




















# Meeting of the Council of Governors

<b>Schedule</b>	Thursday 9 July 2020, 15:30 — 16:45 BST
<b>Venue</b>	Microsoft Teams
<b>Organiser</b>	Jacqueline Ryden

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Council of Governors meeting

Date: 22 October 2020

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

Venue: TBC

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# 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 23 January 2020

To Approve

Presented by Philip Lewer



**DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS  
MEETING HELD AT 3:30 PM ON THURSDAY 23 JANUARY 2020 IN DISCUSSION  
ROOM 1, LEARNING CENTRE, HUDDERSFIELD ROYAL INFIRMARY**

**PRESENT:**

Philip Lewer Chair

## Public Elected Governors

Lynn Moore	Public Elected - North and Central Halifax
Paul Butterworth	Public Elected - East Halifax and Bradford
John Gledhill	Public Elected – Lindley and the Valleys
Sheila Taylor	Public Elected - Huddersfield Central
Christine Mills	Public Elected - Huddersfield Central

## Staff Elected Governors

Linzi Smith	Staff Elected – Management / Admin / Clerical
Dr Peter Bamber	Staff Elected – Drs / Dentists
Sally Robertshaw	Staff Elected – Allied Healthcare Professionals (AHPs)

## Appointed Governors

Prof Felicity Astin  
Cllr Lesley Warner

University of Huddersfield  
Kirklees Metropolitan Council

**IN ATTENDANCE:**

Helen Barker	Chief Operating Officer
Kirsty Archer	Deputy Director of Finance
Ellen Armistead	Director of Nursing
Karen Heaton	Non Executive Director
Peter Wilkinson	Non Executive Director
Alastair Graham	Non Executive Director
Andrea McCourt	Company Secretary
Jackie Ryden	Corporate Governance Manager (minutes)
Vanessa Henderson	Membership and Engagement Manager

## 01/20 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Veronica Woollin	Public Elected - North Kirklees
Helen Hunter	Healthwatch Kirklees and Calderdale
Owen Williams	Chief Executive
Alison Schofield	Public Elected - North and Central Halifax
Stephen Baines	Public Elected - Skircoat and Lower Calder Valley
Annette Bell	Public Elected – East Halifax and Bradford
Brian Richardson	Public Elected - Calder and Ryburn Valleys
Chris Owen	Public Elected – South Kirklees
Dianne Hughes	Public Elected - North Kirklees (Reserve Register)
Jude Goddard	Public Elected – Calder and Ryburn Valleys
Sian Grbin	Staff Elected – Nurses/ Midwives

Rosie Hoggart  
Chris Reeve  
Jayne Taylor  
Cllr Megan Swift

Staff Elected – Nurses/ Midwives  
Locala  
Calderdale and Huddersfield Solutions Ltd (CHS)  
Calderdale Metropolitan Council

## **02/20 WELCOME & INTRODUCTIONS**

The Chair welcomed governors, colleagues from the Board of Directors and staff colleagues to the meeting. The Chair thanked Vanessa Henderson for attending.

## **03/20 DECLARATIONS OF INTEREST**

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

## **04/20 MINUTES OF THE LAST MEETINGS HELD 17 OCTOBER 2019 AND EXTRAORDINARY MEETING HELD 22 NOVEMBER 2019**

The minutes of the previous minutes held 17 October 2019 and 22 November 2019 were approved as a correct record.

**OUTCOME:** The minutes of the previous meeting held 17 October 2019 and 22 November 2019 were **APPROVED** as a correct record.

## **05/20 MATTERS ARISING / ACTION LOG**

The action log was reviewed and updated and the following updates were noted.

Membership and Engagement Strategy – The Company Secretary confirmed that the £2,000 in the budget to support the Membership Engagement Strategy will mainly be allocated for promotional material.

Finance report to include a breakdown of figures for agency plus bank by division - following the meeting, the Deputy Director of Finance confirmed that specific divisional detail has been provided directly to Dr Peter Bamber who raised the question.

Paul Butterworth thanked Gerard Curran, the Head of Complaints for meeting with him and for taking the action forward. PB noted that there is still one outstanding issue in relation to the complaints procedure on the internet.

**Action: Chair to write letter of thanks to Gerard Curran.**

**Action: Company Secretary to discuss and clarify with Gerard Curran the link on the internet to the procedure.**

## **06/20 COMPLAINTS AND COMPLIMENTS PRESENTATION**

The Director of Nursing gave an update on the handling of complaints following the review of complaints that was undertaken by the Chief Executive in May/June 2019. A number of issues were identified within the process and the way complaints were being handled.

Following the review, work was undertaken to encourage the resolving of complaints at source to reduce the number of complaints and to provide support to the staff who are investigating complex complaints.

A great deal of progress has been made but there is still work to be done. A Work Together Get Results session took place and responses were identified to achieve the desired result. Further work is required to ensure that learning is shared from complaints in exactly the same way as learning from incidents is shared.

Councillor Lesley Warner asked if the weekly drop in session was open to members of the public but EA confirmed it is to support colleagues investigating complaints rather than the public.

Paul Butterworth explained that he had undertaken a cold call exercise and found that members of the public are not always given the same information when they enquire about the complaints process which he believes means that the statistics provided in EA's presentation are not correct.

EA advised that up-dated posters had been distributed the previous week and that all colleagues should now have the same information. EA expressed her gratitude to PB for sharing his concerns and remarked that this has driven some changes in the organisation. Visits to ward areas will check that all colleagues are aware of how to signpost people in the right direction. PB will be undertaking a further cold call exercise and will also be meeting with EA in the next few weeks.

AG asked if an analysis is going to be provided on any themes emerging from the complaints and EA advised this would be addressed in the quality report later in the meeting.

The Chair thanked the Director of Nursing for her update and thanked Paul Butterworth for his tenacity. The Chair added that he has also participated in one of the weekly cold calls to wards when he visited the oncology ward with Ellen Armistead and Denise Sterling.

**OUTCOME:** The Council of Governors **NOTED** the update on Complaints Handling.

## **07/20 PERFORMANCE AND STRATEGY**

### **a) Performance Report**

The Chief Operating Officer reported a positive position for November 2019.

The main points to note were:

- There are no domains that are red and the overall performance score was 75% which indicates a balanced performance, although this does mask one or two areas of concern, in particular the emergency care standard. This has been a struggle all year, both locally and nationally. CHFT are in the top quartile for performance but HB stated that we still have a firm commitment to improve.
- There has been focus around the exceptionally high number of patients on the transfer of care list and more escalation capacity than planned has been opened.
- A&E attendances since November have been high, with the paediatric service in particular being under pressure.

- The Same Day Emergency Care (SDEC) for Frailty has been opened and is working well, leading to improved performance and helping patients get home more quickly.
- Exceptional performance on cancer continued to be delivered in November and the position is very positive, providing a positive experience for patients. There is a cohort of patients who have not been diagnosed at 62 days which the team are working through. Increasing numbers of cancer referrals are coming in. From 1 April 2020 there will be a new standard for referral to confirmed diagnosis within 28 days. It is believed the target will come in at 70% and the Trust is already exceeding that figure.
- Diagnostic performance was better overall in November and the Trust was just short of achieving 99%. The backlog for Echocardiographs is now clear but the date for Neurophysiology to be clear has been extended to March in order to support the team in that area.
- Stroke performance is going well but there is some pressure on bed availability and there is a cohort of patients with a long length of stay.

The Chair asked about the numbers of patients who are discharged late in the night as this had been raised in the Private Board meeting. HB explained that these are tracked and that the Trust would not knowingly discharge a vulnerable patient at this time without the support of their family, although there are some patients who come through the frailty route who might be discharged in order to avoid having to sit in a cubicle. HB will investigate if she is provided with any specific details.

**Action: Christine Mills will raise the issue at the next Quality Committee meeting.**

Paul Butterworth asked how many patients are discharged under Continuing Healthcare. HB confirmed that she will aim to provide this information within 10 working days.

**Action: HB to provide the number of patients discharged under Continuing Healthcare to Paul Butterworth within 10 working days.**

Dr Peter Bamber asked about the statistics under the responsive domain for referral from screening to treatment. HB explained that as the figures are low, averaging 10 patients per month and where one patient chooses to wait longer, this impacts on the target and she is not overly concerned about this.

Professor Felicity Astin asked about the staffing and the average fill rate for care staff compared to registered nurses, with particular reference to Neonatal care and ICU. HB explained that this is in line with the Hard Truths safe staffing level.

**Action: EA will investigate and provide clarification back to FA.**

**OUTCOME:** The Council of Governors **NOTED** the performance and strategy report for November 2019.

## **b) Financial Position and Forecast – Month 8**

The Deputy Director of Finance summarised the key points from the Month 8 position:

- The year to date deficit is £8.67m, a 0.24m favourable variance from plan due to gain on the disposal of property. This benefit is excluded for the purposes of

allocation of Provider Sustainability Funding/Financial Recovery funding. The planned deficit for the year end is £9.7m.

- YTD month 8 is in line with the financial plan and noted that gains from property are not counted by regulators
- There is some pressure year to date due to higher than planned non pay expenditure including utilities, maintenance contracts, outsourced services and lower than planned VAT recovery. These pressures have been offset year to date by lower than planned pay expenditure, although for the last three months pay has been slightly overspent due to Medical pay awards and pressure from additional capacity.
- Agency expenditure is lower than plan. This is offset by 'Bank' expenditure.
- Cash balance is higher than planned which is due to a timing issues and will be in line with plan by the year end.
- CIP is in line with plan year to date.
- All metrics are where they need to be.
- Recovery and restraint plans were put in place earlier in the year and have identified the full recovery requirement.

The Chair advised that if any of the Governors would like anything raised at the Finance and Performance Committee meeting they should liaise with their governor representative on the Committee Sian Grbin or contact either Stephen Baines as Lead Governor or the Chair himself.

Following a query from Dr Peter Bamber, the Deputy Director of Finance confirmed that the figures include Calderdale and Huddersfield Solutions Limited.

**OUTCOME:** The Council of Governors **NOTED** the Month 8 Financial Summary.

**c) 2020/2021 Planning Overview Presentation**

The Deputy Director of Finance presented the timeline and details for the five year plan. The plan was submitted to the Integrated Care System (ICS) in October 2019 and the Trust is now working on building up the details. KA explained that the expected key national planning guidance has been delayed and has still not been received but is expected during the last week in January 2020. The submission timetable has therefore been moved back to early March, with the operational plan potentially due in April 2020.

In the five year plan the control totals will be removed and replaced with financial improvement trajectories (FIT). The allocation of Financial Recovery Funding (FRF) will then take the position to break even in each year.

A greater proportion of the FRF allocations will be linked to achievement of system FIT. This is the total of individual organisation targets across the Integrated Care System (West Yorkshire). Following a query from Dr Peter Bamber, the Deputy Director of Finance explained that it is hoped this might encourage organisations to work more closely together.

The Trust's FIT for 2020/21 is in line with the financial modelling of the Strategic Outline Case (SOC) for reconfiguration with an expected 0.5% annual improvement thereafter, a less challenging trajectory than the SOC.

KA gave a breakdown of the Financial Improvement Trajectories over the next five years. The efficiency target for the Trust is quite stretching but the Trust had agreed to the target.

KA added that the assumption going forwards is that the aligned incentive contract with the CCGs remains in place, and that the contract level from this year will be used as a baseline for negotiations.

The CIP requirement is likely to be in excess of £14m dependent on the level of pressures and developments funded.

The cash plan assumes FRF will be received from 2020/21, short term borrowing is still required to bridge timing differences on receipt of FRF cash payments.

PB asked if the figures included the cost of the new build and updating of the old buildings. KA explained that these have not been budgeted for, but that reconfiguration will not take place in the period related to the slides. KA added that some of the buildings have already been sold and some are still due to be sold.

Councillor Warner asked about vacancies and whether the money is retained to fill the vacancies. KA confirmed that the money is retained as the model assumes full staffing

PB asked whether finances are more stretched due to changing demographics and KA explained that we receive uplifts for expected pricing changes and growth monies from commissioners which are offset in part by efficiency requirements.

It is planned to hold another capital planning session in 2020 to prioritise plans within the available resource.

Following a question from Dr Bamber, KA confirmed that the figures include planned pay rises. Dr Bamber also asked if there is a budget for replacement of IT equipment, and KA explained that this comes through the capital plan.

The Chief Operating Officer added that a detailed paper had been prepared on the capital plan. This will be circulated to the Governors as soon as possible, and any questions are to be emailed to Stephen Baines or Philip Lewer.

**Action: Company Secretary to circulate the detailed paper on the Capital Plan to the Governors.**

**OUTCOME:** The Board **NOTED** the timeline and details for the Five Year Capital Plan.

#### **d) Q3 Update on Quality Priorities and Quality Report Presentation**

The Director of Nursing presented an update on the quality priorities. EA asked if Christine Mills could consider what the quality report should include going forwards and she will arrange a meeting to discuss.

**Action: EA to meet with Christine Mills to discuss the content of the quality report.**

EA explained that the Trust has quite a comprehensive quality governance structure in place but some amendments are to be proposed in order to ensure that no groups are duplicated and there are no gaps. Focus is needed to ensure learning is shared, including the learning from positive events as well as adverse events.

EA gave an update on the Healthcare Safety Investigation Branch (HSIB) who look at designated incidents, including maternity, in order to identify national learning. Four of five maternity investigation reports from HSIB have been received and the final report is awaited.

There have been 13 inquests and 8 of these have been closed.

The Trust is seeing improvement and a downward trend in pressure ulcers. Essential skills training is currently at 96%, which is an excellent performance. The safety thermometer measures are currently around average, and we are seeing a decrease in the number of falls with harm.

Areas for improvement include the recording of dementia screening and issues around the prescribing and storage of medicines.

The current quality account priorities are ED waiting times, the deteriorating patient and mental health in ED, which is a national issue. The mental health strategy is almost ready for approval and EA has also asked for an independent review into this.

The CQC Response Group continues to meet and work on the journey to outstanding. The assessment process has been reviewed and is now more rigorous. The Trust Board is currently going through a well led assessment.

Current quality priorities are focusing on outpatients, patient flow, maternity services, lessons learnt, complaints and medicine safety.

Christine Mills reported that at the last meeting, the Quality Committee had been advised of increase awareness of reducing antibiotics and the amount of plastic used.

**OUTCOME:** The Council of Governors **NOTED** the update on the quality account priorities.

#### **e) Membership Strategy and Update**

The Company Secretary reported that the draft Membership and Engagement Strategy for the next three years was shared with governors at the Council of Governors meeting on 17 October 2019. The current report details the preparatory work that has been undertaken to develop a comprehensive action plan to achieve the goals in the one year Membership and Engagement Strategy for 2020/21.

The Chair will be writing to partners to request their help in increasing membership in among younger people and in the areas which are hard to reach. The development of a patient panel is also being considered. Vanessa Henderson is working with Jude Goddard on further engaging with the public and a pilot training session is being held soon on skills to help governors engage with the public and members.

AG asked if the public engagement sessions for the design brief were being used for engagement with the public regarding membership. Vanessa Henderson advised that the first tranche of meetings had very specific agendas but that she will liaise with the Communications team to use the opportunity going forwards.

**OUTCOME:** The Council of Governors **APPROVED** the Membership and Engagement Strategy and **NOTED** preparatory work that has been undertaken to develop a comprehensive action plan to achieve the goals in the one year Membership and Engagement Strategy for 2020/21.

**f) Risk Register**

The Council of Governors received the current high level risk register for the Trust.

**OUTCOME:** The Council of Governors **NOTED** the current high level risk register for the Trust.

**UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE**

**08/20 Nominations and Remuneration meeting held on 13.1.2020**

The Chair reported that a meeting was held on 13 January 2020 where the Deputy Director of Workforce and Organisational Development presented a paper setting out a new pay structure for Chairs and Non-Executive Director for NHS Trusts and NHS Foundations Trusts, as detailed in NHS Improvement (NHSI) implementation guidance issued in September 2019 'Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts'. The Chair advised that he had left the meeting while this item was discussed. There will be minor implications for the Trust as a result of the new pay structure.

**OUTCOME:** The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee meeting held on 13.1.20.

**09/20 CHAIR'S UPDATE**

The Chair congratulated the Chief Executive on his recent award of an OBE in the New Year's Honours List for services to healthcare in West Yorkshire.

The Chair also advised that Amber Fox had recently given birth to a baby girl and that mother and daughter were doing well.

The Chair reported that he continues to meet with Chairs from other Trusts. He has also spent half a day in the Appointments Centre at HRI and will shortly be attending the CHFT induction day for new starters.

**OUTCOME:** The Council of Governors **NOTED** the Chair's Update.

**GOVERNANCE**

**10/20 Update from Lead Governor**

The Chair gave a brief summary of discussions held with the Lead Governor and actions they have agreed. PL will incorporate this into an email and send out to



governors. In summary, they have agreed that for the Board of Directors meetings priority will be given to the invited governors but any governor is welcome to attend, and that two hard copies of the papers will be printed for use at the meeting. It was also agreed that any questions posed during meetings by the governors will be noted and a response sent out in a timescale agreed at the time. PL has agreed to share confidential information with the Lead Governors in advance of the meetings.

**Action: The Chair to email the governors with an update on the actions agreed between himself and the Lead Governor.**

**OUTCOME:** The Council of Governors **NOTED** the Update from the Lead Governors presented by the Chair.

## **11/20 COMPANY SECRETARY'S REPORT**

### **a. Proposal for 2020 Governor Elections**

The Company Secretary reported that we do not yet have a timetable for the Governor elections in 2020 as we are currently evaluating which provider to procure to undertake the election process on the Trust's behalf, as it is a requirement to use an external company. It was confirmed that there are 12 governor vacancies for election during 2020: 8 public governors and 4 staff governors which is a high number of vacancies and therefore engagement with members and the public is key to generate interest in the vacancies.

The elections timetable will be presented to the April Council of Governors meeting for approval.

**Action: Elections timetable for 2020 to be presented to the April Council of Governors Meeting.**

**OUTCOME:** The Council of Governors **NOTED** the 12 vacancies for election during 2020, **APPROVED** the support and involvement of governors in activities to generate interest in the governor role during the run-up to the elections, **NOTED** that there may be a change to the provider of our election services in 2020 and **NOTED** that the elections timetable will be presented to the April Council of Governors meeting for approval

### **b. Selection of 2020/2021 Quality Priorities**

The Company Secretary confirmed the six quality priorities for 2020/21 that governors agreed for further consideration and the process for selection of the final three quality priorities.

**OUTCOME:** The Council of Governors **NOTED** the proposed quality priorities for 2020/21 and the process for selecting the final three priorities from the six shortlisted at the Governors workshop in December 2019.

## **12/20 NON EXECUTIVE DIRECTORS**

Peter Wilkinson, Karen Heaton and Alastair Graham gave a brief introduction including their background and their current focus in their role as a Non Executive Director.

Peter Wilkinson joined the Trust in November 2019 and has been working on the following:

- Chair of the Transformation Programme Board; there have been two meetings held so far with another meeting scheduled for 27 January 2020.
- Member of Finance and Performance Committee chaired by Richard Hopkin.
- Member of Charitable Funds Committee and Joint Liaison Committee.

Karen Heaton updated the governors on the recent hothouse sessions on the staff survey and well-being. Both were well attended by a range of staff. A warm welcome would be given to any governor who would like to attend and support the sessions. The Workforce Committee meetings have recently been spending time on performance measures, sickness, slippage on return to work and the need to understand the reasons behind the data on staff turnover. Recruitment of consultants is going well and KH explained that many of the newly recruited consultants are attracted to the Trust based on our values. Work is on-going on diversity and inclusion.

There was a discussion about the difficulties of interviewing when only one applicant is selected. Linzi Smith asked if there was an on-going trend emerging from the exit interviews. KH advised that this had been investigated the previous year but it is possible to re-visit to identify if there are any further trends.

**Action: Karen Heaton will arrange for the information from exit interviews to be re-visited at a future Workforce Committee meeting.**

KH confirmed that any all governors are welcome to attend the Workforce Committee meetings if they wish.

Councillor Warner enquired if the high turnover of HCAs could be related to pay. KH advised that there could be a multitude of reasons rather than solely due to the pay. Linzi Smith also wondered if the paediatric staffing issues could also be pay related.

Dr Bamber explained that staff considering such ancillary posts have many work options outside of the NHS, unlike doctors. The fact that the NHS is considered to be a stressful place to work may also put people off applying for posts. KH stated that more work is still required to ensure CHFT is considered a good place to work.

FA pointed out that information could be gleaned from asking colleagues what would make them stay rather than asking why they are leaving.

Alastair Graham chairs a number of interview panels and advised that user panel feedback is extremely valuable in making a decision. There is not always just one candidate and even when that is the case there is still a robust interview process for a candidate.

AG advised he is the Chair of Calderdale and Huddersfield Solutions Limited, which provides estates and facilities mainly on the HRI site but some procurement services also for the CRH site. AG also sits on the Research and Innovation Committee and the Transformation Programme Board.

## **13/20 UPDATES FROM SUB-COMMITTEES**

Time constraints precluded discussion of this agenda item.

## **14/20 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.

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

## **15/20 ANY OTHER BUSINESS**

AM advised that the Trust is currently undertaking engagement regarding the Digital Strategy and was keen to involve governors. Options to discuss the draft Digital Strategy were discussed with several 90 minute sessions being held that governors could attend or a shorter presentation at the Council of Governors workshop on 13 February 2020. It was agreed that the invites to the 90 minute sessions would be sent to all governors as well as a shorter slot to be added to the 13 February 2020 workshop agenda.

Christine queried whether old laptops could be made available for governors and it was advised that we will look into this.

## **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 17:42pm and invited members to the next meeting.

### **Council of Governors Meeting**

**Date:** Thursday 23 April 2020

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

**Venue:** Large Training Room, Learning Centre, Calderdale Royal Hospital

## 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	<b>Performance and Strategy</b> Christine Mills to raise at the Quality Committee meeting patients discharged late at night	Christine Mills	CM discussed with Helen Barker. This data is not kept routinely but HB will investigate the feasibility of doing so in the future.	05.02.20		
23.01.20	<b>Performance and Strategy</b> HB to provide the number of patients discharged under Continuing Healthcare to Paul Butterworth within 10 working days.	Chief Operating Officer	Action completed. Information provided by email on 6.2.20.	06.02.20		
23.01.20	<b>Performance and Strategy</b> Director of Nursing to provide clarification on staffing and average fill rate for care staff in Neonatal Care and ICU.	Director of Nursing		23.04.20		
23.01.20	<b>2020/2021 Planning Overview</b> Company Secretary to circulate detailed paper on Capital Plan to the Governors.	Company Secretary	Action Completed 24.1.20	05.02.20		
23.01.20	<b>Update on Quality Priorities and Quality Report Presentation</b> Director of Nursing to meet with Christine Mills to discuss the content of the quality report going forwards.	Director of Nursing	Meeting held. CM will raise with EA if she has any queries regarding the content.	23.04.20		
23.01.20	<b>Update from Lead Governors</b> Chair to email the Governors with an update on the actions agreed with Lead Governor	Chair	PL followed up with personal phone calls to governors.	February 2020		

## 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	<b>Proposal for 2020 Governor Elections</b> Elections timetable for 2020 to be presented to Council of Governors meeting on 23 April 2020.	Company Secretary	Elections cancelled in line with NHS England / Improvement advice due to Covid-19 pandemic. Process agreed for arrangements 2020/21 and governors notified by Chair in writing and via paper to 9 July 2020 Council of Governors meeting	23.04.20		30.06.20
23.01.20	<b>Non Executive Directors</b> Karen Heaton to arrange for information gleaned from exit interviews to be re-visited at a future Workforce Committee meeting.	KH	KH to include on the agenda at the next Workforce Meeting which is due to take place week commencing 15 July 2020.	23.04.20		

## 6. CHFT COVID-19 Response

Presented by Helen Barker

# PERFORMANCE AND STRATEGY



## 7. Performance

To Note

Presented by Helen Barker

## 8. Finance Report

To Note

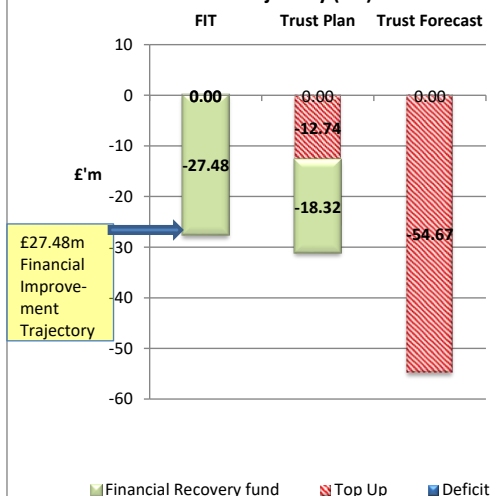
Presented by Gary Boothby

## EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st May 2020 - Month 2

## KEY METRICS

	Plan £m	M2 Actual £m	Var £m			YTD (MAY 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	●		(£0.00)	(£0.00)	£0.00	●		£0.46	£0.46	£0.00	●
Agency Expenditure	(£0.48)	(£0.21)	£0.27	●	2	(£0.96)	(£0.58)	£0.38	●		(£6.77)	(£3.84)	£2.93	●
Capital	£1.60	£1.22	£0.38	●	1	£1.92	£1.54	£0.38	●		£16.21	£15.87	£0.34	●
Cash	£6.05	£55.19	£49.14	●	9	£6.05	£55.19	£49.14	●		£3.99	£47.06	£43.07	●
Borrowing (Cumulative)	£161.70	£161.70	£0.00	●	1	£161.70	£161.70	£0.00	●		£19.88	£19.88	£0.00	●
CIP	£1.23	£0.31	(£0.91)	●	0	£2.46	£0.64	(£1.82)	●		£14.77	£8.52	(£6.25)	●
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 which assumes a breakeven position will be achieved for at least the first four 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 £5.80m of retrospective top up funding: £3.39m in M1 and £2.41m in M2.

- Year to date the Trust has incurred £6.82m in relation to Covid-19, of which £2.36m 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 £4.46m.
- The underlying position excluding Covid-19 costs is a year to date favourable variance of £1.03m, 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 £0.64m, £1.82m lower than planned.
- Agency expenditure year to date is £0.58m, £0.38m 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 assumed 'Retrospective Top Up' of £5.80m drives a favourable variance in overall Clinical Income, offset to some extent by lower than planned income from other sources including private patients. Overall the direct impact of Covid-19 on income generation is a £0.72m adverse variance, including a reduction in Car Parking and Catering income.
- Pay costs are £1.42m above the planned level year to date due to the impact of Covid-19 which are calculated to be £2.24m 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 are higher than planned by £2.07m. The costs directly attributable to the Covid-19 response are £4.58m, offset to some extent by lower than planned costs for specialties that have seen lower than planned activity over the last few weeks. This includes lower than planned consumables and a favourable variance on high cost drugs which would usually be treated as pass-through, but related income is temporarily fixed.

## Forecast

Covid-19 costs and the ongoing impact of the current situation on activity and income have been assessed for M3 and 4 and a retrospective top up of a similar scale to that required in M2 is forecast for the next couple of months. Pending further guidance on M5-12, the forecast assumes that the Trust will continue to receive CCG clinical income at current block levels, that Covid-19 costs and activity levels will remain at a broadly similar level to those seen in M2 and that the Trust will continue to have access to some sort of top up funding in future months to bridge the financial gap. Work to assess future capacity and the cost of delivering services based on current infection prevention and control guidance is ongoing but is not yet sufficiently progressed to accurately inform the financial forecast at this stage.

Total Group Financial Overview as at 31st May 2020 - Month 2

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M2

CLINICAL ACTIVITY

	M2 Plan	M2 Actual	Var	
Elective	896	167	(729)	●
Non-Elective	9,977	6,817	(3,160)	●
Daycase	6,783	1,517	(5,266)	●
Outpatient	58,152	22,606	(35,546)	●
A&E	26,699	16,336	(10,363)	●
Other NHS Non-Tariff	282,910	81,356	(201,554)	●
Other NHS Tariff	21,130	10,775	(10,355)	●
<b>Total</b>	<b>406,547</b>	<b>139,575</b>	<b>(266,972)</b>	

TOTAL GROUP: INCOME AND EXPENDITURE

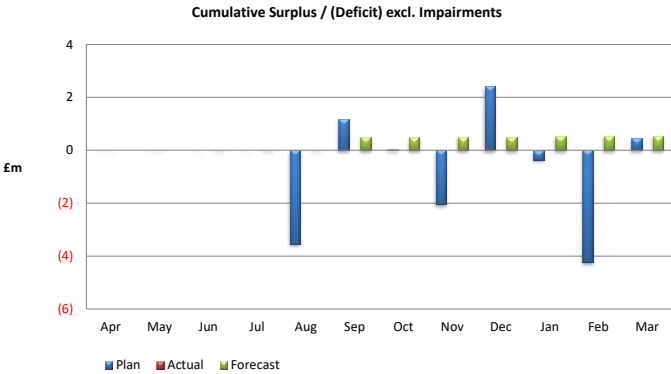
	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Elective	£2.93	£2.93	£0.00	●
Non Elective	£18.63	£18.63	£0.00	●
Daycase	£4.80	£4.80	£0.00	●
Outpatients	£7.25	£7.25	£0.00	●
A & E	£3.91	£3.91	£0.00	●
Other-NHS Clinical	£19.04	£18.97	(£0.07)	●
CQUIN	£0.63	£0.63	£0.00	●
Other Income	£9.26	£7.12	(£2.14)	●
<b>Total Income</b>	<b>£66.46</b>	<b>£64.25</b>	<b>(£2.21)</b>	●
Pay	(£44.51)	(£45.93)	(£1.42)	●
Drug Costs	(£7.08)	(£6.45)	£0.63	●
Clinical Support	(£4.39)	(£4.47)	(£0.08)	●
Other Costs	(£10.50)	(£13.11)	(£2.61)	●
PFI Costs	(£2.21)	(£2.21)	£0.00	●
<b>Total Expenditure</b>	<b>(£68.69)</b>	<b>(£72.18)</b>	<b>(£3.49)</b>	●
<b>EBITDA</b>	<b>(£2.22)</b>	<b>(£7.93)</b>	<b>(£5.71)</b>	●
Non Operating Expenditure	(£4.15)	(£4.24)	(£0.09)	●
<b>Surplus / (Deficit) Adjusted*</b>	<b>(£6.37)</b>	<b>(£12.17)</b>	<b>(£5.80)</b>	●
Conditional Funding (MRET/FRF/Top Up)	£6.37	£12.17	£5.80	●
<b>Surplus / Deficit*</b>	<b>(£0.00)</b>	<b>(£0.00)</b>	<b>£0.00</b>	●

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

DIVISIONS: INCOME AND EXPENDITURE

	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£2.03	£3.60	£1.56	●
Medical	£6.51	£5.60	(£0.92)	●
Families & Specialist Services	(£1.59)	(£0.91)	£0.68	●
Community	(£0.35)	(£0.53)	(£0.18)	●
Estates & Facilities	£0.00	(£0.00)	(£0.00)	●
Corporate	(£7.25)	(£7.74)	(£0.49)	●
THIS	£0.38	£0.15	(£0.24)	●
PMU	£0.59	£0.56	(£0.04)	●
CHS LTD	£0.07	£0.06	(£0.01)	●
Central Inc/Technical Accounts	(£1.28)	(£0.55)	£0.72	●
Reserves	(£0.47)	(£0.22)	£0.24	●
Unallocated CIP	£1.34	£0.00	(£1.34)	●
<b>Surplus / (Deficit)</b>	<b>(£0.00)</b>	<b>(£0.00)</b>	<b>£0.00</b>	●

TOTAL GROUP SURPLUS / (DEFICIT)

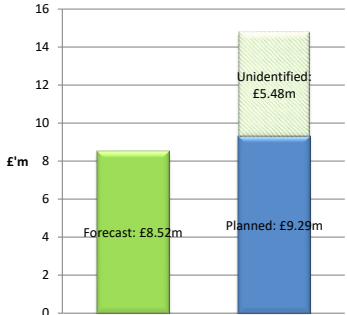


KEY METRICS

	Year To Date			Year End: Forecast			
	M2 Plan	M2 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£0.00)	(£0.00)	£0.00	£0.46	£0.46	£0.00	●
Capital	£1.92	£1.54	£0.38	£16.21	£15.87	£0.34	●
Cash	£6.05	£55.19	£49.14	£3.99	£47.06	£43.07	●
Loans	£161.70	£161.70	£0.00	£19.88	£19.88	£0.00	●
CIP	£2.46	£0.64	(£1.82)	£14.77	£8.52	(£6.25)	●
Use of Resource Metric	Plan	Actual		Plan	Forecast		●
	3	2		3	2		

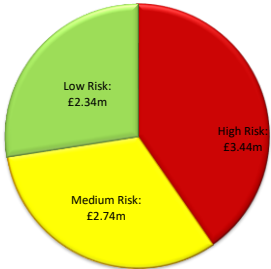
COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



Total Planned: £14.77m

CIP - Risk



Total Forecast

£8.52m

YEAR END 20/21

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	5,574		
Non-Elective	60,676		
Daycase	43,418		
Outpatient	368,867		
A&E	158,149		
Other NHS Non- Tariff	1,835,796		
Other NHS Tariff	131,518		
<b>Total</b>	<b>2,603,999</b>		

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	£110.48	£108.10	(£2.39)	●
CQUIN	£3.79	£3.79	(£0.00)	●
Other Income	£55.25	£46.21	(£9.04)	●
<b>Total Income</b>	<b>£402.43</b>	<b>£391.00</b>	<b>(£11.43)</b>	●
Pay	(£268.59)	(£277.44)	(£8.86)	●
Drug Costs	(£42.41)	(£40.27)	£2.13	●
Clinical Support	(£27.63)	(£26.48)	£1.14	●
Other Costs	(£58.35)	(£62.67)	(£4.31)	●
PFI Costs	(£13.19)	(£13.36)	(£0.17)	●
<b>Total Expenditure</b>	<b>(£410.17)</b>	<b>(£420.22)</b>	<b>(£10.06)</b>	●
<b>EBITDA</b>	<b>(£7.74)</b>	<b>(£29.22)</b>	<b>(£21.49)</b>	●
Non Operating Expenditure	(£25.16)	(£24.98)	£0.17	●
<b>Surplus / (Deficit) Adjusted*</b>	<b>(£32.89)</b>	<b>(£54.21)</b>	<b>(£21.31)</b>	●
Conditional Funding (MRET/FRF/Top Up)	£33.35	£54.67	£21.32	●
<b>Surplus / Deficit*</b>	<b>£0.46</b>	<b>£0.46</b>	<b>£0.00</b>	●

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

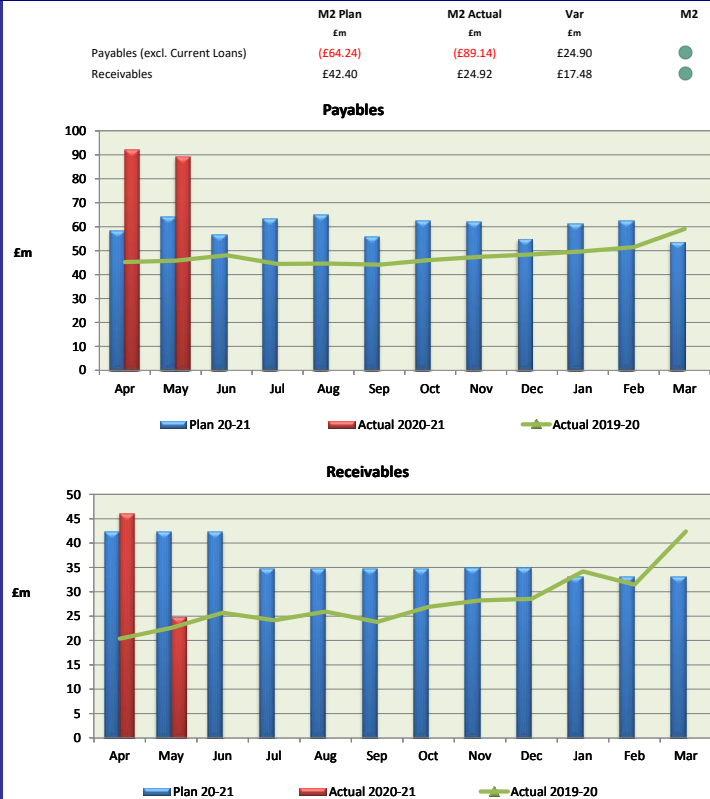
DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£14.95	£20.14	£5.19	●
Medical	£44.08	£40.16	(£3.92)	●
Families & Specialist Services	(£7.03)	(£4.21)	£2.82	●
Community	(£1.92)	(£3.06)	(£1.14)	●
Estates & Facilities	£0.00	(£0.00)	(£0.00)	●
Corporate	(£43.21)	(£46.04)	(£2.82)	●
THIS	£2.31	£1.14	(£1.17)	●
PMU	£3.55	£3.55	£0.00	●
CHS LTD	£0.75	(£0.03)	(£0.78)	●
Central Inc/Technical Accounts	(£15.45)	(£9.23)	£6.22	●
Reserves	(£4.17)	(£4.34)	(£0.17)	●
Unallocated CIP	£6.62	£2.39	(£4.22)	●
<b>Surplus / (Deficit)</b>	<b>£0.46</b>	<b>£0.46</b>	<b>£0.00</b>	●

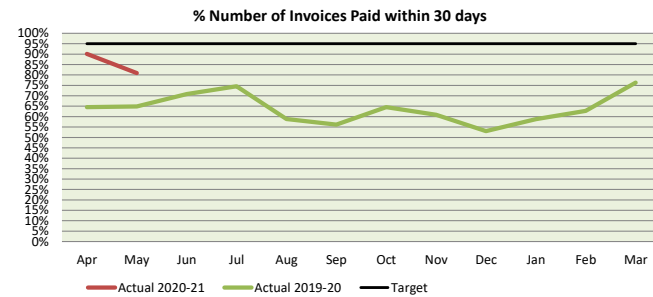
## Total Group Financial Overview as at 31st May 2020 - Month 2

### CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

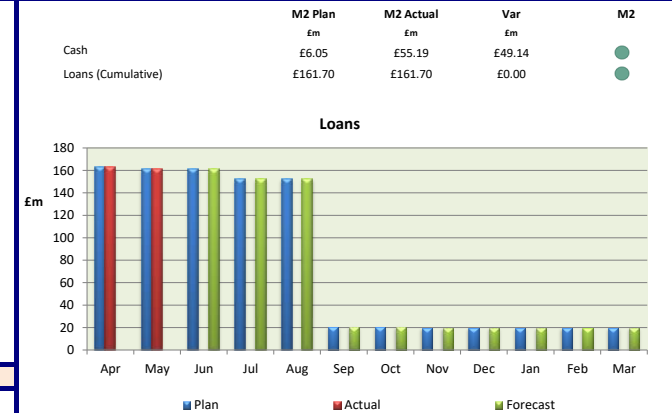
#### WORKING CAPITAL



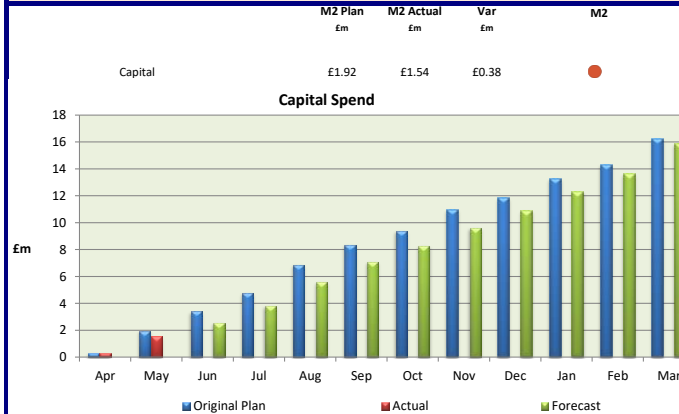
#### BETTER PAYMENT PRACTICE CODE



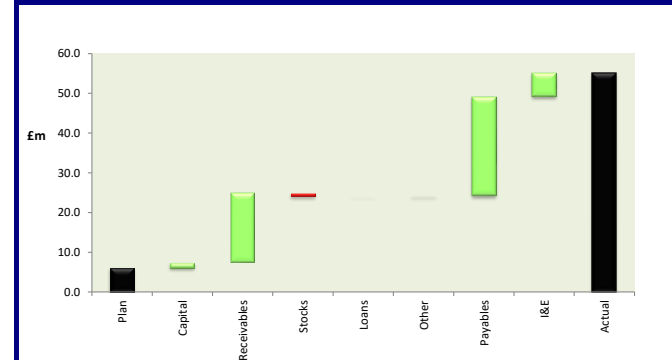
#### CASH



#### 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 four 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 £5.80m of retrospective top up funding.
- 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 £5.80m accounts drives a favourable variance in overall Clinical Income, offset to some extent by lower than planned income from other sources including private patients.
- Year to date activity is well below plan for all points of delivery as a result of the Covid-19 response.
- The Trust has incurred £6.83m in relation to Covid-19, of which £2.36m relates to gowns which were purchased by the Trust on behalf of the region.
- Year to date Capital expenditure was lower than planned at £1.54m against a planned £1.92m.
- Cash balance is £55.19m, £49.14m above plan: payments for June's Block and Top Up received in advance and £10m bonus Financial Recovery Funding (19/20)
- No interim Revenue loans or PDC were required in month.
- Year to date CIP schemes have delivered £0.64m of savings, £1.82m 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 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 £0.46m, (assumed excluded for the purposes of FRF).
- The Forecast position assumes that the Trust's underlying deficit and ongoing costs relates to Covid-19 will be supported by either a continuation of the current Block and Top Up arrangements (as per the Interim Plan) or Financial Recovery Funding as per the Draft Plan submission / internal Trust plan.
- The Trust is forecasting Agency expenditure of £3.84m, considerably below the NHSI ceiling of £8.82m, but offset by an increase in expenditure on Bank staff.
- The Trust is forecasting delivery of £8.52m 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) are expected to be either repaid or replaced by PDC funding by 30th Sept 20.
- Capital expenditure is forecast at £15.87m, £0.34m lower than the recently resubmitted 20/21 Capital Plan due to a reduction in costs relating to reconfiguration, offset to some extent by additional Covid-19 related expenditure.

**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).

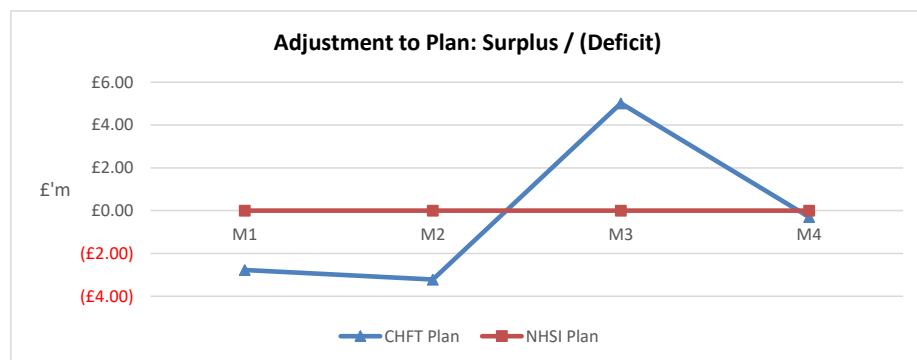
**RAG KEY: UOR**

- 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 2

## INTERIM PLAN APR-JUL 2020

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



Variance Analysis vs Original Plan MAY 2020	Variance £'m
<b>Reported Position (YTD)</b>	<b>£0.00</b>
Block & Top Up vs Planned Contract & FRF	£6.63
Reported Covid-19 Costs	(£6.82)
Undelivered CIP	(£1.83)
Impact of Covid-19 on Income	(£0.72)
Health Informatics contracts incl. in Block	(£0.59)
Lower than planned activity / vacancies	£3.29
Unused Reserves	£0.24
Retrospective Top Up	£5.80
<b>Variance from Original Plan</b>	<b>£6.00</b>

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 four 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, the Trust's understanding is that this will compensate for CIP pressure 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 can also be accessed for Covid-19 related capital expenditure (over and above the Trust's and the combined Integrated Care System capital plans). Until early May regional and national authorisation was required for any capital expenditure over £250k on a single scheme. The rules have now tightened to require this level of sign off for all future Covid-19 related capital expenditure irrespective of value.

QUALITY

## 9. Quality Accounts - Andrea Dauris

To Note



Date of Meeting:	9 July 2020	APPENDIX D
Meeting:	COUNCIL OF GOVERNORS	
Title of report:	QUALITY ACCOUNTS	
Author:	Andrea McCourt, Company Secretary Andrea Dauris, Associate Director of Nursing for Quality & Safety	
Previous Forums:	N/A	
Actions Requested:		
To : <ul style="list-style-type: none"><li>▪ note the revised process for Quality Accounts for 2019/20</li><li>▪ share progress with the 2019/20 Quality Account priorities</li><li>▪ confirm the 2020/21 Quality Account priorities selected by governors and members</li></ul>		
Purpose of the Report		
<p>To advise of changes to the process for Quality Accounts for 2019/20 and share the progress made with the quality priorities chosen by the governors in 2019/20.</p> <p>The paper also summarises the three Quality Account priorities chosen earlier in the year for 2020/21.</p>		
Key Points to Note		
<b>Quality Accounts 2019/20</b>		
<p>Quality Accounts are usually part of the Trust’s annual report and accounts, produced in line with national guidance from NHS England / Improvement. As a stakeholder the lead governor is asked to review and comment on the quality accounts. The Quality Accounts also include an update on the progress made with the three quality account priorities for the year of the report, i.e. 2019/20 and confirm the three quality priorities for the forthcoming year.</p> <p>For 2019/20 due to the Covid-19 pandemic national guidance all Trusts were advised that Quality Accounts were not to be included in the Annual Report. Later guidance confirmed that these need to be completed by mid-December 2020 at the latest.</p> <p>A timescale has been agreed for the Quality Accounts to be produced and consultation with the lead governor on these will take place on 31 July 2020.</p>		
<b>2019/20 Quality Account Priorities</b>		
<p>The progress that was made on the 2019/20 Quality Account Priorities chosen by governors, will be shared at the meeting on 9 July 2020. The 2019/20 priorities were:</p> <ul style="list-style-type: none"><li>▪ Safety - <b>Emergency Department</b></li><li>▪ Effectiveness - <b>Deteriorating Patients</b></li><li>▪ Experience - <b>Mental Health</b></li></ul>		

Full details of progress will be included within the Quality Accounts for 2019/20 which is expected to be published in December 2020.

Improvement Domain	Improvement Priority	Were we successful in 2019/20
Safety	<b>Emergency Department</b> – there are times when we are unable to meet the 4-hour waiting standard for patients in the emergency department, ED. We will continue to work on waits longer than 4 hours in the ED to ensure safe and reliable care	Yes
Effectiveness	<b>Deteriorating Patients</b> - ensuring that the new national guidance around observations for deteriorating patients (NEWS2), National Early Warning Scores, is implemented and understood by frontline staff to ensure effective and reliable care is always given	Yes
Experience	Mental Health – improving psychological support for mental health patients in the Emergency Department	Yes

## 2020/21 Quality Account Priorities

In early March 2020, our Governors and members chose these three priorities which are referenced in our 2019/20 Quality Account:

- **Safety – Learning lessons to improve patient experience**  
We all want our care to be safe. As a patient you want to feel safe and have a positive experience when you are under the care of the Trust. One of the ways we can try and ensure that what we do is based upon best practice and safety and to learn from, when things go wrong.
- **Effectiveness – Improve staff handovers to ensure they routinely refer to the psychological and emotional needs of patients, as well as their relatives/carers**  
Our mental health influences our physical health. It influences our capability to lead a healthy lifestyle and to manage and recover from physical health conditions, particularly long-term conditions.
- **Experience – Improved resources for distressed relatives/breathing bad news relating to End of Life Care (EOLC) – e.g. relatives' rooms relatives camp beds etc**  
Providing compassionate care for our end of life care patients is seen as a high priority for the Trust. When a patient is dying, the care and compassion the relatives receive, is critical to how we wish to work and behave.

Current progress on those agreed has been impacted by COVID-19 and we need to be mindful that the focus is upon the stabilisation and reset agenda. Updates on progress with these will be brought to future Council of Governor meetings of 22 October 2020, 28 January 2021 and 22 April 2021.

These quality account priorities sit alongside the Trust selected quality priorities for 2020/21 agreed at the Quality Committee on 29 June 2020:

- Clinical documentation
- Personal Protective Equipment (PPE)
- Medical Devices
- End of Life Care
- Falls resulting in harm
- Impact of deferred care pathways due to COVID-19 response
- Impact of “new” ways of working

### **Recommendation**

The Council of Governors is asked to:

- 1) Note the changes to the 2019/20 Quality Account process and timeline
- 2) Note the progress made with the 2019/2 quality account priorities
- 3) Note the agreed Quality Account priorities chosen by governors and members for 2020/21

# UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

## 10. Nominations and Remuneration Committee (CoG)

Approval of appraisal process for Non-  
Executive Directors and Chair

To Note

Presented by Philip Lewer

# GOVERNANCE

# 11. Update from Lead Governor/Chair - Stephen Baines

To Note

Presented by Philip Lewer

# COMPANY SECRETARY REPORT



# 12. Changes to Governance Arrangements in Response to the COVID- 19 Pandemic

To Note

Presented by Andrea McCourt

<b>Date of Meeting:</b>	9 July 2020	<b>APPENDIX E</b>
<b>Meeting:</b>	<b>COUNCIL OF GOVERNORS</b>	
<b>Title of report:</b>	<b>CHANGES TO GOVERNANCE ARRANGEMENTS IN RESPONSE TO THE COVID-19 PANDEMIC</b>	
<b>Author:</b>	<b>Andrea McCourt, Company Secretary</b>	
<b>Previous Forums:</b>	<b>N/A</b>	
<b>Actions Requested:</b>		
<p>To note the changed governance arrangements the Trust has made in relation to the Board and governors as a result of the Trust response to the Covid-19 pandemic, particularly:</p> <ul style="list-style-type: none"><li>• Engagement with and information provision for governors during the Covid-19 pandemic</li><li>• Position regarding governor elections and lead governor arrangements for 2020/21</li><li>• Meeting arrangements including the Annual General Meeting</li><li>• Extension of external auditor</li></ul> <p>The paper also provides an update on the implementation of the Membership Strategy.</p>		
<b>Purpose of the Report</b>		
<p>The purpose of this report is to summarise the impact on the Board and Council of Governors on governance arrangements resulting from the actions required to address the Covid-19 pandemic.</p>		
<b>Key Points to Note</b>		
<p>In addition to the command and control arrangements the Trust has put in place to manage the Covid-19 pandemic there were a number of changes to the governance arrangements for the Board and governors.</p> <p>Information has been shared with governors on these changes by email however for completeness these are summarised below, with the latest position:</p> <p><b>1. Engagement with and information provided to governors during the Covid-19 pandemic</b></p> <p>This has included:</p> <ul style="list-style-type: none"><li>• <i>Foundation Trust news</i> -this newsletter was produced in April and June 2020 for members and governors.</li></ul> <p>The April issue included the Chair’s welcome, links to the Trust Coronavirus website pages, information on changes to governor elections and public meetings, as well as information on how the Trust is supporting the health and well -being of staff and “shout outs” to colleagues.</p>		

The June issue included the Chair's welcome, information on a breakthrough in treating Covid-19, how staff are supporting patients treated in hospital for Covid-19 in the community following their discharge, information on social distancing and face masks when attending the hospital, the Trust Charity, the Examiner Community award to the Trust, Q and As with two governors and much more.

- *Daily updates* from the Chief Operating Officer and videos from the Chief Executive and other Directors have been in place since the start of the pandemic and are shared with governors. We are currently working with the Communications team and one of the governors to identify a statement for governors to share about the Trust with members, friends and family, following a governor request.
- *Communication with the lead governor* - The lead governor has regular virtual meetings and telephone calls with the Chair
- *Communication with governors* - All governors were offered a telephone call with the Chair during the early days of the Covid-19 pandemic
- *Responding to governor questions* – questions raised with the Chair have been responded to individually by the Chair

## **2. Governor elections and lead governor arrangements for 2020/21**

- *Governor Elections* – national advice to Trusts was to stop or delay elections and inform the lead governor of this. At the time of the pandemic the Trust was planning to undertake governor elections to replace governors who had reached the end of their tenure period between April and July. The election process was planned but had not been finally signed off when the Covid-19 pandemic arose. Given the national advice the Trust wrote to those governors who were due to reach the end of their tenure in July 2020 to request if they wished to extend their role as a governor for a further year, from July 2020 to July 2021.

Governors were notified of this in a letter from the lead governor on 12 May 2020.

There were 5 public and 3 staff governors whose tenures were due to end and all chose to remain as a governor for further year. A list of those governors who have agreed to remain as governors for a further year and their constituency are given below:

CONSTITUENCY	NAME	DATE APPOINTED
<b>PUBLIC</b>		
3 – South Kirklees	John Richardson	15.9.17
5 – Skircoat and Lower Calder Valley	Brian Richardson*	18.9.14 15.9.17
6 – East Halifax and Bradford	Paul Butterworth	15.9.17
7 – North and Central Halifax	Lynn Moore*	18.9.14
7 – North and Central Halifax	Alison Schofield	15.9.17
<b>STAFF</b>		
9 - Drs/Dentists	Dr Peter Bamber	15.9.17
11 - Management/Admin/ Clerical	Linzi Jane Smith	15.9.17
13 – Nurses/Midwives	Sian Grbin	15.9.17

\*served two tenures of 6 years

- Dianne Hughes has served two tenures of 3 years and is currently covering the governor vacancy in constituency 4 – North Kirklees on the Reserve Register. She will leave the Council of Governors in July 2020, and at that point there will be vacancies in the following constituencies:

<b>PUBLIC</b>
1 – Calder and Ryburn Valleys
4 – North Kirklees
8 – Lindley and the Valleys
<b>STAFF</b>
12 – Ancilliary staff

- *Lead Governor* – the Chair also requested that Stephen Baines, who took up post as lead governor on 22 November 2019 to continue in this role until July 2021 and this was agreed. The responsibilities of the lead governor are detailed in Appendix 1.

### 3. Meeting arrangements including the Annual General Meeting

- *Board* – by law Board meetings should be held in public. NHS England / Improvement advised Trusts on 28 March 2020 in a letter, “*Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic*” that Government

social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation.

The Chair respected this national advice and the Trust held its meeting of 7 May 2020 virtually, with the lead governor in attendance. In line with guidance to keep the demands on Executive Directors to a minimum the agenda was streamlined to focus on immediate areas of significant risk, namely the Covid-19 pandemic.

The Board meeting of 2 July 2020 is also being held virtually with three governors in attendance. The meeting included an update on Covid-19 and reset and stabilisation of services, however usual business was resumed.

Work is ongoing to establish the best way of enabling Board meetings to be held in public from September 2020 onwards.

- *Council of Governors* – the Council of Governors meeting of 23 April 2020 was cancelled due to the Covid-19 pandemic. This was in line with national guidance from NHS E/I which advised that face-to-face meetings should be stopped with governors informed of the reasons for stopping meetings and included in regular communications on response to Covid-19.

For the foreseeable future meetings will be held virtually via MS teams, the first of these being the meeting of 9 July 2020. Papers are published as usual on the Trust website. Work is ongoing to allow members of the public to join future public meetings of the Council of Governors.

The Trust Constitution states the Council of Governors should meet at least three times in any financial year. Two further meetings are planned, for 22 October 2020 and 28 January 2021. Assuming these meetings are held then the Council of Governors will have met this requirement.

The Trust Constitution also allows for digital meetings to be counted as formal meetings – see Appendix 1 for the relevant extract from the Standing Orders of the Council of Governors.

- *Board Committees* – again national advice was to streamline Committee meetings, cancel or merge some Committee meetings and have reduced agendas focusing on immediate priorities. Most meetings continued to meet with the Quality Committee and Workforce Committee merging together for two meetings only in May and June; both are now holding separate meetings. Initial advice to governors was to not attend Committee meetings. The Membership team have spent time individually with all governors to increase their familiarity with MS teams, the digital platform for virtual meetings. Governors are now able to attend Committee meetings virtually via MS teams.
- *2019/20 Annual General Meeting (AGM)* – National guidance was that Annual Members meetings (AGM) be deferred. Changes by NHS England/Improvement to the annual report and account processes for 2019/20 in response to the Covid-19 pandemic were made which delayed the timeline for the accounts and annual report submissions. Consequently, the Annual General meeting planned for 15 July 2020 was postponed. A provisional date for the Annual General Meeting has 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 for holding the Annual General Meeting will be confirmed on the Trust website, including how members of the public can ask questions.
- *Divisional Reference Groups meetings* – these have taken place during June virtually via MS teams, with governor Chairs where possible. The support of the Membership team in facilitating this has been key to allowing governor engagement in these meetings.

4. **Extension of external auditor** - one of the roles of the Council of Governors is to appoint external auditors for the Trust. The current external auditors KPMG were successful in bidding for the work 3 years ago and won a contract to provide the service up to and including the 2019/20 annual accounts and report, with an option to extend for a further year. A decision was required as to whether to extend the existing contract by 12 months or to re-tender the service for a further 3 years. National advice was received that Trusts should not change auditors during the pandemic.

A recommendation was made by the Director of Finance to extend the contract by a further year. This was supported by the Non-Executive Director Chair of Audit and Risk Committee, the previous Non-Executive Director Chair of the Audit and Risk Committee and endorsed . The main drivers for the recommendation being continuity of service and consistency of advice into 2020/21 where a number of transactions will be completed where advice has already been provided.

Governors were notified of the lead governor' support for this proposal in a letter from the lead governor on 12 May 2020.

## 5. Membership Strategy

Whilst face-to-face recruitment and engagement activities have not been possible, a number of actions have been achieved, as follows:

- The introduction of an extra edition of the members' newsletter, Foundation News, meaning there will now be three editions per year;
- The introduction of a "pop-up" message on the front page of our website which has generated a number of new member applications;
- Pull-up banners promoting membership have been designed and will be displayed around our sites;
- The additional volunteers who have been helping the Trust throughout the pandemic have been approached with a view to them signing up as members;
- Social media channels (Facebook and Twitter) have been used to promote membership and this has generated a number of new member applications;
- The on-line membership application form has been reviewed to ensure data collected is useful for future engagement activities.

Work is ongoing around:

- The possibility of engagement between members and governors via "live streaming" sessions on the internet;
- Rearranging the pilot engagement session for governors and holding it via MS Teams;
- Linking with members of the Trust's BAME network to help generate membership applications from those communities who remain under-represented;
- Re-establishing contact with Healthwatch and Locala to continue discussions around engagement opportunities which ended as a result of coronavirus;
- Targeting community groups on social media for member recruitment/engagement activities.

## Recommendation

The Council of Governors is asked to:

- 1) Note the changes to governance arrangements in response to the Covid-19 pandemic
- 2) Note the position regarding governor extensions and lead governor arrangements for 2020/21
- 3) Note the changes made to Board and Committee meetings
- 4) Note the revised date of the Annual General Meeting of 7 October 2020

## Extract from Standing Orders – Council of Governors.

### MEETINGS

2.7 The Council of Governors may agree that its members can participate in its meetings by **telephone, video or computer link**. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

### Section H: RESPONSIBILITIES OF LEAD GOVERNOR

The lead governor role was defined by Monitor in March 2014 in 'Your Duties: A Brief Guide for NHS Foundation Trust Governors'. This guidance defines a lead governor as the main point of contact with Monitor, now NHS Improvement, in specific circumstances.

The governors choose the lead governor. In using the term lead governor there is no intention to create a leader of the governors or to give the lead governor greater responsibilities. It is for the governors to work collectively with the lead governor in shaping the role of the lead governor.

The responsibilities of the lead governor are given below.

- 1.1 To act as the point of contact with NHS Improvement and the Council of Governors where it is decided by the governors or NHS Improvement that the usual channel (through the Chair) is not warranted.
- 1.2 To act as a point of contact for the Governors with the Care Quality Commission (CQC).
- 1.3 To chair any parts of Council of Governors meetings in circumstances where it may not be considered appropriate for the Chair, Deputy Chair or another one of the Non-Executive Directors to lead (e.g. chairing a meeting to discuss the appointment of a new Chair or a conflict of interest in relation to the business being discussed).
- 1.4 To assist the Chair in facilitating the flow of information between the Trust Board and the Council of Governors.
- 1.5 To liaise with the Trust / Council of Governors Chair and/or the Senior Independent Non-Executive Director.
- 1.6 Director.
- 1.7 To provide support dealing with governor conduct issues.
- 1.8 To contribute to the agenda setting of the Council of Governors meetings.
- 1.9 To be a member of the Nomination and Remuneration Committee of the Council of Governors and involved in the process for appointing the Chair and Non-Executive Directors.

To attend the Annual Members Meeting of the Trust and provide an annual account of governor activities.





## NON-EXECUTIVE DIRECTORS

13. a. Review of NED tenure September 2020

b. Feedback from Non-Executive Directors in attendance - DS/AG/AN

To Note

Presented by Philip Lewer

Date of Meeting:	9 July 2020	APPENDIX F	
Meeting:	COUNCIL OF GOVERNORS		
Title of report:	Review of Non-Executive Tenures		
Author:	Andrea McCourt, Company Secretary		
Previous Forums:	N/A		
Actions Requested:			
To note the upcoming tenures for Non-Executive Directors (NEDs) and process for review of appointments.			
Purpose of the Report			
To advise of NED tenures ending during 2020 and the process for review of appointments.			
Key Points to Note			
The current tenure of NEDs is given below. Tenures are for a period of three years, with a potential for two tenures.			
There are two Non-Executive Directors whose tenures expire in 2020 highlighted in yellow below. These are Andy Nelson whose tenure expires on 30 September 2020 and Alastair Graham whose tenure expires on 30 November 2020.			
Philip Lewer	Chair	01.04.2018	First term
Richard Hopkin	Non-Executive Director Senior Independent Non-Executive Director *	01.03.2016	Second term
Andy Nelson	Non-Executive Director Chair of Audit & Risk Committee	01.10.2017	First term
Alastair Graham	Non-Executive Director Chair of Calderdale & Huddersfield Solutions Limited	01.12.2017	First term
Karen Heaton	Non-Executive Director Chair of Workforce Committee	01.03.2016	Second term
Denise Sterling	Non-Executive Director Chair of Quality Committee	01.10.2019	First term
Peter Wilkinson	Non-Executive Director Chair of Transformation Project Board	01.10.2019	First term
The process for NEDs is that Initial appointments shall normally be for a period of three years.			

At the end of a three-year terms the Nominations and Remunerations Committee of the Council of Governors shall meet and subject to:

- a) The incumbent being minded to apply for a further term;
- b) Satisfactory appraisal; and
- c) No other contra-indications.

on the basis of its considerations the Nominations and Remuneration Committee will consider whether the Trust is best served by ongoing continuity and the re-appointment of the present incumbent or whether the Trust requires a new/refreshed skill set as specified in the Code of Governance.

#### **Next Steps**

A meeting of the Nominations and Remuneration Committee will be held by 30 September 2020 and the outcome of this will be presented to the Council of Governors meeting on 22 October 2020.

#### **Recommendation**

The Council of Governors is asked to note the upcoming tenures of two Non-Executive Directors for 2020 and the process for review of these.

RECEIPT OF MINUTES FROM BOARD  
SUB COMMITTEES

14. a. Quality Committee 5.2.20 and 2.3.20

b. Workforce Committee 18.2.20

c. Joint Quality and Workforce Committee 4.5.20 and 1.6.20

d. Charitable Funds Committee 26.2.20 and 24.6.20

e. Audit & Risk Committee 29.1.20, 7.4.20 and 16.6.2020

f. Finance & Performance Committee Meetings held 3.2.20, 2.3.20, 30.3.20, 4.5.20, 1.6.20

**QUALITY COMMITTEE**  
**Wednesday, 5 February 2020**  
**Acre Mill Room 4, Huddersfield Royal Infirmary**

**16/20 WELCOME AND INTRODUCTIONS**Present

Denise Sterling (DS)	Non-Executive Director ( <a href="#">Chair</a> )
Ellen Armistead (EA)	Executive Director of Nursing
Dr Sarina Beacher (SB)	Interim Assistant Director for Quality and Safety
Dr David Birkenhead (DB)	Medical Director
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Andrea McCourt (AMcC)	Company Secretary
Christine Mills (CM)	Public-elected Governor
Lindsay Rudge (LR)	Deputy Chief Nurse
Michelle Augustine (MAug)	Governance Administrator ( <a href="#">Minutes</a> )

In Attendance

Asifa Ali (AA)	Research Lead ( <a href="#">item 23/20</a> )
Helen Barker (HB)	Chief Operating Officer ( <a href="#">item 21/20</a> )
Katharine Fletcher (KF)	Head of Planned Access ( <a href="#">item 21/20</a> )
Damon Horn (DH)	Electronic Patient Record Lead Pharmacist ( <a href="#">item 24/20</a> )
Elisabeth Street (ES)	Clinical Director of Pharmacy ( <a href="#">item 24/20</a> )
Lucy Walker (LW)	Quality Manager, Calderdale & Huddersfield CCG ( <a href="#">Observing</a> )

**17/20 APOLOGIES**

Karen Heaton (KH)	Non-Executive Director
Dr Cornelle Parker (CP)	Deputy Medical Director
Maxine Travis (MT)	Senior Risk Manager

**18/20 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**19/20 MINUTES OF THE LAST MEETING**

The minutes of the last meeting held on Monday, 6 January 2020 were approved as a correct record.

**20/20 ACTION LOG AND MATTERS ARISING**

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

At the end of the last meeting, there was a brief conversation regarding Committee priorities. Further discussions are yet to take place with likely changes to priorities. A position update will be available next month.

**21/20 OUTPATIENTS IMPROVEMENT PLAN**

Katharine Fletcher (Head of Planned Access) and Helen Barker (Chief Operating Officer) were in attendance to present appendix C and provide an update on progress of delivery against the outpatient improvement plan.

During quarter 2 of 2019/2020, there were concerns around the access to outpatients, the booking processes and overall capacity. In response, a comprehensive deep-dive took place which resulted in the development of a detailed improvement plan, of which the Quality Committee has oversight. The plan includes 48 items which are broken down into three cohorts:



- *Digital / Technology* - This area saw most progress with errors relating to accurate appointment letters and multiple appointments resolved. A new booking system and a scheduling of follow-ups for open appointments have been implemented.
- *User Issues* - The Electronic Patient Record training team are working with colleagues to improve training available, and done some work around induction for medical staff.
- *Capacity* - This area is the most challenging for improvement, as there continues to be a mismatch between capacity and demand in several specialties. Whilst improvements are being noted in Appointment Slot Issues (ASIs), this is being reviewed closer in the 2020 / 2021 planning process.

Each item on the plan has been BRAG rated, with the current status of:

- 15 Blue actions completed with evidence of change
- 12 Red actions with work progressing
- 20 Amber actions with work progressing
- 3 Green actions completed where evidence needed

Details of evidence against each action was summarised and the full action plan was available with the report.

As part of the deep dive, a number of Electronic Patient Record system and process issues were highlighted and shared with Bradford in order to understand if these issues were EPR-wide or limited to CHFT. Overall, there was assurance that the deep dive captured the salient issues, and where there was a difference in approach, this was further reviewed and learning applied. A summary of the review was also made available in the report.

Further work is yet to be done to clearly identify complaints and incidents specifically around the outpatient booking processes, however, as improvement work has only recently been implemented and too early to evidence a direct impact, it was agreed that a further update will be provided to the Quality Committee once there is more evidence.

Several work streams have been escalated due to concerns on progress.

**Action:** Update on escalated work streams to return to the Quality Committee in April 2020.

Discussion ensued on the timescales for clinical validation and the target date to end the backlog. It was asked if there have been any incidents of harm as a result, and any assurance that data is being captured. It was stated that harm incidents have not yet been noted, however, they are expected to be reported via Datix.

Discussion also took place on education, and it was recommended that all staff undertake Electronic Patient Record refresher training and mandated as part of appraisals. It was stated that this may be a challenge; however, staff groups that are linked to outpatients are undertaking refresher training. It was suggested that refresher training could be part of Essential Safety Training, which may help reduce data quality issues.

Recommendations from the report included that further work to improve the visibility of the outpatient process related complaints and incidents will be added to the improvement plan and that a series of walk rounds commence to further evidence improvement or highlight gaps in assurance.

**OUTCOME:** The Quality Committee received and noted the progress made to date.

## **22/20 RISK MANAGEMENT STRATEGY**

Andrea McCourt (Company Secretary) presented appendix D highlighting revised changes made to the risk management strategy, which is reviewed on an annual basis. Consultation has taken place via the members of the Risk and Compliance Group and Quality

Committee, and the revised strategy will be considered for approval by the Board on 5 March 2020.

Changes made to the strategy include the revised four pillars table; the addition of text to Board of Directors; the Chief Operating Officer confirmed as being responsible for fire safety; an updated flow chart for the management of risk to align with the Risk Management Policy and updated appendices (Governance Structure; Risk Management Specialists; Incident Grading Matrix and Risk Appetite).

It was reported that the governance structure is due to have further amendments, with the caveat that the sub-groups which report under Quality Committee may change.

Further changes to the strategy were made: the removal of the Non-executive Director's name in section 8.3; the amendment of 'Chief Nurse' to 'Executive Director of Nursing', and the removal of 'well-led' after Workforce Committee in section 7.

**OUTCOME:** The Quality Committee received and noted the content of the report.

## **23/20 RESEARCH AND INNOVATION REPORT**

Asifa Ali (Research and Innovation Lead) was in attendance to present appendix E, an annual summary (January 2019 to January 2020) on the Trust's research delivery.

At the end of the 2018/2019 financial year, the Trust superseded its research recruitment target of 1473 by achieving 1,731 (the number of patients and participants recruited into research studies). This also exceeded the recruitment number on the previous year which was 1,649 (2017/2018). The Yorkshire and Humber Clinical Research Network (YH CRN) funding for 2018/2019 was £736,040 and the Trust achieved a balanced position at year end (March 2019). It is important to note that due to a regional funding cut, no increase to CHFT funding was made, despite exceeding its recruitment targets in 2017/2018 and 2018/2019.

Performance summary headlines at the end of quarter 3 (December 2019) was:

- Recruitment activity - 939 against a target of 1,473 (64%). Figures as of today are 1,209 (82%)
- Recruitment to Time and Target (by study measure) - 82% (*Benchmark is 80%*). This is reported in the Integrated Board Report and has improved.
- The number of studies currently recruiting are 84
- The number of principal investigators at CHFT are 51
- The number of commercial studies is 14 (7 open and in 7 follow-up)

Current studies remain static and the Medical division have the largest activity area and accounts for 52% of all activity as it is heavily cancer-driven. There has been a decrease by 10% from 2018/2019; however, there has been an increase in studies from the Surgical division. Outside of Leeds, CHFT have the highest in surgical studies.

The Trust has an excellent record for achieving research activity success and in the last 12 months there have been several, including being the first site to declare being open for a UK commercial lung cancer study. Other developments include hosting a research event in November 2019 – '#BePartOfResearchEvent' and taking part in the Patient Research Experience Survey.

The research and skills programme did not receive confirmation of its YH Health Education England funding until August 2019. This meant that it has not been possible to deliver the full suite of planned courses for 2019/2020. At the end of quarter 3, 42 NHS staff had accessed the programme. It was stated that the course may become a fee-paying programme, as CHFT hold the copyright.

The Trusts Research Strategy is now one year into its implementation phase. The priority focus has been on commercial research growth, getting new areas 'research ready', promoting research across the Trust and increasing performance activity.

The Research team were congratulated on their successes.

**OUTCOME:** The Quality Committee received and noted the content of the report.

## **24/20 MEDICATION SAFETY AND COMPLIANCE REPORT**

Elisabeth Street (Clinical Director of Pharmacy) and Damon Horn (Pharmacist) were in attendance to present appendix F, summarising issues and completed actions from the Medication Safety and Compliance Group held in November 2019.

- *Medication incidents* – In November 2019, a total of 85 were reported and in December 2019, a total of 83 were reported. The learning from these incidents will be included in the Medication Safety newsletter and also shared by the pharmacists with ward staff.
- *Medication Safety and Compliance Group actions* – actions completed in November and December 2019 were listed
- *Medication error policy* - A separate piece of work to produce an overarching policy relevant to all healthcare professional including allied health professionals, doctors and pharmacists, is being undertaken by the Lead nurse for medicines management. The first draft is currently being reviewed by professional leads.
- *Ambient temperature monitoring* – alternative funding being sought due to bid for capital funds being unsuccessful
- *Discharge medication issues* – a 7-day audit was undertaken from 14 to 20 October 2019 on the quality of discharge prescriptions. The total amount of discharges audited at CHFT = 225 and the total number of medications prescribed at discharge = 2055. 6.7% of medication prescribed at discharge had a clinical error, and 31.4% of discharges were affected with a clinical error. The number of discharges with Electronic Patient Record user errors was 45%.
- *Midazolam* – there is limited assurance that some recommendations from older National Patient Safety Alerts (NPSA) have been actioned / embedded. This is a particular concern where the NPSA is directly linked to one of the Never Event categories, as is this case regarding midazolam and Never Event: mis-selection of high strength midazolam during conscious sedation. A gap analysis has been completed, and pharmacy are working on processes to ensure that areas required to keep both high and low strength of midazolam, a risk assessment has been carried out and appropriate mitigations are in place to avoid wrong selection. There are however significant gaps in our compliance with the alert, with no nominated Trust lead. A request has been made to nominate a lead and ensure remaining gaps in recommendations are actioned.
- *Medical gas pipeline systems (part B)* – gaps in compliance with Health Technical Memorandum (HTM) are a nominated Executive Manager and compliance with the recommended training requirements for nursing staff. A request has been sent to the new Managing Director of Calderdale and Huddersfield Solutions for a nominated Executive Manager, and the recommended medical gas training for nursing staff is currently not being achieved. A leaflet has been developed which can be used for cascade training by ward managers to discuss with their teams.

Detailed discussion took place in relation to a re-audit of the discharge medication, which was proposed for October 2020. Due to the number of issues raised, it was stated that October would be too late to re-audit. Discussion also took place on the Electronic Patient Record software upgrade in April 2020 which may have an effect.

**OUTCOME:** The Quality Committee received and noted the content of the report.

## **25/20 SERIOUS INCIDENT REPORT**

Andrea McCourt (Company Secretary) presented appendix G, summarising three new serious incidents and learning from one unavoidable fall for the period of December 2019. Full details of all incidents were available in the report.

A key point to note was the declaration of one never event in December 2019 regarding wrong site surgery, which is being investigated.

AMcC stated that this report would be the last in this format, as the reporting of serious incidents will now form part of the quarterly report.

**OUTCOME:** The Quality Committee received and noted the content of the report.

## **26/20 SERIOUS INCIDENT REVIEW GROUP REPORT**

Andrea McCourt (Company Secretary) presented appendix H, summarising work done in the Serious Incident Review Group (SIRG) during quarters 1 to 3 of 2019-2020.

- *Learning* – each division shares learning and actions from a serious incident (SI) root cause analysis report. During quarters 1 to 3, learning from eleven serious incidents and complaints were presented and shared.
- *Complaints* - The SIRG will now consider actions and learning from both incident investigations and complaints.
- *Sharing learning* - opportunities for sharing learning through national and regional forums are taking place with the learning summaries now being shared with the West Yorkshire Association of Acute Trusts (WYAAT). Processes to increase the reach of learning to frontline staff to be strengthened and tested for robustness.
- *Terms of reference* - the Group reviewed the terms of reference as scheduled in August 2019, with amendments made to the membership and objectives of the meeting. The Quality Committee are asked to ratify the terms of reference, which were circulated as a separate paper.

Discussion ensued on the purpose of the Group and whether claims should also be referenced. It was asked whether learning from litigations should be included at the Serious Incident Review Group.

Suggested changes to the terms of reference were provided:

- objective (g) Monitor organisational learning, culture and change
- Additional membership to the Group from legal team
- Change 'Committee' to 'Group' in section 7
- 'Governance and Risk' should now be Quality and Safety Team in section 7
- That the name of the Group is changed to 'Adverse Events Review Group'

The suggested name change will be forwarded to the Chair of the Group and the above changes to the terms of reference will be made.

**OUTCOME:** The Quality Committee received and noted the content of the report.

## **27/20 CLINICAL IMPROVEMENT GROUP REPORT**

Dr David Birkenhead (Medical Director) presented appendix I, summarising the key points from the Clinical Improvement Group meeting held on 8 January 2020.

It was reported that the Group is currently in a transition period; however reports are still being received from sub-groups.

- *NICE compliance* – an update was provided from the Clinical Effectiveness and Audit

Group regarding a new process for compliance within divisions. The Clinical Improvement Group supported this process.

- *Electronic Discharge Summary* - A task and finish group has been commissioned by the Clinical Records Group as there are currently no Key Performance Indicators (KPIs) for discharge summaries. An action has been set for these to be developed.

Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) remain under control and some focussed work on sepsis is being carried out.

**OUTCOME:** The Quality Committee received and noted the content of the report.

## **28/20 PATIENT EXPERIENCE AND CARING GROUP REPORT**

Lindsay Rudge (Deputy Chief Nurse) presented appendix J, informing the Quality Committee of outputs from the Patient Experience and Caring Group with assurance that the Trust is supporting the delivery of the strategic goal of 'Transforming and Improving Patient Care'. A summary of the key notes included:

- *Interpreting policy* – this was reviewed and a potential issue identified is a reliance on family members for interpreting, which is not in line with the Trust policy. This has been included on the risk register and may lead to an increase in interpreting costs.
- *Patients leaving the emergency department* - The Group requested assurance regarding patients leaving the emergency department before being seen due to lengthy waiting times. Clarification was given regarding the process, along with confirming that an escalation plan is in place.
- *Dementia awareness* – a draft training strategy has been developed which will impact on essential training requirements for dementia awareness.
- *NHSI transition collaborative* – two videos have been developed to support work and ongoing work on how young people are managed through the transition service.
- *Equality, diversity and inclusion (EDI)* – the Group are supporting and accessing different groups to understand EDI from a patient experience perspective.
- *End of life care* – the Trust's Individualised Care of the Dying Document (ICODD) is being built into the Electronic Patient Record and will be going live in coming months.
- *PLACE inspection* – the annual Patient-Led Assessments of the Care Environment inspection was held in October 2019 with overall positive feedback.
- *Divisional reports* – there is a lot of work around patient experience ongoing across divisions

The terms of reference for the Group were also submitted for ratification at appendix J2. It was asked that the reporting frequency to the Quality Committee in section four of the terms of reference are changed from monthly to quarterly.

**OUTCOME:** The Quality Committee received and noted the content of the report.

## **29/20 QUARTERLY (Q3) QUALITY REPORT**

Sarina Beacher (Interim Associate Director of Quality and Safety) presented appendix K, summarising progress against the Trust quality priorities for quarter 3.

The reporting structure has been changed from the previous quarter's report to clearly articulate where the Trust has achieved its quarter 2 objectives, the lessons learnt where possible, and if there is further work to be completed in quarter 4 alongside the priorities. The report provides a RAG review of the following assurance statements:

- Red - Limited Assurance
- Amber - Reasonable Assurance
- Green - Substantial Assurance



The key messages from the quarter 3 report are:

1. CQC remains a high item on the quality agenda with MD8 (medical staffing), SD9 (Emergency Consultant cover) and the learning portal providing limited assurance;
2. Pressure ulcer education requires innovating as this action is providing limited assurance to the Trust's wider pressure ulcer work;
3. The Falls agenda (workshops) must be commenced as planned in March 2020 to ensure best practice is met;
4. The dementia assessment, screening and training requires input to realise the Dementia Strategy;
5. Legal services must commence an audit of files in Quarter 4 and review the Electronic Patient Record ;
6. Nutrition and hydration remain a serious concern in relation to compliance of Malnutrition Universal Screening Tool (MUST) and the overall patient experience;
7. Calderdale and Huddersfield Solutions (CHS) and the Corporate Division have limited assurance in relation to medical device training;
8. We have limited assurance in relation to the development of a database to provide an overview of colleagues with skills in more complex complaints and less experienced complaint handlers as well as limited assurance in relation to the Trust learning from Parliamentary and Health Service Ombudsman (PHSO) cases.

The report also provides an overview of the Trust CQC position along with an update on progress with the three Quality Account priorities and the five CQUINs for 2019-2020.

Discussion ensued on the reporting format and the assurance statements provided. It was agreed that this style of reporting should continue for future reports.

**OUTCOME:** The Quality Committee received and noted the content of the report.

### **30/20 QUALITY ACCOUNT**

Dr Sarina Beacher (Interim Associate Director of Quality and Safety) presented appendix L, summarising the timeline for the production of the Trust Quality Account 2019-2020.

Some of the key points to note are that the Quality Account is being drafted by the interim Associate Director for Quality and Safety, who is due to leave the Trust at the end of March 2020, and there is a risk that there may be a delay to the completion if a lead is not appointed. Following the initial draft, support will be required from the Executive / Senior Management team for completion and distribution.

**OUTCOME:** The Quality Committee received and noted the content of the report.

### **31/20 INTEGRATED PERFORMANCE REPORT**

Ellen Armistead (Executive Director of Nursing) provided a summary of appendix M, highlighting the key quality issues:

- The safe domain remains green despite one never event declared in December 2019, as previously reported at item 25/20.
- Complaints – total received in month was 32, the lowest in over 12 months. A Work Together Get Results session
- Friends and Family Test system changes in April 2020
- Dementia screening – performance remains below the 90% national target
- CQUINs – it was stated that another CQUIN on screening processes may be introduced. It was agreed that a separate item on CQUINs is added to next month's agenda.

**OUTCOME:** The Quality Committee received and noted the content of the report.

**32/20 ANY OTHER BUSINESS**

There was no other business.

**33/20 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

- The declaration of once never event in December 2019.
- The outpatient action plan was presented for the first time, and due to return in the future

**34/20 EVALUATION OF MEETING**

What went well.....

- It was a positive meeting
- The Clinical Commissioning Group representative stated that the meeting was very productive, well-chaired and the reports provided assurance and succinct information.

**35/20 QUALITY COMMITTEE ANNUAL WORK PLAN**

The annual work plan for 2020 was available at appendix N

It was stated that due to next month's meeting being dedicated to the divisional Patient Safety and Quality Board reports, the Patient Safety Group report, the Cancer Board report and the Board Assurance Framework will be deferred to April.

A request was made for the Safeguarding report to be submitted to the Quality Committee in August rather than September, due to the report needing to go to the Board of Directors in September.

**NEXT MEETING**

Monday, 2 March 2020  
3:00 – 5:30 pm  
Acre Mill Room 4, HRI

**Q3 PSQB Reporting**

## QUALITY COMMITTEE

Monday, 2 March 2020  
Acre Mill Room 4, Huddersfield Royal Infirmary

<b>36/20</b>	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p><u>Present</u></p> <table border="0"> <tr> <td>Denise Sterling (DS)</td><td>Non-Executive Director (Chair)</td></tr> <tr> <td>Dr Sarina Beacher (SB)</td><td>Interim Assistant Director for Quality and Safety</td></tr> <tr> <td>Karen Heaton (KH)</td><td>Non-Executive Director</td></tr> <tr> <td>Christine Mills (CM)</td><td>Public-elected Governor</td></tr> <tr> <td>Dr Cornelle Parker (CP)</td><td>Deputy Medical Director</td></tr> <tr> <td>Lindsay Rudge (LR)</td><td>Deputy Chief Nurse</td></tr> <tr> <td>Maxine Travis (MT)</td><td>Senior Risk Manager</td></tr> <tr> <td>Michelle Augustine (MAug)</td><td>Governance Administrator (Minutes)</td></tr> </table> <p><u>In Attendance</u></p> <table border="0"> <tr> <td>Fatima Al-Ali (FAA)</td><td>Medicine First Year Student Nurse (observing with MT)</td></tr> <tr> <td>Samantha Bryant (SB)</td><td>Assistant Patient Advice &amp; Complaints Manager (item 41/20)</td></tr> <tr> <td>Maggie Metcalfe (MM)</td><td>Associate Director of Nursing – Medical Division (item 46/20)</td></tr> <tr> <td>Liz Morley (LM)</td><td>Head Nurse – Community Healthcare Division (item 48/20)</td></tr> <tr> <td>Dr Julie O’Riordan (JOR)</td><td>Divisional Director – FSS Division (item 49/20)</td></tr> <tr> <td>Sue Scriven (SS)</td><td>Team Leader, Community Respiratory Team (shadowing LM)</td></tr> </table>	Denise Sterling (DS)	Non-Executive Director (Chair)	Dr Sarina Beacher (SB)	Interim Assistant Director for Quality and Safety	Karen Heaton (KH)	Non-Executive Director	Christine Mills (CM)	Public-elected Governor	Dr Cornelle Parker (CP)	Deputy Medical Director	Lindsay Rudge (LR)	Deputy Chief Nurse	Maxine Travis (MT)	Senior Risk Manager	Michelle Augustine (MAug)	Governance Administrator (Minutes)	Fatima Al-Ali (FAA)	Medicine First Year Student Nurse (observing with MT)	Samantha Bryant (SB)	Assistant Patient Advice & Complaints Manager (item 41/20)	Maggie Metcalfe (MM)	Associate Director of Nursing – Medical Division (item 46/20)	Liz Morley (LM)	Head Nurse – Community Healthcare Division (item 48/20)	Dr Julie O’Riordan (JOR)	Divisional Director – FSS Division (item 49/20)	Sue Scriven (SS)	Team Leader, Community Respiratory Team (shadowing LM)
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<b>37/20</b>	<p><b>APOLOGIES</b></p> <table border="0"> <tr> <td>Ellen Armistead (EA)</td><td>Executive Director of Nursing</td></tr> <tr> <td>Dr David Birkenhead (DB)</td><td>Medical Director</td></tr> <tr> <td>Jason Eddleston (JE)</td><td>Deputy Director of Workforce &amp; Organisational Development</td></tr> <tr> <td>Andrea McCourt (AMcc)</td><td>Company Secretary</td></tr> <tr> <td>Joanne Middleton (JMidd)</td><td>Associate Director of Nursing – Surgical Division</td></tr> </table>	Ellen Armistead (EA)	Executive Director of Nursing	Dr David Birkenhead (DB)	Medical Director	Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development	Andrea McCourt (AMcc)	Company Secretary	Joanne Middleton (JMidd)	Associate Director of Nursing – Surgical Division																		
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<b>38/20</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest.</p>																												
<b>39/20</b>	<p><b>MINUTES OF THE LAST MEETING</b></p> <p>The minutes of the last meeting held on Wednesday, 5 February 2020 were approved as a correct record.</p>																												
<b>40/20</b>	<p><b>ACTION LOG AND MATTERS ARISING</b></p> <p>The action log can be found at the end of the minutes.</p> <p><u>Parliamentary and Health Service Ombudsman Case – Complaint</u></p> <p>A copy of a legal services complaints briefing (appendix B) was circulated, which will be reviewed in the next few days.</p> <p><u>Mental Health Strategy</u></p> <p>Lindsay Rudge (Deputy Chief Nurse) presented a draft copy of the mental health strategy for 2020-2023, which sets out the vision and culture change across the organisation over the next three years with an aim to reduce the stigma surrounding mental health and enable colleagues to embrace conversations about mental health and wellbeing. A copy of a terms of reference were also provided, which are subject to an amendment to the quorum.</p>																												



	<p>The Committee were asked to read the strategy and terms of reference and forward any comments to LR in the next two weeks.</p> <p>Discussion ensued on the training plan, which will be provided at the next meeting, once comments have been received on the strategy. The policy for mental health will also be submitted by the next meeting.</p> <p><b>Action:</b> The amended terms of reference along with the mental health policy and training plan to return to the next meeting</p>
<b>41/20</b>	<p><b>COMPLAINTS DEEP DIVE</b></p> <p>Samantha Bryant (Assistant Patient Advice and Complaints Manager) was in attendance to present a progress update on the complaints deep dive (appendix C).</p> <p>In May and June 2019, the Chief Executive undertook a two-month review of our complaints process, and colleague's experiences of responding to complaints. He shared his findings and his personal commitment to improve to Quality Committee in September 2019, as well as several key trustwide quality governance meetings. This report provides a six-month update on the Trust response to the Chief Executive's findings and suggested areas of focus.</p> <p>The key messages in relation to complaints are:</p> <ul style="list-style-type: none"> <li>• 2351 complaints and PALS (Patient Advice and Liaison Service) concerns were received by the Trust in the year 2019/20, averaging 196 per month. 525 complaints were managed through the formal investigation process and 1826 through the PALS concern process.</li> <li>• In comparison to 2018/19, the Trust received 605 formal complaints and 2056 PALS concerns. There has been a decrease of 13% in the number of complaints managed through the formal investigation process and an increase of 13% in the number of complaints managed through the PALS concern process.</li> <li>• In addition, the PALS team dealt with 1481 other enquiries, including compliments, referrals to external organisations, enquiries, service to service issues, suggestions and improvements.</li> <li>• The Trust had two complaints referred to the Parliamentary &amp; Health Service Ombudsman in 2019/20, one was not upheld and the other is awaiting their decision.</li> <li>• 72 complaints were re-opened due to complainants being dissatisfied with incomplete or factually incorrect responses.</li> <li>• During the last six months the Trust can evidence that some improvement in complaint management took place and there was a distinct improvement in relation to response times within the allotted timescale.</li> <li>• There have been improvements in the FSS (Families and Specialist Services), Community and Surgery and Anaesthetics divisions. Due to reduced capacity in the Medical Division, which is due to colleague absence, this has meant that progress in this division is slower, despite intensive management by the Associate Director of Nursing and the support from the Senior Management Team.</li> <li>• The quality of investigation reports show some improvement but there are further training and support needs for complaints investigators and the resourcing and prioritisation of this is being considered.</li> <li>• Patient stories and examples of learning from complaints have been used in colleague training sessions.</li> </ul> <p>The Trust aims to ensure that patients, friends and relatives acknowledge that their complaints are taken seriously and that their issues are investigated and responded to in time. The Trust is working hard to make certain that actions and learning are implemented as a result of complaints and that if people feel the need to raise issues through the complaints process, that they can do so knowing that their issues are welcome, and utilise</p>

this important feedback to improve the services offered. In addition, the Trust wants complaint investigators to feel confident in managing a complaint and feel certain that they can provide a detailed report that fully answers all the complainant's issues in a compassionate and transparent way. Colleagues will be fully informed on how to escalate a concern within their specialty and to identify when they need to signpost to the Complaints Team. This will be achieved by:

- Sending an anonymised questionnaire to past and present investigators to identify gaps in training or support, and these will be actioned by launching complaints investigator training modules.
- Sharing the questionnaire feedback with the Associate Directors of Nursing; Clinical Directors along with discussions of a buddy system (two investigators, one clinical and one administrative).
- Sharing the information contained in the Sir Francis "shifting the mindset" report which encourages colleagues to concentrate less on numbers and more on implementing learning following complaints to prevent reoccurrence.
- Monitor closely the completeness of actions, and spot-checks to be carried out to ensure that actions are still being implemented long term.
- Updating Trust induction slides and information incorporated into the colleague handbook to educate colleagues on how to deal with a concern and/or complaint, along with the assembly of signposting posters around the Trust.

Next steps and opportunities include a review of band 3 and 4 administrators in order for them to investigate a complaint; moving to new premises at Calderdale Royal Hospital which will provide an open office with all members of the complaints and PALS team in one room; development and redesign of a complaints module for colleagues to access and participation in lessons we learn from complaints via induction.

Discussion took place on serious incidents (SIs) and it was stated that SIs and complaints investigations are usually carried out by the same sets of colleagues, and they need time in which to carry out the investigations. A holistic approach is needed whereby investigations need to be multi-disciplinary and not just nursing colleagues who undertake investigations. This requires a conversation between Divisional and Clinical Directors and Associate Directors of Nursing.

It was mentioned that following discussions with colleagues, more complex complaints are received after the death of a patient. With the new Medical Examiner now in post, a team will be appointed with an opportunity to have a conversation with upset families / friends immediately after the death of a patient. This may be sufficient enough to diffuse tensions rather than precipitating an investigation or escalating to a structured judgement review. An early apology may hopefully mitigate some of the complex complaints, which can last for years.

The Quality Committee Board were asked to note the content of this report, and to also consider the Specific, Measurable, Attainable, Realistic and Time (SMART) nature of current targets which, based on the severity of the complaint, is to respond between 25 or 40 working days 100% of the time.

The target of 25 working days for low severity complaints and 40 working days for complex complaints was agreed by the Quality Committee.

It was suggested that SI investigations have the same 40 day timescale as complaints, rather than the current 60. It was stated that the timescale should not be changed in order to achieve a target; however, practices need to be in place in order to achieve the timescale. It was agreed that a deep dive into serious incidents will take place, similar to the complaints deep dive.

**Action:** Undertake deep dive into serious incidents process.

**OUTCOME:** The Quality Committee received and noted the report.

42/20	<p><b>GETTING IT RIGHT FIRST TIME PROGRESS UPDATE</b></p> <p>Dr Cornelle Parker (Deputy Medical Director) presented an update on the Getting It Right First Time (GIRFT) programme (appendix D).</p> <p>The programme comprises of 40 surgical and medical work streams, each led by a national lead clinician chosen from the specialty being reviewed. Each clinician heads a project to compile a data and insight-driven report into their specialty. A report is then produced for individual trusts, followed by a 'deep dive' with both clinical and non-clinical multi-disciplinary staff. At each deep dive the national clinical lead reviews the findings with their trust level peers, and a local action plan is formulated by the specialty. The action plan is followed up for progress each quarter by the trusts GIRFT central support team.</p> <p>To date, there have been 23 deep dive visits, with a further 8 being worked through. The trust has established its own process for embedding GIRFT across the specialties to enable clinical areas to build it into their day-to-day delivery with a focus on clinical improvements. The Trust GIRFT support team has also shared its practice with North Cumbria Integrated Care NHS Foundation Trust and Airedale NHS Trust.</p> <p>Work is underway to strengthen our approach following publication of the specialty national reports from GIRFT to enhance our internal opportunity for further learning and sharing of best practice.</p> <p>Discussion ensued on the positive report and good to see that the Trust is at the forefront nationally with this and also engaging with other organisations.</p> <p><b>OUTCOME:</b> The Quality Committee received and noted the report.</p>
43/20	<p><b>CQUINS UPDATE</b></p> <p>Dr Sarina Beacher (Interim Assistant Director of Quality and Safety) presented an update on CQUINS performance for quarter 3 (appendix E).</p> <p>The report, which should be read in conjunction with CQUINS data on pages 45 and 46 of the Integrated Performance Report (appendix K2), highlighted the reality, response and anticipated result for all 10 CQUINS. SB reported that she had met with the Clinical Commissioning Group last week who have no undue concerns.</p> <p>Discussion ensued regarding consistent recording of data. LR agreed to provide a paper on clinical records and the multiple places within a record where data can be stored.</p> <p><b>OUTCOME:</b> The Quality Committee received and noted the report.</p>
44/20	<p><b>SERIOUS INCIDENT ACTION PLANS</b></p> <p>Maxine Travis (Risk Manager) presented an update on the delivery of actions from completed serious investigations, up to 16 February 2020 (appendix F).</p> <ul style="list-style-type: none"> <li>▪ December 2019 – 87 open actions and 66 overdue actions</li> <li>▪ February 2020 – 68 open actions and 49 overdue actions</li> </ul> <p>The report demonstrates that continued focus on delivery of actions is having a positive impact in terms of reducing the number of actions overdue. The volume and complexity of work required to complete action plans to mitigate risk presents a continuous challenge to divisions and is being proactively supported by the Risk Team and the Quality Governance Leads.</p> <p>The quarterly Serious Incident Investigation Review Group (SIRG) offers divisions the opportunity to present assurance of embedding actions, lessons learned and peer review.</p>

	<p>The SIRG terms of reference have been broadened to now consider both actions and learning from incident investigations and complaints.</p> <p><b>OUTCOME:</b> The Quality Committee received and noted the content of the report.</p>
<b>45/20</b>	<p><b>HIGH LEVEL RISK REGISTER</b></p> <p>Maxine Travis (Risk Manager) presented appendix G, summarising the high level risk register and risks as at 18 February 2020:</p> <ul style="list-style-type: none"> <li>▪ Four top risks: <ul style="list-style-type: none"> <li>– 7454: Radiology Staffing Risk (<b>score 20</b>)</li> <li>– 2827: Over-reliance on locum middle grade doctors in A&amp;E (<b>score 20</b>)</li> <li>– 6345: Nurse staffing risk (<b>score 20</b>)</li> <li>– 7078: Medical staffing risk * (<b>score 20</b>)</li> </ul> </li> </ul> <p>* Risk 7078 – the risk description has been updated following discussion with the Medical Director to refer to current pressured specialties and the following have been removed as they are no longer pressured specialties: Urology, Care of the Elderly and A&amp;E consultants.</p> <ul style="list-style-type: none"> <li>▪ New risks <ul style="list-style-type: none"> <li>– 7617: Cyber Breach Risk (<b>score 16</b>)</li> <li>– 7279: Point of Care Testing (POCT) Risk (<b>score 15</b>)</li> <li>– 7395: Acute Floor Staffing Risk (<b>score 16</b>)</li> <li>– 7599: Community IT Risk (<b>score 15</b>)</li> <li>– 6596: Serious Incident (SI) Framework Compliance Risk (<b>score 16</b>)</li> <li>– 7389: Blood Transfusion Compliance Risk (<b>score 15</b>)</li> </ul> </li> <li>▪ Reduced risk: <ul style="list-style-type: none"> <li>– 6493 – Complaints Management (<b>score of 12 reduced from 15</b>)</li> </ul> </li> <li>▪ Closed risks <ul style="list-style-type: none"> <li>– 7278: Longer term financial sustainability (<b>score 25</b>)</li> <li>– 5806: Urgent estate work (<b>score 20</b>)</li> </ul> </li> </ul> <p>Discussion ensued on whether the complaints management risk was reduced too soon, and it was suggested that the risk is monitored for another quarter to note if it can be managed at a lower level for a length of time. This was agreed by the Quality Committee (review in May 2020).</p> <p>Further discussion took place on the governance on the reduction of risks, and it was suggested that the governance process is reviewed in order for the Quality Committee to initially agree a risk reduction before being considered by the Risk and Compliance Group.</p> <p><b>Action:</b> Governance process for risk reduction to be reviewed</p> <p><b>OUTCOME:</b> The Quality Committee received and noted the content of the report.</p>
<b>46/20</b>	<p><b>MEDICAL DIVISION Q3 PATIENT SAFETY AND QUALITY BOARD REPORT</b></p> <p>Maggie Metcalfe (Associate Director of Nursing) presented appendix H, summarising quality and safety issues identified during quarter 3:</p> <ul style="list-style-type: none"> <li>▪ Nurse staffing <ul style="list-style-type: none"> <li>– <u>Emergency department</u> - there have been a number of resignations and transfers out of the department during quarter 3, with the key themes of shifts patterns and career progression. Staff joined the team in January; however, there were a number of shift gaps and a large group of novice nurses who will not have all the ED skills needed to work in all areas. To mitigate the risk to the new nurses, it has been arranged for</li> </ul> </li> </ul>

- each of them to have clinical supervision with the clinical educator and using cross-site working to even out the skill mix at each site.
- Acute – additional capacity open on both sites, which is causing potential harm by lower than recommended nursing levels
  - Respiratory – staffing is still a significant risk, with 11 vacancies and a large number of junior staff. Raised acuity is also having an impact.

▪ Additional capacity

- Emergency departments have experienced flow issues during quarter 3, resulting in having 9 x 12 hours breaches in one day, reportable to NHS England. All incidents have been reviewed and are currently being investigated externally under the serious incident process. A new process has been added to the tracking screen to monitor and have clear visibility of patients 12 hour breach times.
- Acute directorate - additional capacity remains open on both sites, and continues to put all professional groups under pressure. Ward sisters continue to have supervisory days cancelled, which has an impact on the ability to ensure ward safety and quality. Medical staff are reviewing additional patients, while matrons, general managers and operational managers are supporting bed pressures. A risk (7632) has been submitted and will be approved / rejected at February's PSQB meeting.
- Integrated Medical Specialities - Working closely with multi-disciplinary teams to reduce the length of stay for patients on the Stroke unit, and in the process of developing a proposal for the future Stroke bed model, including specialist Stroke community rehabilitation beds. There is a Cost Improvement Programme (CIP) scheme to reduce the bed base by a further eight beds in 2020/21, which may impact the ability to ensure we have Hyper-acute stroke unit (HASU) beds available for acute admissions.

▪ Mental health patients in the emergency department

- There have been a consistent number of patients waiting for long periods for mental health gatekeeping assessments and beds in a mental health facility. This poses a risk to patients in the department and staff. Staff time can be taken up for long periods supervising this patient group taking them away from patient care for others. The length of time mental health patients spend in the departments is a concern as there is nowhere for these patients to sleep if they are in ED overnight, resulting in a poor patient experience. An escalation guide and standard operating procedure is being produced for all mental health patients. This is on the risk register risk 2830 scoring 16.

▪ Neurophysiology IQIP's reaccreditation

- The reaccreditation was not achieved in November as a further list of recommendations needed to be achieved. IQIPs agreed to return on 2 March 2020, and the service will receive reaccreditation if all the requirements are met.

Future improvement work

- Letters are now going out to patients who have been in the ED over 8 hours and discharged home to apologise for the delay. Feedback so far has been that 50% of patients are grateful and 50% are not concerned about receiving letters.
- Inability to meet stroke patients spending 90% of their stay on the Stroke Unit target, and patients being directly admitted into the Acute Stroke Unit within 4 hours. Working closely with multidisciplinary teams to reduce the length of stay for patients on the Stroke unit, and have developed clear guidance for the patients who can be outlied from the Stroke unit, to ensure the most acutely unwell patients on the Acute Stroke Unit are accommodated. A proposal is being developed to take to commissioners for community Stroke Rehab beds.
- A weekly workgroup is being run to ensure all the mandatory requirements in Neurophysiology are achieved before IQIPs revisit on 2 March 2020.



	<p>Successes</p> <ul style="list-style-type: none"> <li>▪ The new frailty unit opened in November at HRI, and is proving very successful with a good flow of patients creating capacity in the major area.</li> </ul> <p>Legal Issues</p> <ul style="list-style-type: none"> <li>▪ 27 red and orange severity incidents were reported in quarter 3</li> <li>▪ The quarter 2 legal report was shared at the December PSQB</li> </ul> <p>Discussion ensued as to whether the neurophysiology department are on track for reaccréditation, and it was reported that IQUIPs are currently on-site carrying out the visit. In regard to stroke, it was stated that unwell patients with stroke benefit more from being on a stroke unit; and it was asked how patients are differentiated in order to know that the right patients are in the right beds. MM stated that clinicians assess the patients. It was also asked what approach is being used to carry out risk assessments, and it was stated that the work in the community needs to be completed first. It was mentioned that the Sentinel Stroke National Audit Programme (SSNAP) score has also fallen, which can pose a risk if there is a reduction in the bed base.</p> <p><b>OUTCOME:</b> The Quality Committee received and noted the content of the report.</p>
47/20	<p><b>SURGERY AND ANAESTHETICS Q3 PATIENT SAFETY AND QUALITY BOARD REPORT</b></p> <p>There was no representation from the surgical division</p> <p><b>Action:</b> Report to be deferred to the next meeting.</p>
48/20	<p><b>COMMUNITY HEALTHCARE DIVISION Q3 PATIENT SAFETY AND QUALITY BOARD REPORT</b></p> <p>Andrea Dauris (Associate Director of Nursing) presented appendix I, summarising quality and safety issues identified during quarter 3:</p> <ul style="list-style-type: none"> <li>▪ Information Governance (IG) breaches – there were 3 IG breaches reported and all incidents relate to the use of paper. Two incidents occurred in District Nursing where the same member of staff used printed patient visit lists and these were lost. One incident occurred in MSK/Outpatient Physio where a patient was given an appointment letter with another patient's 'sticker' on. PSQB commissioned a deep dive of IG incidents for the year which was presented at the January 2020 PSQB. A total of 12 IG incidents were reported in 2019, and the deep dive concluded that all of the incidents in some way relate to the use of paper, be that through human error or through correct procedures not being followed. The review has recommended that the division is vigilant when processes require the use of paper; the division actively search for alternative processes that require less use of paper and continue to promote digital solutions in the teams that can use these to support their roles.</li> <li>▪ Gateway to Care referrals – Therapies have reported several incidents where Gateway to Care have not processed referrals. This is a cause for concern as G2C are shortly to become the SPA for all District Nursing referrals. A multi organisational meeting is set up to discuss process.</li> <li>▪ Scalpel blade removal - 16 incidents of blades not being removed from scalpel handles when sent to BBraun for decontamination. This is out of 35,000 that are sent. Work is ongoing with the decontamination manager and it has been suggested that the scalpels are put in a bag from the tray, as this would mean staff handling them and realising that the blade are still attached.</li> </ul> <p>Discussion ensued on the information governance and it was stated that colleagues are not using the digital solutions due to connectivity issues. It was stated that there is a local instruction in place to instruct staff to avoid paper; however, some chose to not follow. The</p>

	<p>biggest risk is the printing of patient lists. SystmOne mobile can be used, and the solution is an upgrade of technology to 4G, which is imminent. It was asked if colleagues are aware of the seriousness of an IG breach, as it is their responsibility. Information Governance is assisting with this with training sessions and learning taken to colleagues, who understand the consequences of a breach. It was stated that Information Governance plan to carry out another deep dive in 6 to 12 months' time to see if there is a downward trend.</p> <p><b>OUTCOME:</b> The Quality Committee received and noted the content of the report.</p>
<b>49/20</b>	<p><b>FAMILIES AND SPECIALIST SERVICES DIVISION Q3 PATIENT SAFETY AND QUALITY BOARD REPORT</b></p> <p>Dr Julie O'Riordan (Divisional Director) presented appendix J, summarising quality and safety issues identified during quarter 3:</p> <ul style="list-style-type: none"> <li>▪ Outpatient issues – a number of issues relating to technical faults causing patient letters to not being sent, user errors and capacity and demand impacting on patient experience and clinical safety. There has been a three-day review from an external consultant which resulted in a 50-point action plan being developed. A paper has been taken to the Weekly Executive Board to ensure the executive team have full sight of the known issues. Work Together Get Results workshops are ongoing.</li> <li>▪ Healthcare Safety Investigation Branch – The Head of Midwifery has reviewed all the recommendations from HSIB and other external reviews, along with orange incidents and have identified the common themes. The 2016/17 maternity safety action plan has been reviewed and updated. Colleagues have been asked to engage in a 'year of maternity patient safety' theme of the month, which is repeating a similar successful patient safety initiative. This was launched in January 2020.</li> <li>▪ In July, Leeds Teaching Hospitals Trust alerted the Calderdale Royal Hospital Neonatal Unit of a Serratia Marcesens colonisation outbreak on its Neonatal Unit. As a result of this, Calderdale Neonatal Unit instigated screening of all babies admitted to the unit from that date to the present. The screening process identified four babies colonised with Serratia Marcesens and a further six babies colonised with Acinetobacter Baumannii, with one baby colonised with both organisms. Following the identification of the four babies colonised with Serratia Marcesens, an outbreak protocol was instigated, additional infection prevention and control measures put in place (cleaning, hand hygiene, additional support from the Infection Prevention and Control team, review of infection control and ANTT training) and multi-agency outbreak meetings arranged. Meetings continued until January 2020 (4 weeks since last positive screening), with an action plan completed, and a serious incident investigation carried out. The investigation report was presented and approved at the serious incident panel on 14 February 2020.</li> <li>▪ Future improvement work includes funding secured for 12 months' pre-eclampsia screening; and norovirus PCR testing went live in November 2019, which should improve outbreak detection and management.</li> <li>▪ Successes include the ditch the dipstick campaign which contributed toward CQUIN compliance improvement (from 8% to 76%); and success from antibiotic awareness week with more than 100 pledges made. Protected CT slots are being trialled for query lung cancer patients which is making a difference to cancer waits.</li> </ul> <p>The launch of the ATAIN saving babies lives through the different coloured hats was also mentioned. The hats are an early warning risk assessment to monitor babies.</p> <p><b>OUTCOME:</b> The Quality Committee received and noted the content of the report.</p>
<b>50/20</b>	<p><b>SELF-ASSESSMENT OF COMMITTEE'S EFFECTIVENESS</b></p> <p>Michelle Augustine (Governance Administrator) circulated the link to the self-assessment form for completion by the core committee members. The form is to be submitted by</p>

	Monday, 16 March 2020 in order for the results to be compiled into the Annual Report at the end of June 2020.
<b>51/20</b>	<p><b>INTEGRATED PERFORMANCE REPORT</b></p> <p>Lindsay Rudge (Deputy Director of Nursing) provided a summary of appendix K2, highlighting the key quality issues:</p> <ul style="list-style-type: none"> <li>Friends and Family Test process will change in April 2020 <b>Action:</b> LR to do provide a presentation on the changes at the next meeting</li> <li>Two stroke targets missed and work continues on action plan following the latest Sentinel Stroke National Audit Programme score outlined last month.</li> <li>31 further colleagues are needed to have the flu vaccine, with compliance at 79.3% against a target of 80%</li> <li>Nurse staffing is seeing the care hours per patient day track below the national and peer average, which is linked to extra capacity areas.</li> </ul> <p>Discussion ensued as to whether extra capacity with coronavirus will be able to be measured. LR reported that it is a changing approach and a call on phase testing is due to take place tomorrow. Guidance is due for those at most risk with long term conditions and focus needs to be that healthcare workers are supported to follow guidance and those who need to self-isolate to prevent transmission. There are currently three confirmed cases of the coronavirus in the region now.</p> <p><b>OUTCOME:</b> The Quality Committee received and noted the content of the report.</p>
<b>52/20</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair, on behalf of the Committee, thanked Sarina Beacher for her significant contribution during post as interim Assistant Director for Quality and Safety. Sarina will be leaving on 1 April 2020.</p>
<b>53/20</b>	<p><b>MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS</b></p> <ul style="list-style-type: none"> <li>Update received from complaints</li> <li>High level risk register received and suggestions made on reduction of complaints risk</li> <li>Positive progress update on Getting It Right First Time. A separate paper will be submitted to the Board.</li> <li>A deep dive into serious incidents was requested to review the management of the process.</li> <li>Details provided on information governance breach in Community division.</li> </ul>
<b>54/20</b>	<p><b>EVALUATION OF MEETING</b></p> <ul style="list-style-type: none"> <li>What went well and what could be better: <ul style="list-style-type: none"> <li>Would be better if the divisional Patient Safety and Quality Board reports run through a cycle where one division presents a good news story with a clinical team to speak about their successes and have exposure to the Quality Committee.</li> </ul> </li> </ul>
<b>55/20</b>	<p><b>QUALITY COMMITTEE ANNUAL WORK PLAN</b></p> <p>The annual work plan for 2020 was available at appendix L.</p> <p>It was reported that the CQC update will now be quarterly instead of six-monthly. The Quality Committee were in support of this.</p>
<p><b>NEXT MEETING</b></p> <p>Monday, 6 April 2020 at 3:00 – 5:30 pm in Acre Mill Room 3, HRI</p>	



**CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST****Minutes of the WORKFORCE COMMITTEE****Held on Tuesday 18 February 2020, 3.00pm – 5.00pm****Room 4, Acre Mill Outpatients****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
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Jude Goddard	(JG)	Public Governor
Karen Heaton	(JH)	Non-Executive Director (Chair)
Sharon Senior	(SS)	Staff Side Representative
Denise Sterling	(DS)	Non-Executive Director

**IN ATTENDANCE:**

Nikki Hosty	(NH)	Freedom to Speak Up/Equality, Diversity & Inclusion Manager (for items 08/20 and 09/20)
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**01/20 WELCOME AND INTRODUCTIONS:**

The Chair welcomed members to the meeting.

**02/20 APOLOGIES FOR ABSENCE:**

Helen Barker, Chief Operating Officer  
Gary Boothby, Director of Finance  
Andrea McCourt, Company Secretary

**03/20 DECLARATION OF INTERESTS:**

JG declared her own consultancy business stating there is no conflict of interest.

**04/20 MINUTES OF MEETING HELD ON 10 DECEMBER 2019:**

The minutes of the Workforce Committee meeting held on 10 December 2019 were approved as a correct record.

**05/20 MATTERS ARISING**

- Education Committee

SD advised the first meeting of the Education Committee had taken place on 21 January 2020. Membership comprises of senior colleagues from a range of workforce areas across the Trust to ensure a consistent approach to identifying the Trust's learning and development needs. The first draft of the Education Committee Terms of Reference (ToR) had been discussed at the meeting, amendments had been made and the revised ToR were shared with the Workforce Committee for review and approval. The Workforce Committee supported the ToR. The Education Committee will meet on a bi-monthly basis and it was agreed the notes of the Education Committee would be shared with the Workforce Committee along with detailed progress.

**OUTCOME:** The Committee **RECEIVED** and **SUPPORTED** the report the Education Committee Terms of Reference.

**ACTION: Notes of Education Committee to be provided to Workforce Committee Secretary (LR/SD).**

- Improving People Practices

JE provided a verbal update to confirm progress against steps being taken to incorporate the recommendations to enhance practices so that we provide 'one culture of care'. A detailed report will be brought to the next Workforce Committee meeting. In addition a 6-month progress evaluation will be undertaken and shared with the Committee to demonstrate delivery of expected outcomes.

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

**ACTION: Progress report to be provided to the next Workforce Committee and 6-month evaluation to be provided late summer (JE).**

06/20

**ACTION LOG**

The action log was reviewed and updated accordingly.

07/20

**EQUALITY, DIVERISTY & INCLUSION 5 YEAR PLAN**

NH presented a summary of engagement and activities to date. The Committee noted the steady increase in membership of equality groups and growth in the involvement of colleagues in the development and refreshing of Trust policies and papers. Various means of reaching out to colleagues have been established including a 'CHuFT about Inclusion Facebook Group'. The 'Step in their Shoes' workshops commence in April. NH outlined the joint working with Yorkshire Ambulance Service and West Yorkshire Police to look at best practice. The Talk in Confidence group has merged with Freedom to Speak Up Ambassador group in order to work more cohesively.

JG asked about the approach/response to those speaking in confidence. NH advised that colleagues are made aware from the beginning that talking in confidence would only be to a point when patient care, quality or safety, or safety of a colleague is a concern which is embedded in our one culture of care. Colleagues are encouraged to talk internally and are also made aware of other agencies available.

DS enquired about links with other NHS organisations and sharing best practice in terms of policies, process and initiatives. NH confirmed that she is involved in the regional network groups. KH asked how managers are made aware of their responsibilities. NH advised that she works closely with HRBPs, attends senior team leadership meetings, engages managers in roadshows and encourages involvement in the Step in Their Shoes workshops. SD stated this overlaps with the approach and response to the staff survey results with Divisional management teams taking ownership of plans and activity.

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

08/20

**FREEDOM TO SPEAK UP 2019**

NH gave a detailed presentation which outlined activity in 2019. The data showed an increase in reported concerns from 9 in 2018 to 66 in 2019. The top themes for concern were policies, practices and procedures and attitudes and behaviours. There are 36 Freedom to Speak Up Ambassadors/Talk in Confidence colleagues. Visibility has increased by way of stalls, social media, screensavers, intranet, induction. An online portal supports 24/7, 365 access. NH contacts colleagues within 48 hours or if anonymous, activates an appropriate investigation within 7 days. The presentation illustrated improvements made in 2019 as a result of colleagues raising concerns together with

further recommendations for 2020. JE confirmed that the Trust has the National Guardian's Office endorsement of its approach and response to a speaking up culture.

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

09/20

## **WORKFORCE DATA DEEP DIVE: VACANCIES**

MB presented the Trust's vacancy position, updates on hotspot areas and actions taken.

As at 31 January 2020 the Trust had 198.33 FTE budgeted vacancies. The planned position submitted to NHSi in April 2019 showed the Trust would be at 194.55 FTE vacancies at the end of January 2020. It was noted there had been only one intake of new starters in January 2020 which had affected the planned position.

The Trust turnover has further decreased from 8.97% in December 2018 to 7.43% at the end of December 2019, which is a positive improvement and forms part of the Trust's 2019/20 one-year strategy 'achieve a retention rate of 90% and reduce vacancies to 5% to address recruitment and retention of key roles in CHFT'.

Medical & Dental and nursing agency spend continues to reduce, as more bank staff are used. Work has been taking place within divisions to move agency doctors on to the internal bank or locum.

The national challenges in recruiting qualified nursing staff are anticipated to continue. Work continues with Corporate Nursing to recruit and develop alternative options. DS asked about the age profile of nurses. The Committee noted a quarter of Trust colleagues are reaching the 55-age range. EA confirmed a 3-year nursing plan is being developed and will consider all nursing and nursing support roles such as nursing associates. The Trust's positive relationship with Huddersfield University was noted.

There is real challenge in competing with other Trusts in ensuring the Trust is the employer of choice. JE reinforced that engagement is key and referenced the importance of The Cupboard.

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

10/20

## **QUALITY AND PERFORMANCE REPORT (WORKFORCE) DECEMBER 2019**

Performance on workforce metrics continues to be high although the Workforce domain increased to 87.9% in December 2019. This is now 9 consecutive months of a 'Green' domain.

Only 2 of the 17 metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', and 'Medical Appraisals'.

The Staff in Post decreased by 22.17 FTE, which, due, in part, to 23.95 FTE new starters in December 2019. This led to an increase of 22.57 FTE vacancies.

Turnover improved again to 7.43% for the rolling 12-month period January 2019 to December 2019. This is the lowest turnover on record beating the previous lowest achieved in November 2019.

The in-month sickness absence increased to 4.07% in November 2019. The rolling 12-month rate increased for the fourth consecutive time in 18 months, to 3.74%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 26.69% of sickness absence in November 2019, decreasing from 28.77% in October 2019.

The RTW completion rate decreased to 78.1% in November 2019.

Performance has improved in 2 of the core suite of essential safety training. With 9 remaining above the 90% target with 5 achieving the 95% 'stretch' target. Overall compliance fell to 95.13%, above the stretch target for the fourth consecutive month.

Agency spend fell by £0.2M, whilst bank spend increased by £0.09M.

2 of the 5 recruitment metrics reported deteriorated in December 2019. The time to hire for colleagues starting in December 2019 decreased and was just under 13 weeks.

KH asked to see more target detail regarding recruitment time-lines.

Due to the time restrictions in the meeting JE offered to meet with DS and JG to take them through the workforce domain data.

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

**ACTION:** Provide breakdown of recruitment targets (CN).

11/20

## **2019 NHS STAFF SURVEY**

SD presented the headline results. We have maintained our overall position – engagement score of 6.9. The 'one culture of care' approach has received positive comments in the free text area but there is also evidence that this is not being displayed at grass roots.

Key themes are IT/equipment, staffing, management, morale, health & wellbeing, progression, training, patient feedback used to improve services and car parking.

It was noted that 9 questions determine our overall engagement score. A draft corporate activity plan had been drawn up to address the low scoring questions.

SD outlined next steps include divisional plans and a detailed Trust wide action plan and associated communication plan. March onwards to concentrate efforts on focussing improvements, monthly check-in, Performance Review Meetings. Managers to have personal objectives in their appraisal to improve workforce health indicators. Divisional management teams will present progress against activity to the April Board Workshop. A formal presentation will be made to the Board of Directors in May.

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

12/20

## **RISK REGISTER – WORKFORCE RISKS**

EST – SD reported that Essential Skills Training is constantly above target at 95%. An action plan is being developed to improve rates in terms of role specific compliance.

The Committee agreed the nursing risk should remain at 20.

DB advised conversations are taking place with regard to the positioning of the medical risk. It is anticipated this overarching medical risk will be closed down with separate risks developed around specific recruitment challenges.

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

13/20 **ANY OTHER BUSINESS**

No other business was raised.

14/20 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Position on ED&I and FTSU

Vacancy Deep Dive

Quality & Performance Report (workforce) – improved performance

NHS Staff Survey

15/20 **EVALUATION OF MEETING**

What went well: Helpful to be quizzed and questioned about workforce matters.

16/20 **DATE AND TIME OF NEXT MEETING:**

20 April 2020:

Hot House: Staff Survey & Quality of Appraisals, 1pm – 3pm, DR1&3, Learning Centre, HRI

Review Quality & Performance Report – Workforce, 3pm – 4pm DR2, Learning Centre, HRI

## QUALITY AND WORKFORCE COMMITTEE

Monday, 4 May 2020 via MS Teams

### 56/20 WELCOME AND INTRODUCTIONS

#### Present

Denise Sterling (DS)	Non-Executive Director / Chair of Quality Committee (Chair)
Helen Barker (HB)	Chief Operating Officer
Samantha Bryant (SB)	Assistant Patient Advice & Complaints Manager
Andrea Dauris (AD)	Associate Director of Nursing, Quality and Safety
Suzanne Dunkley (SD)	Director of Workforce and Organisational Development
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Adam Matthews (AM)	Workforce Reconfiguration Lead
Andrea McCourt (AMcC)	Company Secretary
Maxine Travis (MT)	Senior Risk Manager
Debbie Winder (DW)	Head of Quality from CCG
Michelle Augustine (MAug)	Governance Administrator (Minutes)

DS gave an introduction to the meeting, and stated that a record of deferred agenda items will be kept and postponed to a later date.

### 57/20 APOLOGIES

Ellen Armistead (EA)	Executive Director of Nursing
Dr David Birkenhead (DB)	Medical Director
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Christine Mills (CM)	Public-elected Governor

### 58/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

### 59/20 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on Monday, 2 March 2020 were approved as a correct record.

The meeting scheduled for Monday, 6 April 2020 was cancelled due to COVID-19.

### 60/20 ACTION LOG AND MATTERS ARISING

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

It was stated that there are a number of actions which are now overdue, and in light of current circumstances, these will be carried forward until they can be actioned.

### 61/20 SERIOUS INCIDENT REPORT

Maxine Travis (Senior Risk Manager) presented a summary of new serious incidents declared and a summary of learning from serious incident reports for the period of January to April 2020 (see appendix C).

Following the serious incident panel on Friday, 1 May 2020, one never event was declared, involving wrong site surgery in a dermatology case. This will be included in the next report. Commissioners and CQC have been made aware.

Appendix 1 of the paper lists the new serious incidents reported to Commissioners and appendix 2 details the completed investigations from January to April 2020.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## 62/20 COMPLAINTS SERVICE REPORT

Samantha Bryant (Assistant Patient Advice and Complaints Manager) presented an overview of the complaints service during quarter 4 2019/2020, prior to the pause on all complaint investigations as a result of Covid-19, following directive received from NHS England and NHS Improvement (see appendix D).

Key messages:

- 105 formal complaints were received in quarter 4 of 2019/20, and the Patient Advice and Liaison Service (PALS) team dealt with 416 informal concerns.
- The top three complaint subject themes were clinical treatment, communications and patient care (including nutrition and hydration).
- 16 complaints were re-opened due to complainants being dissatisfied with incomplete or factually incorrect responses
- In quarter 4, an anonymous questionnaire was sent to all past and present complaint investigators in divisions to ascertain whether they needed more training or support in compiling the investigation responses. A complaints investigator-specific training module on the Electronic Staff Record (ESR) is being developed, as well as the utilisation of a 'buddy' system for complaint investigators with administrative assistance in compiling the complaint response.
- Prior to the pause on complaint investigations, investigator training needs and support and the completion and closure of actions were the Complaints Team's primary focus. However, since the pause, the team are utilising this time to assist divisions in the writing of their complaints responses in order to free up clinical staff to focus on the pandemic.

This is also a good opportunity to identify any obstacles or good progress with regards to the potential 'buddy' system. The complaint responses are also being divisionally approved by the Complaints Manager and the Assistant Complaints Manager prior to being signed off by the Company Secretary. Feedback is regularly being provided to the Associate Directors of Nursing so that they are still aware of the complaints that are being managed, and the quality of the responses that are being received for review.

This plan will ensure that when service resumes the workload of complaints will be manageable and the aim is to reduce all open complaints substantially, which will allow more time to focus on training, support and the completion of actions after this current climate.

Discussion took place on the effort and hard work done to see the positive trend which will hopefully continue. It was asked how soon the e-learning package will be ready, and SB stated that this may take two to three months. The e-learning will run alongside the Trust induction and will also include a patient story and patient experience video, which will make the impact more powerful.

Further discussion took place on whether there was any relaxation on complaints and what the April data for new complaints was showing. SB stated that there has been a reduction of 50% in complaints received, however, the PALS concerns are still incoming.

Following the results from the deep dive presented at a previous meeting, it was asked what risk mitigations are in place as there are a lot of action plan follow-ups which are similar to those of serious investigations. SB stated that actions from complaints are now being reported better and would like assurance that complaints are fully closed, by taking around 15 complaints from 3 years ago, and ensuring that each action has been completed. Work is ongoing with the CQC Compliance Manager and the audit team to see if this can be done via walk rounds. SB to also liaise with MT as there may be some commonalities in serious incidents and complaints, and MT stated that a deep dive into serious incidents will be presented at a future meeting.

## **63/20 HIGH LEVEL RISK REGISTER**

Maxine Travis (Senior Risk Manager) presented appendix E providing a summary of the high level risk register and the COVID-19 risks.

The high level risk register is similar to previous months, with the exception of a new risk on the workforce model in the emergency department and compliance with children's guidelines; and the increase of a maxillofacial follow-up appointments risk. The COVID-19 risk register has approximately 80 risks included and the risks are at a point in time, with no significant changes to the risk ratings.

Discussion took place on the process for getting new divisional risks onto the high level risk register, due to recent divisional Patient Safety and Quality Board meetings not taking place. MT stated that no non-COVID risks have been proposed for acceptance, however, a Risk and Compliance Group meeting is due to take place at the end of the month. Any COVID-related risks are proposed by the divisions and taken through the Incident Management Team where all high level and amber risks are reviewed on a weekly basis.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **64/20 HEALTH AND WELLBEING OFFER**

Suzanne Dunkley (Director of Workforce and Organisational Development) presented the offers that CHFT have put in place for health and wellbeing and how to respond to COVID-19, including a health and wellbeing strategy. This is broken down into three phases: prepare, active and recover, with CHFT currently between active and recover.

There are multiple guides available for colleagues including a guide to working from home, how to reduce COVID-19 anxiety, mindfulness, one-to-one emotional and psychological support, counselling support, bereavement support and external support. Podcasts and sessions streamlined to colleagues are also available and the development of activities to enhance a sense of community. Letters have been written to colleagues who are shielding, school children and head teachers of schools; video recordings thanking the fire, ambulance and police services, supermarkets, bus drivers, etc which will go live on Wednesday. The next phase will be in collaboration with trade unions and colleagues across the trust.

Discussion ensued on the great work which has been done with psychologists and freedom to speak up colleagues, guidance and top tips for leaders and managers to reintegrate relationships and help staff transition back into the world of work, as some may feel reticent to do so. 24/7 specialist counselling and psychological support will continue, and further details of all the offers available can easily be accessed by all via the [intranet](#).

## **65-67 /20 WORKFORCE (INCLUDING SICKNESS, RECRUITMENT AND STAFFING LEVELS)**

Adam Matthews (Workforce Reconfiguration Lead) presented highlights from the Workforce report (appendix G) on recruitment as at 31 March 2020 and sickness absence as at 13 April 2020.

The overall workforce domain score was 84.5%, with return to work interviews and Essential Safety Training for Manual Handling and Safeguarding RAG rated as amber. 352 colleagues were recruited, with 262 at the conditional offer stage.

656 of the workforce were absent in April 2020 due to sickness, with 334 COVID-19 related and 322 non-COVID-19 related. Out of 443 staff tested, 321 had a negative result, 115 were positive and 7 were being awaited.

On this occasion, the Workforce report was produced 'light', therefore no data on staffing levels was available.



## **68/20 COVID RELATED ISSUES**

Helen Barker (Chief Operating Officer) provided an update on COVID-related issues.

Over 2140 patients have been tested for COVID-19, of which 402 were positive. There have sadly been 129 deaths up to this point, and CHFT still has 39 inpatients who have tested positive, of which 7 are in critical care, with a further 30 patients who have tested twice for COVID-19 and still have symptoms, therefore being treated as positive. More than 260 patients have been successfully discharged, 10 of whom were in critical care.

Personal Protective Equipment (PPE) daily meetings are taking place with a clear focus on safety, not cost. A daily equipment meeting also takes place, as well as a daily Incident Management Team meeting where new incidents and updates on risks take place. A detailed review of the risk register took place last Friday, enabling to reduce some of the staffing risks. Key risks on the register include two outbreaks; one on ward 20 where a patient developed COVID-19 and became positive. It was not known if the patient was admitted with it or contracted it on the ward; and an outbreak of line infections on critical care at CRH.

5000 patients who should have had a follow-up appointment are now being clinically validated, and cancer services have maintained one theatre list a day, treating level 1 and 2 patients. Plans are still being worked through for level 3 patients.

Looking forward, the challenges are the new requirements to test asymptomatic patients on admission and zoning plans. This will be a fundamentally different way of managing patients, which will probably remain in place through the winter; therefore plans are being worked through in detail.

## **69/20 ANY OTHER BUSINESS**

- Integrated Performance Report

This item was not taken and removed from the agenda.

- Quality Account

Andrea McCourt (Company Secretary) stated that the requirement to include the quality account in the annual report has been removed for this year; however, consideration is needed on what is done with the document, following a refresh. It was asked if there is a standardised approach for the backlog of deferred items and AMcC stated that a stock take is being taken of meetings which are taking place and those which are not. A consistent approach will need to be agreed on a volume of deferred items and this will need to be captured centrally.

- Risk assessments for Black, Asian and Minority Ethnic (BAME) colleagues

There has been a lot of discussion nationally around risk assessments of certain community and staff groups, with specific reference to BAME colleagues. Basic guidance has been received from NHS England and Improvement, and the Chief Executive is keen to get the views of BAME network colleagues for their perspective on what our Trust and its partners' approach should be.

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

There is some inconsistency in the advice that Trusts are receiving regarding the reporting of COVID-19 infections as part of the RIDDOR reporting process. CHFT will be seeking advice from them separately, and in the meantime, will not be reporting COVID-19 infections to RIDDOR.

**70/20 MATTERS TO REPORT TO THE BOARD OF DIRECTORS**

The Chair and Vice-Chair will provide feedback to the Non-Executive Directors on the meeting and how to manage the list of agenda items which have been deferred.

**71/20 EVALUATION OF MEETING**

The meeting finished on time and was the first meeting on MS Teams.

**72/20 QUALITY COMMITTEE WORKPLAN**

The Quality Committee work plan for 2020 was available at appendix H.

The Chair, alongside the Assistant Director for Quality and Safety and the Governance Administrator, will review the management of the work plan going forward.

**NEXT MEETING**

Monday, 1 June 2020 at 3:00 – 4:30 pm via MS Teams

**QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 4 MAY 2020**

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
<b>ACTIONS DUE AT THE NEXT MEETING</b>				
2.3.20 (51/20)	<b><u>FRIENDS AND FAMILY TEST CHANGES</u></b>	Lindsay Rudge	<b>Update 2.3.20:</b> Changes to the Friends and Family Test are due to come into effect from 1 April 2020. <b>Action 2.3.20:</b> Presentation on changes to be provided.	<b>DUE 1 JUNE 2020</b>
<b>ACTIONS STILL OPEN</b>				
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)	<b><u>MENTAL HEALTH STRATEGY</u></b>  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	<b>Action 3.6.19:</b> Mental health strategy to be received next month <b>Update June 2019:</b> Mental Health Strategy to be forwarded to Committee for comments to Lindsay by 15 July 2019 <b>Update 29.7.19:</b> 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. <b>Update 30.9.19:</b> Update provided – see item 177/19 <b>Action: 30.9.19:</b> Written update to be provided in October 2019 <b>Update November:</b> For strategy to be deferred to December <b>Update 2.12.19:</b> Report still in draft and due for submission to Quality Committee in January 2020 <b>Update 6.1.20:</b> Strategy still in development – to be deferred to the next meeting. <b>Additional update:</b> Strategy to be deferred to March, along with the Policy and training plan <b>Update 2 March 2020:</b> 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. <b>Action 2.3.20:</b> Any comments on the terms of reference to be forwarded by Monday, 16 March 2020.  <b>Action 2.3.20:</b> The amended terms of reference along with the mental health policy and training plan to return to Quality Committee for the next meeting	<b>ACTION REMAINS OPEN</b>          <b>ACTION REMAINS OPEN</b>
2.3.20 (45/20)	<b><u>HIGH LEVEL RISK REGISTER – GOVERNANCE PROCESS</u></b>	Maxine Travis	<b>Update 2.3.20:</b> 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. <b>Action 2.3.20:</b> Governance process to be reviewed	<b>ACTION REMAINS OPEN</b>
2.3.20 (47/20)	<b><u>SURGERY AND ANAESTHETICS Q3 PSQB REPORT</u></b>	Surgical Division	<b>Update 2.3.20:</b> There was no representation from the division. <b>Action 2.3.20:</b> Report to be deferred to next month	<b>ACTION REMAINS OPEN</b>
1.7.19 (120/19) 2.3.20 (41/20)	<b><u>COMPLAINTS DEEP DIVE</u></b>	Owen Williams	<b>Action 1.7.19:</b> OW to be invited to a future meeting to present next steps. <b>Update 29.7.19:</b> Work is ongoing to review systems and processes, with an action plan being pulled together. <b>Update 30.9.19:</b> A three month update was provided – see item 176/19 <b>Action 30.9.19:</b> Further update to be provided in six months' time, and maybe earlier if improvement and sustained change is not noted. <b>Update 2.3.20:</b> 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. <b>Action 2.3.20:</b> Deep dive into serious incidents to take place.	<b>ACTION REMAINS OPEN</b>
2.3.20 (50/20)	<b><u>SELF-ASSESSMENT</u></b>	Committee members	<b>Update 2.3.20:</b> 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. <b>Action 2.3.20:</b> Responses to be submitted by Monday, 16 March 2020	<b>ACTION REMAINS OPEN</b>
5.2.20 (21/20)	<b><u>OUTPATIENTS IMPROVEMENT PLAN</u></b>	Katharine Fletcher / Helen Barker	<b>Action 5.2.20:</b> Progress on actions from the outpatient's improvement plan to be provided in April 2020.	<b>ACTION REMAINS OPEN</b>
2.3.20 (43/20)	<b><u>CLINICAL RECORD KEEPING</u></b> (as part of CQUINS update)	Lindsay Rudge	<b>Action 2.3.20:</b> Paper to be provided on clinical record keeping	<b>ACTION REMAINS OPEN</b>

# QUALITY AND WORKFORCE COMMITTEE

Monday, 1 June 2020 via MS Teams

## 73/20 WELCOME AND INTRODUCTIONS

### Present

Denise Sterling (DS)	Non-Executive Director / Chair of Quality Committee (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Mark Bushby (MB)	Workforce Reconfiguration Lead
Andrea Dauris (AD)	Associate Director of Nursing, Quality and Safety
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Carole Gregson (CG)	Associate Director of Digital Health/CNIO
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Philip Lewer (PL)	Chairman (Observing)
Andrea McCourt (AMcC)	Company Secretary
Maggie Metcalfe (MM)	Associate Director of Nursing – Medical Division
Joanne Middleton (JMidd)	Associate Director of Nursing – Surgical Division
Christine Mills (CM)	Public-elected Governor
Elizabeth Morley (EM)	Associate Director of Nursing – Community Division
Dr Julie O’Riordan (JOR)	Divisional Director – FSS Division
Dr Cornelle Parker (CP)	Deputy Medical Director
Lindsay Rudge (LR)	Deputy Director of Nursing
Elisabeth Street (ES)	Clinical Director of Pharmacy
Maxine Travis (MT)	Senior Risk Manager
Michelle Augustine (MAug)	Governance Administrator (Minutes)

## 74/20 APOLOGIES

Dr David Birkenhead (DB)	Medical Director
Suzanne Dunkley (SD)	Director of Workforce and Organisational Development

## 75/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 76/20 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Monday, 4 May 2020 were approved as a correct record.

The action log, which can be found at the end of the minutes, has a number of actions which remain open. Further discussions to take place outside of the Committee regarding where actions will sit on the recovery plan. This will be updated at the next Quality Committee with a realistic view on where outstanding actions will fall over the next few months.

### Matters Arising

Andrea McCourt (Company Secretary) reported that since the last meeting, there has been confirmation that our Quality Accounts now need to be formally submitted by mid-December 2020. The stakeholder exercise still needs to be undertaken for comments; however, the external auditors do not need to receive the document for comment. The current document will need a review on the quality priorities going forward, and the approval of the Quality Account has been delegated from the Board of Directors to the Quality Committee. This will need progressing later in the year.

## **77/20 COVID-RELATED DEATHS**

Dr Cornelle Parker (Deputy Medical Director) presented a paper at appendix B, providing assurance of the escalation decisions to critical care for COVID-positive patients who died.

The report is based on structured judgement reviews (SJRs) of 10 randomly selected mortalities from designated wards that occurred between 23 March and 17 April 2020.

The findings of the SJRs were outlined in the report as well as good practice identified. The review provided limited assurance regarding escalation to critical care. There were no concerns raised regarding the appropriateness of decisions to escalate or not escalate however, only two of the cases reviewed relate to cases where the patient was escalated. A further review of cases is required in order to understand if escalations that do occur are appropriate.

The next steps are for the learning from death team to conduct further SJRs on a larger group of patients, specifically those escalated to critical care, to review decision making. Consideration needs to be given to ensure the selected cases are reflective of the demographics for overall cases. A further paper regarding Covid mortality is to be submitted to Board of Directors in July 2020, and this paper will additionally focus on analysis of the nationally identified Covid risk factors.

It was asked whether the patient that was classified as a serious incident, seemed to have an issue with access to continuous positive airway pressure (CPAP). It was asked if this was a one-off. It was stated that there wasn't ever a decision based on the lack of CPAP machines. The patient location was an issue, therefore access to a device was not available at the location, but not due to lack of machines.

It was stated that the report is showing good practice, however, there was a noted shortage of reviewers. Going forward, it was asked if the Trust will be in a better position to have reviewers who are available. CP reported that at the time, three of the reviewers, who are anaesthetists, were pulled into clinical roles.

It was asked how well the good practice is being disseminated, and CP reported that before COVID, this was attempted; therefore the form is structured to pull out the positive information directly from the review to named individuals and also back to divisions.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **78/20 COVID RISK REGISTER**

Maxine Travis (Senior Risk Manager) presented appendix C1 providing an overview of the COVID-19 risks.

There are a total of 89 COVID-19 risks, comprising of:

- Eight red (scoring 15+)
- 57 amber (scoring between 8 and 12)
- 24 green (scoring between 1 and 6)

A breakdown of the risks by division was also provided, as well as descriptions of the eight red risks. A copy of the full COVID-19 risk register was also available at appendix C2

MT stated that the COVID risk register is discussed and challenged at the Incident Management Team meeting on a weekly basis, and is very much a live document, which does not require as much reminding for updates as the high level risk register. It was stated that there could be some learning for updating risk registers.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **79/20 DIGITAL COMMUNICATIONS**

Carole Gregson (Associate Director of Digital Health and Chief Nursing Informatics Officer) was in attendance to inform the Committee of the Trust's approach to visiting and communication during the COVID-19 pandemic in relation to technology and end of life care.

CHFT's approach to visiting during COVID-19 was based on NHS England guidelines and tailored by the Trust to incorporate digital technology to enhance the patient and family experience. Alongside this, CHFT has explored other digital technology to support care of the most vulnerable patients at the end of their life. NHS England guideline has suspended visiting until further notice; however, exceptional circumstances are permitted. The Trust was acutely aware of the impact a ban on visiting to the hospital would have on patients and their families, therefore were challenged in how to provide support through digital solutions regarding visiting and enhanced care through various means. This included virtual in-hospital visiting, correspondence from loved ones, ward specific solutions and virtual ward rounds, all of which were detailed in the report.

Huge thanks were conveyed to CG for her leadership and the work that her team has done on this excellent initiative. It was also stated that this has been submitted to the Nursing Times awards.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **80/20 FRIENDS AND FAMILY TEST CHANGES**

Lindsay Rudge (Deputy Director of Nursing) presented appendix E, which described the national changes made to the friends and family test (FFT) questions, the suspension of reporting to NHS England and Improvement, and the reduced activity in response to NHS England guidance.

The Trust was prepared for changes to the friends and family test which were introduced last year and were due to come into effect on 1 April 2020.

Notification from NHS England and Improvement aimed to reduce the burden and release capacity to manage the COVID-19 pandemic; suspend the submission of FFT data to NHS England and Improvement from all settings until further notice; to stop using methods of feedback collection that may pose an increased risk of infection to either staff or patients (e.g. feedback cards or iPads/tablets); continue listening to patients and enabling them to raise concerns about the services they are using.

NHS England and Improvement will advise when to restart submitting FFT data later in the year and will allow for a period to make the necessary preparations before implementation.

The Trust's current position is continued use of SMS messaging in outpatients and the emergency department, and a proposal from the Patient Experience and Caring Group is that some inpatient wards pilot the use of the website by promoting its use via business cards, which will commence in June 2020. Work is ongoing with the Infection Prevention and Control team to provide feedback collection using cards / tablets safely and there will be a standard operating procedure in place to test this.

The Trust will look to restart testing in the new format and will keep the Committee updated.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **81/20 MEDICAL DIVISION PSQB SUMMARY REPORT**

Maggie Metcalfe (Associate Director of Nursing) was in attendance to present the division's patient safety and quality report, highlighting how keeping the base safe has been maintained and how changes have been made in the division in response to COVID-19.

Keeping the base safe has been maintained by:

- Patient Safety and Quality Boards (PSQB) and Directorate Boards being reinstated with modified agendas, to reflect the information available, for example Safety Thermometer and FFT data is not being collected at the moment
- The division maintaining complaints review panels, orange panels and continuing to review / discuss / manage the risk register.
- Divisional Management Board meetings commencing and taking place during alternating months with the PSQB for continuity through the pandemic.
- The divisional Infection Prevention and Control (IPC) meeting being reinstated from June 2020, and as corporate-led meetings restart, the division will ensure regular attendance recommences.
- Orange panel meetings continuing to take place via Microsoft Teams as well as directorate incident closure meetings

Changes to the service included:

- Executive-approved bed plans to reflect the different stages of escalation.
- Patient consultations via telephone or video conferencing, only face to face if required / appropriate.
- Both Emergency Departments (ED) managing to open two separate ED's in a short time frame with minimal disruption to patient care and safety. This was always complying with infection control policies and working closely with the infection control team, estates and domestic services.
- The helpline for oncology / haematology having to expand during COVID-19 to cover 24/7. This worked extremely well and is something the division wish to look at permanently.
- Chemotherapy units merging to one site and working extremely hard and extremely well together to support each other and the patients. During this time, they received an official compliment from a patient which was very positive and a credit to them as a team.

Colleagues from the division were deployed into other areas and will be trying to keep their skills up-to-date in order to keep a skill force for the future. The division also had end of life care wards on both sites, and will be looking to have designated end of life care beds on each site going forward.

The incident, falls, pressure ulcers and complaints position for the division were also included in the report.

The Chair conveyed thanks to all colleagues in the division.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **82/20 SURGICAL DIVISION PSQB SUMMARY REPORT**

Joanne Middleton (Associate Director of Nursing) was in attendance to present the division's patient safety and quality report, highlighting the division's response to COVID-19.

In response to the COVID-19 outbreak, the division rapidly adapted in preparation for, and in expectation of an influx of acutely ill patients who would require Critical Care intervention. A staffing plan was developed that deployed 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 delivered by the clinical education team and critical care nursing team.

In early March 2020, the decision was made both nationally and locally to step down the majority of elective surgery. The division continued to perform a small number of time critical and urgent, Cancer and Orthopaedic trauma cases as well as maternity provision. Interim



workforce models were implemented to ensure the right skill mix was in place to deliver a flexible and responsive service.

The division rapidly adapted its areas to be able to accommodate the expected volume of COVID-19 patients. Wards 10 and 11 merged onto Ward 11, and Ward 22 and Ward 3 merged onto Ward 22. This enabled further redeployment of teams into escalation areas. A training plan was delivered and continues to be delivered to support training needs in these areas. Competency packages have been developed which will support further transformation post-COVID. An example of this is enhanced recovery in Trauma and Orthopaedics for healthcare assistants based on the successful principles in place across elective orthopaedics.

Most outpatient appointments were reviewed and converted to virtual appointments where clinically relevant and appropriate.

Many staff had to shield themselves and isolate at home due to pre-existing health conditions. Some have been off work sick themselves and others, where feasible, have worked from home. Across the Trust, our teams and our infrastructure have had to rapidly adapt to this new and fast changing environment. The division has embraced Microsoft Teams to keep in touch with one another whether at home or on site, and so that the necessary meetings utilised to conduct business could continue.

PSQB meetings were held as normal in January and February 2020, with the March 2020 meeting being stepped down due to the COVID-19 outbreak. The Quality Governance Lead post was vacant from mid-February. During this time the Incident Management Team have supported the continuation of the orange panel within the division. The Quality Governance Lead post has now been appointed to.

The report continued to show the division's position with incidents received in quarter 4, the incident themes, complaints and patient experience. With regard to complaints actions going forward, the division plan to play close attention to actions set by directorates to ensure they are SMART - Specific, Measurable, Achievable, Realistic and Time Specific, and for directorate minutes to evidence discussion and any agreement of how learning will be shared. The operating services and critical care directorates tested out this new process in May which covered actions for January 2020 to March 2020. This approach will be rolled out to other Directorates in June.

Discussion took place on staffing levels which are now reducing and being monitored. The Chair stated that it would be useful to get an update on the approach used to manage outstanding actions and learning from complaints. JM agreed for this to be submitted as part of the next report.

The Chair conveyed thanks to staff in the division.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **83/20 COMMUNITY HEALTHCARE DIVISION PSQB SUMMARY REPORT**

Elizabeth Morley (Associate Director of Nursing) was in attendance to present the division's patient safety and quality report, highlighting how keeping the base safe has been maintained and how changes have been made in the division in response to COVID-19.

The division initiated a daily Bronze call where daily messages and implications from organisational groups, such as tactical and Personal Protective Equipment (PPE) were shared. Decisions regarding risks and concerns were discussed, as well as agreement of points for escalation.

The PSQB meeting was cancelled in March, but went ahead in April. This was however brought forward a week in light of the March meeting's cancellation.



Orange panels have been taking place but temporarily changed to fortnightly in late March through to the end of April.

There were some changes to service; however, not all could be stepped down due to patients still needing to be visited in their own homes. Some changes included:

- The District Nursing service implementing a nursing prioritisation plan to ensure patient's safety is maintained whilst managing the impact of COVID-19 on the service. All community nursing teams were called upon to increase their support into Calderdale care homes and working hours were adapted. The Quest for quality / Frailty / Outpatient Parenteral Antimicrobial Therapy (OPAT) pathways were developed to reduce the needs for admissions to hospitals
- All specialist nursing clinics were put on hold, with face-to-face contact stopped, and teams contacting patients via telephone and providing advice. There is also the possibility of completing rehabilitation classes with the use of telehealth.
- All routine face-to-face contact with community therapies were stood down. Consultations and advice were provided over the phone.
- Inpatient Therapies staff continued to support inpatient areas and some were redeployed into new areas

An enhanced support team for care homes in Calderdale was quickly established by the division, and part of the role of the team was to facilitate treatment with antibiotics and intravenous fluids for residents who became unwell and required this intervention. This treatment would usually only be offered in the hospital setting, however, the ability to offer this treatment in the community and more specifically in the patient's home, resulted in residents of care homes staying within a familiar environment, with people that they knew and stopped the need for a transfer to hospital. The division are now looking to sustain this service and offer it more widely.

The report also highlighted the division's position with incidents and complaints.

Discussion ensued on whether the new service has been quantified in numbers by seeing how many patients were able to avoid coming into hospital. EM stated that the data is still poor and still COVID-related, but will be monitored over a period of time to see the demand.

The Chair conveyed thanks to the flexibility of staff in the division.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **84/20 FAMILIES AND SPECIALIST SERVICES (FSS) DIVISION PSQB SUMMARY REPORT**

Dr Julie O'Riordan (Divisional Director) was in attendance to present the division's patient safety and quality report, highlighting how keeping the base safe has been maintained and how changes have been made in the division in response to COVID-19.

Due to the COVID pandemic, the division suspended business as usual (BAU) in order to support direct patient care. To keep directorate colleagues updated during this rapidly changing time, the FSS Senior Management Team (SMT) instigated a daily COVID hub, via Microsoft Teams to disseminate information. Directorate teams were also allocated a weekly 30-minute time slot immediately after the hub meeting to meet with the SMT in lieu of the Directorate Performance meetings. These short weekly meetings provided directorates with protected time to meet with the SMT to either escalate non-COVID concerns or provide assurance that pre-COVID BAU was continuing (for example Essential Safety Training).

Changes to the service included:

- Maternity services, due to their nature, continuing to see steady numbers of women through both hospital and community antenatal and postnatal clinics. These have been operated using a combination of face-to-face and virtual / telephone appointments.

- Colleagues in Pathology being an integral part to the instigation and expansion of COVID testing, whilst maintaining essential pathology services. This has meant that colleagues worked throughout all areas of Pathology to maintain services. It was stated that outside of Leeds, CHFT were the only trust carrying out its own testing, therefore having a quick turnaround time..
- Pharmacy's workload increasing to support the provision of aseptics, and batch-made intravenous drugs to support patients on ICU. By the nature of COVID-19, daily pharmacist visits to ward areas were discontinued and replaced by increased pharmacists in the department offering telephone advice to staff.
- Radiology embedding a Radiographer within the COVID ED to support rapid access to chest x-rays for patients. Radiologists worked closely with colleagues in other divisions to formulate pathways of care that avoided the unnecessary ordering of radiological examinations for patients, ensuring that early access was available for those patients in greatest need of any examination.
- All routine outpatient clinics being suspended due to COVID-19 and the majority of nursing staff redeployed to support patient care in other areas of the hospital, for example ED, ICU or the respiratory wards.

All staff in each department have conducted themselves professionally during this period of rapid service change, new PPE requirements, including the use of face masks for direct patient care, social distancing, and also redeployment away from their base areas, showing great team work and a commitment to one Culture of Care.

PSQB meetings were stepped down and now reinstated. Weekly orange panels have continued to take place via Microsoft Teams. Timelines for newly reported incidents are presented and dealt with at divisional level or escalated to serious incident (SI) panel. Draft reports have also been presented by the investigators and either signed off or brought back following additions/amendments.

The report also highlighted the division's position with incidents and complaints. In relation to patient experience, the introduction of Dect phones to senior clinical decision makers have allowed primary care colleagues to discuss individual patient concerns, and prevent unnecessary admissions to both paediatric and gynaecology wards.

Discussion took place on how pathology staff are coping with the increased work. It was stated that due to a reduction in other testing due to the reduction in inpatients and primary care tests, staff have been moved into the laboratory with additional training and have worked well on that. JE also stated that pathology staff have been excellent with testing to establish if staff have been COVID-positive or negative, and now working with establishing an approach for antibody testing, which will be on offer from Wednesday, at the latest.

The Chair conveyed thanks to the staff in the division.

**OUTCOME:** The Quality and Workforce Committee received and noted the report.

## **85/20 RECRUITMENT, SICKNESS AND STAFFING LEVELS**

Mark Bushby (Workforce Reconfiguration Lead) presented appendix J, highlighting the recruitment, sickness and staffing levels from the workforce integrated performance report, showing data for April 2020.

Return to work interviews recorded is red, with manual handling essential safety training at amber. MM stated that manual handling training had to be modified and needed to reduce the numbers of people doing the training due to social distancing. The overall domain score is 93.5%, which excludes appraisal data. Staff in post have increased by 119, with the bulk

being student nurses. There were 125 new starters for the month, with budgets reset for the new financial year. Staff turnover has reduced.

Sickness has increased, with anxiety, stress and depression being the top reasons, overall essential safety training is at 93.61%, and workforce absence in May 2020 was 537, with 281 related to COVID-19 and 256 other sickness. 726 staff have been tested, with 596 negative and 156 positive and 14 awaiting results.

KH stated that at the beginning of this, there was a drive to bring those who had retired back into the workforce, and asked if they were part of the data. It was stated that not many people fit into the criteria to return to work, and there were two streams – one was the national bring back staff scheme where 60,000 people were invited (CHFT had some members across this group), as well as CHFT's own work stream of staff who had retired in the last two years (see data below)

	<b>Bring Back Staff</b> (national campaign / scheme)	<b>CHFT returners</b>
Allied Health Professionals	2	4
Additional Clinical Services	1	7
Nursing and Midwifery	15	11
Healthcare Scientists	0	1
<b>Total</b>	<b>18</b>	<b>23</b>

There was a lower amount of colleagues who volunteered and most of the additional workforce was through accelerated recruitment, student nurses and via the bank system.

JE reported on an exceptional job and credit to colleagues to keep essential safety training at its position. This has been linked to pay progression, and the appraisal season was agreed last week at IMT to be from July to October 2020.

The Chair asked if the Trust has benefitted from an increase in applicants due to the 'NHS feel-good'. JE stated that there were a lot of vacancies in system anyway, but there is a view that the bring back staff scheme should fill vacancy positions across the NHS. This will be able to be tested in the months to come. MM also reported that some staff who were deployed to outside their normal working practice, have said that they have enjoyed working in that area, and may be willing to work in other areas.

JE reported that absence figures are reducing, and as of Thursday, 552 were absent from work, with 283 COVID-related, 218 shielding and 158 in the high-risk shielded category. 50 fall into high risk and 10 being reassessed. Work is ongoing in divisions to ensure the right categorisation and determining whether colleagues can return to work.

## **86/20 HEALTH AND WELLBEING OFFER**

Jason Eddleston (Deputy Director of Workforce and Organisational Development) presented an update on the CHFT health and wellbeing offer at appendix K. The focus of the next phase – reset and renew was included in the report.

The expectations, actions and resources for the prepare, active, recover and reset phases were shared and reported that the well-being offer was well-accessed and well received and supportive of evidence in the organisation with one culture of care being embedded.

The focus of this report was the reset and renew phases of health and wellbeing support, which includes:

- One culture of care to be the key enabler / driver / purpose
- More targeted support to specific groups (including teams in need, or by location / proximity to high concentration of COVID+ deaths or care / colleagues shielding– emphasis will be on proactive support

- Listening events and Schwartz Rounds high priority
- 24/7 counselling services to continue and to procure external services that cannot be delivered in-house
- Managers guides continue to be produced – compassionate communication / reorienting colleagues back into their workplace / supporting roles to continue working from home / BBTU daily briefs and debriefs
- Wellbeing champions assigned to each service / ward / department to champion breaks, hydration, access to freedom to speak up, rotas, physical and mental wellbeing activities.

Discussion took place stating that this goes beyond COVID-19 and is a good springboard for moving forward, and staff will recognise the value of it when the staff survey is due.

Thanks were conveyed to colleagues in the Workforce and Organisational Development department for the phenomenal job in providing this resource, supporting staff and the level of strategic oversight done. The business intelligence team have also done great work with health informatics to allow the data to be easily read.

#### **87/20 STAFF TESTING AND INITIAL PROTECTED CHARACTERISTICS ANALYSIS DATA**

Mark Bushby (Workforce Reconfiguration Lead) presented appendix L, highlighting the breakdown of reported data from staff testing.

558 tests were carried out for staff displaying symptoms, with 114 providing a positive result. The medical division reported a significantly higher number of positive results compared to other divisions, and 35 of the positive cases within the medical division were found in the acute medical directorate. The report also breaks the data into gender, staff group and BAME individuals.

It was asked if this analysis is planned for the future, and it was stated that work is taking place with the rostering team to ensure that staff are in the correct locations in order to have accurate data on where staff were deployed.

CP reported that the high figure of positive cases in the acute medical directorate is not an area that is prone to carrying out Aerosol Generated Procedures (AGPs), therefore will follow this up with the Medical Director.

#### **88/20 CLINICAL ETHICS PANEL TERMS OF REFERENCE**

A copy of the Clinical ethics panel terms of reference were circulated at appendix M for information.

#### **89/20 ANY OTHER BUSINESS**

There was no other business.

#### **90/20 MATTERS TO REPORT TO THE BOARD OF DIRECTORS**

The Chair to update the Board of Directors at the next meeting on Thursday, 2 July 2020.

#### **91/20 EVALUATION OF MEETING**

A good meeting with representation from divisions.

#### **92/20 QUALITY COMMITTEE WORKPLAN**

The Quality Committee work plan for 2020 was available at appendix N.

The work plan lists outstanding items that need to return to the Quality Committee. The due date for the quality account to be revised.

#### **NEXT MEETING**

Monday, 29 June 2020 at 3:00 – 4:30 pm via MS Teams

## Quality and Workforce Committee – Monday, 4 May 2020 – MA

10



## **CHARITABLE FUNDS COMMITTEE**

### **Minutes of meeting held on Wednesday 26 February 2020**

**Present:** Philip Lewer (Chair), Gary Boothby, Richard Hopkin, Peter Wilkinson, John Gledhill

**In attendance:** Emma Kovaleski, Carol Harrison, Lyn Walsh (minutes)

**Apologies:** David Birkenhead, Ellen Armistead, Sheila Taylor, Asif Ameen

#### **1. Declaration of Independence**

At the beginning of the meeting the Charitable Funds Committee members made their Declaration of Independence. R Hopkin declared an interest as treasurer of Calderdale Community Foundation.

#### **2. Minutes of the last meeting**

The minutes of the last meeting held on 6 November 2019 were agreed as a true and correct record.

#### **3. Actions and Matters arising**

Brand Launch: E Kovaleski updated that work was continuing to raise the profile of the charity, promotional resources have now been delivered, items such as pens, mugs, running vests, donation envelopes and a large cheque for photo opportunities. Good news stories are being shared and social media platforms are now in place and are actively being used. G Boothby commented that the Exec team had been involved in trying to identify accommodation for the charity in the front corridor of the hospital building. **Action Closed.**

Risk register and strategy update: E Kovaleski presented a paper with updates to the risk register. Questions were raised around risk scores and target risk scores. **Action** R Hopkin to review risk register before it is sent to the Trusts risk committee for sign off. **Action Closed.**

E Kovaleski presented a two year strategy paper showing five key areas. This had been previously shared and discussed; this was presented for the committee to formally approve. This has been an outstanding action on audit recommendations; R Hopkin is to update that this is now complete at the next audit committee. He asked that the audit recommendations were shared outside of the meeting. **Action Approved.**  
**Action E Kovaleski to circulate Audit Recommendations outside meeting.**

Review re consolidation of smaller funds: E Kovaleski reported that funds are continually reviewed. C Harrison explained to the new members the number of funds currently in use and how these had been reduced over the years. G Boothby asked if special purpose new funds could be set up. It was agreed that this could be done with R Hopkin suggesting a level of over £5k to be raised before a new fund was opened. P Wilkinson asked if we get cash handed into departments this was confirmed that we do. There are processes in place but an audit trail and capture of donor details are challenging. Operational updates are being looked at. **Action Closed.**

Healthy minds feedback and bid update: P Lewer updated that he had written to the CCG to get their opinion. The CCG provided positive feedback. There was discussion that the CCG may be able to support in the future instead of further grants being given. **Action: £37.5k grant to be released. Action Closed.**

Business case for bespoke fundraising CRM: A fundraising CRM was discussed, to capture donation data to be used to thank and contact donors. There are costs with this option and it will be reviewed in the future. **Action Ongoing.**

Draft Expenditure policy (Inc. allowable/ non allowable): This is still in draft. E Kovaleski presented the paper. G Boothby asked if the format would be made public. Emma confirmed it will be on the intranet and a page will be added to the cupboard. **Action Supported subject to review by P Lewer.**

#### **4. Quarter 3 2019/20 SOFA and Balance Sheet**

C Harrison updated on the quarter 3 position Action noted.

**Action: Circulate Report & Accounts 1819 to BOD.**

#### **5. Quarter 3 2019/20 Income & Expenditure Summary**

E Kovaleski presented the new style paper which put some context behind the numbers. A breakdown of where donations come in has been done which will help with focus in the future. Q4 focus was discussed with digital developments, 3 peaks, and great north run in the pipeline.

#### **6. KPI's 2020/2021**

KPI's were discussed, how do we measure success and if fundraising is working. E Kovaleski would like some suggestions on where fundraising can be focused. G Boothby is waiting for feedback from other committee members. **Action:** Process G Boothby, Ellen Armistead, D Birkenhead, E Kovaleski to get together to discuss and circulate ideas in the next 2-3 weeks.

#### **7. A Ormerod sub- committee minutes and bids**

G Boothby and C Harrison explained the fund to the new members. The bids from Cllrs Carrigan & Potter were considered. Support was given for Walsden St Peter's Primary School therapeutic room £5.7k and support for an extra day per week from the disability support team £3k. **Action C Harrison to make contact.**



## **8. Organ Donor Memorials at CRH and HRI**

Funding for memorials is approved at £300 value at present. This runs out quite quickly and new approvals have to be sort often. P Lower agreed that a yearly update to the committee was sufficient.

## **9. General Purpose funds- bidding process**

There was discussion about how bids are made and that we need a proper process in place to evaluate and agree on which are successful. **Action:** G Boothby & E Kovaleski to make suggestions and discuss with E Armistead and D Birkenhead. G Boothby reported that there are possible bids for staff costs in certain areas that would be worth consideration for 12 month periods. **Action** G Boothby to try to get agreement and share outside of the meeting.

## **10. General Surgical fund - proposal**

E Kovaleski presented the paper on behalf of general surgery for feedback from the committee. After discussion it was decided that this didn't meet charitable funds criteria. **Action:** E Kovaleski to feed back to general surgery.

## **11. Minutes from the staff lottery committee held on 3 December 2019.**

For information only action noted.

## **12. Any Other Business**

C Harrison updated that the second payment to Age Concern Todmorden had been made.

E Kovaleski updated that she was involved in other commercial sponsorship (CHuFT).

J Gledhill and the other new members said they liked the function of the committee and were surprised at how much was involved.

## **15. Date and time of next meeting**

27<sup>th</sup> May 2020 at 14.00 – 15.30 Room Group Therapy Room Acre Mills



# CHARITABLE FUNDS COMMITTEE MEETING

26 February 2020

Action Log - 2019/20

CURRENT ACTIONS					
Agenda Topic	Ref	Action	Lead	Due Date	Status
Matters arising	26.02.20	Audit recommendations to be circulated outside meeting.	EK	Mar-20	
Budget Proposal	26.02.20	Business case for fundraising CRM. <b>Update Feb 20 review in future</b>	EK	Jan-21	ongoing
Q3 SOFA & BAL SHEET	26.02.20	Circulate Final Accounts 1819 to Board.	CH	Mar-20	
KPI's	26.02.20	Process & Measures review	GB/EK/ EA/DB	Mar-20	
A Ormerod sub- committee minutes and bids	26.02.20	Confirm approval of bids.	CH	Mar-20	
General Purpose funds - bidding process	26.02.20	Bidding process to be discussed and agreed outside of the meeting.	GB/EK/ EA/DB	Mar-20	
General Purpose funds - bidding process	26.02.20	Bids re salaries to be discussed outside meeting.	GB	Mar-20	
General Surgery Charity proposal	26.02.20	General Surgery proposal declined. Feedback to be given to Division	EK	Mar-20	



## **CHARITABLE FUNDS COMMITTEE**

### **Minutes of meeting held on Wednesday 24 June 2020**

**Present:** Philip Lewer (Chair), Gary Boothby, Richard Hopkin, Peter Wilkinson, John Gledhill, Sheila Taylor, Ellen Armistead, David Birkenhead

**In attendance:** Zoe Quarmby, Emma Kovaleski, Carol Harrison, Lyn Walsh (minutes)

**Apologies:** None

#### **1. Declaration of Independence**

At the beginning of the meeting the Charitable Funds Committee members made their Declaration of Independence. R Hopkin declared an interest as treasurer of Calderdale Community Foundation.

#### **2. KPI, communications and marketing update.**

As the last meeting was cancelled this interim meeting was an update and was to highlight the volume of activity due to Covid 19.

Emma presented the paper which showed an increase in income year on year. Total income since April is £188k and gifts in kind of £180k. Donations in kind have been measured at retail value. Working closely with the Engagement Team, over 150 boost boxes were distributed.

The keep warm strategy was presented which puts in place focus for June – December with overarching communication and engagement principles with the aim of keeping our donors and connections warm and our engagement levels are maintained.

#### **3. Funding Approval and grant application process.**

There was a verbal discussion. Emma updated on the status of NHS Charities Together; grants totalling £77,000 have been received (£35k of this in the last financial year).

Questions were asked regarding funding raised by Captain Tom. Emma explained how this works and emphasised that we need to keep engagement up and focus on draw down of national monies.

She asked for support on moving forward and dealing with the challenge of finding projects to fund. Gary spoke to the committee about potential bids, how do these get prioritised and ranked.

A Funding Request form is being developed which will be closer to getting more value to patients. This will be distributed via Team briefs/Covid news. It was agreed that we need a wider reach to make a difference. Ellen suggested that it could be put on the Ward Managers meeting agenda.

It was decided that the bid and link to a format would be looked at with a time scale of 6 weeks for completion. This could then be shared to a wider audience including Governors.

#### **4. Creation of Charity Hub/HQ**

Emma updated that space may have been identified at HRI for the creation of the charity hub. Gary said approval had been given by Helen Barker and Bev Walker to use the space. Awaiting a quote from CHS Estates for branding etc.

At CRH an information stand would be created there is a cost circa £1,300 to do this which was supported by the committee. The Committee agreed to fund both of these.

#### **5. Formation of operational subcommittee and draft Terms of Reference.**

There was a discussion about the formation of a sub committee that would support the Charity to identify projects and appeals and day to day operations. Ellen felt it would be good to have some public/ patient involvement. David suggested having a wider decision-making group would also spread knowledge of the charity. Phillip suggested involving Andrea McCourt with respect to governance. Gary suggested sending out asking for expressions of interest from a wider range of people such as ward managers and governors.

This was agreed in principle and was delegated to Emma/Ellen/David/Gary to circulate a paper electronically re membership, activities and Terms of Reference and to have these ratified at the August meeting.

Bradford's terms of reference were shared as an example.

#### **6. Date and time of next meeting**

**Wednesday 26<sup>th</sup> August 2020, 2pm Microsoft Teams**

**Draft Minutes of the Audit and Risk Committee Meeting held on:**

**Wednesday 29 January 2020 in Room 3, Acre Mills Outpatients commencing at 11:00 am**

**PRESENT**

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

**IN ATTENDANCE**

Andrea McCourt (AMcC)	Company Secretary
Adele Jowett (AJ)	Assistant Anti-Crime Manager (Audit Yorkshire)
Betty Sewell (BS)	PA to Director of Finance (Minutes)
Gary Boothby (GB)	Director of Finance
Kirsty Archer (KA)	Deputy Director of Finance
Leanne Sobratee (LS)	Internal Audit Manager, Audit Yorkshire
Mandy Griffin (MG)	Managing Director, Digital Health
Clare Partridge (CP)	External Audit Partner, KPMG
Salma Younis (SY)	Senior Manager, KPMG
Peter Keogh (PK)	Assistant Director of Performance (for Item 07/20 only)

**OBSERVERS**

Philip Lewer (PL)	Trust Chair
Olivia Townsend (OT)	Local Counter Fraud Specialist

**01/20 APOLOGIES FOR ABSENCE**

Apologies were received from: John Richardson, Keith Redmond, Helen Kemp-Taylor, Helen Barker (for Item 07/20)

**02/20 DECLARATIONS OF INTEREST**

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

**03/20 MINUTES OF THE MEETING HELD 30 OCTOBER 2019**

The minutes of the meeting held on 30 October 2019 were approved as a correct record subject to the amendment of the job title for Kirsty Archer to 'Acting Director of Finance' as at the time she was covering for the Director of Finance.

**OUTCOME:** The Committee **APPROVED** the minutes of the meeting held 30 October 2019.

**04/20 ACTION LOG AND MATTERS ARISING**

The action log was reviewed and updated accordingly.

**Update on ICODD** – The Managing Director, Digital Health confirmed that the ICODD module is ready for deployment, however, clinical negotiations are still on-going. It is likely that the module will be deployed with a caveat that it may change once EPR has been up-graded – **action closed**.

**i) Health & Safety Attendance at Audit & Risk Committee (ARC)**

Following the arrangement for the Health & Safety Committee to report into ARC concern was raised that there was no Health & Safety representation at this forum. The Company Secretary advised that it had been agreed at the January Board, to provide assurance, the Board would receive a Health & Safety Report three times a year.

**ii) Sub-Committee Reporting**

Discussions took place regarding the length of the papers which are received by this Committee from its Sub-Committees. It was suggested that going forward each Sub-Committee should agree their key themes which have been discussed, and the key issues raised, this would then be turned into a

one-page summary report for ARC. As part of the discussions it was agreed that the minutes from the Sub-Committees would be uploaded to the Reading Room on Convene to enable further scrutiny. In addition to this each Sub-Committee will be scheduled to attend ARC individually throughout the year to give a detailed report with Information Governance scheduled to attend the April meeting.

A deep-dive would be requested from each reporting group, noting Data Quality had presented to this meeting with Information Governance to be scheduled for April, Health & Safety for July and Risk and compliance for October 2020.

**ACTION:** To ensure the Minutes from Sub-Committees are uploaded to the Reading Room on Convene - **AMcC**

**ACTION:** Information Governance to be scheduled as an Agenda item for the April Committee – **MG/AMcC**

**OUTCOME:** The Committee **APPROVED** the trial of a one-page summary from its Sub-Committees in an effort to address the length of papers received by the forum – **Action: AMcC**

### **Theatre Stock Management and Stock Take Audit**

iii) The Deputy Director of Finance reported that in response to the Year-End Audit Report a Task & Finish Group had taken place with the various disciplines involved in the audit. This exercise has proved useful in understanding the whole process. As an outcome to this exercise a number of actions have been agreed to improve the quality of the stock take for next year-end:

- Improved communications between ourselves and external audit regarding the reality of a live running theatre environment and our mitigations for those issues.
- Refresh of the Standard Operating Procedures with better communication for the team.
- Improvement of the stock sheets.
- Reinstatement of a process which had lapsed relating to a rolling validation of items recorded on the Bluespир stock management system, the number of items will also be reviewed.

It was noted that KPMG are happy with the actions and are now in the process of agreeing a date for a stock count.

The Managing Director, Digital Health raised a point that as part of the Scan 4 Safety project there is a theatre work-stream which includes stock which is part of the WYAAT collaborative inventory system currently being procured and in future years theatre stock could be streamlined further.

**OUTCOME:** The Committee **NOTED** the report and acknowledged the robust set of actions.

## **06/20 CYBER SECURITY DEEP DIVE**

The Managing Director, Digital Health presented an overview and assurance of the work being carried out in relation to Cyber Security. The presentation covered the background to vulnerable areas, accreditations and the must dos. It was noted that to invest in our infrastructure and to keep the Trust safe and cyber-free there is also a commercial opportunity which provides income. The statutory requirements are ever increasing and NHS Digital are responsible for alerting colleagues within Trusts that they are vulnerable to cyber-attack. The Data Security Protection Toolkit (DSPT) for 2019/20 has new standards for technical safety as well as information governance; this has become a challenge for the Trust which will require investment.

In terms of the recent Audit Report, Audit Yorkshire had carried out an internal audit and as a consequence had awarded 'Significant Assurance'. However, MG suggested that we should not be too complacent with this assurance. It was noted that within the Audit Report there were positive comments on things that we were doing well, however, this is to be balanced with regard to the number of 'reds' relating to patching and the supported software. It was noted that the internal audit report was based on the older Information Governance toolkit not DSPT.

With regard to the next steps the actions from the audit report will be completed with a focus on full compliance of the DSPT which will require an investment plan. A capital bid was submitted to the capital panel for around £9m of which £1m was secured. The possibility of securing external funding for our key risks is being progressed and we are awaiting confirmation regarding this. A Cyber Team is being established to enhance our skill base and capacity.

It was acknowledged that there is always more to do regarding staff awareness and along with Information Governance mandatory training there are regular communications circulated asking colleagues to remain vigilant for phishing e-mails which should be reported immediately.

**OUTCOME:** The Committee **RECEIVED** and **NOTED** the Cyber Security Deep Dive recognising the ever-evolving threat of a cyber-attack and the on-going agenda item for the Trust.

#### **07/20 DATA QUALITY UPDATE REPORT**

The Assistant Director of Performance presented to the Committee a report following its request to provide assurance regarding the Trust's data quality processes which had been commissioned from an external organisation in September 2019. Key metrics across the domains of workforce, in patients, theatres and outpatients were reviewed. The conclusion of the report was that the metrics examined gave significant assurance about data quality across the variety of indicators, however, the internal work on referral to treatment (RTT) and the wider planned access data quality continues to highlight areas for improvement. It was noted that in light of the continued validation work on RTT the Data Quality Board had agreed to focus on continuing to improve the RTT/Access elements of data quality and that the recommendations from the report should be put on hold until the RTT field test is complete.

MG commented that having gone through the implementation of EPR we were the only Trust who continued the reporting of RTT from go-live, this has been a challenge for most Trusts and shows the strength of the team.

PK assured the Committee that there is an on-going programme in place and the recommendations will re-visited at an appropriate time.

**OUTCOME:** The Committee **NOTED** the Data Quality Update Report and the encouraging outcomes and also the challenges.

#### **08/20 BOARD ASSURANCE FRAMEWORK (BAF)**

The Company Secretary reported that the Trust Board held a BAF and Risk Management Workshop in early December 2019. At this workshop it was decided to re-align the BAF review dates at Board and Committee meetings to allow for prior review of the BAF by the Audit & Risk Committee before the Board meeting. The paper detailed the revised Committee and Board dates agreed for 2020 / 2021. This will ensure the Audit & Risk Committee and Board review the BAF three times a year in line with the frequency of the BAF Standard Operating Procedure.

In terms of the risk profile for strategic risks, it was noted that there are 18 risks in total with 7 red. There are three new risks, one being a Health & Safety risk which was discussed and agreed at the Board in January 2020. The two added more recently, namely Integrated Care Systems (ICS) financial risk, ref. 17/19 with a score of 9 and the Long Term Financial Sustainability (LTFS) risk, ref 18/19 which has a score of 25. At the Board workshop it was proposed that the LTFS, which is currently on the high level risk register should sit on the BAF and that discussions should take place at Finance & Performance Committee on the 3<sup>rd</sup> February 2020 to confirm this. Committee suggested reviewing whether the two long term financial risks should be merged.

The External Audit Partner clarified that in her view the role of the Audit Committee was to make sure that there is proper challenge and that the BAF process is fit for purpose, however, there are more deep-dives into risk with the Audit & Risk Committee testing the process.

AN recognised that most risks are well aligned but felt that there was more work to do matching risk appetite to target risk. The Company Secretary explained that some of the scores are higher due to the pressing operational nature of the risk compared to the longer term strategic risk. It was noted that with regard to the EPR risk this should be reduced to a 9. Discussions then took place as to whether the EPR risk was too narrow and it was suggested that EPR should be replaced by a risk relating to digital experience as a whole. It was also noted that this change may be difficult to monitor, however, with the development of a Digital Strategy describing our ambitions this could be the measurement and could be translated into the BAF.

**ACTION:** To provide a revised description of the EPR risk following discussion of the Digital Strategy at the May Board meeting – **MG/AMcC**

**ACTION:** To discuss and review within Finance & Performance Committee with the possibility of amalgamating both financial risks as one – **KA**

**OUTCOME:** The Committee **RECOMMENDED** the updated Board Assurance Framework (BAF) to the Board noting that amends to EPR/Digital and Finance Risks will be received.

## **09/20 COMPANY SECRETARY'S BUSINESS**

### **i. Risk Management Strategy**

The Company Secretary reported that the Risk Management Strategy had been refreshed as detailed in the paper. The revised strategy will also be presented to the Quality Committee on 5 February 2020 prior to consideration for approval at the Weekly Executive Board meeting on 20 February 2020 and by the Board on 5 March 2020. The Committee were also advised that the Quality Committee reporting groups are being actively reviewed and this part of the structure is likely to change. For clarification the reference to the Senior Risk Manager relates to Maxine Travis who has been in post since April 2019.

The External Audit Partner referenced the 'Three Lines of Defence' which was felt could relate to a wider group of external parties. AN also commented that the 'risk level /appetite' in section 6 be clarified as the BAF has both a risk appetite level and risk appetite - this will be picked up outside the meeting.

**OUTCOME:** The Committee **RECOMMENDED** to the Board the revised Risk Management Strategy subject to the comments noted.

### **ii. Annual Report Timetable 2019/20**

The Company Secretary presented the Annual Report & Accounts Timetable highlighting that guidance is still to be received for Quality Account and this delay could cause a backlog. External Audit highlighted that if RTT was a mandatory indicator an alternative indicator would need to be agreed. It was noted that the Committee and Board meetings would take place on the 20 May 2020 for the 2019/20 Annual Accounts and Annual Report sign-off.

**OUTCOME:** The Committee **NOTED** and **APPROVED** the Annual Report Timetable.

### **iii. Review Standing Orders / Standing Financial Instructions (SFIs) / Scheme of Delegation**

The Company Secretary reported that to take account of the further work required on the SFIs an extension of 3 months to complete this work has been requested and the Standing Orders, Standing Financial Instructions and Scheme of Delegation will, therefore, come back to the April meeting.

**ACTION:** To ensure this is an Agenda Item for the April meeting – **KA/AMcC**

**OUTCOME:** The Committee **APPROVED** the extension to enable further work to be carried out.

**iv. Internal Audit Monthly Insight Report (TIAN)**

The Company Secretary reported that Internal Audit now share the NHS monthly Insight Report. This had been discussed at Quality Committee, however, following their discussions it was felt that ARC was the more appropriate Committee to receive this report. The Internal Audit Manager shared with the Committee that three other Trusts take the report to their ARC. The Company Secretary explained that there is an issue to ensure relevant colleagues within the Trust are seeing the report. The Committee agreed that all three Chairs of the Sub-Committees (Finance & Performance, Quality Committee and Audit and Risk Committee) should receive the report and the Company Secretary should highlight the salient points for each Committee to be followed through. It was also agreed that the monthly reports would be collated by Internal Audit and uploaded to the Reading Room on Convene.

**ACTION:** To arrange for the monthly Internal Audit monthly Insight report to be combined and uploaded to the Reading Room on Convene with the salient points highlighted – **LS/AMcC**

**OUTCOME:** The Committee **AGREED** a process for the dissemination of the Internal Audit Monthly Insight Report.

**v. Self-Assessment of Committee Effectiveness**

The Company Secretary informed the Committee that the annual Self-Assessment of Committee Effectiveness would be circulated for completion by the **14 February 2020**, the outcome of this assessment will inform an action plan for the Committee.

**OUTCOME:** The Committee **NOTED** the request to complete the Self-Assessment of Committee Effectiveness by the due date.

**10/20 THIRD PARTY ASSURANCE MAPPING**

The Company Secretary reported that the third-party assurance mapping links into the Trust's Code of Governance. The paper listed the third-party bodies with which the Trust needs to co-operate, some statutory and some non-statutory. It was noted that research into what other Trusts are doing in this area had been hard to find and any intelligence would be appreciated.

The External Audit Partner suggested that Leeds Community had been very active in this area and could be approached to consider how they had developed their mapping. The Managing Director of Digital Health informed the Committee that there had been a robust joint governance structure with Bradford Teaching Hospital in relation to EPR, it was agreed to share the collaborative and joint governance structure with the Company Secretary. Discussions took place regarding the organisations to be added to the lists, the relationships that we practically have with the relevant bodies, the 'owner' of that relationship and whether more work should be done to document the key relationships and how they are managed.

**ACTION:** To share the EPR collaborative and joint governance structure with the Company Secretary - **MG**

**OUTCOME:** The Committee **APPROVED** the Third-Party Assurance schedule subject to addition of other partners.

**11/20 THE EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS**

**i. Review of Losses and Special Payments**

The Deputy Director of Finance reported the losses and special payments over Quarter 3, 2019/20, which was relatively higher than previous quarters. The combination of the following items had driven the increase:

- historical bad debt write-offs



- a higher than normal level of payments through NHS Resolution which also relate to historic items.
- a specific item relating to the write-off of stock in Angiology, the issue of stock management has been picked up directly with this service.
- the routine write-off of stock within PMU has been recognised within this report, the impact quarter by quarter has been backdated for this year.

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

**ii. Review Waiving of Standing Orders**

The Deputy Director of Finance reported over the quarter, a total of £161k standing orders have been waived. There had been a total spend of £12m through the Procurement department within the quarter.

**OUTCOME:** The Committee **APPROVED** the Q3 waiving of standing orders report.

**12/20 INTERNAL AUDIT**

**i. Review Internal Audit Progress Report**

The Internal Audit Manager confirmed that against the plan there are 10 audit reports:

- 8 significant assurance
- 1 high assurance
- 1 limited assurance

9 of these been finalised since the October 2019 meeting.

The Internal Audit Manager explained that there is a further report regarding GP Communications which will be 'limited', the recommendations have recently been agreed and will be presented to the Digital Health Forum before being finalised and presented to ARC. In addition, the report relating to Patient Access has now been finalised and issued, this is reflected in the KPIs which have improved in terms of the percentage of final reports issued within target time, which now stands at 90%. In terms of changes to the plan it was reported that two changes related to straight swaps, however, there was a concern that the 30 days would not be used for the Medical Directorate Audit due to staff sickness. Since the publication of the report it had been confirmed that the days would be used for a Delegated Consent audit which is in the planning stage. The deferral of the HPS audit was also highlighted and noted by the Committee.

RH referred to the audit regarding Estates Management Expenditure and the concerns raised within the report. LS suggested that the recommendations now in place along with the likely move from a manual to an electronic process should tighten up the system. With regard to the question relating to the potential issue of obtaining value for money, it was noted the scale of the issue needs to be understood, however, it relates to items less than £10k.

RH also referred to the Financial Systems audit report which makes reference to the sign-off of control account reconciliations and journals and that the recommendations dating back several years. KA commented that we are constantly trying to improve and KPIs are being monitored for each divisional finance team. There has been an improved position and proactively we are reviewing the content of some of the control requisitions and questions are being asked of the divisions regarding their coding. In addition, there are plans to meet with each of the divisional teams for them to be challenged face to face regarding their KPIs.

**ACTION:** To share KPIs relating to financial systems with Internal Audit – **KA**

AN referred to the End of Life Care audit and the follow up on elements of the Gosport Enquiry Review. It was noted that the field work is now complete, and the report should be ready over the next few weeks. AN asked that there should not be a disconnect between Quality Committee and ARC and that we should look to share the report so that any issues can be raised early.

**ACTION:** To share the report regarding the Gosport Enquiry Review with Quality Committee - **LS**

**OUTCOME:** The Committee **APPROVED** the internal audit Q3 progress report.

**ii. Internal Audit Follow Up Report – Summary for Q3, 2019/20**

The Internal Audit Manager reported that not all outstanding recommendations have been closed, however, the narrative details the work which has been undertaken and that by quarter 4 quite a few should be cleared. It was noted that there are two overdue 'major' recommendations, however, things going well with more realistic deadlines which should be achieved.

AN highlighted the graphs which shows that we seem to have drifted in relation to overdue recommendations and Internal Audit will follow up.

**OUTCOME:** The Committee **APPROVED** the Internal Audit Follow Up Report for quarter 3, 2019/20

**13/20 LOCAL COUNTER FRAUD**

**Local Counter Fraud Progress Report**

The Assistant Anti-Crime Manager (Audit Yorkshire) highlighted the mandatory introduction of a Counter Fraud Champion for every health body. The Fraud Champion should be a senior manager within the health body but should not have managerial responsibility for Counter Fraud work. The report included the Frequently Asked Questions (FAQs) with regard to this role for information.

It was noted that there has been a new referral relating to allegations of staff working whilst claiming sick pay. This investigation is still in the early stages and a further update will be given at the next ARC meeting. It was also noted that as part of the NHSCFA's plans to support and assist organisations in improving counter fraud outcomes they will soon be providing health bodies with benchmarking information for review. During 2020 Audit Committee Chairs, Chief Finance Officers and LCFSSs will receive notification of when the benchmarking data will become available and how it can be accessed.

A draft counter fraud plan will be discussed in Quarter 4 with the Director of Finance and the Head of Anti-Crime Services (Audit Yorkshire), and will then be presented for approval at the ARC to be held on the 15th April 2020.

**OUTCOME:** The Committee **NOTED** the Local Counter Fraud Progress Report

**14/20 EXTERNAL AUDIT**

**Sector Update**

The External Audit Partner from KPMG presented the sector update for January 2020. The key point highlighted refers to NHS Pensions Tax which remains an operational issue.

**External Audit Plan 2019/20**

The Senior Manager, KPMG, highlighted the risks on the audit plan which have been identified and will be the focus of the audit, noting these are part of the standard audit approach. It was noted that the Quality Account guidance has not yet been published, however, meetings are in the diary with the Company Secretary to discuss the process. It was also noted that the conversations have taken place regarding the timings of the IFRS 16 accounting standards changes including those relating to Project Echo.

The Company Secretary confirmed the 15<sup>th</sup> July 2020 for the presentation to Governors (AGM) to be included in the timetable.

**OUTCOME:** The Committee **NOTED** the Sector Update and the External Audit Plan for 2019/20.

**15/20 ITEMS TO RECEIVE**

The minutes of the previous meetings of sub-committees were received:

- Risk & Compliance Group Minutes – 7/10/19, 11/11/19 and 9/12/19
- Information Governance & Records Strategy Committee Minutes – 10/10/19, 6/11/19 and 9/1/20
- Health & Safety Committee – 20/8/19, 23/10/19 and 19/12/19 (action log)
- Data Quality Board Minutes – 11/9/19, 23/10/19, /3/12/19 and 14/1/20

It was noted that following discussions at the start of the meeting agreement had been reached for a more efficient method of receiving feedback from the various forums for future ARC meetings.

**OUTCOME:** The Committee **NOTED** the minutes received of the various meetings.

**16/20 AUDIT AND RISK COMMITTEE WORKPLAN**

The Chair and Company Secretary have reviewed the Workplan which now reflects the changes agreed.

**OUTCOME:** The Committee **NOTED** the Workplan.

**17/20 ANY OTHER BUSINESS**

There was no other business.

**18/20 MATTERS TO CASCADE TO BOARD OF DIRECTORS**

It was agreed to bring the following items to the attention of the Board:

- Cyber Update – Significant assurance from an independent review but we need to stay on top of this ever-evolving threat.
- Data Quality Update – external review was positive, however, there are still areas of focus.
- BAF recommended to the Board but recognised that the EPR and Finance risks need more work.
- Third Party Assurance Mapping – initial look with further work to do to formulate a practical process.
- Internal Audit – mixed story with fewer 'Limited Assurance' reports but need to be sharper in chasing down overdue actions.
- Year End Annual Accounts timetable and Audit Plan approved.

**19/20 DATE AND TIME OF THE NEXT MEETING**

The next meeting is scheduled on **Tuesday 7 April 2020, 1.00pm - 3.00pm in Room 4, Acre Mills Outpatients.**

**20/20 REVIEW OF MEETING**

Feedback from the meeting was positive with good content, discussion and coverage within the timeframe.

**Draft Minutes of the Audit and Risk Committee Meeting held on Tuesday 7 April 2020  
commencing at 1.00pm 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
Gary Boothby	Executive Director of Finance
Kirsty Archer	Deputy Finance Director
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Clare Partridge	External Audit Partner, KPMG
Jackie Ryden	Corporate Governance Manager (minutes)

**21/20 APOLOGIES FOR ABSENCE**

Apologies were received from Adele Jowett and John Richardson, Mandy Griffin and Helen Kemp-Taylor.

The Chair welcomed everyone to the Audit and Risk Committee meeting and outlined how the meeting would be managed as this was the first Committee meeting held digitally.

**22/20 DECLARATIONS OF INTEREST**

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

**23/20 MINUTES OF THE MEETING HELD ON 29 JANUARY 2020**

The minutes of the meeting held on 29 January 2020 were approved as a correct record subject to the following amendment.

Agenda Item 14/20 External Audit Plan 2019/20 - RH requested that the second paragraph be amended to read:

The Senior Manager, KPMG, highlighted the risks on the audit plan which have been identified and will be the focus of the audit, noting these are part of the standard audit approach. It was noted that the Quality Account guidance has not yet been published, however, meetings are in the diary with the Company Secretary to discuss the process. It was also noted that the conversations have taken place regarding the timings of the IFRS 16 accounting standards *changes including those relating to Project Echo*.

**OUTCOME:** The Committee **APPROVED** the minutes of the previous meeting held on 29 January 2020 subject to the above amendment.

**24/20 ACTION LOG AND MATTERS ARISING**

The action log was reviewed and updated accordingly. It was noted that some of the actions will be carried forward and will be completed once business as usual is reconvened.

RH gave an update on the action under 08/20 Board Assurance Framework which was to discuss and review within Finance & Performance Committee with the possibility of amalgamating both financial risks as one. He confirmed this had been done and was assessed at a combined risk of 16.

### **Matters Arising**

The Executive Director of Finance advised that following discussion at the previous meeting relating to the extension of the term of office of the external auditors, this would ordinarily have been presented to the Council of Governors for approval of the extension.

The recommendation by the Executive Director of Finance is to extend the contract by a further year. This had been supported by the Non-Executive Director Chair of the Audit and Risk Committee and also the previous Non-Executive Director Chair of Audit and Risk Committee. The main drivers for the recommendation are continuity of service and consistency of advice into 2020/21 where a number of transactions will be completed where advice has already been provided. In addition, recent national guidance has been received requesting that Trusts should not change external auditors at this time due to the current Covid-19 pandemic.

**Action: AM to share the extension of external audit paper which had been prepared for the Council of Governors meeting for 23 April 2020 (now cancelled) with the minutes of this meeting.**

**OUTCOME:** The Committee **APPROVED** the one year extension of the term of office of the external auditors.

### **25/20 STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS (SFIs), SCHEME OF DELEGATION – SUMMARY OF CHANGES REQUIRED**

#### **Standing Financial Instructions (SFIs)**

The Deputy Director of Finance presented a paper requesting an extension of the existing SFIs for a period of six months from April 2020 and the adoption of a temporary emergency addendum to the policy to deal with the management of Covid-19. A full review of the SFIs was undertaken in 2018, and in January 2020 the Audit and Risk committee approved the extension of the current policies for a period of three months to allow for a review to take place in the context of the heightened requirement around agency usage controls. The emergency surrounding Covid-19 has taken precedence and the national recommendation is that financial governance is reviewed to allow for expedient decision making and investment in front line services whilst maintaining key controls. This financial governance review has been completed and the SFI changes were presented in Appendix 1 which had been previously circulated (red text).

As with other policies in response to Covid-19, the SFIs and Scheme of Delegation are extended for six months.

The Trust does not have a planned budget to allow for Covid-19 expenditure but has been informed by national NHS Improvement /England (NHS I/E) guidance that all genuine and reasonable additional marginal costs due to Covid-19 will be reimbursed. As such, Covid-19 specific costs can exceed existing budget levels and existing planned capital expenditure levels but only upon approval through the delegated limits. Up to the investment value of £100,000 a business case would not be required to allow for the expedient purchase of medical equipment, but a written case would be required for capital expenditure above this value.

In normal circumstances the SFIs allow for a single source instead of competitive tendering in a number of defined circumstances. The nature of the Covid-19 preparations and fast pace required to deal with the limitations of supply of key products are likely to lead to a higher than usual number of exceptions on this basis. These waivers will be notified retrospectively to the Audit and Risk Committee.

The Trust is aware that Covid-19 presents a heightened risk of fraud with particular examples of scam emails in relation to supplies. All staff must be vigilant to this risk.

The Deputy Director of Finance confirmed that no changes were required to the SFIs relating to charitable funds. It was noted that there is increasing activity in this area which is covered by the existing charitable funds limits, approvals and processes. The Executive Director of Finance advised that due to an increase in charitable activity the process for decision-making in relation to charitable funds has been accelerated following agreement with the Chair of the Charitable Funds Committee and Trust Chair, Philip Lewer.

### **Scheme of Delegation**

The Company Secretary reported that following the review and up-dating of the Trust Scheme of Delegation at the Board meeting on 2 May 2019, a review has now taken place focusing on facilitating the Trust's response to Covid-19. The Company Secretary outlined the three changes proposed relating to the capital scheme authorisation limits, receiving hospitality, gifts and corporate sponsorship and temporary changes to bed allocation and use.

### **Standing Orders**

A number of points have been clarified in the Standing Orders but no changes have been made.

Following a query from RH, the Executive Director of Finance confirmed that in setting the approval limits reference has been made to the other Trusts in WYAAT and the other organisations within the Integrated Care system (ICS). RH also asked if the Trust has taken legal advice on the proposed changes and the Company Secretary advised that this had not yet been done. The External Audit Partner has reviewed the paper and believed the changes proposed are sensible. Following this discussion it was agreed that legal advice was not required.

The Executive Director of Finance assured members that additional procedures to maintain financial governance and controls have been put in place. There are a number of working groups and workstreams that feed into the Covid-19 Incident Management Team. The Executive Director of Finance or the Deputy Director of Finance attend the daily Incident Management Team and a member of the finance team is linked into each of the working groups and workstreams. All high value decisions are being tracked on a spreadsheet and these are currently being checked to ensure that all previous decisions have been captured.

Members supported the addendum to SFIs and revisions to the Scheme of Delegation. In line with the Constitution it was agreed to request approval from the Chair for the temporary addendum to the Standing Financial Instructions and Scheme of Delegation which would then be ratified at the Board Meeting on 7 May 2020.

**Action: Company Secretary to arrange for a Chair's Action to approve the Standing Financial Instructions and Scheme of Delegation revisions in response to Covid-19.**

**OUTCOME:** The Committee **APPROVED** the temporary addendum to the Standing Financial Instructions and the Scheme of Delegation and **NOTED** the extension of existing policies for six months.

## **26/20 REVISED ANNUAL ACCOUNTS REPORTING AND PROCESS FOR 2019/20**

The Company Secretary presented a report detailing the revisions to the 2019/20 annual accounts and reporting timeline and process due to the Covid-19 pandemic. On 23 March 2020 NHS England/Improvement (NHS E/I) issued revised guidance which changes the annual report and accounts timetable approved by the Committee in January 2020.

In order to fit in with the revised timetable, it is anticipated that a meeting of the Audit and Risk Committee will be scheduled for week commencing 15 June 2020. It is proposed to request to the Board at its 7 May 2020 meeting that authority is delegated from the Board to the Audit and Risk Committee to sign off the 2019/20 annual accounts and annual report. This will also require a

Calderdale Huddersfield Solutions (CHS) Ltd Board meeting to be re-arranged to sign off the CHS element of the Group accounts. RH suggested that the Chief Executive be invited to attend the meeting depending on his availability.

CP advised that External Audit were aiming to work to the original audit timeframes though there may be some slippage.

The annual report and accounts timetable will be revised once clarification is received nationally on the Annual Governance Statement and streamlining of the annual report.

**Action: Committee members to send their availability for the re-scheduled meeting week commencing 15 June 2020 to Jackie Ryden.**

**OUTCOME:** The Committee **NOTED** the changes to the annual report and accounts timetable for 2019/20 and key dates outlined in the report and **SUPPORTED** the proposal to request delegation from the Board to sign off the annual accounts and annual report in June 2020 in line with the deadlines outlined in the report.

## **27/20 ANNUAL GOVERNANCE STATEMENT**

The Company Secretary presented the draft annual governance statement for 2019/20 which has been developed in line with the 2019/20 guidance. The Company Secretary advised that the annual governance statement had been fully reviewed by two Directors from the executive leadership team. However, the Chief executive review, which would normally have been completed prior to review by the Committee, would now take place after the Committee due to Covid-19 pressures. More recent guidance received on 28 March 2020 from NHS England /Improvement advised that certain elements of corporate data collection including the annual governance statement and the Trust licence self-certifications may be streamlined or waived. No further guidance or details have been issued on this.

The Company Secretary advised that the Trust is planning to declare a significant control issue due to Covid-19 subject to any further national guidance that may be received.

A discussion took place on the contents of the draft annual governance statement. A number of amendments and suggestions were agreed, including the addition of references to the governance arrangements for CHS and health and safety and a statement on the financial outcome for 2019/20. AN queried whether national guidance had been issued for the final paragraph of the annual governance statement relating to significant internal control issues and the Company Secretary advised that none had been received to date. AN and RH agreed to forward other minor comments on the statement to the Company Secretary outside of the meeting.

**Action: Company Secretary to incorporate the amendments discussed into the draft annual governance statement.**

**OUTCOME:** The Committee **REVIEWED** the draft Annual Governance Statement and **SUPPORTED** the recommendation to declare a significant control issue as a result of Covid-19.

## **28/20 CODE OF GOVERNANCE**

The Company Secretary presented the updated Code of Governance with changes highlighted for ease of reference. She confirmed that there are no areas of concern of non-compliance. It is possible that further changes may be required following national guidance.

A discussion took place on the updated information, and a number of suggestions and amendments were made which the Company Secretary will incorporate, including confirmation for D1.1 that there are no performance related pay arrangements in place for Executive Directors.

**Action: Company Secretary to incorporate the amendments discussed into the draft Code of Governance.**

**OUTCOME:** The Committee **REVIEWED** and **APPROVED** the Code of Governance.

## **29/20 DECLARATION OF INTERESTS – DEFERRAL OF END OF YEAR REMINDER AND REPORT**

The Company Secretary advised that the requirement for staff to provide a nil declaration of interest is overseen by the Audit and Risk Committee, and that ordinarily a reminder would be sent out to staff at this point in the year to complete the nil declaration. Given the current Covid-19 pandemic, the Company Secretary proposed that the end of year reminder and report are deferred until business as usual is reconvened.

**OUTCOME:** The Committee **APPROVED** the deferral of the end of year reminder and report for Declaration of Interests by decision-makers.

## **30/20 INTERNAL AUDIT OPERATIONAL PLAN 2020**

The Internal Audit Manager presented the proposed Internal Audit Operational Plan for 2020-21 developed using the three-year strategic operational plan (2017/18 to 2020/21) and in discussions with management.

The Internal Audit Manager explained that the plan was originally due to be presented to the Executive Board for approval on 12 March 2020. However, this did not take place as the Trust focussed its efforts towards its response to the coronavirus pandemic. It had since been agreed with the Executive Director of Finance that the report would be presented to the Audit and Risk Committee for approval in April 2020 and that any further amendments, as requested by the Executive Board, would be agreed in year.

It was also noted that further amendments to the plan and/or the timings of audits may be required as a result of the coronavirus pandemic.

RH raised a query regarding the reduction of days in 2020/21 in overall terms and specifically the reduction of budgeted/contracted days for the audit project in the Medical Director's office. The Internal Audit Manager explained that this has been discussed with the Medical Director and the Associate Medical Director who had agreed with the proposal. She added that it would be possible to add more days if required as there is contingency in the plan. The Internal Audit Manager advised that the budgeted days for Workforce had been reduced due to positive assurances in previous audits and good controls in place.

The Company Secretary pointed out that the Sponsor for the Clinical Audit will be the Associate Director of Quality and Safety, rather than the Company Secretary.

RH asked if payroll is covered as part of Workforce and the Executive Director of Finance confirmed that it is and explained that the Trust obtains assurance via payroll reports relating to Leeds, which provides the payroll service for the Trust.

The Executive Director of Finance noted that there is some flexibility in the plan and suggested that an audit be undertaken on costs relating to Covid-19. These costs are being collated and it is likely they will be reimbursed but an assurance from internal audit would be of benefit. The Internal Audit Manager confirmed that this had been discussed and is on their radar across all of their client



base.

AN asked if the audits that had been cancelled the previous year had been brought forward. The Internal Audit Manager confirmed that all audits cancelled are brought forward to the 2020/21 Plan. AN also suggested that consideration be given to conducting an audit of the revised governance arrangements to assess their effectiveness and compliance with national guidance.

**OUTCOME:** The Committee **APPROVED** the Internal Audit workplan for 2020-21.

### **31/20 COUNTER FRAUD ANNUAL PLAN 2020**

The Executive Director of Finance presented the Counter Fraud annual Plan for 2020. This is broadly in line with previous years. He reported that the Local Counter Fraud Specialist is confident there are enough days to complete the requirements, but that additional days can be purchased if any incidents arise.

Given the current heightened risk of fraud, AN asked if more work needed to be done on communications to staff in order to try and mitigate the risk. The Executive Director of Finance explained that the finance team have flagged the additional risk of fraud in their daily updates. The Deputy Director of Finance added that they are endeavouring to place orders in the most expedient way possible but are continuing to order through the proper channels and all existing controls remain in place.

**OUTCOME:** The Committee **APPROVED** the Counter Fraud annual workplan for 2020-21.

### **32/20 TREASURY MANAGEMENT REPORT**

The Deputy Director of Finance presented an update on treasury management in 2019/20 and highlighted points to note in relation to the **2020/21** plans. Particular reference has been made to the treasury management implications of Covid-19.

The Deputy Director of Finance advised that the Trust had intended to write off the revenue debt. At the time of writing the report no guidance had been received on plans to write off historic revenue debt, but that this **revenue** borrowing along with **Emergency Capital loans** will be **extinguished and converted to Public Dividend Capital. Remaining debt will comprise business as usual capital loans and PFI debt.**

**OUTCOME:** The Board **NOTED** the content of the Treasury Management annual report.

### **33/20 ITEMS TO NOTE AVAILABLE IN THE REVIEW ROOM**

The Chair explained that a number of items to note were available in the Review Room on Convene and had also been circulated prior to the meeting. The items included in the Review Room were:

- Losses and Special Payments
- Standing Order Waivers
- Finance and Performance Committee Annual Report
- Internal Audit Progress Report/Follow Up
- Counter Fraud – Risk Assessment to support Workplan
- Internal Audit Reports – Significant Assurance.

The Chair advised that two items in the Review Room required committee approval, Losses and Special Payments and Standing Order Waivers.

### **Review of Losses and Special Payments**

There were no questions and the report was approved.

**OUTCOME:** The Committee **APPROVED** the content of the Losses and Special Payments report.

### **Review Waiving of Standing Orders**

A question was raised regarding the £120k part payment to a University of Huddersfield professor. The Deputy Director of Finance explained this was a recurring payment for a post which is part-funded by the Trust and is included in the report due to the mechanism of payment.

### **Internal Audit Reports**

DS raised a question regarding the End of Life Care and follow up report on the elements of the Gosport Enquiry Review which had received a limited assurance opinion. This related to the use of the ICODD documentation at end of life. The Internal Audit Manager believes this might be due to an issue with the timing of the audit which may have been undertaken too soon and an issue with completion of paperwork. The Chair will follow this up with DS outside of the meeting.

RH commented that in the past **lack of** progress on charitable funds had been highlighted. The Internal Audit Manager explained that the recommendations had been closed as there are now different controls in place as the charity has been set up differently. An audit will be carried out within the year although it had not been included originally in the audit plan.

**OUTCOME:** The Committee **APPROVED** the Quarter 4 Waiving of Standing Orders report.

## **34/20 ITEMS TO BE POSTPONED**

Due to the current CovidD-19 pandemic, a number of items due to be discussed in accordance with the annual workplan were postponed. These were noted as:

- Deep Dive – Information Governance & Records Strategy Committee and Reporting Arrangements
- Audit and Risk Committee Self Assessment and Action Plan
- Review Effectiveness of Internal Audit
- Local Counter Fraud Progress Report
- Local Counter Fraud Review of Effectiveness
- External Audit Sector Update
- Reporting and Minutes from Sub-Groups

## **35/20 ATTENDANCE REGISTER**

The attendance register from January 2019 to 31 March 2020 was circulated for comment and any corrections. The attendance will be published in the Annual Report and Accounts for 2019/20.

All members present confirmed the record of their attendance was correct. The Deputy Director of Finance pointed out that she had been Acting Director of Finance for a period of time.

**Action: Deputy Director of Finance to confirm which dates she had been Acting Director of Finance.** (Post meeting note: It was confirmed that the register was correct)

**Action: Company Secretary to confirm individual records with those members who are absent.**

**OUTCOME:** The Committee **NOTED** the attendance register for 2019-2020.



**36/20 ANY OTHER BUSINESS**

There was no other business.

**37/20 MATTERS TO CASCADE TO BOARD OF DIRECTORS**

Not discussed.

**38/20 DATE AND TIME OF THE NEXT MEETING**

Week commencing 15 June 2020.  
22 July 2020 at 10am.

The Chair will work with the Company Secretary to review and update the workplan in advance of the meeting on 22 July 2020 with a view to ensuring the meeting is condensed.

**REVIEW OF MEETING**

Feedback from the meeting was positive and the use of Microsoft Teams worked well.

**Draft Minutes of the Audit and Risk Committee Meeting held on Tuesday 16 June 2020  
commencing at 10.15am 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
Gary Boothby	Executive Director of Finance
Kirsty Archer	Deputy Finance Director
Helen Kemp-Taylor	Head of Internal Audit, Audit Yorkshire
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Clare Partridge	External Audit Partner, KPMG
Jackie Ryden	Corporate Governance Manager (minutes)
Alastair Graham	Non-Executive Director/Chair of CHS Limited
Owen Williams (items 5d-h)	Chief Executive
Zoe Quarmby	Financial Controller

**OBSERVERS**

Philip Lower	Trust Chair
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**39/20 APOLOGIES FOR ABSENCE**

Apologies were received from Salma Younis, KPMG Audit Manager.

The Chair welcomed everyone to the Audit and Risk Committee meeting and outlined how the meeting would be managed.

**40/20 DECLARATIONS OF INTEREST**

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

**41/20 MINUTES OF THE MEETING HELD ON 7 APRIL 2020**

The minutes of the meeting held on 7 April 2020 were approved as a correct record subject to the following amendments.

**Treasury Management Report**

- The Deputy Director of Finance presented an update on treasury management in 2019/20 and highlighted points to note in relation to the 2019/20 plans. This should read:  
The Deputy Director of Finance presented an update on treasury management in 2019/20 and highlighted points to note in relation to the **2020/21** plans.
- At the time of writing the report no guidance had been received on plans to write off historic revenue debt, but guidance has since been received that this will be written off. Information regarding the full detailed mechanism is awaited. This should read:

but detailed guidance has since been received that this **revenue** borrowing along with **Emergency Capital loans** will be **extinguished and converted to Public Dividend Capital**. **Remaining debt will comprise business as usual capital loans and PFI debt.**

#### Review Waiving of Standing Orders

- New heading to be inserted above the second paragraph for **Internal Audit Reports**.
- RH commented that in the past progress on charitable funds had been highlighted. This should read: RH commented that in the past **lack** of progress on charitable funds had been highlighted.

**OUTCOME:** The Committee **APPROVED** the minutes of the previous meeting held on 7 April 2020 subject to the above amendments.

## **42/20 ACTION LOG AND MATTERS ARISING**

The action log was reviewed and updated accordingly.

#### Matters Arising

27/20 Annual Governance Statement - At the meeting on 7 April 2020 it was reported that the Company Secretary advised that the Trust is planning to declare a significant control issue due to Covid-19 subject to any further national guidance that may be received. The Director of Finance advised that this is now not the case following national guidance.

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

## **43/20 ANNUAL REPORT AND ACCOUNTS**

### **a) Going Concern Report**

The Director of Finance presented the Going Concern report which concluded the accounts should be prepared on a going concern basis.

RH queried the use of the word indefinitely in the first paragraph in relation to the operation of an organisation. The Director of Finance advised that this is the same wording that has been used in previous years but that he will re-consider the wording for next year. The External Auditor confirmed she agreed with this approach.

CP pointed out that last year a disclaimer 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.

The Chair asked for clarification regarding the loans of £139m and how these reconcile to the £163m of DHSC loans shown in the accounts. The Deputy Director of Finance explained that at the time of writing a loan had been received for Q3 which was believed to be repayable of £2m but the Trust has subsequently been allowed to retain loan funding over the year end in support of the cash position. Since the time of writing the Going Concern Note it has been confirmed that this £2m will be part of the overall loan balance to be extinguished. The remainder of the balance to the £163m relates to capital loans which will remain as borrowing. As such the £139m quoted in the Going Concern Note needs to be amended to £141m. KPMG confirmed their agreement to this amendment.

The Director of Finance advised that the biggest constraint currently on capital is for the Capital Department Expenditure Limit (CDEL). A limit has been set for the Integrated Care System (ICS) which is very challenging as a number of organisations within the ICS, including CHFT, have the cash currently to make investments but are not allowed to breach CDEL.

**OUTCOME:** The Committee **NOTED** the Going Concern Report.

### **b) Audited Annual Accounts and Financial Statement**

The Director of Finance reported that a positive performance was achieved.

The Director of Finance pointed out that CHFT delivered on the control total plan, with a surplus of £50k but the accounts show a deficit of £338k. This difference is due to the fact that the accounts are prepared on a slightly different basis to the control total so there are impairments and the impact of grants and donations within these figures.

RH had reviewed the accounts in detail and had no concerns to raise. He also added that this is a much better picture than has been seen over the last three or four years.

**OUTCOME:** The Committee **APPROVED** the Audited Annual Accounts and Financial Statements.

**c) Letter of Representation**

The External Audit Partner of KPMG reported that the letter of representation includes standard wording with the right to add additional comments. One specific representation has been added which is linked to the Electronic Patient Record (EPR) system, accounted for as an intangible asset.

RH pointed out that this is carried over from the previous EPR valuation when a prudent approach was taken. The External Audit Partner KPMG confirmed that it had been agreed to retain this approach and not make any change.

**OUTCOME:** The Committee **APPROVED** the Draft Letter of Representation.

**d) Annual Governance Statement (AGS)**

The Company Secretary reported that the Trust is declaring no significant control issues for 2019/2020. The Statement has been developed in line with NHS Improvement (NSHI) national guidance including guidance on how to handle COVID-19. The reference to the Quality Accounts has been removed as that will be handled differently this year due to COVID-19. Consultation has included discussion with the Outer Core Directors, the Audit and Risk Committee meeting and members, has been approved externally with KPMG and is consistent with the Head of Internal Audit Opinion. There is just one further change to be made to the document relating to the numbers of finalised internal audit reports.

**Action: Company Secretary to amend the Annual Governance Statement to reflect the updated internal audit report reports.**

**OUTCOME:** The Committee **APPROVED** the draft Annual Governance Statement subject to the amendments to the internal audit reports.

**e) Annual Report**

The Company Secretary presented the Annual Report, which has been developed in line with the NSHI annual reporting manual. She explained that the guidance has changed several times. It is not necessary to include a section on performance analysis this year but CHFT has included this as it shows a positive position for the Trust. The Annual Report has been reviewed in detail prior to the meeting by the Audit Committee Non-Executive Directors and KPMG. Guidance has now been received on the process to lay the report before Parliament and it has been agreed to take the earlier option of using an e-laying process which will be simpler. This will be done in early July 2020 and it is intended this year to print a condensed version of the annual report, with the full report available on the internet. Once the accounts have been laid before Parliament, a new date will be scheduled for the Annual General Meeting.

RH advised that he had a number of queries regarding the Annual Report but will pick these up outside of the meeting with the Company Secretary. These relate mainly to the remuneration

report and pension tables. The External Audit Partner KPMG confirmed that these tables have been audited and she was happy with the details.

The Chair suggested that the section on the history of the Trust should include a note of the creation of Calderdale and Huddersfield Solutions Limited (CHS). The Company Secretary explained that the history related to service delivery from a patient perspective and that it would not be relevant to include a mention of CHS.

The Chair also suggested that it would be useful to show a comparison with the figures from last year for the Friends and Family test given that these are improved. The Company Secretary agreed to include further narrative about a comparative improvement.

**Action: Company Secretary will add further narrative regarding the improvement in the Friends and Family Test.**

It was noted that the Quality Account will include a detailed report on complaints and this has been referenced in the Annual Report.

**OUTCOME:** The Committee **APPROVED** the Annual Report.

#### **f) Head of Internal Audit Opinion and Annual Report**

The Internal Audit Manager presented the report for 2019/20 which is in support of the annual governance statement and is in the same format as last year. The opinion sets out the results for the internal audit service as performed throughout the year.

A total of 29 audits have been issued of which 27 reports have been finalised. A breakdown of the finalised reports is shown below:

- 2 – High Assurance
- 20 – Significant Assurance
- 4 – Limited Assurance
- 1 – Split Opinion (No Opinion / Significant Assurance)

The purpose of the annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accounting Officer and the Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will in turn assist the Board in the completion of its AGS. The overall opinion is that:

Significant assurance can be given that there is a good system of internal control which is designed and operating effectively to meet the organisation's objectives and that this is operating in the majority of core areas.

It is noted that completion of the 2019/20 Internal Audit Operational Plan has been impacted since March 2020 as a result of COVID-19. 366 days are being reported against an original 454. All of the key performance indicators have been met this year with the exception of the management responses. It is believed that the target would have been achieved without the impact of Covid-19.

Internal Audit are slightly behind on days but are currently undertaking two pieces of work related to COVID-19. 129 recommendations have been made this year, compared to 127 last year. Two reports are left in draft so this number will increase slightly.

DS asked if there will be any follow up on the estates management and expenditure follow up audit. The Internal Audit Manager confirmed that all limited assurances are followed up but not necessarily through a further specific re-audit.



The Head of Internal Audit reported that the Audit and Risk Committee approved the internal audit plan in April 2019 and has tracked, managed and monitored the progress throughout the year. There have been a number of difficulties, particularly from March 2020 due to the pandemic.

All of the recommendations raised have been agreed by the Trust, demonstrating the level of engagement by the Trust. There are three key elements which are taken into account in order to provide a meaningful opinion on the audit system, which will support the annual governance statement. Details of the four limited assurances were included in the report. The Head of Internal Audit noted that there is some ongoing collaborative work between the Chief Nurses to consider how to improve the use of EPR.

The Head of Internal Audit gave an opinion of significant assurance for the year.

**OUTCOME:** The Committee **NOTED** the Head of internal Audit Opinion.

#### **g) Year End Audit Report – ISA 260**

The External Audit Partner KPMG presented the key findings within the ISA260:

- There is one unadjusted audit difference, carried forward from 2018/19. There is one adjusted audit difference relating to 2019/20.
- KPMG have agreed minor presentational changes to the accounts with Finance, mainly related to compliance with the Group Accounting Manual.
- In addition to routine requests, as per last year, KPMG are asking for management representations over the valuation of the Intangible EPR asset.

The External Audit Partner KPMG formally thanked the teams both at KPMG and the Finance Team at CHFT for their work which has meant the audit has gone reasonably smoothly, allowing a clean opinion on the financial statements.

The External Audit Partner KPMG advised that KPMG have concluded that the Trust does have adequate arrangements to secure economy, efficiency and effectiveness in its use of resources, except for the continued underlying deficit position that means it is unable to deliver a break-even position without further support from the Department of Health and Social Care. This is an improvement on past years when adverse opinion was given.

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

RH and the Chair formally thanked the Director of Finance, the Deputy Director of Finance and the Financial Controller and teams for their efforts in ensuring a quality set of accounts were prepared in a timely manner under the current circumstances enabling a clean opinion to be given. Thanks were also offered to the External Audit Partner and her team.

The Chair requested that KPMG arrange for the report to be proof-read for a final time as he had noted a few typographical errors.

**OUTCOME:** The Committee **APPROVED** the External Auditor's year-end report and ISA 260.

#### **h) Self-Certification Licence**

The Company Secretary advised that each year NHS England / Improvement (NHS E/I) requires all Foundation Trusts to complete a number of self-certifications to provide assurance that the Trust is compliant with the conditions of their NHS provider licence.

A paper was presented to the Audit and Risk Committee on 7 April 2020 describing the compliance with the Code of Governance which informs the self-certification statements. These are to be signed by the Trust Chair and Chief Executive. They are not submitted but are auditable by NHS Improvement.

The Chair asked if the Trust was reaching a point where it would be possible to challenge the licence breach and it was noted that we are getting to a position where we could challenge the licence breach. The Company Secretary and Deputy Finance Director have discussed this and advised that this may be the last one which is written in this way.

RH commented that discussions will take place in the foreseeable future. The Chief Executive added that it is not purely an assessment against the financial accounts but also relates to reconfiguration and the capital monies needed by the Trust for this. Given the uncertainty regarding capital monies nationally the Trust could well remain in breach..

**OUTCOME:** The Committee APPROVED the self-certification statements.

#### **44/20 ANY OTHER BUSINESS**

- a) Review of Annual Workplan 2020-21  
The Chair pointed out that the Annual Workplan for 2020-21 is available in the Review Room. The workplan has been reviewed and updated to ensure that all postponed items have been included where relevant.
- b) AG advised that the CHS Board meeting had been held immediately prior to the Audit and Risk Meeting on 16 June 2020 and authorisation was given to sign off the accounts subject to the conclusion of one outstanding piece of work by KPMG in respect of the COVID-19 risk. The External Audit Partner, KPMG, confirmed that this will go through an independent review and should be signed off internally within the next few days.
- c) The Chair formally thanked the Finance Team and the Auditors for the work involved in ensuring the meeting ran smoothly and in particular the Company Secretary for the excellent work on the Annual Report and Governance Statement.

#### **45/20 MATTERS TO CASCADE TO BOARD OF DIRECTORS**

Not discussed.

#### **46/20 DATE AND TIME OF THE NEXT MEETING**

Wednesday 22 July 2020 commencing at 10am via Microsoft Teams.

**Minutes of the Finance & Performance Committee held on  
Monday 3 February 2020, 11.00am – 2.00pm  
Board Room, Huddersfield Royal Infirmary**

**PRESENT**

Gary Boothby	Director of Finance
Helen Barker	Chief Operating Officer
Owen Williams	Chief Executive
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	Trust Chair
Rosemary Hogartt	Deputy Governor

**ITEM**

**001/20 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting and introductions were made to Rosemary Hogartt.

**002/20 APOLOGIES FOR ABSENCE**

Apologies from Anna Basford, Peter Wilkinson and Sian Grbin were noted.

**003/20 DECLARATIONS OF INTEREST**

There were no declarations of interest to note.

**004/20 MINUTES OF THE MEETING HELD 29 NOVEMBER 2019**

The Draft Minutes of the meeting held 29 November 2019 were approved subject to an amendment on Page 4 under Minute 186/19. The Private Minutes from the same meeting were also approved and will be presented to the Board under the Private Session only.

The notes of the Informal session held 31 December, 2019 were also approved as an accurate record.

**005/20 ACTION LOG AND MATTERS ARISING**

The Action Log was noted and updated as follows: -

**088/19: RTT** – The Chief Operating Officer confirmed that the Field Test site reporting would continue for a further 12 months. The report giving an indication of where we are will be reviewed as a 'Private' item at the next F&P Committee – **HB, 2/3/20**

**009/19: Use of Resources (UOR) Update** – The Deputy Director of Finance informed the Committee that we are liaising with Mersey Audit who link with Aqua the organisation involved in the Well-Led Review to pick up the external review. A Workshop took place at the end of January involving colleagues including Non-

Executives, the workshop looked at how UOR sits within the overall CQC Framework and specifically into the five areas covered. From this session groups worked on the information gathering of these five areas to formulate an action plan which will be used as part of the external review. It was acknowledged that we need to increase the engagement of colleagues who are likely to be approached. OW suggested that to get everyone to the same level of understanding regarding UOR it should be a specific topic for WEB and should be a high priority as there is every possibility that there could be a UOR inspection any time.

**ACTION:** To circulate the presentation used at the Workshop to the forum and the Non-Executive Directors for information – **KA**

**ACTION:** To place this on the Agenda for WEB and any other relevant forum to increase the engagement of all colleagues who may be involved in the UOR inspection – **KA/AMcC**

**ACTION:** To provide an update at the next meeting giving 4 or 5 issues and our collective understanding of those issues - **KA**

**130/19: HPS Action Plan re Staff Survey** – The Director of Finance provided an extract from the Managing Director's Report from the last HPS Board Meeting which highlights some of the actions following the 2018 Staff Survey. It was noted that the 2019 Staff Survey results are still embargoed but it seems that the results have not improved, and questions are being worked through. It was thought that the timing of the 2019 Survey could have been an issue as Workshops were still taking place as the survey was being completed, however, it was recognised that there are clearly issues. On the Trust report PMU is one of the areas which requires a higher priority to do something differently and support from Workforce and Organisational Development to formulate an action plan will be sought. It was also noted that the staff survey will continue to be monitored as a standard item on the HPS Board agenda.

**ACTION:** To discuss with the Chair of the Workforce Committee to include on their Agenda and to continue to monitor this situation through HPS Board – **RH**

**124/19: Procurement – Process & Opportunities** – The Deputy Director of Finance provided a paper in response to the questions raised following the presentation which was made to this forum in July 2019 addressing some of the business and structural opportunities raised at that point. It was noted that interviews for the Deputy Head of Procurement have taken place and an offer for the role has been made. It was also noted that the Head of Procurement has expressed frustrations regarding the workstreams within WYAAT and ICS seeing little progress. It was noted this has been escalated through the Director of Finance (DoF) forums. The lack of pace of the national roll-out of Category Towers has also been flagged at WYAAT DoF forums who have written collectively to Supply Chain flagging the risks, and as a consequence, the Director of Supply Chain will be attending the next DoF meeting.

## **FINANCE & PERFORMANCE**

### **006/20 MONTH 9 FINANCE REPORT**

The Deputy Director of Finance reported the following headlines at Month 9:

- The year to date deficit is £10.27m, a £0.24m favourable variance from plan due to a gain on the disposal of property. This benefit is excluded for the purposes of allocation of Provider Sustainability Funding / Financial Recovery Funding.
- CIP achieved year to date is £7.37m, £0.21m more than planned.
- Agency expenditure year to date is £5.72m, £2.65m below the planned level, however, we have seen a switch to Bank expenditure.
- Non-pay expenditure is seeing an adverse variance which is being managed.

In terms of the Forecast, the plan assumed delivery of Project Echo by the end of the financial year. NHSI and DHSC are now advising that this will not now be the case, driving a pressure in year of circa £2m. The Trust is exploring options to mitigate the financial impact of this delay in this financial year, including ongoing discussions with regulators. The Trust remains on track to deliver the recovery and restraint requirement reported last month of £1.7m. There remains some uncommitted winter reserve available to manage any winter pressures that continue into Quarter 4.

- Capital is in line with our revised plan submitted to NHSI in the summer which includes a significant amount of expenditure in the final quarter and this is being monitored and tracked.
- Cash balance is higher than planned due to a timing issue on the repayment of loans, however, we are forecasting to be at plan by the end of the year.

RH asked about the lower than planned VAT recovery, KA explained that this is more to do with how we budgeted for this benefit following the new structure of CHS. The VAT assessment was at a point in time and has shown a natural fluctuation. Following learning, going forward, we will hopefully have a clearer picture of where the VAT sits.

In terms of Aged Debt RH was encouraged with the Minutes from the Cash Committee and the progress we are making. KA assured the Committee that there are no concerns and that the increase relates predominantly within PMU and the non-payment of invoices during the Christmas period, these invoices have since been paid within January 2020. With regard to additional Credit Control resource, it was confirmed that the HPS Account Managers are to take a more pro-active approach in terms of debt management.

The Committee **NOTED** the report for Month 9.

## **007/20 MONTH 9, FINANCE FORECAST**

The Director of Finance presented a paper which sets out the current forecast financial position across NHS organisations in the Integrated Care System (ICS) in 2019/20 based on the Month 9 financial position. It also outlines the approaches that are being deployed to manage the overall position, as well as other potential risks and how they could be mitigated. The overall challenge was highlighted however, it was noted that this is not thought to be a risk.

The Committee **NOTED** the risk in the system and the mitigating actions.

## 008/20 2020/21 FINANCIAL PLAN

The Deputy Director of Finance gave a presentation which provided a re-cap of the 5 Year Plan submitted in October 2019. It was noted that the allocation of Financial Recovery Funding (FRF) would take our position to breakeven in each year. However, a greater proportion of the FRF allocations will be linked to achievement of system Financial Improvement Trajectories (FIT). The presentation also reminded the forum that the final submission assumed a £14m CIP. Planning Guidance for the Operational Plan for 20/21 has just been received and is in-line with expectations. The draft Operational Plan is due early March 2020 and the final submission due by late April, however, this will not be our internal deadline which will hopefully be by the end of March before the start of the next financial year.

In terms of the headlines within the guidance most were around the FRF, however, the following changes will have an impact to the FIT:

- Clinical Negligence Scheme for Trusts (CNST) payment which is above the inflationary uplift that is allowed in the tariff so expect that the FIT will move in accordance making it a neutral cost
- International Financial Reporting Standard 16 (IFRS16) which changes the way we account for leases, will have impact on our I&E position and our balance sheet.
- A switch to Public Dividend Capital (PDC) from interest upon debt restructure

The Financial Bridge was described in detail and the pressures and developments were highlighted, however, taking into account all the assumptions it leaves a gap or CIP of £18.4m, before we have completed the final Planning process. The opportunities to close the gap were noted as follows;

- Further contribution from activity growth
- Further review of pressures and developments
- Potential CCG support through contract negotiation

The CIP development and Capital Plan for 20/21 were described and detailed within the presentation and the summary was noted as follows:

- Current challenge of £18.4m.
- £10.5m CIP at GW1 / scoping leaves residual challenge of c. £8m.
- Opportunities remain to reduce the gap will be progressed throughout February
- Internally funded capital plan prioritised.
- Further changes to overall capital plan based on IFRS 16 and new externally funded projects.
- Cash borrowing position very much dependant on new financial regime on debt structure.
- Short term working capital requirements will remain re: timing of FRF.
- Proposal is to confirm acceptance of 20/21 FIT, with a £14m CIP target and emphasis on containing the challenge at this level.

The presentation will be uploaded to Convene following this meeting.

Further discussions took place regarding the level of CIP and the challenge to get the target down to no more than £14m. It was noted that one of the biggest challenge will be to get cost out with activity down whilst keeping our patients safe.

**ACTION:** To share the 'Pressures' in more detail off-line with the Chair – **GB/KA**

It was noted that we will continue to work with our Commissioners over the next month regarding the AIC and to conclude the work regarding 'Pressures' with a proposal to come to the next F&P before going to the Board for approval in March. It was also noted that EQIAs will be carried out, including EQIAs on those pressures which we are not funding, to ensure a clear audit trail and understanding.

The Committee **NOTED** the 2020/21 Financial Plan and acknowledged the process and the assumptions.

## **009/20 REVIEW OF THE FINANCE ELEMENT OF THE BOARD ASSURANCE FRAMEWORK (BAF)**

The Deputy Director of Finance took the forum through the Finance elements on the BAF. The Committee discussed the following Risks:

**13.19** – Risk that the Trust will not deliver the long-term financial plan.

**14.19** – Risk that the Trust will not secure sufficient capital funding to maintain facilities over the longer term.

**15.19** – Risk that the Trust will not delivery external growth for commercial ventures within the Trust.

**17.19** – ICS risk of reputation damage or failure to capitalise on system wide opportunities.

**18.19** – Risk of failure to secure the longer-term financial sustainability of the Trust

Following in depth discussions regarding what should appear on the BAF and on the Risk Register it was agreed that **13.19** should be incorporated with **18.19** to become a combined risk on the BAF rather than the Risk Register. It was agreed that the proposed revised wording and the mitigation should be presented to the next F&P Committee in addition to the proposed target and current score.

**ACTION:** To propose a set of revised wording for the BAF and review the widely different targets which range from 4 – 25 prior to Board in March – **OW/AMcC and GB/KA, 2/3/20**

Regarding **14.19**, the current score of a 12 was discussed and it was agreed that this would also be reviewed off-line to be presented at the next meeting.

With regard to risk **17.19**, it was noted that this is mainly outside our individual control and would be a risk of circa £13m (50% of the FRF) if the ICS failed every quarter. To make the BAF meaningful risks need to be addressed and not be static. It was agreed that this risk should be referenced as an element of the combined Longer-Term Financial Sustainability risk rather than a separate item on the BAF. It was also agreed that should the position change significantly it could be added to the BAF at a later date.

The Committee also reviewed the 19/20 Financial Risks included in the Finance Report, the following was agreed:

- LTFS – to be taken off
- Risk of not achieving 19/20 Financial Plan – Risk Score 12. It was agreed to keep the Risk Score the same, however, a full review of Risks will be carried out at the next meeting.

## 010/20 **INTEGRATED PERFORMANCE REPORT - DECEMBER**

The Chief Operating Officer reported that we have generally continued to have a good month of progress, following key headlines were noted:

- A Never-Event within December was recorded, which was disappointing.
- % No. of Complaints closed is at 50% which is a better position, the challenge is sustainability. OW reported that he had had interaction with 3 families recently and the theme within the last three scenarios has been the communication with families. It was also recognised that we should aim to be better in explaining and sharing with relatives how we have applied the learning from their loss and this is still work in progress. It is important to note that there has been improvement, however, we should not get to the position where families have to meet with the Chief Executive.
- Emergency Care Standard (ECS) continues to be a challenge with transfer of care being one of the key drivers.
- Cancer – good position, however, January is tight due to deferral of treatment over the Christmas period.
- RTT – continue with the field test
- Diagnostics – administration validation should be complete by the end of March, however, there is still a pressure around a cohort of patients who then need to be clinically validated.
- Diagnostics – Neurophysiology, WTGR work has taken place with the team and they are being supported by deferring completion to the end of March.
- ASIs – continues to improve being the best position within the last 2 years.
- Outpatient Improvement Plan – going to Quality Committee, validation ongoing but there has been a technical improvement
- #NoF overall compliance with the best practice guidance – positive position, and will be presenting at a Board Workshop
- Workforce – continues to be positive in terms of sickness and turnover, however, this may be masking ‘hotspots’ and this is being explored.

An observation from the Chief Executive is that our position is quite remarkable as our performance includes December. However, we should continue to ensure there are no underlying quality issues and that communication of our good performance and key messages should filter down to a wider audience.

The Committee **NOTED** the IPR for December and the continued good performance.

## 011/20 **WINTER UPDATE**

The Chief Operating Officer explained that the Flow Dashboard had been included in the papers for information only. It was recognised that there had been different pressure points and that Paediatrics and Adults are now being looked at separately. In addition, our conversation rate still appears to be quite high from A&E through to admission. It was agreed that with the refresh of the IPR inclusion of information relating to Winter could be added rather than provide a separate report.

As an overview, it was acknowledged that Emergency Care had been a challenge. In terms of the Frailty Team this has been a success and the challenge for both ourselves and the system would be to extend this service to both sites and to increase



the hours. In addition, there is a challenge to look at the system we are currently running to ask if it is appropriate for the needs of the BAME population.

The Committee **NOTED** the Winter Update.

## **STRATEGIC ITEMS**

### **012/20 CIP UPDATE**

The Committee discussed CIP as part of the Finance Plan discussions.

## **GOVERNANCE**

### **013/20 DRAFT MINUTES FROM SUB-COMMITTEES**

The following Minutes were received:

- Draft Capital Management Group held 15 January 2020.
  - The previous F&P Committee Minutes highlighted the lack of content in relation to the 'HTM Fire' action within the CMG held in December. HB confirmed that the Fire Committee had received verbal assurance, but nothing had been documented.

**ACTION:** This will be picked up at the March Fire Committee and F&P will be updated - HB

- Draft HPS Board Meeting held 20 January 2020.
- Cash Committee held 16 January 2020
  - A question regarding the attendance and are the right colleagues attending. It was noted that it could be seen as being finance heavy, however, there are representatives from Pharmacy, W&OD and a Divisional representative. It was also noted that we have made good progress since the establishment of the Committee and we continue to pro-actively implement additional actions. It was also noted that since the establishment of CHS there has been added complexity and there is specific focus on the Cash Committee Work plan.

**ACTION:** To review the fiscal arrangements with CHS and whether there is an embedded way of working – KA, 28/9/20

The Minutes were **RECEIVED** and **NOTED** by the Committee.

### **014/20 WORK PLAN FINANCIAL YEAR 2019/20**

The Committee **NOTED** the Work Plan for the remainder of 2019/20 and the deadline of **24 February 2020** for the submission of responses for the F&P Committee Self-Assessment in time for a response at the next meeting.

### **DRAFT WORKPLAN FINANCIAL YEAR 2020/21**

Discussions took place regarding the F&P Committee Annual Report, it was agreed and that a date would be scheduled onto the Workplan for 20/21. In terms of presentations to schedule a GIRFT update which should be scheduled for **June 2020** and Model Hospital and UOR to be linked and to be scheduled later in the year.

The Workplan will be updated accordingly.

## **015/20 MATTERS TO CASCADE TO THE BOARD**

The Chair of the Committee highlighted the following points for cascading to the Board:

- UoR – there is still a need to develop a shared understanding with the Exec and Non-Exec teams in anticipation of a Well-led Review and more discussions to take place.
- Month 9 - on plan with agency still below plan with a switch to bank. Adverse variances with non-pay offset by favourable variances on pay.
- Forecast – on plan to hit the full year deficit target subject to potential slippage on Project Echo.
- Capital – spend down on plan due to timing
- 20/21 Plan – following recent receipt of the planning guidelines the scale of the challenge to achieve the projected deficit of our 5 Year Plan will be £18.4m with a need to bridge to £14m
- BAF – agreed to combine the risks relating to Long Term Financial Performance & Sustainability and the ICS risk combined into one risk and cover on the BAF not on the risk register. The wording and current and target scores will also be reviewed. The Capital current and target scores on the BAF will also be revisited.
- IPR – strong performance generally in December at 74%. Excellent metrics relating to Cancer, ASIs and #NoF, however, a Never Event was also discussed.
- Complaints – improvement in the admin performance, still work to do with the dealing of Complaints and the Chief Executive is involved in that process.
- Challenges around Emergency Care particularly the Transfer of Care issues and discussions with the respective Councils are on-going to address. The Stroke SSNAP rating is 'B'.
- The positive position carried through winter with partnership co-operation was recognised.

## **016/20 REVIEW OF MEETING**

The Committee agreed that once again there had been good points of discussion.

### **ANY OTHER BUSINESS**

The following items were raised and noted:

- A point regarding Divisional and Corporate spending was raised on behalf of Sian Grbin, RH acknowledged that he had responded to this point at the Governors Meeting, however, he would be happy to pick up with Sian again. KA also was happy to meet with Sian to explain the information.
- GB confirmed that the Finance Department had come runners up for the 'Team of the Year' Award at the HFMA Yorkshire & Humber Annual Conference and that the 20:20 Outpatients Transformation project had won an award.

### **DATE AND TIME OF NEXT MEETING:**

**MONDAY 2 March 2020, 11am – 2pm, Room 4, Acre Mill Outpatients building, Huddersfield HD3 3AE.**

## **Minutes of the Finance & Performance Committee held on Monday 2 March 2020, 11.00am – 1.45pm Meeting room 4, Acre Mill Outpatients building, Huddersfield**

### **PRESENT**

Anna Basford	Director of Transformation & Partnerships
Gary Boothby	Director of Finance
Helen Barker	Chief Operating Officer
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)
Jane Mackenzie	General Manager, Outpatients & Records (In part)
Kirsty Archer	Deputy Director of Finance
Sian Grbin	Governor (In part)
Katharine Fletcher	Head of Planned Access (In part)
Mel Addy	Director of Operations, Surgical & Anaesthetics (In part)
Nikhil Bhuskute	Clinical Director, Radiology (In part)

### **ITEM**

#### **018/20 WELCOME AND INTRODUCTIONS**

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

#### **019/20 APOLOGIES FOR ABSENCE**

There were no apologies to note.

#### **020/20 DECLARATIONS OF INTEREST**

There were no declarations of interest to note.

#### **021/20 MINUTES OF THE MEETING HELD 2 FEBRUARY 2020**

The Draft Minutes of the meeting held 2 February 2020 were approved as an accurate record.

#### **022/20 ACTION LOG AND MATTERS ARISING**

The Action Log was noted and updated as follows: -

**013/20: HTM Fire** – The Chief Operating Officer reported that a paper had been received at the Fire Committee held last week which confirmed that all of the planned fire works for 2019/20 have been completed as scheduled and that the Fire Strategy for 2020/21 is being developed – **action closed**.

**009/19: Use of Resources (UOR) Update** – The Deputy Director of Finance shared a report which had been to a recent Executive Board. The report covered the work done to date in the action plan against the recommendations from the last review. Also included was the presentation which formed part of a Workshop held in January. It was noted that the Executive Board agreed the establishment of a number of groups to take the work forward on each of the 5 areas of focus under UOR. The

purpose of the work groups would be to get behind the UOR metrics on Model Hospital, think beyond the metrics to the wider picture and gather a repository of supporting evidence, this will then be presented to Executive Board in 3 months' time. It was also noted that we continue to liaise with Aqua and Mersey Internal Audit for them to undertake an external review.

Discussions took place regarding the score we are aiming for from the CQC and it was agreed that our overall challenge is still the scale of our deficit, however, 'Good' should be a realistic target. Following discussions, it was agreed that we should test ourselves sooner rather than later and once the groups are established and are armed with the latest evidence this should be feasible.

**ACTION:** To continue to progress the engagement of the external reviewer – **KA to update 30/3/20**

**010/19 – Emergency Department report** – The Chief Operating Officer confirmed that this would be taken through the CQC route and that as far as Finance & Performance Committee purposes this is now closed.

#### **088/19 – Radiology Update**

Nikhil Bhuskute, Consultant Radiologist presented to the Committee an update regarding the current staffing position along with, the mitigation for recent resignations within the department. The Radiology Risks on the Risk Register were also discussed.

It was noted that the staffing position has improved with the successful recruitment of 2 Radiologists and 1 Global Fellow. With additional training the department now have 4 people who can carry out both targeted and non-targeted biopsies. In terms of the Risk Register, it was noted that the 2 Red Risks relate to the shortage of radiologists which is both a regional and national issue and will not be resolved quickly. The risks relating to MRI equipment still exists, but the building work is out to tender and work is expected to start around June 2020 with completion Summer 2021. The Gamma Cameras are in the process of becoming operational and the risk should be removed from the register.

It was also noted that the Work Together Get Results (WTGR) sessions had been an important platform for improvements within the Directorate, actions included providing home and flexible working, the recruitment of Global Fellows and the implementation of a Diagnostics Board chaired by the Chief Operating Officer. The progress of discussions with WYAAT colleagues to share capacity is slow but work continues with the first data sharing due at the end of March.

The following points were highlighted regarding the revised roles of the Clinical Director (CD) and the General Manager (GM):

#### **CD**

- Invited to take a lead role in HEE global fellows project – travelled overseas as part of national project and identified 3 candidates for local employment
- Now looking to repeat process for hard to fill radiographer positions
- Delivering training to consultants and radiographic staff to build advanced practice –e.g. increasing capacity in MSK US, prostate biopsies.

- Supporting colleagues in the Medical division to develop diagnostic skills (FOCUS scheme)

## **GM**

- Further development of radiology senior team and structure implemented – recognised deputy
- US & Mammo Service Lead appointed
- PACS/RIS team lead appointed (to free PACS manager up and create capacity)
- CT Service Lead appointed (after splitting MRI and CT portfolios)

The Chair thanked Nikhil for his very comprehensive presentation following the concerns of the Committee regarding resource and equipment.

It was observed that the work undertaken within the WTGR sessions has made a huge difference in a short space of time and that we need to continue with this process. It was noted that the contribution of our relatively small Radiology team in achieving our high cancer targets is outstanding. It was also noted that the morale of colleagues has been improved following the introduction of the opportunity to multi-skill.

The Committee **NOTED** the Radiology Update.

## **023/20 THEATRE PRODUCTIVITY UPDATE**

Mel Addy, Director of Operations for Surgical and Anaesthetics gave a presentation to the Committee which detailed the latest efficiency savings for the Theatre Productivity portfolio. It was noted that there are other opportunities to deliver efficiency savings within Prosthetics and consumable costs tied into WYAAT-wide projects, there is also scoping for a further £50k. The ongoing actions to improve our day case rates include a Local Anaesthetic 24 hour ring-round template for Secretaries to use. This can also be uploaded into EPR to allow for improved audit. In addition, an improved scheduling procedurer is in place which has a default to day case unless a patient is deemed unfit at pre-operative assessment. A productivity matrix was presented which showed progress against a number of actions. In terms of the Productivity Matrix, it was noted that the plan is to identify all opportunities across all areas of the matrix by March 2020.

The plan for 20/21 was noted as follows:

- 19/20 savings realised by transactional work
- Continue to work through matrix to ensure all transactional opportunities are identified and realised (not all future savings will be in SAS)
- 20/21 requires a transformational approach to modernise session allocation to specialities rather than traditional Consultant timetable model

The Director of Finance commented that there had been a slight improvement in theatre utilisation, however the progress has been slow and not where we would like it to be. MA acknowledged that the Scheduler is key to ensure lists are compiled to best fill the available time and information is given to the teams to negotiate longer slots if required. Managers also attend the daily HRI huddle to ensure there are no queries relating to equipment, surgeons and bed availability. The Chief Operating

Officer suggested that the next phase should be to work with the theatre teams to ensure lists start and finish on time and to be able to support them to have confidence to have conversations with whoever it needs to be if this isn't the case. The Committee **NOTED** the contents of the presentation and that progress is being made and that further opportunities are being identified.

## **024/20 CHFT OUTPATIENT PERFORMANCE UPDATE**

Katharine Fletcher, Head of Planned Access presented an update of the Outpatient Performance following the presentation to the Committee in March 2019. The review focussed on the following 4 key areas:

- 1) Access to Services
- 2) Utilisation of Resources
- 3) Clinic Efficiency
- 4) Benchmarking Data – national comparison

The following headlines were noted as follows:

### **Access to Services**

- CHFT is slightly above the national average for Appointment Slot Issues (ASI)% and average regionally. Over the last 2 months we have seen a further reduction of nearly 800 ASIs.
- The current wait time to access services is approx, 7 weeks, this is a reduction of 1 week in comparison to the position in early 2019.
- National benchmarking data indicates that our backlog is lower than the national average.
- All patients that are unable to access an appointment and have exceeded 8 weeks beyond the appointment due date are validated and clinically assessed.
- Post EPR call waiting times dipped, this did lead to some patient dissatisfaction, the position is much improved with a call waiting time average of 4 mins.

### **Utilisation of Resources**

- Our Did Not Attend (DNA) rates continue to be one of the lowest nationally through our use of technology such as our SMS reminder, inter-active voice message and personal calls to patients over 75. The introduction of our digital letters has also seen further improvements.
- Multiple DNA rates need further work with a view to using our access policy and work with clinicians is on-going.
- Our cancellation rates are lower than the national average however from both a hospital and patient perspective there are still opportunities.
- In terms of clinic utilisation we are still not back to our pre-EPR clinical slot level and this may be a consequence of our 'data cleansing'
- A dedicated team is in place in the appointment centre to optimise capacity of slots using the SMS messaging service.

### **Clinical Efficiency**

- Clinic start/finish times are a key indicator of OPD efficiency – data suggests this should be an area of focus, however, analysis has identified gaps in data collection, and this has been picked up with the Matron for Outpatients.
- The Friends & Family Test (FFT) rates have remained static at between 91% and 92% for the last 2 to 3 years. CHFT use SMS for the survey and the Trusts who

get higher scores use face to face surveys, this may be the reason and work to improve our score continues.

- Consultant level data is now available on the Knowledge Portal and can be drilled down to date/clinic level.
- Variations between same specialty clinicians suggest an opportunity to review templates.
- Discharge rates are being drilled down within the Customer Contact meeting to be able to provide meaningful data.

### **Outpatient Benchmarking**

- There has been an improvement in ASIs, Cancellation Rates are below average and DNA rates are below average.
- Overdue follow-ups is in a good position compared to the national picture.
- To be fully robust we need to make sure that the clinician completes a Datix when they see a patient.

The Committee **NOTED** the progress of our Outpatient performance acknowledging that there are still further opportunities.

## **FINANCE & PERFORMANCE**

### **025/20 INTEGRATED PERFORMANCE REPORT – JANUARY 2020**

The Chief Operating Officer reported another strong performance during January with overall performance achieving 76%, however, the high scores are masking areas of focus which continue.

It was noted that the challenges within January included the increase in demand combined with challenges with the number of patients on the transfer of care list. In terms of CRH there have been challenges with staffing capacity resulting in additional beds than planned being open. In addition, as a result of the closure of several Nursing Homes within Calderdale over the last 12 months, there has been an added pressure on the District Nursing case load. Analysis is being undertaken to support contract negotiations to ensure the Community division is funded and staffed appropriately.

The following key headlines were noted:

- Emergency Care is an on-going pressure with a score of 86% in January, however, our performance is good compared to many other Trusts. At the next Emergency Care Board a review of investment and the impact of that investment will be scrutinised.
- Cancer – continues its excellent level of performance and we are offering a 'Come and See' to other Acute Trusts in West Yorkshire.
- Day 38 – slight improvement, however, there are challenges around our Diagnostics capacity.
- Diagnostic – We are on track to clear the diagnostic backlog by the end of March following work by Neurophysiology and Echophysiology. As a positive, the volume of activity carried out by both Endoscopy and Radiology month in month out is better than 99% and was acknowledged in the face of increasing demand.

The Chief Executive confirmed that a Complaints Update Report would be going to the Quality Committee. OW then referenced the target set for responding to

complaints and the requirement for 'smart'/realistic targets as longer timelines may be required due to the complexity of some complaints. Discussions then took place regarding the requirement for an annual review of targets to include Complaints, RTT, 38 Day and Stroke indicators from a governance perspective.

**ACTION:** To provide an Annual Review for Complaints, RTT, 38 Day and Stroke indicators – **HB, 30/3/20**

**Coronavirus** – HB briefed the Committee regarding the steps being taken to prepare for the handling of cases, the need for community testing was noted. Virtual appointments are also being reviewed to establish if we can include some of our more vulnerable patients in addition to ensuring we have access to the right technology and hardware. Working groups have also been set up in terms of nurse and medical staffing, infection control, digital and workforce. It was acknowledged that the situation is taking an extraordinary amount of capacity both clinical and non-clinical and the guidance changes daily.

## **026/20 MONTH 10 FINANCE REPORT**

The Deputy Director of Finance reported the following headlines at Month 10:

### **Year to Date:**

- The year to date deficit is slightly ahead of plan due to a gain on the disposal of property, however, from a regulatory point of view we are on plan as this benefit is excluded for the purposes of allocation of Provider Sustainability Funding / Financial Recovery Funding which will continue to be the case to year end.
- Agency expenditure has remained within the trajectory with a switch to bank or substantive contracts.
- CIP achieved year to date is £8.34m, £0.13m more than planned.

### **Variances:**

- Non-pay expenditure is experiencing a pressure with higher than planned cross charges for services from CHS due to the cost of utilities and unplanned legal fees, this is being managed.

### **Forecast:**

- The key risk to the forecast position is the unlikely closure of Project Echo in year and conversations continue with the Regulators.
- Capital expenditure is forecast lower than planned following the re-profiling of Emergency Capital.

It was noted that since month-end we had received confirmation that we have secured Digital Aspirant funding to spend on digital capital in year.

The Committee **NOTED** the report for Month 10.

## **027/20 2020/21 FINANCIAL PLAN**

The Deputy Director of Finance gave an updated presentation and the following headlines and next steps were noted:

- The Draft Plan will be submitted on the 5 March and will confirm acceptance of the 20/21 Financial Improvement Trajectory at (£27.5m).
- CIP plan at £14m based on current assumptions, highlighting the risk of an increased requirement of up to £16m for final submission.
- Contract negotiations to be finalised – deadline 27 March.



- Continue to progress our CIP Plans with £10m of CIP identified to date.
- Internally funded capital plan prioritised.
- Further changes to overall capital plan based on IFRS 16 and new externally funded projects.
- Cash borrowing position is very much dependant on new financial regime on the debt structure.

The Director of Finance highlighted an additional risk relating to the implications of the legal 'Flowers' challenge where employees of the ambulance service are challenging that they should be paid an element of overtime when on annual leave. Guidance received last week requested that this should be planned for next year.

Discussions took place regarding the scale of the CIP challenge with the potential risk of an increase up to £16m. It was noted that the nature of schemes may not generate the significant savings required and that the Turnaround Executive process may need to be reviewed to include transformation and consultation.

The Committee **RECOMMENDED** the Draft 2020/21 Financial Plan should be discussed at the Board Meeting flagging the significant risks and pressures.

#### **028/20 BOARD ASSURANCE FRAMEWORK (BAF) – Finance Element**

The Committee agreed to hold the risk scores at the current recommended level for the Finance element of the BAF which would be reviewed again at the next meeting.

The Committee **AGREED** to keep the risk scores at the current level to be reviewed again at the next meeting.

### **STRATEGIC ITEMS**

#### **029/20 CIP UPDATE**

The Committee discussed CIP as part of the Finance Plan discussions.

### **GOVERNANCE**

#### **030/20 FINANCE & PERFORMANCE COMMITTEE SELF-ASSESSMENT REPORT**

Due to time constraints, this item will be carried forward to the next meeting.

#### **031/20 DRAFT MINUTES FROM SUB-COMMITTEES**

The following Minutes were received:

- Draft Commercial Investment & Strategy Committee held 23 January 2020
- Draft THIS Executive Board held 22 January 2020

From the THIS Executive Board minutes GB identified two points to clarify with MG and agreed to feedback within the minutes of this meeting.

**Post meeting note:** The minutes described a budget error of £150k. Following clarification this is not an error but a view from THIS that they have not received the required funding in year. This has been an issue all year but resolved in budget setting for 20/21.

The other challenge was that there appeared to be no action on the action log for financial recovery. The THIS senior team have agreed to add this as an action moving forwards.

- Draft Capital Management Group held 12 February 2020.

The Minutes were **RECEIVED** and **NOTED** by the Committee.

**032/20 WORK PLAN FINANCIAL YEAR 2019/20**

The Committee **NOTED** the Work Plan for the remainder of 2019/20.

**033/20 MATTERS TO CASCADE TO THE BOARD**

The Chair of the Committee highlighted the following points for cascading to the Board:

The Committee received the following presentations:

Radiology: progress on staffing and equipment, with positive WTGR input.

Theatre Productivity: progress and financial benefits reported but further opportunities to identify

Outpatient Performance: Very strong performance on DNA rates, ERS booking etc but opportunities on template variation, clinic start and finish times and clinic utilisation.

Other Matters:

- Use of Resources - all key actions embedded, and work groups set up to review metrics and gather evidence; need to progress external review.
- IPR - strong Jan performance overall achieving c 76%; Cancer metrics excellent. Concerns re continuing challenges in Emergency Care - 86% on 4 hour metric in Jan and likely to be similar in Feb. Issues with wider system in Calderdale resulting in additional beds open. Need to review targets in other areas where actuals are consistently well adrift of targets eg complaints, 38 day RTT, stroke indicators.
- Coronavirus - steps being taken to prepare for handling of cases but need for community screening noted.
- Finance - Month 10 on track both YTD and full year forecast. Draft 20/21 Plan reviewed which comprises £27.5m deficit, offset by equal Financial Recovery Funding to produce breakeven result. Underlying deficit assumes CIP achievement of £14-16m which represents a major challenge if further commissioner support is not forthcoming. Capital Plan of £16.1m, including new Digital Aspirant funding.
- Risks - BAF risks re longer term financial sustainability / performance (including ICS) reviewed (and combined) with a new rating of 16. HLRR Risk re 20/21 financial performance still under review but likely to be at top end.

**034/20 REVIEW OF MEETING**

The Committee agreed that there had been a good balance of topics with interesting presentations.

**035/20 ANY OTHER BUSINESS**

There were no items of AOB to note.

**DATE AND TIME OF NEXT MEETING:**

**MONDAY 30 March 2020, 11am – 2pm, Board Room, Sub-basement, Huddersfield Royal Infirmary**

**Minutes of the Finance & Performance Committee held on  
Monday 30 March 2020, 11.00am – 12.15pm  
Via Microsoft Teams**

**PRESENT**

Anna Basford	Director of Transformation & Partnerships
Gary Boothby	Director of Finance
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)

**IN ATTENDANCE**

Betty Sewell	PA to Director of Finance (Minutes)
Kirsty Archer	Deputy Director of Finance

**ITEM**

**036/20 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting held via Microsoft Teams.

**037/20 APOLOGIES FOR ABSENCE**

Apologies were received and noted for Andrea McCourt, Helen Barker, Owen Williams and Sian Girbin.

**038/20 DECLARATIONS OF INTEREST**

There were no declarations of interest to note.

**039/20 MINUTES OF THE MEETING HELD 2 MARCH 2020**

The approval of the Draft Minutes of the meetings held 2 March 2020 would be deferred to the next meeting.

**040/20 ACTION LOG AND MATTERS ARISING**

**009/19: Use of Resources (UOR) Update** – The Deputy Director of Finance reported that due to the shift in internal priorities contact with the external reviewer is on hold. Internal workstream meetings are still taking place on the 5 key lines of enquiry albeit without non-frontline colleagues, momentum continues. This will be brought back on track in due course.

**ACTION:** To progress engagement of an external reviewer, action carried forward – KA, 4/5/20

**009/20: Board Assurance Framework (BAF)** – The Director of Finance reported that the same finance elements on the risk register remain as last month. Guidance, which is changing daily, seems to be trying to get Trusts to a balanced position at least for the 1<sup>st</sup> Quarter.

**ACTION:** To re-visit the high-level risks when the Committee is quorate – **to be carried forward.**

**FINANCE & PERFORMANCE**

Due to the requirements of Operational colleagues during the Covid-19 pandemic the volume of available data for the IPR has been significantly reduced, however, GB and Helen Barker held a post-meeting conversation and agreed that Peter Keogh would attend/join the Finance & Performance Committee for the foreseeable future.

#### **041/20 MONTH 11 FINANCE REPORT**

The Deputy Director of Finance reported that at Month 11 the year to date deficit was £11.23m, a £0.24m favourable variance from plan due to a gain on the disposal of property. This benefit is excluded for the purposes of allocation of Provider Sustainability Funding (PSF) / Financial Recovery Funding (FRF). Agency continues to be below the planned level with a transfer to bank. CIP achieved year to date is £9.37m, £0.13m more than planned, recognising that Project Echo will not be complete in year.

It was noted that there is a pressure on non-clinical budgets with higher than planned cross charge for services from CHS due to pressure on the cost of utilities and maintenance contracts. Clinical income is above plan overall and the protection offered by the Aligned Incentive Contract (AIC) has continued to reduce. Regarding Capital, we continue to be below the original plan, but we forecast to be close to the revised plan. It was also noted that significant national capital funding was received at the final moment relating to Digital Aspirant funding and Diagnostics funding, this has been accommodated within our spend.

In terms of Cash we were significantly above plan at Month 11, pending the repayment of loans until receipt of the PSF and FRF.

RH asked if there had been any fundamental change regarding the AIC position. It was noted that it had been recognised that the way non-elective activity had been planned and profiled had not taken into account changes which had been seen at the end of last year, also there have been operational differences between the two CCGs and the base contracts were influenced by affordability.

**Month 12 Forecast** – The Director of Finance shared with the Committee the current proposed position which was summarised by the Chair as follows:

The Control Target (CT) deficit stands at £9.7m with delivery reliant on £1.0m support for slippage on Project Echo. We have received recognition from NHSI the impact of the change to the discount rate against the existing gain on disposal and as a result we can report a deficit of just under £10.0m, as a result we will receive additional FRF funding of £10.0m giving us a breakeven reporting position.

#### **042/20 FINANCE CONTINUITY PLAN**

The Director of Finance firstly thanked both Kirsty Archer and Zoe Quarmby for all their efforts in expediting plans. It was noted that all Finance colleagues are now working from home and the vast majority of services we normally provide are being delivered. The paper outlined the key focus of financial services, namely ensuring suppliers are paid on time and ensuring cash goes into the bank. Management Accounts are also supporting governance arrangements to ensure payments are being authorised and that goods have been received. In addition, we must ensure all costs relating to Covid-19 are recorded.

The following key points were highlighted:

- Flexibility within the Finance Team has been identified
- Procedure notes are being updated
- Staff well-being has also been identified with regular communication and support

The Chair also thanked Kirsty and Zoe for their efforts and recognised the progress which had been made in a short space of time.

In relation to capturing Covid-19 costs, it was recognised that finance colleagues are included in a number of workstreams but that decisions are being made at pace and this is a challenge. It was noted that all the organisations within the Integrated Care System (ICS) are in the process of changing their Standing Financial Instructions (SFIs). It was suggested that this should be highlighted as an issue at the Board Workshop with a proposal document to be made available for discussion at Audit & Risk Committee next week.

Discussions took place regarding the broader resilience across West Yorkshire and it was noted that brief discussions have taken place internally. It was thought that with staff working from home this risk would be mitigated.

A question was asked regarding the normal reporting requirements, it was noted that Month 12 would close-down as normal. The national deadline for the draft submission of Year End accounts has been extended by 2 days to 27 April 2020. The date for the final accounts to be signed-off by Audit has been extended by a month from May to 25 June 2020. It was confirmed that a call with External Audit will take place this week.

**ACTION:** To highlight the intention that all the organisations within the ICS are in the process of changing their SFIs at the Board Workshop and that a proposal document will be discussed at ARC on the 7 April 2020 – **GB/ RH**

#### **043/20 COVID-19 FINANCE UPDATE**

The Director of Finance explained that the document included in the papers crossed over with the previous paper and no further comment was required.

#### **044/20 2020/21 FINANCIAL PLAN**

The Deputy Director of Finance presented a re-cap of the Draft Plan and an updated Financial Bridge which leaves a slightly wider CIP gap.

The key messages were outlined as follows:

- Final review of pressures and growth funding benefited position
- Offset by further pressures identified late in planning process – notably maintenance contracts
- Net neutral position
- £0.85m growth expenditure reserve remains unallocated to divisions
- Contingency reserve retained at £1m general, £0.5m winter
- Contract position with Calderdale CCG agreed at draft plan assumed level
- £0.6m shortfall on Greater Huddersfield CCG contract agreement versus stretch assumed in draft plan

- Option to increase CIP or assume non recurrent income receipt in year

It was noted that the above position was prior to Covid-19 and this will now have a significant impact on our plan. NHSI have advised that the Operational process has been suspended, however, we have continued to progress our internal plan and to set our budgets at Divisional level.

The following headlines relating to the changes to plan due to Covid-19 were noted:

- Operational planning process is suspended, final submission had been due on 29 April
- Internal plan will still be developed for comparison purpose
- Block contract for 4 months
- Significant Covid-19 expenditure will impact forecast which is expected to be nationally funded
- IFRS 16 implementation delayed by 1 year
- Changes to debt regime assumed to be suspended
- CIP not expected to be delivered in early months, will also have impact on lead in times
- Likely to impact ability to mobilise capital plans

It was noted that concerns raised at the last F&P Committee regarding the scale of the CIP challenge had not been addressed. It was also noted that prior to the Covid emergency CIP had a £4.0m shortfall of identified schemes. Turnaround Executive has been stood down due to the emergency and although Finance and PMO colleagues continue to work to review portfolios, this is limited without operational involvement.

In terms of the maintenance contract fluctuations it was noted that in year all the maintenance contracts have been brought together into CHS and pressures are more visible. In addition, there has been a significant issue around PACS which has moved provider in co-ordination with WYAAT. This has provided functionality benefits, but it has brought with it a greater maintenance cost which had not been sufficiently budgeted for within the division. It was recognised that by centralising maintenance contracts it has led to a more efficient process and control.

#### **045/20 ANY OTHER BUSINESS**

- The Finance & Performance Committee Annual Review on the agenda for Audit & Risk Committee to be circulated to all members for information.

#### **DATE AND TIME OF NEXT MEETING:**

**MONDAY 4 May 2020, 11am – 2pm, Room 4, Acre Mill Outpatients building or Microsoft Teams**

**Minutes of the Finance & Performance Committee held on  
Monday 4 May 2020, 11.00am – 12.30pm  
Via Microsoft Teams**

**PRESENT**

Anna Basford	Director of Transformation & Partnerships
Gary Boothby	Director of Finance
Owen Williams	Chief Executive
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)

**IN ATTENDANCE**

Betty Sewell	PA to Director of Finance (Minutes)
Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Stuart Baron	Associated Director of Finance

**ITEM**

**046/20 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting held via Microsoft Teams.

**047/20 APOLOGIES FOR ABSENCE**

Apologies were received and noted for Andrea McCourt, Helen Barker, and Sian Girbin.

**048/20 DECLARATIONS OF INTEREST**

There were no declarations of interest to note.

**049/20 MINUTES OF THE MEETING HELD 2 MARCH 2020 AND 30 MARCH 2020**

The Minutes of both the Public and Private meetings held 2 March 2020 and the Minutes from the meeting held 30 March 2020 were all approved.

**050/20 ACTION LOG AND MATTERS ARISING**

**088/19: RTT Final Close-down Report** – The Chair asked for confirmation of a realistic date to be scheduled for the review of the close-down report and to update the action log accordingly – **HB/BS**

**009/19: Use of Resources (UOR) Update** – The Deputy Director of Finance reported that internal Task & Finish Groups are proceeding where practical, however, those groups which require operational input have been withdrawn. It was noted that a repository for documents and evidence gathered has been established. The Chair asked that consideration should be made regarding what would be required to put in place a realistic timetable to complete this piece of work with an update at the next meeting. It was also noted that KA would follow up with her counterpart at Bradford Royal Infirmary (BRI) following their recent CQC rating and their score of 'Good' for UoR.

**ACTION:** To review the requirements to put in place a realistic timetable for completion, including external review, and to contact BRI to discuss learnings from their recent UoR rating – **KA, 1/6/20**



## FINANCE & PERFORMANCE

### 051/20 MONTH 12 FINANCE REPORT INC. FINANCE RISKS

The Director of Finance reported that following significant movement in Month 12, the year-end reported position was a surplus of £0.05m, a £9.76m favourable variance from plan. This includes additional incentive Financial Recovery Funding (FRF) of £10.04m as notified on the 23 April 2020. It was noted that to achieve the funding CHFT had had to deliver our plan, it was also noted that the Integrated Care System (ICS) also delivered their plan. From a CHFT point of view both our local Commissioners achieved their plans which supported a view that our contract value was broadly in line with plan prior to COVID-19. It was also noted that Month 12 was supported by COVID funding apart from our annual leave accrual which was not supported but became an allowable variation.

The key headlines from the paper were noted as follows:

- Delivered a surplus for 2019/20
- Delivered our CIP of £11m
- Agency expenditure for the year was below the planned level and significantly below the NHSI ceiling
- Overall, a positive performance

The Chair congratulated the Executive Team on achieving plan which has not been without its challenges.

The Chair also congratulated and thanked the Finance Team for their significant achievement to complete in line with the original timescale particularly under exceptional circumstances.

The Financial Risks were discussed in detail and the following Risk Scores were agreed by the Committee:

- Longer-term financial sustainability (added to BAF in February 2020) – **Remain at Risk Score 16**
- Not achieving the 2020/21 Financial Plan – **Risk Score 12**
- The Trust will have insufficient funding available to complete its capital programme for 2020/21 – **Risk Score 6**
- The Trust will not be able to pay suppliers, staff, and loans due to cash flow timing or an overall shortfall of cash – **Risk Score to reduce from 12 to 8**

It was also agreed that the Committee would keep all risks under regular review.

The Committee **NOTED** the Month 12 Finance Report and the Financial Risks

### 052/20 BUDGET BOOK

The Deputy Director of Finance highlighted the following key headlines from the more detailed report included in the papers:

**Overview** – the whole budget book has been completed on a 'Business as Usual' basis to provide a baseline to measure any variation to our business as usual plan prior to COVID-19. It was noted that this will help hold people to account where appropriate and it will help with submissions for COVID-19 funding support.

**Income & Expenditure 20/21 Plan** – This shows a pre-support financial deficit of (£27.48m) in line with our Financial Improvement Trajectory (FIT). Achievement of this deficit will allow us access to FRF totalling £27.48m, this will take the Trust to a break-even position. Receipt of FRF funding will be conditional on achieving the Trajectory on a quarterly basis, but will also in part be reliant on the system, as a whole, achieving its plan.

Further guidance has been received regarding the write-off of the interim revenue and capital loans, which is a notable change for next year (see Item 053/20 below). The impact of this is to bring the Trust back to a positive balance sheet position.

**Planned Cashflow** – Cash balances as at 31st March 20 were higher than planned, however, this does not include the £10m incentive FRF funding, partly due to being notified after planning closed and partly due to still needing to determine what expenditure plans this can support.

**Capital Plan** – the full Capital Plan will be subject to the ICS being able to manage within 85% of the total ICS plans and slippage will be re-balanced accordingly, this also applies to our internally funded capital plan. There is also a level of capital spend which we anticipate will be supported through the Public Dividend Capital (PDC) but this has not yet been confirmed.

PW asked if the Trust had come under any pressure regarding the reconfiguration business case. It was noted that conversations had taken place with NHSI/E colleagues and that it was agreed that we should continue with the process and not lose ground.

RH asked about the process to control and capture COVID costs, it was noted that the process is challenging, however, the whole of Management Accounts remain focussed on this piece of work. It was also noted that one-off costs are relatively easily managed, however, there are costs which require more judgement such as nursing and medical staffing, overtime and the procurement of consumables. In terms of how we balance the overall position it was acknowledged that we need to demonstrate an understanding and some control in order that we can justify central funding to bring us back to a break-even position. The complicated and additional work which is required by the Finance Team was acknowledged.

The Director of Finance reminded the Committee that versions of the Budget Book are circulated to Divisional teams as part of Divisional/Directorate level accountability.

The Director of Transformation & Partnership raised a question regarding the communication to Divisions of the CIP requirement quoted within the Budget Book. It was noted that colleagues within Finance and PMO are due to meet tomorrow to review the national guidance and this will be picked up and discussed at that point.

**ACTION:** To schedule time on the Work Plan to review Divisional Performance later in the year – **BS/KA**

The Committee **APPROVED** the detailed Budget Book.

**053/20 CHANGES TO THE FINANCE REGIME**

The Director of Finance provided the Committee with a detailed paper describing recent changes to the NHS cash regime. It was noted that the full guidance of which had been issued since the 20/21 Financial Plan was approved by Finance and Performance Committee.

The Committee **NOTED** the contents of the paper.

**054/20 PROJECT ECHO UPDATE**

The Associate Director of Finance presented a paper which provided an update on the position of the Project Echo PFI restructuring project and the implications of the deferral of IFRS 16. It was noted that the technical and legal aspects of the negotiations are all but concluded. From a commercial perspective, the key outstanding matter is the finalisation of the split of the gainshare, this is currently proposed at 70/30 in the Trust's favour. It was also noted that the Trust continues to negotiate a greater share of the gain, however, the negotiation on gainshare will not be concluded until the approvals are received from DHSC and Treasury. The Trust continues to have fortnightly update calls to understand where the approval of the transaction is within NHSI/E, DHSC and Treasury and the latest timeline received was suggesting September 2020 being the completion date for this transaction.

It was recognised that the deferral of IFRS 16 to April 2021 is likely to have a significant adverse I&E impact on this transaction as the new accounting standard created the Trust greater flexibility and liaison with NHSI/E and KPMG is on-going. Discussions continue with regulators to ensure that this does not become a barrier to agreeing the transaction.

The Committee **NOTED** the progress and position of the PFI restructuring including the change in accounting treatment and potential to delay the project whilst this issue is resolved.

**055/20 PERFORMANCE UPDATE**

The Assistant Director of Performance explained that the report is not in the usual format, however, most of the data has been collated.

It was noted that CHFT have performed well this financial year and our performance for March 2020 was 71.3% which is a slight improvement on the previous month despite the current COVID situation. In addition, a number of indicators have been impacted by COVID and it is estimated that actual year-end performance would have been 73.1% under normal circumstances.

It was also noted that CHFT have benchmarked extremely well nationally, when the 2 key metrics (Emergency Care and 62 day Cancer) are considered together and we are placed 3<sup>rd</sup> out of 115 acute organisations.

**COVID-19**

In terms of the impact of COVID our existing performance standards will remain in place, however, the way these are managed will need to change for the duration of the COVID response and the report included a detailed list of the metrics affected. In response, a COVID Knowledge Portal+ has already been developed and a Ward Activity model has also been developed to include a number of quality indicators

which can be tracked by site and time period, this will be developed further to ensure we do not inadvertently cause harm to any of our patients. In addition, discussions are due to take place shortly to review the safe opening of routine referrals. It was noted that Recovery Workstreams have been established and a dashboard has been produced to look at the initial set of key indicators, from an outpatient point of view, to ensure there is no slippage on individual patient pathways.

It was also noted that there will be more focus on outcomes in terms of the IPR moving forward and this will develop over the next few weeks.

The Chair congratulated the Executive team and colleagues who have supported them in terms of the impressive full year performance particularly considering the current COVID situation. It was also noted that the real time data available from the Knowledge Portal is impressive and helpful to both Executives and Non-Executives.

The Chief Executive commented that our success with our benchmarking over the last few years should be communicated and celebrated Trust-wide. It was also noted that COVID-19 and the established data sets available could provide the Trust with the opportunity to start developing internal targets, for example, the ratio of deaths to discharge. Therefore, we should start conversations with clinical colleagues to understand what those internal targets should be and to review the system-wide position.

**ACTION:** To establish discussions with clinical colleagues to agree internal targets and to review the overall system-wide position – **PK to include OW and David Birkenhead in discussions**

**ACTION:** To monitor the development the IPR and to review the outcomes of the Recovery Workstreams at this Committee – **PK/HB**

**ACTION:** To revisit the historical targets we have failed to meet to review and determine realistic targets going forward– **PK/HB, date to be confirmed**

The Committee **NOTED** the positive full year performance.

#### **056/20 DRAFT MINUTES FROM SUB-COMMITTEES**

The following Minutes were **RECEIVED** and **NOTED**:

- Draft Capital Management Group held 11/3/20
- Draft Cash Committee held 16/4/20

#### **057/20 MATTERS TO CASCADE TO BOARD**

The following headlines were noted to cascade to Board:-

- Month 12 Financial Position
- Budget Book approval
- Changes to the financial regime
- IPR Performance for March and full year including the national rating on the key indicators

#### **058/20 REVIEW OF MEETING**

It was felt that the meeting had been helpful, not only a financial review but an opportunity to receive an operational update.

**059/20 ANY OTHER BUSINESS**

The Chief Executive pointed out that according to the mortality portal on the standard Knowledge Portal we are now showing 222 deaths for April and that this is the second highest month since our records were created (Jan 2009=237). This is summer and really is a strong indicator that we might need to bring forward our winter planning for a future F&P discussion sooner rather than later.

**ACTION:** To schedule our Winter Planning discussion earlier than we would normally on the Workplan for F&P – **HB/BS, review timing for the Workplan.**

**DATE AND TIME OF NEXT MEETING:**

**MONDAY 1 June 2020, 11am – 2pm, via Microsoft Teams**

**Minutes of the Finance & Performance Committee held on  
Monday 1 June 2020, 11.00am – 1.00pm  
Via Microsoft Teams**

**PRESENT**

Anna Basford	Director of Transformation & Partnerships
Gary Boothby	Director of Finance
Owen Williams	Chief Executive
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)

**IN ATTENDANCE**

Betty Sewell	PA to Director of Finance (Minutes)
Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance - In part
Philip Lewer	Chair

**OBSERVING**

Yusuf Abhura	Graduate Finance Trainee
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**ITEM**

**060/20 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting which included Yusuf Abhura, Finance Graduate Trainee who was observing the meeting.

**061/20 APOLOGIES FOR ABSENCE**

Apologies were received and noted for Andrea McCourt, Helen Barker, and Sian Girbin.

**062/20 DECLARATIONS OF INTEREST**

There were no declarations of interest to note.

**063/20 MINUTES OF THE MEETING HELD 4 MAY 2020**

The Minutes of the meeting held 4 May 2020 were approved as an accurate record.

**064/20 ACTION LOG AND MATTERS ARISING**

**055/19: PRMs** – The Assistant Director of Performance updated the Committee of conversations which are taking place to review the areas which we have not historically achieved – **action carried forward**.

**009/19: Use of Resources (UOR) Update** – The Deputy Director of Finance reported that we continue to hold Task & Finish groups where possible. It was noted that a conversation had taken place with Chris Smith, Deputy Director of Finance at Bradford Teaching Hospital Foundation Trust (BTHFT) regarding sharing information and data which they used for their UOR review. It was also noted that BTHFT engaged external advisors who carried out a mock UOR review, therefore, it was felt that this would be our preferred way forward and the next step will be to identify and approach the external advisor.

**ACTION:** To provide a timeline of the key actions for the next meeting and to increase the awareness and purpose for this work throughout the organisation using key forums to establish engagement and understanding – **KA, 29/6/20**

The Committee **NOTED** the update and agreed with the process, the involvement of the Executives and Non-Executive Directors was also acknowledged.

## **FINANCE & PERFORMANCE**

### **065/20 PERFORMANCE UPDATE**

Prior to the Performance Update, the Assistant Director of Performance took the Committee through the key headings on the proposed Divisional PRM Agendas which will be shared with the Executives for comment later today.

The Assistant Director of Performance reported that the Trust performance for April was 75.3% despite the current COVID situation. It was noted that some of the Efficiency indicators had improved in month due to the reduction in activity whereas Diagnostics 6 week waits, 28 day cancellations and 52 week waits had been adversely affected.

In terms of the indicator changes, it was noted that there will be a change moving forward into 2020/21 as Key Performance Indicators (KPIs) will need to be more recovery focussed. The suggested patient outcome KPIs will be shared at each Board sub-committee and within Divisional Boards before committing to a final selection.

With regard to COVID metrics, it was noted that CHFT has seen a sharper decrease in the number of confirmed cases since its peak when compared to West Yorkshire in general, this is even more apparent when compared to the BTHFT position. It was also noted that CHFT has the highest occupancy of non-COVID patients at 60% currently across WYAAT.

Peter Wilkinson, asked about the reason for the removal of the Friends & Family 'would recommend' indicator, it was noted that this was a national request which was planned for April, a different way of measuring this indicator is under review. It was also confirmed that the COVID comparator metrics are reliant on the information released by other organisations.

Following discussions, it was agreed that before any decision is taken regarding the indicators we decide as an organisation to monitor in the future, we need to undertake an EQIA on those indicators that we are proposing to remove.

In terms of the finance indicators the Director of Finance commented that the challenge is to understand what the operating framework will look like for 2020/21. It was noted that the finance regime was on hold for 4 months but following receipt of recent correspondence this may now been extended to 12 months.

Additionally, the Director of Transformation & Partnerships suggested that with our rate and pace of implementing technology during the pandemic a 'digital' indicator should be included within the KPIs, for example monitoring the percentage of our outpatient consultations which are carried out virtually. In terms of our longer term

plan, the learning from the COVID situation will be to embed the positive changes and not revert to the way we operated.

**ACTION:** To review KPIs and ensure an impact assessment of indicators that will not be monitored is carried out – **PK**

### **Outpatient Reset Workstream Update**

A presentation was shared with the Committee which outlined what expectations are both nationally and locally along with the challenges. It was noted that our current position is as follows:

- 2 week wait referrals are almost at pre-COVID levels and this is a priority for the organisation
- Not all referrals are triaged on receipt, which needs to be addressed
- Time allocated in job plans for clinical review, but not assured all patients are being reviewed
- Progress made for a flag for Shielded patients, however, a completion date is still tbc
- Capacity review by specialty suggests face to face maximum capacity is 30% of previous
- System Improvement Programme (SIP) established
- Capacity will be used on a needs-based assessment not time-based

The presentation also included a number of graphs showing the RTT Referral Rate and the RTT Incomplete Pathways for the Trust. The Committee were reminded that the Trust is still one of the pilot sites for average waits and we continue to measure our waits in that format. It was noted that there are weekly meetings being held to discuss the SIP which is attended by senior clinical leaders.

In terms of next steps:

- PRMs will confirm capacity and agree specialty prioritisation
- Review process for assurance of clinical validation and agree 'Active Monitoring Protocol'
- Continue weekly SIP meetings and then transfer into the Outpatient Transformation Programme.

The Director of Finance commented that at this point in time there would be many assumptions made whether it be around the availability of PPE or another COVID spike but one of the biggest assumptions will be what activity we can do for the rest of the year within the 'financial envelope'.

It was noted that prior to COVID, Healthwatch and CHFT, through the Outpatient Transformation Board had worked together to carry out an extensive patient survey regarding the use of technology. This is being re-visited post-COVID and another patient survey is being undertaken with Healthwatch to ask directly what patient experience has been and what are their views for the future. This survey is currently live, but a snapshot of the results so far has been positive.

It was noted that this Committee received an Outpatient Recovery Plan presentation earlier in the year and that this forum will require clarity with regard to how much of that existing plan will still be applied, what elements need to be taken out and what



new elements need to be incorporated. It was also noted that a clear Board sign-off with regard to the Outpatient Recovery aspects is required.

The Director of Transformation & Partnerships commented that within the Outpatient Recovery Plan it was highlighted that colleagues within the Outpatient department were receiving a number of calls relating to the booking/re-booking of appointments. It was noted that a fundamental review of the booking service will need to take place with either a centralised or devolved booking service whichever is the most efficient way of working for the individual specialties.

**ACTION:** To review the existing Outpatient Transformation Plan with the Outpatient Re-set to align and ensure Board sign-off is received – **HB/PK**

**ACTION:** To review further recovery workstreams in future meetings – **PK, ongoing**

The Committee **NOTED** the strong April performance.

## **066/20 MONTH 1 FINANCE REPORT**

The Deputy Director of Finance reported that the focus of the Finance Report this month would be on COVID, the key headlines from the paper were noted as follows:

- We are being measured against a plan issued by NHSI, which assumes a breakeven position for the first four months.
- Income flows are largely on a block basis and COVID costs are funded retrospectively.
- The Month 1 position is at breakeven after assumed receipt of £3.0m retrospective top up funding.
- Whilst there is no expectation of CIP delivery, the Trust continues to deliver some savings as planned. CIP achieved year to date is lower than planned.
- Agency expenditure year to date is below the planned level and NHSI trajectory, however, there is an increase in the volume of bank usage.
- Our UoR rating which was planned as a 3 has tipped into a 2, this is purely due to the fact that we are at a breakeven position where we had planned to be in a deficit position.
- The Capital Plan is lower than the 'business as usual' plan, but the Plan has subsequently been re-submitted with a new profile to take into account the different operational circumstances and a lower overall Plan for the year to fit with the overall ICS capital total.
- At the end of April 2020 the Trust had a cash balance of £38.23m, £33.03m higher than planned. This cash balance was higher than planned due to the payment in advance of the May block commissioner contract and 'top up' payments.
- Aged Debt is £5.22m in month, a significant amount of that is with other NHS organisations.

It was confirmed that the purchasing costs for gowns will be claimed back as part of our COVID costs following an agreement which was reached with NHSI and other organisations.

The Director of Finance added that to get to the simplified position of 'breakeven' there is a complex procedure being undertaken with a vast industry in the background.

In terms of our submission for COVID costs and how we compare across WYAAT, it was confirmed that at first review we looked slightly higher, however, having now received the comparison from the whole of WYAAT, taking into account the scale of the organisation, we appear to be average and not a massive outlier. It was noted that we have received a query from NHSI regarding our pay bill, this is linked to our decision to ask colleagues to work the bank holiday and not all organisations made that decision.

A discussion took place regarding CIP and it was noted that Finance and PMO are working together to look at CIP efficiencies which could help with investment in other areas. It was suggested that we should look at changing the language from cost improvement to investment priorities. A review of the re-instatement of Turnaround Executive will also take place.

The Committee **NOTED** the Month 1 Finance Report.

**067/20 CAPITAL PLANNING UPDATE**

The Director of Finance informed the Committee that a request has been received to co-ordinate a 15% reduction in the overall capital programme at Integrated Care System (ICS) level. This does not include external funding such as the digital aspirant monies, only internally generated funding elements. The Trust has met the overall ICS request with minimal impact to our capital programme due in part to the sale proceeds of a property.

The Committee **NOTED** the reduction to the Capital Plan.

**068/20 PROJECT ECHO UPDATE**

The Director of Finance updated the Committee that it is expected that we shall receive Ministerial approval to allow us to progress to the next stage at some point this week. It was noted that there is still a lot of interest in the market, which was a concern with the impact of COVID. There is still an issue around the delay in adoption of the IFRS16 accounting standards flagged last month and this continues to be progressed and discussed with NHSI to find a solution.

The Committee **NOTED** the progress of Project Echo.

**069/20 TERMS OF REFERENCE**

The Chair presented the Terms of Reference for review and requested comments off-line from the Committee. These will be collated, and a revised set of Terms of Reference will be produced for ratification at the next meeting.

**ACTION:** To present a revised Terms of Reference document at the next meeting – agenda item

**070/20 DRAFT MINUTES FROM SUB-COMMITTEES**

The following Minutes were **RECEIVED** and **NOTED**:

- Draft Capital Management Group held 12 May 2020

- Draft THIS Board held 22 April 2020 (both the February and March meetings were cancelled).

**071/20 MATTERS TO CASCADE TO BOARD**

The following headlines were noted to cascade to Board:-

- Use of Resources Update - timeline for key actions, including external review, to be developed.
- April Performance review - strong April with score over 75%; on-going work to update KPIs, with a greater 'outcomes' focus; review of COVID 19 KPIs against WYAAT showed steeper decline in COVID cases and higher non-COVID occupancy at CHFT
- Outpatients - presentation on 'service reset', with essential move away from face to face appointments due to social distancing, PPE constraints etc.
- Financial Performance Month 1 - achieved overall breakeven after block contract income and 'top up' payments to cover COVID 19 costs etc.
- Finance Other - Update on Capital Planning (£0.5m reduction overall for 20/21) and Project Echo

**072/20 WORK PLAN 2020/21**

The Work Plan will be reviewed prior to the next meeting by the Chair and the Committee Administrator.

**073/20 REVIEW OF MEETING**

It was commented that virtual meetings are working well.

**074/20 ANY OTHER BUSINESS**

There were no other matters to discuss.

**DATE AND TIME OF NEXT MEETING:**

**MONDAY 29 June 2020, 11am – 2pm, via Microsoft Teams**

INFORMATION TO RECEIVE

15. a. Council of Governors Calendar  
2020 and meeting dates

b. Proposed Meeting Schedule for 2021

To Note

Presented by Andrea McCourt

## 2020 MEETING SCHEDULE FOR GOVERNORS

<u>Meeting Type</u>
<b>Council of Governors Meeting</b> Attend: All
<b>Governors / Non-Executive Directors Informal Workshop</b> Attend: All
<b>Annual General Meeting</b> Attend: All
<b>Council of Governors Meeting</b> Attend: All
<b>Medical Divisional Reference Group Meeting</b> Attend: John Gledhill - Sian Grbin - Dianne Hughes - Alison Schofield - Linzi Smith
<b>FSS Divisional Reference Group Meeting</b> Attend: Peter Bamber - Stephen Baines - Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin
<b>Community Divisional Reference Group Meeting</b> Attend: Stephen Baines - Annette Bell - Lynn Moore - Brian Richardson - Sheila Taylor - Chris Owen
<b>Surgery Divisional Reference Group Meeting</b> Attend: Jude Goddard - Rosie Hoggart - Christine Mills - Brian Richardson - John Richardson - Chris Owen
<b>Estates &amp; Facilities Services Group Meeting</b> Attend: Alison Schofield - Annette Bell - John Gledhill - John Richardson - Sheila Taylor
<b>Joint Board of Directors / Council of Governors Workshop</b> Attend: All

Date	Time	Venue
Thursday 9 July 2020	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Thursday 17 September 2020	3:00 – 5:00 pm	Via Microsoft Teams
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)	Boardroom, Huddersfield Royal Infirmary
Wednesday 4 November 2020	1.30 – 3.00 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Monday 9 November 2020	11.00 am – 12.30 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Monday 9 November 2020	1.30 – 3.00 pm	Meeting Room 4, 3rd floor, Acre Mills
Tuesday 10 November 2020	1.30 – 3.00 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Thursday 12 November 2020	1.30 – 3.00 pm	Discussion Room 3, Learning Centre, Huddersfield Royal Infirmary
Friday 20 November 2020	1:00 – 4:00 pm	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital

## 2020 MEETING SCHEDULE FOR GOVERNORS



**Calderdale and Huddersfield**  
NHS Foundation Trust

### **Governors / Non-Executive Directors Informal Workshop**

Attend: All

Tuesday 15 December 2020	12:30 – 4:30 pm	Discussion Room 1, Learning Centre, Huddersfield Royal Infirmary
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## **Council of Governors Meetings**

### **Proposal of quarterly meeting dates for 2021**

Date	Time	Location
<b>Thursday 28th January 2021</b>	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Discussion Room 1, Learning & Development Centre, Huddersfield Royal Infirmary
<b>Thursday 22nd April 2021</b>	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
<b>Thursday 15th July 2021</b>	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
<b>Thursday 21st October 2021</b>	2:00 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Boardroom, Huddersfield Royal Infirmary

\*Two Non-Executive Directors will be allocated to each meeting

\*Date of the Annual General Meeting for 2020 to be confirmed

## **Joint Council of Governors and Non-Executive Directors Informal Workshops**

### **Proposal of workshops for 2021**

Date	Time	Location
<b>Thursday 11th February 2021</b>	3:00 – 5:00 pm	Boardroom, Huddersfield Royal Infirmary
<b>Thursday 16th September 2021</b>	3:00 – 5:00 pm	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
<b>Tuesday 14th December 2020</b>	12:30 – 4:30 pm	Discussion Room 1, Learning & Development Centre, Huddersfield Royal Infirmary

## **Joint Council of Governors and Board of Directors Workshops**

### **Proposal of workshops for 2020**

Date	Time	Location
<b>Tuesday 11th May 2021</b>	1:00 – 4:00 pm	Discussion Room 1, Learning & Development Centre, Huddersfield Royal Infirmary



<b>Friday 19th November 2021</b>	1:00 – 4:00 pm	Large Training Room, Learning & Development Centre, Calderdale Royal Hospital
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\* To note Non-Executive Directors attend the joint Council of Governors / Board of Director workshops

## 16. DATE AND TIME OF NEXT MEETINGS:

Council of Governors meeting

Date: 22 October 2020

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

Venue: TBC