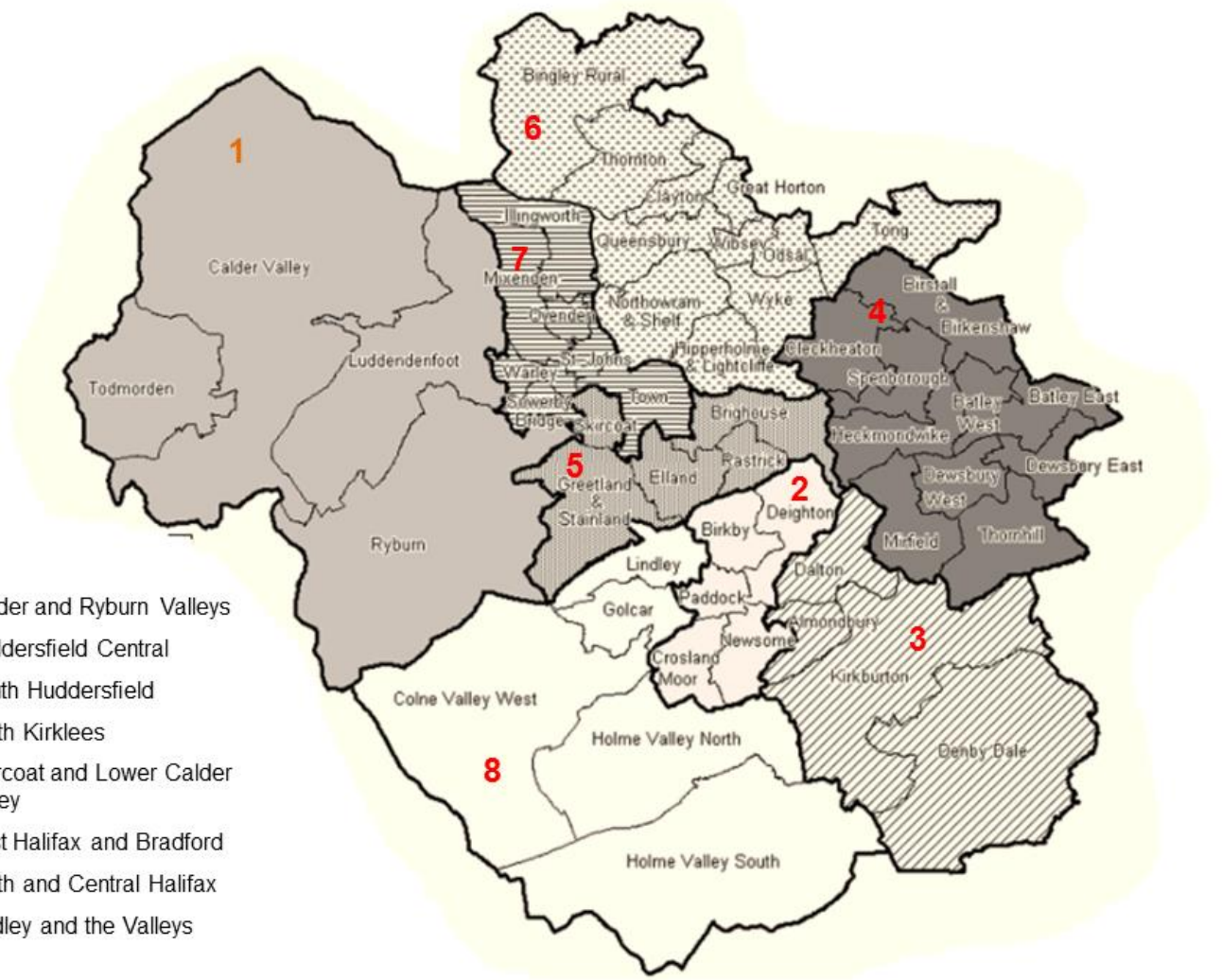
Attend: **All**

Wednesday 3 November 2021	1.30 pm – 3.00 pm	Via Microsoft Teams
Thursday 4 November 2021	10.30 am – 12 noon	Via Microsoft Teams
Tuesday 14 December 2021 - 12.30pm	12.30pm-4.30pm	Via Microsoft Teams

COUNCIL OF GOVERNORS REGISTER AS AT 1 OCTOBER 2020

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1 – Calder and Ryburn Valleys	Jude Goddard	19.7.18	3 years	2021
1 – Calder and Ryburn Valleys	VACANT SEAT			
2 – Huddersfield Central	Sheila Taylor	19.7.18	3 years	2021
2 – Huddersfield Central	Christine Mills	19.7.18	3 years	2021
3 – South Kirklees	Chris Owen	17.7.19	3 years	2022
3 – South Kirklees	John Richardson	15.9.17 Extended 1 year	3 years 1 year	2020 2021
4 – North Kirklees (Cons. 4 from 15.11.17)	Veronica Woollin	15.9.16 17.7.19	3 years 3 years	2019 2022
4 – North Kirklees (Reserve Register from 17.7.19)	VACANT SEAT			
5 – Skircoat and Lower Calder Valley	Stephen Baines	15.9.16 17.7.19	3 years 3 years	2019 2022
5 – Skircoat and Lower Calder Valley	Brian Richardson	18.9.14 15.9.17 Extended 1 year	3 years 3 years 1 year	2017 2020 2021
6 – East Halifax and Bradford	Annette Bell	19.7.18	3 years 3 years	2018 2021
6 – East Halifax and Bradford	Paul Butterworth	15.9.17 Extended 1 year	3 years 1 year	2020 2021
7 – North and Central Halifax	Lynn Moore	18.9.14 Extended 1 year	3 years 3 years 1 year	2017 2020 2021
7 – North and Central Halifax	Alison Schofield	15.9.17 Extended 1 year	3 years 1 year	2020 2021
8 – Lindley and the Valleys	VACANT SEAT			
8 - Lindley and the Valleys	John Gledhill	17.7.19	3 years	2022

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Dr Peter Bamber	15.9.17 Extended 1 year	3 years 1 year	2020 2021
10 - AHPs/HCS/ Pharmacists	Sally Robertshaw	17.7.19	3 years	2022
11 - Mgmt/Admin/ Clerical	Linzi Jane Smith	15.9.17 Extended 1 year	3 years 1 year	2020 2021
13 – Nurses/Midwives	VACANT SEAT			
13 – Nurses/Midwives	Rosemary Hoggart	17.7.19	3 years	2022
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof Felicity Astin	16.1.18	3 years	2021
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17	3 years	2020 Extension to be confirmed
Calderdale Huddersfield Solutions Ltd (CHS)	Jayne Taylor	17.7.19	3 years	2022
Kirklees Metropolitan Council	Cllr Lesley Warner	14.6.19	3 years	2022
Healthwatch Kirklees	Helen Hunter	2.10.17	3 years	2020 Extension to be confirmed
Locala	Chris Reeve	21.11.17	3 years	2020 Extension to be confirmed
South West Yorkshire Partnership NHS FT	Salma Yasmeen	18.10.17 18.10.20	3 years 3 years	2020 2023



21. DATE AND TIME OF NEXT MEETINGS:

Council of Governors meeting

Date: 28 January 2021

Time: 3:30 – 5:30 pm (Private meeting
2:00 – 3:15 pm)

Venue: TBC