

**APPROVED Minutes of the Calderdale and Huddersfield NHS Foundation Trust  
Board of Directors and Council of Governors Annual Members Meeting held  
Thursday 29 September 2022 at 5:00 – 6:30 pm  
Via Microsoft Live Events**

**PRESENT (Speakers)**

Helen Hirst, Chair  
Brendan Brown, Chief Executive  
Kirsty Archer, Deputy Director of Finance  
Renee Comerford, Nurse Consultant for Older People / Clinical Lead for Urgent  
Community Response and Virtual Ward  
Liam Whitehead, Head of Apprenticeships and Widening Participation  
Richard Lee, External Audit Partner, KPMG  
Stephen Baines, Lead Governor, Public Elected, Skircoat and Lower Calder Valley

**Board of Directors**

Suzanne Dunkley, Executive Director of Workforce and Organisational Development  
Jo Fawcus, Chief Operating Officer  
Victoria Pickles, Director of Corporate Affairs  
David Birkenhead, Executive Medical Director  
Nigel Broadbent, Non-Executive Director

**In Attendance**

Robert Birkett, Managing Director, Digital Health  
Anna Basford, Director of Transformation and Partnerships  
Stuart Sugarman, Managing Director, Calderdale and Huddersfield Solutions Ltd  
Andrea McCourt, Company Secretary  
Danielle Booth, Admin Assistant, Membership and Engagement  
Vanessa Henderson, Membership and Engagement Manager  
Amber Fox, Corporate Governance Manager

**Public Elected Governors**

John Gledhill, Public Elected Governor, Lindley and the Valleys  
Gina Choy, Public Elected Governor, Calder and Ryburn Valleys  
Robert Markless, Public Elected Governor, Huddersfield Central  
Peter Bell, Public Elected Governor, East Halifax and Bradford

**Staff Elected Governors**

Sally Robertshaw, Allied Health Professionals

**Appointed Governors**

Chris Reeve, Locala

**Apologies**

Andy Nelson, Non-Executive Director  
Karen Heaton, Non-Executive Director  
Gary Boothby, Executive Director of Finance  
Nicola Seanor, Associate Non-Executive Director  
Tim Busby, Non-Executive Director  
Peter Bamber, Public Elected, Calder and Ryburn Valleys

## 1. CHAIR'S OPENING STATEMENT AND INTRODUCTIONS

Helen Hirst introduced herself as the Chair of the Trust who leads the Board of Directors and Council of Governors, a role she took up on 1 July 2022. She opened the meeting by welcoming everyone to the third 'virtual' Annual Members Meeting of the Council of Governors which covers the period April 2021 to March 2022 and provides an opportunity to reflect on the last 12 months within the Trust and share the Trust's plans and challenges for the coming year. The Chair stated she is hopeful the Annual Members Meeting can return to a more engaging event next year by being in person.

The Chair welcomed the Executive Directors, Non-Executive Directors, Lead Governor and the governors who were part of the virtual audience.

The Chair also welcomed the external auditor, Richard Lee from KPMG. The external auditors play a vital role auditing the annual report and accounts each year before they are submitted to Parliament. The Chair advised that both the annual report and accounts and an easy read short version of the annual report for 2021/22 are available on the Trust website. The quality accounts for the year can also be found on our website, these describe the quality of services we delivered to our patients over the past year.

The Chair acknowledged the work and dedication of the recent outgoing Chair, Philip Lewer, who retired at the end of June 2022 after four years as Chair of the Trust. Philip had great admiration and a deep respect for each and every member of the CHFT family and everything they did to deliver compassionate care for its communities, particular over a second tumultuous year of Covid. In the annual report and accounts, Philip Lewer proudly highlighted the pioneering work of the Trust on health inequalities, its commitment to working with its partners across the region and its ambitious reconfiguration and transformation plans.

With the recent passing of the late Queen Elizabeth II, the Trust are reminded of her recognition for the NHS, shown by the award of the George Cross to the NHS on 4 July 2021, only the second time this highest civilian award for gallantry has been given to an organisation. The late Queen's letter noted the award was given "with great pleasure on behalf of a grateful nation", recognising all NHS staff past and present for their role supporting people with courage, compassion, dedication and public service, particularly during the Covid-19 pandemic. The Trust thank her for this, and her life dedicated to public service.

The Chair referred to the changes with the Health and Care Act 2022, a set of new measures, set out in legislation that are designed to make it easier to deliver integrated care for people who need our services. She also referred to the changes in governance with the establishment of Integrated Care Boards and its place sub-committees that bring changes for how decisions are made that affect the Trust. These changes also bring some opportunities to achieve better outcomes for local people. Further information on these changes is available on the West Yorkshire Health and Care Partnership website at <https://www.wypartnership.co.uk/about>.

The Chair stated that the governors have a key role in appointing the Non-Executive Directors at the Trust and in addition to the Chair's appointment have agreed the appointment of two new Non-Executive Directors, Tim Busby and Nigel Broadbent. The Trust said a fond farewell to two Non-Executive Directors, Alastair Graham who left the Trust at the end of May 2022. Alastair was the first Chair of our subsidiary, Calderdale and Huddersfield Solutions Ltd and saw it through its set up to a successful four years and Richard Hopkin, who had served nearly seven years, and had been Deputy Chair left in August 2022. The Chair formally thanked them for their service.

## **2. OVERVIEW OF THE COUNCIL OF GOVERNORS CONTRIBUTION 2021-2022**

Stephen Baines introduced himself as the Lead Governor at CHFT since December 2019 who has been extended as lead governor for a further year. Stephen highlighted the governor activities that took place over the last year. During 2021/22 governors continued to attend virtual meetings and Stephen took the opportunity to thank all the Governors for their continued commitment over the last 12 months.

Stephen reported it was a busy year for recruitment to key roles in the Trust, including the appointment of the new Chief Executive, Brendan Brown who re-joined the Trust in January 2022 and the appointment of a new Chair, Helen Hirst who joined July 2022. Stephen formally thanked Philip Lewer for his contribution to the Trust over his four years as Chair and his legacy of a very positive working relationship with himself as lead governor, the wider Council of Governors, and the Trust on behalf of patients.

During the last year, Governors have had opportunities to attend workshops with the Non-Executive Directors and Board of Directors to discuss many areas including cancer performance, how the Trust is reducing health inequalities for its local population, the Nursing and Midwifery Strategy, the Trusts strategic objectives, choosing the Quality Priorities and the development of the Integrated Care System. Last Autumn 2021 the Governors also appointed the Trust's external auditors.

Given operational pressures, governors received information from clinical divisions about services via virtual meetings and were pleased to resume to in person meetings in June 2022.

During the year, the membership community has been extended by broadening it beyond Calderdale and Kirklees for those interested in the hospital who live in different areas. This will also support engagement with partners across the regional West Yorkshire Integrated Care System.

Stephen explained a small number of governors have begun work planning activities following a survey of its members about what they would like to see, and he reminded members to share any suggestions on our website at <https://www.cht.nhs.uk/about-us/membership-and-the-council-of-governors/>.

Stephen highlighted the exciting plans the Trust has over the next 12 months for new developments across both of its hospital sites and in the community and that the

governors look forward to working with the Trust on these and sharing the progress with their constituencies.

### 3. EXTENSION OF GOVERNOR TENURES 2021/22

The Chair explained that given the operational pressures in the months prior to elections nationally, the Trust were able to extend the tenure of governors who were due to either end their time as governors or stand for re-election. The Chair formally thanked the following governors who were extended for continuing in their roles:

| <b>Constituency</b>              | <b>Public Elected Governor</b> |
|----------------------------------|--------------------------------|
| Skircoat and Lower Calder Valley | Stephen Baines                 |
| North Kirklees                   | Veronica Woollin               |
| Lindley and the Valleys          | John Gledhill                  |

| <b>Constituency</b>         | <b>Staff Elected Governor</b> |
|-----------------------------|-------------------------------|
| Allied Health Professionals | Sally Robertshaw              |

### 4. FRAILTY SERVICE

Renee Comerford, Nurse Consultant for Older People and Clinical Lead for Urgent Community Response and Virtual Ward shared a presentation detailing the work of the Frailty Service both in hospital and the community.

### 5. WIDENING EMPLOYMENT PROGRAMME DEVELOPMENT

Liam Whitehead, Employability Manager shared a short presentation highlighting the widening employment programme at the Trust.

### 6. FINANCIAL REVIEW: ANNUAL ACCOUNTS: APRIL 2021 – MARCH 2022 AND THE EXTERNAL AUDIT OPINION

Kirsty Archer, Deputy Director of Finance presented a financial report for 2021/22, highlighting the key points from 2021/22 and looking forward to 2022/23. The full details of the annual accounts were available in the 2021/22 Annual Report published on the Trust website.

Overall, from a financial perspective the year ending 31 March 2022 was a successful one for the Trust which delivered a £40k financial surplus or underspend compared with our breakeven plan. The Trust also closed the year with a healthy cash balance of £54.7m and spent less on external agency staff than planned. This is the third consecutive year that the Trust has managed to balance the books and deliver small surpluses.

The actual operational expenditure in year was £40m higher than originally planned and this was supported by additional funding which, in the main, related to additional Covid costs and investment in elective activity recovery.

Additional changes to the normal regime that continued from the prior year included:

- a move to block financial payments rather than the historic systems of payment based on the volumes of activity undertaken,
- receipt of cash in advance to allow us to then pay suppliers more quickly and support the local economy.

Other successes for the Trust included the Trust performance against its use of resources metric which was delivered in line with plan. This is an overall score that measures the Trust's performance to deliver agreed plans, treasury management performance and agency expenditure controls. The Trust were also given an unqualified external audit opinion.

The Deputy Director of Finance also highlighted the expenditure on assets – buildings, IT and equipment which is known as capital spend. In year the Trust spent £24.37m on capital items compared to an original plan of just under £19m. In year additional monies were provided for additional spend primarily on digital technology supporting new ways of working. Investing £24m in any one year was a huge achievement for the Trust and allowed us to make much needed improvements to its estate and purchase of equipment to support patient care.

The actual reported position in the accounts is a £0.3m deficit and not the £40k surplus. The difference relates to technical accounting adjustments. The revaluation of land and buildings at £0.32m. Other adjustments related to capital grants and donations where the Trust were donated equipment, during the pandemic for which there was no cash consideration. There is also a final adjustment for items that were provided centrally but still held in stock such as PPE (personal protective equipment). The Trust's regulators do not hold the Trust to account against these technical adjustments. In year the Trust spent £24m on additions to assets.

Significant spend was incurred on the Huddersfield Royal Infirmary (HRI) estate to improve the condition of buildings and a further £6.5m on IT projects. The new learning and development centre at HRI is a great and much needed development replacing old facilities and investment has also commenced on the new Accident and Emergency facilities at HRI.

Richard Lee, KPMG presented the External Audit Opinion which considered the following and provided an unqualified (clean) audit opinion on 8 July 2022:

- Financial statements
- Value for money position
- Whole of Government's Accounts
- Annual Report

The annual auditors report is published on the Trust website.

The Deputy Director of Finance shared the future position for 2022/23. The forthcoming year is expected to be tough financially, reflecting both the national context that everyone will be aware of in their own finances as well as the specific challenges facing the NHS. There is a requirement for all NHS Trusts to deliver

efficiency savings and specific Covid funding is being tapered down. However, funding has been provided to support and incentivise the delivery of additional clinical activity and it is recognised that many patients have been waiting a long time for elective care. The Trust's plan is for a £17.35m deficit which forms part of an overall West Yorkshire Integrated Care Board balanced plan. The Trust are also planning for an even greater capital investment programme this year, totalling £39m which includes significant continued investment in the new A&E at HRI.

## 7. REVIEW OF 2021/22 AND FORWARD VIEW

Brendan Brown, Chief Executive provided a review of 2021/22 and forward view for the rest of the year. He highlighted the vision and strategy of the Trust which is **“Together we will deliver outstanding compassionate care to the communities we serve”** and is underpinned by the Trust's four pillars of behaviours that guide how we work.

The aim of the Trust is to deliver **one culture of care** which means that we care for our colleagues in the same way that we care for our patients, ensuring colleague wellbeing remains a priority.

Transforming and improving patient care highlights:

- Innovation by nursing staff received **national recognition for the Ascitic Drain Service** (ascitic drains are used to drain excess fluid away from the stomach), winning the British Journal of Nursing Innovation Award
- The first Trust to launch a new **shared maternity electronic patient record system**. The record allows all Trusts across West Yorkshire to share documents relating to care during a woman's pregnancy
- Launched an **exciting new pharmacy pilot service** - 'Pharmacy Led Safari Discharge' offering a safer and quicker way to get prescriptions written and medicines supplied to patients as they are discharged from hospital
- During 2021/22 the Trust were part of the national **Digital Aspirant Programme**, progressing a number of our digital ambitions including scan for safety
- Started the build for our **new A&E at HRI**
- Work by CHS to create a specific Covid isolation ward, at HRI, which opened in December 2020, received three awards at the Building Better Healthcare national awards

Keeping the base safe highlights:

- The Trust are tackling the elective backlog of care due to the Covid pandemic.
  - **No patients** waiting for **more than 104 weeks** for planned care
  - 175 patients waiting over 78 weeks – will be zero by March 2023
  - 2000 waiting no more than 52s – target is 2000 by March 2023
  - The Trust are **leading the way on work to narrow inequalities** in waiting lists, including clearing the backlog of 77 people with a learning disability waiting for elective care
- The Trust use **index of multiple deprivation**, ethnicity and other protected characteristics as well as waiting time to inform our prioritisation of care
- Our **Macmillan Information and Support Team**, and Lead Cancer Nurse won a national Macmillan Professionals Excellence Award recognising their contribution during the pandemic, offering crucial virtual support to cancer patients

- Our **district nursing team** were one of the first Trusts in the country to offer Covid treatments to clinically vulnerable patients in their own homes
- **Maternity services** submitted evidence against the seven Immediate and Essential Actions of the first Ockenden report published in June 2021. The second national report into maternity was published in March 2022.

Workforce fit for the future highlights:

- Significant challenge during the year - despite this have successfully recruited **nursing and medical workforce** over the last year
- Our estates, facilities and procurement provider, **CHS Ltd named in the Kirklees Top 100 Companies**, in 25th spot, showing continued commitment of all 450 colleagues within CHS
- Our **finance team received Future Focussed Finance Accreditation** Level which recognises organisations with the very best finance skills development, culture, and practices in place
- Celebrated our **first four Professional Nurse Advocates** (PNAs) in Community Division who support the emotional needs of colleagues helping them feel supported and valued
- Associate Director of Nursing, Liz Morley; Clinical Manager, Sally Akesson and District Nurse, Ansah Jami were **individually awarded the Queen's Nurse Award** for a high level of commitment to patient care and nursing practice
- Continued our work with **Project Search - an intensive supported internship programme** for young people with special educational needs to move into paid employment and apprenticeships

Sustainability:

- The Trust **2021/22 financial plan** was adapted to reflect the national changes to the NHS financial funding regime during the year
- **Funding was managed within an agreed overall financial envelope** across West Yorkshire – as you have heard from our Director of Finance
- **Developed a Green Plan** recognising the key issues of climate change, air pollution and waste go far beyond the walls of our estate
- Have **a sustainability action plan** - as at March 2022, 74 of the 176 actions were already complete
- **Sustainability is embedded** into upcoming capital projects. Plans for the new Emergency Department at HRI include proposals for an air source heat pump system which would generate renewable energy onsite
- CHS has introduced **low/ultra-low emissions vehicles** into its Transport and Estates fleet.

Looking forward our focus for the rest of the year is:

- Colleague wellbeing and resilience
- Recovery – seeing patients as quickly as possible
- Business as usual alongside any additional Covid-19 waves
- Exciting new developments including:
  - virtual wards;
  - new outpatient referral models;
  - improving access to diagnostic services;
  - more digital technology including the potential use of automation and artificial intelligence.

- A new **learning and development centre** opened at HRI earlier this year
- **Rainbow Child Development Unit** will open in Elland in November
- Opening new community and hospital based diagnostic capacity in Calderdale next year
- The **new Emergency Department at HRI** is well on its way to being built by Autumn 2023
- In 2023 the Trust will start building work for a **new A&E, wards, operating theatres, learning and development centre and parking** at Calderdale Royal Hospital.

## 8. QUESTIONS AND ANSWERS

A number of questions had been submitted prior to the meeting.

### **Q: What are you doing to improve recruitment and retention?**

**A:** Suzanne Dunkley responded the Trust has recently agreed a Recruitment Strategy for 2022-25 (Grow Our Own) which includes a strong focus on widening access into employment at CHFT, developing and supporting its colleagues throughout their careers and addressing areas of concern for retention.

Just some of the current examples of how we are 'Growing our Own' are:

- Creation of new entry pathways for both clinical and non-clinical careers into CHFT which include The Princes Trust, NHS Cadets, Kickstart, Project Search, Volunteering, Sector Work Based Academies and T levels.
- 45 x local participants progressing into apprenticeships and substantive posts from across our Widening Participation projects
- Building a pipeline of nursing graduates who join us each year from local universities and are supported through preceptorship programmes in the organisation
- Expanding our international recruitment plans to 100 international nurse recruits in 2022. Our pastoral support ensures that these colleagues are welcomed as part of the CHFT family and into the wider community
- Following the success of our international recruitment programmes, we are expanding our international programmes to recruit and retain colleagues from midwifery, allied health professionals and community nursing
- Continuing to achieve the zero vacancy target for our Health Care Support Workers
- Rolling out our Clinical Director development programme to attract and retain clinical leads for each speciality, allowing colleagues to build their clinical leadership career with CHFT

### **Q: How often do you perform staff satisfaction surveys? What were the most recent results?**

**A:** Suzanne Dunkley responded the Trust are focused on ensuring its colleagues know that CHFT is a place where they can be open and honest. This is tested by using several indicators to assess colleague engagement including the quarterly people pulse survey and annual staff survey which enables the organisation to focus on areas for improvement plus celebrate successes.



The Trust also use Freedom to Speak Up and other workforce health indicators such as turnover, absence and training and appraisal compliance to monitor the 'health' of its workforce. CHFT compares favourably with other Trusts on those indicators, with a turnover of ~8% and compliance rates of 90%+.

The following gives an overview of the most recent colleagues survey. The People Pulse survey tells us:

#### **Areas of success**

- I look forward to going to work – 41.9% (+7.1% from last quarter)
- My organisation is proactively supporting my health and wellbeing – 59.9% (+1.4% from last quarter and +7.6% vs. NHS overall)
- There are frequent opportunities for me to show initiative in my role – 63.1% (+2.3% from last quarter)

#### **Areas for development**

- In my team we support each other – 70.6% (-5.8% from last quarter and -3.3% vs. NHS overall)

The Annual Staff Survey 2021 tells us:

#### **Areas of success**

- Organisation takes positive action on health and well-being – 60%, score has increase by 28% from 32% 2020, and 38% increase on 2019 score of 22%
- Opportunities to show initiative frequently in my role – 73.5%, score has increase by 2.8% form 70.7% 2020, and 2.5% increase on 2019 score of 71%
- Immediate manager asks for my opinion before making decisions that affect my work – 53.5%, score has increased from 51% in 2020 and 50.9% in 2019
- Would feel secure raising concerns about unsafe clinical practice – 76.1%, score has increased from 73.9% in 2020, and 71.1% in 2019
- Always know what work responsibilities are – 87%, score had increased from 85.1% in 2020, and 86.7% in 2019

#### **Areas of development**

- Often/always look forward to going to work – 45.2%, score has decreased by 8.2% from 53.4% in 2020, and decreased 10.3% on 2019 score of 55.5%

#### **Q: How often do either of you (CEO and Chair) go on to a ward/department to observe a busy working environment and speak with your staff?**

**A:** Brendan Brown, Chief Executive responded visibility, approachability, and hearing the voices of colleagues is really important to him. Brendan is out and about talking to colleagues and patients on wards, in departments and in community every week. He also stops and speaks to colleagues as he is walking about the hospital sites. There is the 'Ask Brendan' facility whereby anyone across the Trust, can send Brendan a question or comment at any time and they will receive a timely and thorough response. Brendan is also involved in lots of things that involve direct interaction with colleagues at all levels including Chairing the Race Equality Network. In his nine months in the Trust, he has had chance to go and see colleagues in lots

of areas, but inevitably there will be areas he has not yet been to and he always welcomes an invite.

Helen Hirst, Chair responded that she joined the Trust in July so she is currently in her induction period, meeting different colleagues and seeing different services across the Trust. She has had the pleasure of meeting colleagues on both hospital sites, in community services and in the subsidiary company since she started. She also gets the shuttle bus occasionally which is a great opportunity to talk to people who work in different parts of the organisation. As referenced in Brendan's response, Helen is always open to an invite.

**Q: Why did you comply with the covid mask and vaccine requirements of the government knowing that this was totally false and the vaccine has resulted in many many deaths and injuries worldwide?**

**A:** Brendan Brown, Chief Executive responded as an NHS organisation, we needed to follow national policy and guidance on the use of masks within our premises, to support the control of infection. While this was in place for Covid, it is normal practice for healthcare organisations to use personal protective equipment in clinical environments to prevent the spread of infection. In relation to vaccination, the Trust runs both a covid and flu vaccination programme for colleagues but these are down to personal choice and not mandated.

There are strict precautions in place to help ensure the safety of all Covid-19 vaccines. Before receiving validation from national regulatory agencies for emergency use, COVID-19 vaccines must undergo rigorous testing in clinical trials to prove that they meet internationally agreed benchmarks for safety and efficacy.

Billions of people have been safely vaccinated against Covid-19. All the approved Covid-19 vaccines have been carefully tested and continue to be monitored.

**Q: There has been recent publicity given to initiatives aiming to improve hospital food by sourcing food locally and working with local farmers (Sheffield is a leader here). Are there any plans to improve Calderdale and Huddersfield hospitals food in a similar way?**

**A:** Stuart Sugarman, Managing Director for Calderdale and Huddersfield Solutions responded the team is currently working on a catering strategy and are engaging with local suppliers to establish best routes to market and as part of our Green Plan are working to reduce 'food miles'. We already use local suppliers to source food and are currently engaging with local Cash and Carry's to reduce road miles and are exploring ways to expand this.

**Q: What can be done for a patient living within the Calderdale area to be automatically offered an outpatient appointment at CRH if there is that facility available instead of at HRI. A taxi is approximately £13.00, the shuttle is not available for the general public, and ambulance services can take a long time to collect before and after visit?**

**A:** Anna Basford, Director of Transformation and Partnerships responded Calderdale and Huddersfield Foundation NHS Trust offers appointments at both of our hospital sites and we try to offer a choice where possible. For some specialties this is not always possible, or it may be that a patient needs to be seen quickly and the earliest

appointment is available at HRI. We now offer many more remote appointments whereby patients can have a consultation via the telephone or video technology, avoiding the need to travel at all.

There are a number of local bus service routes between both hospital sites operating an hourly service during daytime hours.

Yorkshire Ambulance Service have also launched a transport options helpline service in Calderdale which supports patients travelling to hospital appointments and between hospital sites. In some cases, there is a charge, but these vary.

People on low income are able to claim refund of their costs for journeys to hospital for treatment through the national Healthcare Travel Costs Scheme.

**Q: In what ways are the Foundation looking to address the issues surrounding access to local clinical services, and at the more coordinated use of existing modern facilities such as Todmorden Health Centre, for residents of the Upper Calder Valley?**

**A:** Anna Basford responded the Trust is working closely with the Primary Care Network of GPs, health care, social care and voluntary sector organisations to meet the needs of over 35,000 patients that live in the Upper Calder Valley.

Our aim is to ensure access and convenience of services when people need them and to enable people to be cared for in their own home – avoiding the need for people to come to hospital. We have worked with partners and local people and recently implemented several new services - this includes:

- Urgent Community Response Teams – this is a team of skilled professionals that will respond within 2 hours to provide urgent support in people’s homes to provide the care needed - so people can remain independent and avoid an admission to hospital.
- First Contact Practitioners – this provides quick access to expert musculoskeletal assessment, diagnosis, treatment and advice in local GP practices – avoiding the need for people to travel to hospital for these services.
- Anticipatory Care - we have invested in community healthcare roles to work with GP practices to assess the needs of patients on GP lists and anticipate their likely future needs - so we can support them proactively managing their long term condition/s and where required ensure early support and care is provided in their home to avoid people requiring urgent or emergency care and need to travel to hospital.

In October the Trust will also be implementing a virtual ward model that will enable people to get the acute health care they need at home safely and conveniently, rather than being in hospital. This can support people to avoid coming into hospital where their care could be provided at home and support people to go home sooner following a hospital admission.

We are continuing where appropriate to offer digital access to appointments so that people can have an out-patient appointment without the need to leave home. We

know that this is not possible or appropriate for all out-patient appointments and we have worked closely with Healthwatch and local people to make sure we offer the best access and to ensure we do not widen health inequalities in access.

Our aim is to provide, where it is appropriate, as much care as possible for people in their home.

We are reviewing the best use of estate across hospital and community sites in the Upper Valley, and this will include review of the use of Todmorden HC to support best access where care cannot be provided at home.

**Q: Where does outpatient physiotherapy fall within the CRH configuration? We work out of a gym. Is there a plan for where we will complete our rehab? Who consulted the community division?**

**A:** Anna Basford responded as part of future planning for the reconfiguration of services the Trust are working with all service areas to discuss plans for their future operating models. This will inform the best use of our planned new buildings, existing buildings and required future community facilities. As part of this the Trust are discussing outpatient models of care (including therapies) and how the Trust might improve patient experience and access by offering services in community settings. She highlighted it is really important that colleagues are involved and is happy to arrange a meeting separately with therapy colleagues to discuss in more detail.

**Q: While readmission has reduced, is there an increase in mortality in the same target population?**

**A:** Brendan Brown responded mortality data is still within normal rates at this point; however, it is something the Trust are paying close attention to. However, there is an increasing number of acutely unwell patients admitted and re-admitted. The Trust are working with public health on this. An ongoing deep dive into mortality data is taking place at the next Executive Board.

**Q: Who do people contact if they are interested in finding out more about the apprenticeship programme?**

**A:** Liam Whitehead at [liam.whitehead@cht.nhs.uk](mailto:liam.whitehead@cht.nhs.uk) or [suzanne.dunkley@cht.nhs.uk](mailto:suzanne.dunkley@cht.nhs.uk) or pop along to our website and go to our recruitment pages. Completion for new developments – contact BB or AB directly. ED Department at HRI will be completed of Summer 2023. Building works with Car park at CRH from March 2023.

**Q: Is there a timeline available for the completion of new developments that were called out here?**

**A:** Brendan Brown responded the new A&E Department at Huddersfield Royal Infirmary will be completed by Summer 2023 and building works at the multi-storey car park at Calderdale Royal Hospital will commence from March 2023.

Please email [Brendan.Brown@cht.nhs.uk](mailto:Brendan.Brown@cht.nhs.uk) or [Anna.Basford@cht.nhs.uk](mailto:Anna.Basford@cht.nhs.uk) for further information.

## 9. CLOSING STATEMENT

The Chair thanked everyone for attending and noted particular thanks to the speakers, the Corporate Governance Manager and Company Secretary and to Richard Hill, who has enabled this meeting to be held virtually.

The meeting closed at approximately 6:30 pm.

A recording of the AMM can be found on our website at <https://www.cht.nhs.uk/publications/annual-reports-and-annual-general-meeting>.