

Council of Governors

Schedule	Thursday 27 January 2022, 14:00 — 16:00 GMT
Venue	Microsoft Teams
Organiser	Amber Fox

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Date: Thursday 21 April 2022

Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)

Venue: Microsoft Teams

To Note - Presented by Philip Lewer

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 meetings held on 21
October 2021, 26 October and 14
December 2021 (extra-ordinary)

To Approve

Presented by Philip Lewer

63/21 DECLARATIONS OF INTEREST

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

64/21 MINUTES OF THE LAST MEETINGS HELD ON 15 JULY 2021 AND 21 JULY 2021

The minutes of the previous meeting held on 15 July 2021 and 21 July 2021 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held on 15 July 2021 and 21 July 2021 were **APPROVED** as a correct record.

65/21 MATTERS ARISING / ACTION LOG

There were no matters arising and no outstanding actions on the action log.

OUTCOME: The Council of Governors **NOTED** there were no outstanding actions on the action log.

66/21 FEEDBACK FROM NON-EXECUTIVE DIRECTORS IN ATTENDANCE – RICHARD HOPKIN / PETER WILKINSON

Richard Hopkin

Richard introduced himself, noting he joined the Trust as a Non-Executive Director approximately five and a half years ago and is now in his final term. Richard has a background in finance, he was a chartered accountant for 20 years and in industry for 20 years in the private sector. He has been involved in lots of work in the voluntary housing sector. Richard has been the Treasurer of the Community Foundation for Calderdale and he works with Age UK locally and nationally.

Richard is the Chair of the Finance and Performance Committee which meets monthly, he has been the Chair for the past two years. Richard also attends the Audit and Risk Committee which is Chaired by Andy Nelson and attended by Denise Sterling. Richard was the previous Chair of this Committee. He also attends the Charitable Funds Committee and the Huddersfield Pharmacy Specials (HPS) Board.

Richard has recently been appointed as the Trust's Wellbeing Guardian which is a new role. Richard works closely with the Chief Executive and Chair, meeting them on a fortnightly basis to look at key metrics.

Brian Moore stated he has been recently allocated as governor observer attending the Finance and Performance Committee. Robert Markless stated that he the second governor joining the Finance and Performance Committee. RH welcomed a 1-1 conversation with Robert and Brian as an introductory to the Committee.

Brian Moore asked if the Trust remains in deficit. RH responded in recent times the Trust have reported a break even or small surplus position, primarily due to funding made available. RH confirmed there is still an underlying deficit and the reconfiguration plans are aimed to eliminate this.

The Acting Director of Finance responded to confirm the support funding received is called financial recovery funding which is allowing a break-even position. The year-end accounts are looking favourable with this funding in place. The Trust continue to challenge more efficiency year on year to meet regulatory expectations. The last two years the Trust have been in a very different financial regime set up specifically for Covid-19, with funding received last year for all costs. The second part of the year received additional funding. It is a similar circumstance the first half of 2021/22 for Covid-19 and elective recovery. However, the funding rules for the second half of this financial year will be changing once again. The

estimated underlying deficit number is £27.5m, which is supported by financial recovery funding.

Cllr Lesley Warner pointed out the new role of Wellbeing Guardian and asked if this is becoming more of a challenge. RH said wellbeing is high on the agenda, with a focus on staff absence and availability issues. The Trust are looking at new initiatives to improve the wellbeing of staff and the wellbeing hour is still available as an initiative.

Peter Wilkinson

Peter introduced himself and noted he has been a Non-Executive Director at the Trust for two years. Peter's background and expertise is in the delivery of large complex project and programmes of a construction background. Peter is part of a consultancy firm and has his own consultancy practice. Peter is a Trustee of the Leeds Grand Theatre and Opera House.

Peter is the Chair of the Transformation Programme Board and Health Inequalities Group. He also attends the Finance and Performance Committee, Pennine Property Partnership Board, Charitable Funds Committee and the Joint Liaison Committee.

Peter explained the Transformation Programme Board oversees the reconfiguration of services across Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH). The Programme is progressing very well and recently passed a Gateway Review which confirmed value for money for both patients and the public in terms of the reconfiguration of services. The planning has been approved for the work at HRI and work is about to commence. Planning for CRH is going to the Committee in December. The Business Cases are completed. Stephen Baines attends this monthly meeting.

Peter explained he started chairing the Health Inequalities Group six months ago. This group involves a team of people reviewing a wide range of areas across service planning, workforce, experience to interrogate data to look at any interventions around inequalities e.g. learning disabilities.

Peter Bamber asked what discovery interviews are. Peter explained these are interviews with patients to understand their lived experience and what is important to them.

Gina Choy asked what challenges the Trust are facing in Covid times with undertaking discovery interviews without having direct access to patients. Peter explained the discovery interviews in the maternity service take place at the point the patient is in hospital and he added that a number of digital interviews have gone particularly well.

Robert Markless asked how the new work at CRH interacts with the existing PFI contract, e.g., new services and revised site. The Director of Transformation and Partnerships explained the Trust are in dialogue with the existing provider on site to ensure there is a smooth delivery of services in the new hospital, such as catering facilities. She provided assurance that patients will not experience any disruption and there will be a seamless delivery of services for patients on site. Robert asked if the PFI contract is being extended. The Director of Transformation and Partnerships responded the Trust currently have, via CHS, in-house provision of soft facilities e.g., estates, which is currently being explored. She added it is important to secure the best option for these services to provide the best patient care.

Robert Markless asked how the Trust are working with the other organisations on health inequalities across the patch as lots of organisations are now carrying out this work. The Director of Transformation and Partnerships responded that there is a West Yorkshire wide review which has highlighted four key themes and all areas are being taken forward. She added that the work at PLACE level is contributing to the West Yorkshire work of the Integrated Care System (ICS).

Christine Mills explained she has been attending the Health Inequalities Group for a short while and has found it a very transparent group open to new ideas. She explained the Group is very joined up with the community and attendees are very keen to make it work.

OUTCOME: The Council of Governors **NOTED** the feedback from the Non-Executive Directors.

67/21 Update on Estate Works on South Drive, Huddersfield Royal Infirmary (HRI)

The Director of Transformation and Partnerships shared a presentation providing an update on the estates work at HRI with a timeline from October 2021 – 2023.

The works on south drive at HRI will lead to the closure of access to the Renal Centre and the parking provision. Car parking spaces have been calculated week by week, which shows positive growth using alternative parking spaces, with a net gain of the overall spaces available.

Brian Moore said the presentation was very informative and inclusive and hopes it runs smoothly.

Cllr Lesley Warner stated there is lots of preparation work and detailed plans; however, following some work taking place locally she explained the councillors were inundated with complaints. She asked if there will be a contact line to keep up with the scale of contact made regarding the HRI works during the challenging winter months. The Chief Executive responded and stated it was a good observation and provides the governors with an opportunity of what they can do to support. He explained there will be something unforeseen in the plan and encouraged governors to share any intelligence with the Director of Transformation and Partnerships and the team as they become aware of any issues. He added it is an iterative plan and has been developed with flexibility in mind to adapt to circumstances as they unfold. He explained the Trust are mindful that patients' stress levels could be increased due to the more limited parking and this will be a challenge.

Peter Bamber asked if patients will be informed that they should allow for extra time for parking. The Chief Executive confirmed the Trust will be communicating with patients; however, the transition will be a challenging time.

Cllr Lesley Warner asked if there will be staff with walkie talkies advising of where there are car parking spaces. She explained there will be increased anxiety about over running with car parking and asked if tokens will be given out in circumstances where there are delays. The Director of Transformation and Partnership responded the Trust are arranging meet and greets and advice on how to navigate the building if they are entering through a different route. She confirmed there are Trust policies in place with a mechanism of how to manage any additional car parking charges that are incurred.

The Chair thanked the governors for raising their questions.

Stephen Baines proposed a formal thank you to Owen Williams for the excellent work he has done at the Trust for the 9, almost 10 years he has been with CHFT. He added that Owen has been exemplar to how a Chief Executive should act and has met with the governors and always attended the meetings when he is available. Brian Moore supported this as a previous governor and passed on his thanks.

The Chief Executive thanked Stephen Baines and stated he has always tried to work together with the governors. The Chief Executive wished everyone a prosperous future.

The Director of Transformation and Partnerships and Peter Wilkinson left the meeting at this point.

OUTCOME: The Council of Governors **NOTED** the update on the Estate Works on South Drive, HRI.

68/21 PERFORMANCE AND STRATEGY Operational Update and Recovery Plans

Peter Keogh, Assistant Director of Performance presented the operational update and recovery plans. The key updates were:

- Continue to see a sustained high number of patients with Covid-19, over 100 inpatients currently which is 40% of the bed base across the hospitals
- Reviewing the winter plans to see what else can be done to relieve internal pressures
- Significant and continued increase in demand for both emergency departments with surges in hourly numbers, acuity and occupancy levels
- High costs seen in the emergency departments associated with partial segregation and increased attendances
- Stroke patients gaining access to a bed within 4 hours and spending 90% of their stay on a stroke unit is a challenge
- Stroke services maintained a SSNAP overall score of A (SSNAP is a national measure of stroke performance, score A being the best)
- Still managing to maintain excellent performance in cancer – there are plans in place to improve screening in the next couple of months with focus on 38 days referral to tertiary – the Trust is in the top 10 organisations nationally for cancer performance
- Community services are increasingly seeing more complex and acute presentations
- Length of stay – concerns around the more varied complex needs of the younger patients requiring long lengths of stay

Jason Sykes, staff elected governor left the meeting.

- Recovery – increased P2 additions (patients to be seen within a month), theatre capacity at lower levels than anticipated, winter pressures and further staffing risks, 104 week risks
- Changes to the recovery trajectories for H2 include P2s and over 104 weeks remaining the priority

Sarah Mackenzie-Cooper left the meeting.

Liam Stout asked how the Trust are doing with diagnostic capacity for cancer patients and the backlog due to the Covid-19 pandemic. He stated due to the extended wait of the pandemic, patients are finding out they have advanced cancers. The Assistant Director of Performance responded the plan is for all diagnostics to get back on track by the end of November 2021. The Trust will continue to use external outsourcing where possible to get back on target.

69/21 Performance Update

Peter Keogh, Assistant Director of Performance presented the performance update for August 2021. The key updates were:

- 3 of out the 6 domains are green
- Overall performance is 70.4% for August 2021, which is a deterioration on the July position with the key changes being the Friends and Family Test target (A&E and Community) and complaints
- Fractured neck of femur access remains the main challenge
- Responsive domain is the most challenging area as it contains the main planned access indicators

- 62 day cancer performance is above local Trusts and nationally
- 6 week diagnostic tests - plans to get back on track by end of November 2021
- Complaints received – 100% seen within timeframe for June with a dip in July – new complaints co-ordinator has started, this is an ongoing area of focus

Robert Markless asked for an explanation of the acronyms used in future reports.

Robert Markless asked if there could be increased activity over the weekend to catch up. The Assistant Director of Performance stated that seven-day working is being supported by the Medical Director and in the short term, sessions have been set up for recovery. The challenge is staffing issues and additionality.

Christine Mills stated it would be challenging for the Trust to undertake seven day working without additional staffing. Robert Markless acknowledged the significant workforce pressures.

OUTCOME: The Council of Governors **NOTED** the Operational Update, Recovery Plans and Performance Update.

70/21 Financial Position and Forecast – Month 5

The Acting Director of Finance summarised the key points in the month 5 finance report which were as follows:

- Year to date the Trust has delivered a surplus of just over £2m, a favourable variance of £1.61m compared to plan
- Significantly driven by the first three months of the year where the Trust received elective recovery funding in excess of £3m which is based on a level of elective activity undertaken
- Threshold for accessing this funding raised from 75%, to 80% to now 85% activity levels – at this stage the Trust were exceeding these levels
- Second quarter requires the Trust to achieve 95% of baseline activity to receive funding, this is much more challenging to achieve alongside Covid-19 pressures
- Unable to access any further funding in the second quarter
- Month 5 is forecasting a breakeven position at the end of half 1 (first half of the financial year)
- Month 6 position will be a break-even position at the end of the first half of the year
- Guidance on H2 (half 2, October 2021 to March 2022) and financial allocations is now getting greater visibility

OUTCOME: The Council of Governors **NOTED** the Month 5 Financial Summary for 2020/21.

71/21 2021/22 Finance Plan (H2)

The Acting Director of Finance presented a few slides on recovery funding for H2 (Oct-Mar). The key points to note were:

- Delayed planning guidance received on the 30 September 2021
- This builds on the priorities set out in March 2021 and continues focus on tackling health inequalities
- Provides additional £5.4bn above original mandate – includes £1.5bn funding for recovery of elective and cancer services
- Recovery funding can be accessed via:
 - o Elective Recovery Funding (ERF) of £1bn
 - o Now based upon completed RTT pathways above a 2019/20 threshold of 89% (at system level)

- Central independent Sector fund
- New targeted investment fund (TIF) £0.5bn capital plus a further £0.2bn flexible capital or revenue (£32m for our system, £6.4m CHFT share)
- Expecting the position to become more challenging during the second half of the year with no elective recovery funding assumed to be received

Cllr Lesley Warner acknowledged the very challenging time.

OUTCOME: The Council of Governors **NOTED** the Month 5 Financial Summary for 2020/21 and the 2021/22 Finance Plan for the second half of the year.

QUALITY UPDATE

72/21 Update on 2021/22 Quality Priorities and Quality Update

The Director of Nursing provided a detailed presentation giving a Quality update and an update on the 2021/22 Quality Priorities. The presentation was circulated to the governors after the meeting took place.

Brian Moore asked for an update on continuity of care and described a system introduced years ago where a midwife saw a patient from pre-birth, during labour to post-birth and asked if this was still happening. The Director of Nursing explained the Trust are achieving good continuity of care in the antenatal and postnatal period; however, a significant increase in the number of midwives would be needed along with a change in the way midwives work for this to work in the labour delivery ward. The main concern of the Trust is delivering the baby in a safe way and feedback from mothers stated they don't mind having a different midwife during labour. The Director of Nursing stated it is unlikely that any organisation nationally will achieve continuity of carer during labour as well as antenatal and postnatal care; however, continuity for antenatal and postnatal care will be achieved.

Brian Moore asked if there will be any feedback from the 'Observe and Act' Programme. The Director of Nursing agreed to share some feedback.

Action: Director of Nursing to share feedback from the 'Observe and Act' Programme.

OUTCOME: The Council of Governors **NOTED** the Quality update and update on the 2021/22 Quality Priorities.

73/21 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee held on 9 August 2021

The minutes of the previous Nominations and Remuneration Committee held on 9 August 2021 were presented for approval, which focused on piloting and recruiting to an Associate Non-Executive Director role.

OUTCOME: The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee (CoG) meeting held on 9 August 2021 as a correct record.

74/21 CHAIR'S REPORT

Update from Chair

The Chair had no further update to share.

GOVERNANCE

75/21 UPDATE FROM LEAD GOVERNOR/CHAIR

Stephen Baines, Lead Governor had no further update to share.

76/21 APPOINTMENT OF EXTERNAL AUDITORS

The Company Secretary presented a paper to seek the Council of Governors approval to appoint KPMG as the Trusts External Auditor for a period of three years with effect from 1 November 2021, following recommendation by a task and finish group, which included governors, and support of this recommendation by the Audit and Risk Committee. The contact with the Trust's current External Audit KPMG ends on 31 October 2021 and the Trust undertook a procurement process using the North of England Commercial Procurement Collaborative audit framework.

Expressions of interest were sought from all five providers on the framework and only one expression of interest was received.

The fee is considerably higher than that paid previously but this reflects the changing public sector market and fees paid by neighbouring organisations.

The Company Secretary thanked Stephen Baines and John Gledhill for their involvement in the procurement process.

OUTCOME: The Council of Governors **APPROVED** the appointment of KPMG as the Trust's external auditor for a three year period with option for one year extension, with effect from 1 November 2021.

77/21 MEMBERSHIP STRATEGY: UPDATE ON 1 YEAR ACTION PLAN

The Company Secretary shared the one year update on the Membership and Engagement Strategy action plan which includes the plan to establish a membership and engagement group. She explained the final results from a membership survey are awaited to help shape this work.

OUTCOME: The Council of Governors **NOTED** the update on progress against the action plan of the Membership and Engagement Strategy and **APPROVED** the proposal to establish a Membership and Engagement Group.

78/21 COMPANY SECRETARY'S REPORT

a. Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register was shared. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager, including requesting a form to submit a declaration.

OUTCOME: The Council of Governors **NOTED** the Council of Governors Declarations of Interest Register.

b. Update on Chief Executive Appointment

The Chair confirmed the interview process took place over two days and following the final interview panel on Wednesday 20 October, there is a preferred candidate. The process of due diligence has started.

Helen Hunter, appointed governor from Healthwatch led one of the stakeholder groups on Tuesday 19 October and Stephen Baines, public elected and lead governor, was on the main interview panel on Wednesday 20 October.

An extra-ordinary meeting of the Council of Governors will be held at short notice imminently to approve the appointment of the Chief Executive.

OUTCOME: The Council of Governors **NOTED** the update on the Chief Executive appointment.

c. Review Allocation of Governors on Sub-Committees and Divisional Reference Groups

During September 2021, governors were asked to submit their preferences for Divisional Reference Groups and Board Sub-Committees. The allocation of governors to Divisional Reference Groups and Board Sub-Committees has now taken place. As there are 13 new governors this year, including 9 new public elected governors, two governors have been allocated to each sub-committee with one deputy.

Where possible, at least one public and one staff or appointed governor has been allocated to each sub-committee. The role of a governor at sub-committees is to act as an observer in terms of holding the Non-Executive Directors to account.

A conversation with the Chair of the Sub-Committee is recommended to help governors understand their role more.

OUTCOME: The Council of Governors **RECEIVED** and **NOTED** the Divisional Reference Groups and Board Sub-Committee allocations and upcoming meetings with effect from November 2021.

d. Review Allocation of Governors on Public Board of Director Meetings 2021-2022

The schedule of the Public Board of Directors meeting is attached inviting individual public governors to act as observers at the meetings during the remainder of 2021 and 2022. Currently the meetings are scheduled to be held via Microsoft Teams. As per the arrangements in previous years, this is provisional and dependent on availability.

The Chair reminded the governors that the Board of Directors meetings are public meetings, any governor is welcome to attend and he offers invited governors an opportunity to comment at the end of the meeting.

OUTCOME: The Council of Governors **NOTED** the public Board of Directors meeting allocations for 2021-2022.

79/21 RECEIPT OF MINUTES FROM SUB-COMMITTEES

The minutes of the following meetings were received:

- Quality Committee held 19.07.21
- Workforce Committee held 09.08.21
- Charitable Funds Committee held 23.08.21
- Audit and Risk Committee held on 21.07.21
- Finance & Performance Committee held on 31.08.21

No questions were raised.

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

80/21 INFORMATION TO RECEIVE

a. Council of Governors Workplan 2022

The Council of Governor's Workplan for 2022 was circulated for information.

b. Council of Governors Calendar 2022

The Council of Governor's calendar of meetings for 2022 was circulated for information. This includes all governor meetings, workshops for 2022 and Divisional Reference Groups for 2022 will be confirmed in due course.

OUTCOME: The Council of Governors **RECEIVED** the Council of Governors Workplan for 2022 and the Council of Governors meeting dates for 2022.

81/21 ANY OTHER BUSINESS

The Chair formally passed on thanks to Owen Williams for all his hard work as Chief Executive and stated that he has been brilliant to work with.

The Chair noted that governor's value on site interaction which has been a main theme from his individual meetings with the governors.

The Chair thanked Stephen Baines for his support on the Chief Executive final interview panel which was held on Wednesday 20 October 2021.

82/21 DATE AND TIME OF NEXT MEETING

The Chair thanked all the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting and their contribution and formally closed the meeting at approximately 4:14 pm and invited governors to the next meeting.

Council of Governors Meeting

Date: Thursday 27 January 2022

Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)

Venue: Microsoft Teams

Suzanne Dunkley, Director of Workforce and Organisational Development described the Chief Executive interview process which took place over two days, from Tuesday 19 October to Wednesday 20 October 2021.

A unanimous decision was made on a preferred candidate. There are a number of due diligence checks to take place which is now 99% complete and an offer has been made subject to satisfactory checks.

The Trust used a recruitment agency, Gatenby Sanderson, and an advert went live during September 2021 via multiple routes.

In order to ensure governors, colleagues and partners were involved in the appointment, robust partner and colleague panels were set up involving governors. Each panel was chaired by a colleague at CHFT and each attendee was asked to advise the panel of the strengths and weaknesses of each candidate.

A total of eight candidates applied, of which four were shortlisted and the paper presented included equality monitoring information for all applicants.

Day one of the interview process included three panels consisting of a partner, governor and colleague panel. Day two included the final interview panel. The stakeholder feedback from day one of the interview process was provided to the final interview panel which helped identify strengths and weaknesses in the final interview stage.

Robert Webster, West Yorkshire and Harrogate Partnership Integrated Care System Interim Chief Executive and Richard Barker, North East and Yorkshire Regional Director assisted with the interview panel, together with other panel members detailed in the paper.

Candidates were asked to present a discussion topic at the outset of the interview on health inequalities and how CHFT can be an anchor institute for this. A series of questions were then scored by the panel, considering the stakeholder feedback.

One preferred candidate was identified.

Fit and Proper Person Checklist – The Director of Workforce and Organisational Development described the long list of checks that must take place, including a fit and proper person declaration signed by the candidate, robust references, occupational health check, DBS check, qualifications check, financial check (insolvency) and social media and google search check carried out by the agency in advance. It can take up to two weeks for the DBS check to come back.

All the fit and proper person checks have been carried out and the Trust can now move to an appointable status for this candidate, subject to a satisfactory DBS check.

2. Preferred Candidate

The Director of Workforce and Organisational Development explained out of the four candidates, there were three current Chief Executive candidates and a really strong candidate pool.

Of the four candidates, Brendan Brown was the preferred candidate, and a biography of Brendan was shared.

The Chair confirmed it was a unanimous decision by the panel of the preferred candidate.

Stephen Baines confirmed Brendan was the best candidate and noted he knew Brendan in his previous role as Deputy Director of Nursing at CHFT.

The Director of Workforce and OD confirmed that Trust wide communications will go out this evening.

Christine Mills asked when the new Chief Executive will start, the Chair confirmed this will be arranged with Airedale.

The Chair confirmed that during this transition period, Ellen Armistead, Deputy Chief Executive and Director of Nursing will act up into the Chief Executive post.

Gina Choy asked why this candidate was the standout candidate. The Chair described some of the reasons the candidate stood out which were:

- his commitment to health inequalities
- his commitment to 'One Culture of Care'
- he is keen to continue what he started at CHFT
- his willingness to work with the medical workforce and on the 'Getting it Right First Time' Programme
- his commitment to the Trust's Executive team.

Karen Heaton echoed the Chair's comments. She added the Trust are on an upward trajectory and the candidate was very innovative and creative.

Helen Hunter stated she feels assured that the Trust has gone through a rigorous process which will have identified the right person for CHFT.

OUTCOME: The Council of Governors **SUPPORTED** the Chief Executive recruitment process and **APPROVED** the appointment of the Chief Executive.

DATE AND TIME OF NEXT MEETING

The Chair thanked all the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting and for their contribution and formally closed the meeting at approximately 3:18 pm.

Joint Board of Directors and Council of Governors Workshop

Date: Friday 19 November 2021

Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)

Venue: Microsoft Teams

The Company Secretary reported the Nominations and Remuneration Committee of the Council of Governors met back in November and has been working on the recruitment of two Associate Non-Executive Director (NED) pilot roles which is a developmental role.

The appointment for the Calderdale and Huddersfield Solutions Limited (CHS) Associate NED has been ratified by the CHS Board.

The second appointment was for a CHFT Associate NED to support the quality agenda. Interviews have taken place and a preferred candidate was unanimously agreed by the panel. The name of the preferred candidate is Nicola Seanor who currently works in the NHS. The Company Secretary confirmed all pre-employment checks have been completed and are satisfactory.

Andy Nelson added that there were some good candidates; however, Nicola Seanor was the best candidate.

Alastair Graham confirmed the appointment of the CHS Associate NED was ratified last month following an extensive appointment process. A preferred candidate was unanimously agreed by the panel who felt they were a very strong candidate. The appointed Associate NED for CHS is starting this month and attending their first CHS Board meeting next week.

The Company Secretary, Andy Nelson and Denise Sterling have been preparing the Induction Programme for the Associate NED for CHFT which is focused on the quality agenda.

OUTCOME: The Council of Governors **APPROVED** the appointment of the Associate NED for CHFT focused on the Quality agenda and **NOTED** the appointment of the Associate NED for CHS.

88/21 Change to the Trust Constitution

The Company Secretary proposed an amendment to Section 25.4 of the Trust Constitution relating to the appointment of Non-Executive Directors which has been considered and approved by the Nominations and Remuneration Committee of the Council of Governors on 9 December 2021. If the Council of Governors approve the proposed change to the Constitution, approval will be sought from the public Board of Directors on 13 January 2022.

The Company Secretary explained there is a very competitive market at present with the high number of Chair and Non-Executive Director vacancies across the country. Therefore, the proposal is to broaden the geographical eligibility criteria for Non-Executive Director appointments to include North Yorkshire and South Yorkshire.

Peter Bamber stated he has no objection to the principle; however, challenged whether specifying the geographical area was the best way to do it. He felt that it was distance that mattered the most as opposed to the administrative boundary and suggested a distance in mileage, rather than by geography.

The Company Secretary confirmed the job descriptions state the applicant must demonstrate their commitment to the communities that it serves. She added that the distance to the hospital sites would be less important with the current virtual working.

The Chair added that the Trust are trying to get the best possible person and there have been previous applicants who have applied from outside the districts that have had to be excluded from shortlisting. The Chair confirmed lots of Trusts are having to broaden their boundaries.

Gina Choy referenced the applicant must demonstrate their commitment to the local service and asked how the broadening of the geographical area would impact on this commitment. She added as the Trust are working virtually, this can widen the scope which is an advantage; however, asked what effect this would have on the Non-Executive Directors to reside in the local area when face to face meetings resume. The Company Secretary responded that the impact of this is something to be considered and reviewed in the future.

John Gledhill asked where the Trust stand with Mid Yorkshire which includes Dewsbury and is in Kirklees. The Company Secretary confirmed this would be covered within the West Yorkshire area which is already part of the Constitution. She clarified the proposal is to broaden the geographical area to also include North Yorkshire and South Yorkshire.

Robert Markless explained he recently reviewed Kingston Hospital's constitution (where he had been previously involved) which confirms anyone from London can apply. He explained the broadening of the geographical area could see the Trust competing with Trusts from further away; however, stated he had no objections to the broadening of the geographical area.

Peter Bamber raised his concern that if someone lived further away that they don't connect with the services that the Trust provides. He felt there could be challenge from governors as to why they were interviewed if they felt they were too far away. The Chair responded that the person specification must show they have strong connections to the area. The broadening of the geographical area is to try and give the governors the best choice of candidates. If the candidate can't demonstrate strong links to Calderdale and Huddersfield, then they would not meet the criteria, candidates would need to demonstrate something tangible. The Chair referenced the current Constitution extends to Airedale.

Sally Robertshaw clarified if the Constitution is amended, being too far away would never be a consequence for not appointing. The Company Secretary agreed.

All governors present supported the change.

A further review of this change will take place following future recruitment processes.

OUTCOME: The Council of Governors **APPROVED** the change to Section 25.4 of the Trust Constitution, broadening the eligibility criteria to include North Yorkshire and South Yorkshire which will go to the Trust Board for approval on 13 January 2021.

DATE AND TIME OF NEXT MEETING

The Chair thanked all the Council of Governors and Non-Executive Directors for attending the meeting and for their contribution and formally closed the meeting at approximately 3:21 pm.

Date: Thursday 27 January 2022

Time: 2:00 – 4:00 pm (Private 1:00 – 1:45 pm)

Via: Microsoft Teams

5. Action Log and Matters Arising

- Trust Constitution - Andrea McCourt
- Observe and Act Programme Feedback
- Janette Cockroft

To Note

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
21.10.2021	Director of Nursing to share feedback from 'Observe and Act' Programme	Ellen Armistead	Update from Matron leading Observe and Act Programme on agenda 27.1.22.	27.01.22		27.1.22.
15.07.2021	Update on 2021/22 Quality Priorities and Quality Update	Ellen Armistead	Director of Nursing included data on compliments in the Quality update. Action closed.	21.10.21		21.10.21

Observe and Act Feedback

Council of Governors
27 January 2022



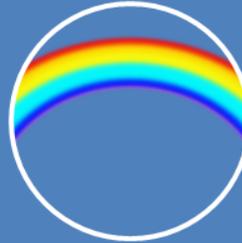
Observe and Act

January 2022 update

- A national patient experience framework adapted to be incorporated into the CHFT Journey to Outstanding as part of the ward assurance process
- CHFT have revised the process and at present this is undertaken by a clinical ward-based facilitator and a team of virtual non-clinical observers
- View the ward environment through a patient's eyes with structured observations and patient discussions relating to their personal experience
- 9 ward areas have been through the process
- 6 key themes covered
- CHFT part of the national programme to further develop and enhance the framework



6 Key Themes

					
Food and drink	Personalised care	Safety	Environment	Accessability, inclusion and diversity	Communication



Positive themes

- Patients report feeling safe, cared for and informed by clinical staff.
- Communication with patients delivered with sensitivity and compassion.
- Communication with patient who have hearing or visual impairment, staff aware how to obtain help to support these patients and have adapted their communication styles.
- Information delivered in an understandable way with the opportunity for patients to ask questions.
- Virtual visiting and the relatives line has been used and received good feedback.
- Wards clean and uncluttered, organised and evidence to support good team working.
- Call bells answered with minimal delay
- HRI 2 surgical wards working closely with catering and set up a process to manage the changing nutritional status of their patients when they have changed from nil by mouth pre surgery to being able to eat. This has supported early nutritional care and reduced food waste.
- Mealtimes on the whole remain protected from unnecessary clinical activity and it is a team approach to deliver and assist at mealtimes.
- Meal choice and quality of food is reported as good on both hospital sites.
- Staff wellbeing and support within immediate ward team is evident, staff reported as remaining professional and cheerful in their work.
- Clinical teams embracing the process and feedback in a positive way.



Areas for improvement

- Mealtime preparation and patients sat in a comfortable position if not able to get out of bed. Tables cleared to facilitate space for meal trays and the offering of hand wipes pre meals in a consistent process.
- Use of red trays at HRI site for patient meals and red lids for water jugs-both visual prompts for monitoring food and fluid intake.
- Information sharing on ward information boards and patient information providing generic information i.e. ward phone number, Nurse in charge, Consultants names, mealtimes.
- The use of behind the bed magnets boards as visual prompt for care delivery.
- Storage which is limited in many areas but to be inventive in using it appropriately whenever possible.
- Encourage patients to be dressed and support independence though PJ Paralysis initiatives

Trust wide

- Provision for entertainment i.e. radio /TV although many people use their own devices.
- Some Wi fi blackspots in clinical areas.
- Information and displays do not represent a range of cultures in ward areas.



Progress

- Divisions have set up monthly meetings to support the progression of ward action plans.
- Share themes and good practices.
- Escalate issues if required for Divisional support to progress
- Due to operational pressures the Jan 2022 timetable has been postponed for Observe and Act and Journey to Outstanding

National Observe and Act template is being revised to incorporate Accessibility, inclusion and diversity within the other 5 themes, expected in the Spring 2022. Adapted through the HOPE national network

Observe and Act and the Journey to Outstanding framework to be adapted and used in some of our community hubs, Beechwood Road has been identified initially.

Build up our base of virtual observers to assist in the ongoing programme of Observe and Act. Online training session to be arranged 11.2.22 from 1:00 - 3.30 pm

Further details or any enquiries
Janette.Cockroft@cht.nhs.uk

PERFORMANCE AND STRATEGY

6. KEY HEADLINES presented by Peter Keogh

To Note

7. Brief Financial Update

To Note

Presented by Gary Boothby

EXECUTIVE SUMMARY: Total Group Financial Overview as at 30th Nov 2021 - Month 8

KEY METRICS

	M8				YTD (NOV 2021)				Forecast 21/22				
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m		Plan £m	Forecast £m	Var £m		
I&E: Surplus / (Deficit)	(£0.32)	(£0.36)	(£0.05)	●	(£1.56)	(£1.60)	(£0.04)	●	£0.00	£0.00	£0.00	●	
Agency Expenditure (vs Ceiling)	(£0.74)	(£0.73)	£0.00	●	1	(£5.88)	(£4.18)	£1.70	●	(£8.82)	(£6.75)	£2.07	●
Capital	£0.88	£1.90	(£1.02)	●	0	£8.70	£6.30	£2.40	●	£18.99	£19.35	(£0.36)	●
Cash	£47.00	£44.91	(£2.09)	●	1	£47.00	£44.91	(£2.09)	●	£38.75	£36.36	(£2.39)	●
Invoices paid within 30 days (%) (Better Payment Practice Code)	95.0%	94.7%	0%	●	1	95.0%	94.1%	-1%	●				
CIP	£1.32	£1.28	(£0.04)	●	1	£4.43	£4.44	£0.00	●	£9.70	£6.31	(£3.39)	●
Use of Resource Metric	3	3		●	1	3	3		●	2	2		●

Year to Date Summary

Year to date the Trust is reporting a £1.60m deficit, a £0.04m adverse variance from plan. Plans have now been agreed for the second half of the year (H2) and Trust budgets have been aligned with that plan. Whilst the Trust has submitted a balanced plan for the year and has delivered a break-even position in the first half of the year (H1), the financial position remains challenging. H2 includes a significant efficiency requirement of £6.7m, with only £3.9m identified of which £3.3m is currently forecast to deliver. The deficit position is driven by a combination of staffing pressures, in particular the high cost of temporary staffing (enhanced bank rates and high cost agency) and Recovery costs, including the cost of Independent Sector support. The Trust has not been able to access the Elective Recovery Fund (ERF) so far in H2 to offset some of these additional pressures. Activity remains below the current threshold for both the Trust and the Integrated Care System (ICS) as a whole.

- Funding for H2 continues on a block contract basis, with fixed Top Up funding allocated by the ICS (Integrated Care System) to cover the Trust's underlying deficit, growth and Covid-19 expenditure. For H2, the Trust has been allocated £21.16m of System Top Up funding, £12.75m of System Covid funding and £1.76m of Growth funding, a total Top Up of £35.66m for H2. £2.32m of additional Capacity funding has been allocated to the Place to support winter and urgent care pressures, of which £1.5m has been agreed by the Urgent & Emergency Care Board to support Trust pressures.
- In addition the Trust continues to have access to funding for Covid-19 costs that are considered to be outside of the System Envelope and year to date has accounted for £5.20m of additional funding to cover costs incurred for Vaccinations, Covid-19 Testing, 3rd Year Student Nurse contracts and Isolation Hotels for overseas recruits. Income up to the end of M6 has now been approved and received, the remainder remains subject to approval.
- In total the Trust has incurred costs relating to Covid-19 of £15.09m. Costs were driven by: Covid-19 virus testing, vaccinations (on hospital site and for local vaccination centre), the segregation of patient pathways (particularly within the Emergency Department), ICU staffing models and remote management of patients.
- Year to date the Trust has delivered efficiency savings of £4.44m, but largely on a non-recurrent basis.
- Agency expenditure year to date is £4.18m, £1.70m lower than the NHS Improvement Agency expenditure ceiling. However there has been a large increase in Bank costs that has accelerated over the last 5 months due to the enhanced pay agreement.
- Total planned inpatient activity was 96.3% of the month 8 2019/20 baseline, although within this total Elective inpatient activity was only at 84.9%. No ERF has been assumed for Month 7 or 8, with overall planned activity below the required threshold.

Key Variances

- Income is £7.60m higher than planned year to date. This includes £3.57m income to support the unplanned and backdated 21/22 pay awards. Additional income to offset outside of system envelope Covid-19 costs is £4.35m higher than planned year to date. ERF is below the planned level at £3.63m, an adverse variance of £0.67m year to date.
- Pay costs are £6.04m above the planned level year to date, although this includes £3.57m of H1 backdated pay awards which are funded, leaving an underlying variance of £2.47m adverse. £0.92m of Covid-19 costs are outside of envelope and therefore also offset by additional income, this is offset by Recovery costs that are £0.37m lower than planned. The adverse variance is largely driven by the agreed enhanced pay for Bank staff, an additional cost of £0.66m in month and £3.17m year to date, (£1.81m adverse variance). Covid pressures have also increased over the last few months; Emergency Department segregation and enhanced staffing models on Wards and in Critical Care continue to drive higher costs.
- Non-pay operating expenditure is higher than planned by £1.81m. This variance includes Covid-19 related expenditure of £3.62m for vaccination costs and Covid-19 testing that are offset by income, the underlying position is therefore a £1.81m underspend, linked to lower than planned commercial activity.

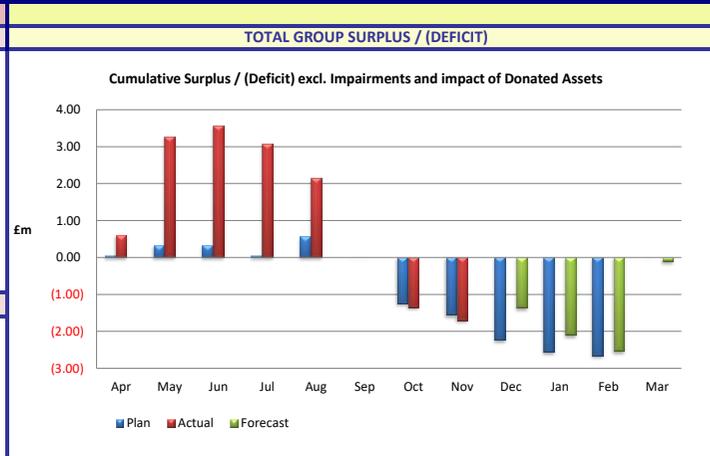
H2 (Oct-Mar) Forecast

The plan for H2 is to deliver a break-even plan, (excluding a one off non-recurrent technical accounting adjustment of £5m). In order to deliver this position, the Trust will need to find efficiencies of £6.7m, of which only £3.9m are currently identified, and there remains a further risk due to a £1.7m funding gap that has yet to be resolved. Costs have increased significantly over the last few months due to a high number of Covid patients and significant staffing shortages, and going into winter this will be extremely challenging to reverse. The Trust is continuing to work with partners at Place and ICS level to manage this risk and there are also various routes to access Elective Recovery Funding which could further mitigate this position.

Total Group Financial Overview as at 30th Nov 2021 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M8			
CLINICAL ACTIVITY			
	M8 Plan	M8 Actual	Var
Elective	2,587	2,858	271
Non-Elective	38,952	35,757	(3,195)
Daycase	31,459	31,128	(331)
Outpatient	270,485	272,747	2,261
A&E	109,442	118,144	8,702
Other NHS Non-Tariff	1,095,202	1,124,312	29,110
Other NHS Tariff	62,194	60,254	(1,940)
Total	1,610,322	1,645,200	34,878



YEAR END 21/22			
CLINICAL ACTIVITY			
	Plan	Actual	Var
Elective	3,958	4,247	289
Non-Elective	58,213	54,032	(4,181)
Daycase	47,497	45,579	(1,919)
Outpatient	409,301	411,501	2,199
A&E	164,537	172,884	8,346
Other NHS Non- Tariff	1,650,603	1,684,218	33,615
Other NHS Tariff	92,256	90,750	(1,506)
Total	2,426,366	2,463,210	36,844

TOTAL GROUP: INCOME AND EXPENDITURE			
	M8 Plan	M8 Actual	Var
	£m	£m	£m
Elective	£7.65	£7.65	£0.00
Non Elective	£75.06	£75.06	£0.00
Daycase	£17.19	£17.19	£0.00
Outpatients	£23.19	£23.19	£0.00
A & E	£15.90	£15.90	£0.00
Other-NHS Clinical	£112.48	£121.16	£8.68
CQUIN	£2.26	£2.26	£0.00
Other Income	£34.52	£33.30	(£1.22)
Total Income	£288.24	£295.70	£7.46
Pay	(£197.64)	(£203.68)	(£6.04)
Drug Costs	(£28.09)	(£27.86)	£0.23
Clinical Support	(£24.63)	(£25.76)	(£1.14)
Other Costs	(£40.92)	(£41.83)	(£0.91)
PFI Costs	(£8.68)	(£8.68)	£0.00
Total Expenditure	(£299.96)	(£307.80)	(£7.85)
EBITDA	(£11.72)	(£12.10)	(£0.39)
Non Operating Expenditure	(£19.08)	(£18.73)	£0.34
Surplus / (Deficit) Adjusted*	(£30.79)	(£30.84)	(£0.04)
System Top Up Funding	£29.24	£29.24	£0.00
Surplus / Deficit*	(£1.56)	(£1.60)	(£0.04)

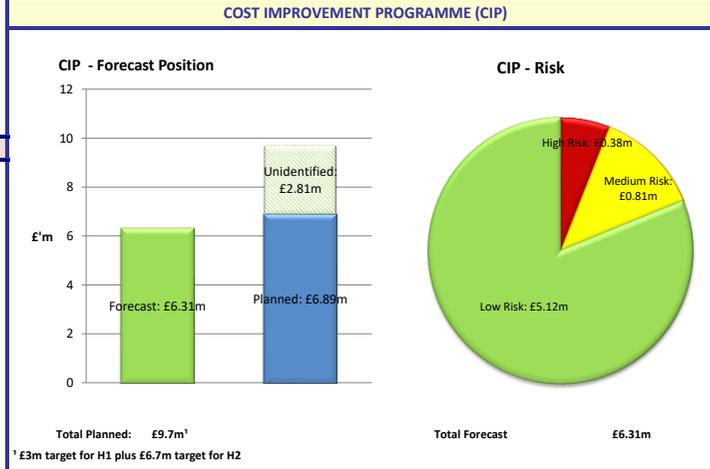
* Adjusted to exclude items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Impairments and Gains on Disposal

	Year To Date			Year End: Forecast		
	M8 Plan	M8 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£1.56)	(£1.60)	(£0.04)	£0.00	£0.00	£0.00
Capital	£8.70	£6.30	£2.40	£18.99	£19.35	(£0.36)
Cash	£47.00	£44.91	(£2.09)	£38.75	£36.36	(£2.39)
Invoices Paid within 30 days (BPPC)	95%	94%	-1%			
CIP	£4.43	£4.44	£0.00	£9.70	£6.31	(£3.39)
Use of Resource Metric	3	3		2	2	

TOTAL GROUP: INCOME AND EXPENDITURE			
	Plan	Actual	Var
	£m	£m	£m
Elective	£11.39	£11.39	£0.00
Non Elective	£112.76	£112.76	£0.00
Daycase	£25.29	£25.29	£0.00
Outpatients	£34.85	£34.85	£0.00
A & E	£23.16	£23.16	£0.00
Other-NHS Clinical	£171.08	£185.48	£14.40
CQUIN	£3.37	£3.37	£0.00
Other Income	£52.88	£52.25	(£0.64)
Total Income	£434.78	£448.54	£13.76
Pay	(£300.23)	(£310.47)	(£10.24)
Drug Costs	(£42.56)	(£42.34)	£0.21
Clinical Support	(£39.79)	(£39.40)	£0.40
Other Costs	(£54.13)	(£58.75)	(£4.62)
PFI Costs	(£13.03)	(£13.46)	(£0.43)
Total Expenditure	(£449.74)	(£464.41)	(£14.67)
EBITDA	(£14.96)	(£15.86)	(£0.90)
Non Operating Expenditure	(£28.38)	(£27.48)	£0.91
Surplus / (Deficit) Adjusted*	(£43.34)	(£43.34)	£0.00
System Top Up Funding	£43.34	£43.34	£0.00
Surplus / Deficit*	£0.00	£0.00	£0.00

* Adjusted to exclude forecast £5m non-recurrent accounting adjustment and all items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Impairments and Gains on Disposal

DIVISIONS: INCOME AND EXPENDITURE			
	M8 Plan	M8 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	(£58.98)	(£60.77)	(£1.79)
Medical	(£70.04)	(£77.54)	(£7.50)
Families & Specialist Services	(£56.92)	(£56.95)	(£0.03)
Community	(£17.48)	(£17.17)	£0.31
Estates & Facilities	£0.00	£0.19	£0.19
Corporate	(£34.92)	(£35.28)	(£0.37)
THIS	£1.05	£1.38	£0.33
PMU	£1.97	£1.71	(£0.26)
CHS LTD	£0.54	£0.53	(£0.01)
Central Inc/Technical Accounts	£239.07	£239.31	£0.24
Reserves	(£5.84)	£2.99	£8.83
Surplus / (Deficit)	(£1.56)	(£1.60)	(£0.04)



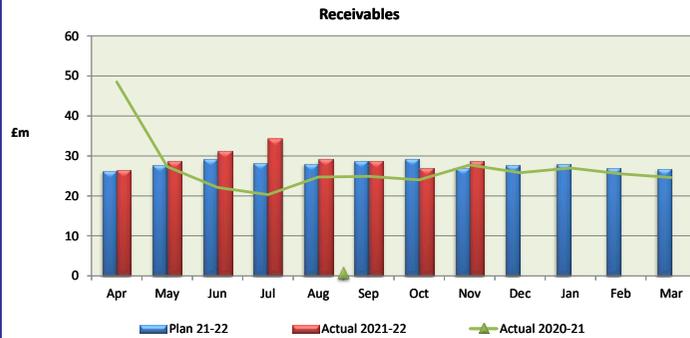
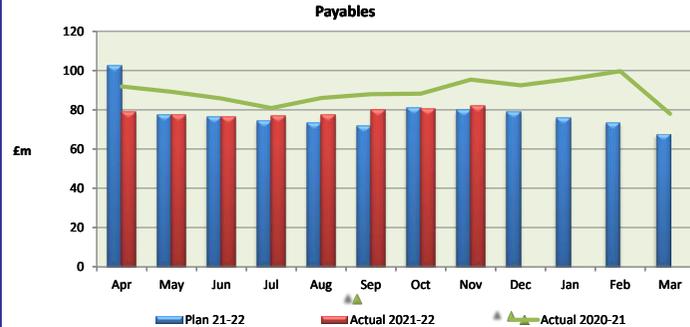
DIVISIONS: INCOME AND EXPENDITURE			
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	(£91.40)	(£94.31)	(£2.92)
Medical	(£109.66)	(£118.33)	(£8.67)
Families & Specialist Services	(£86.17)	(£85.99)	£0.18
Community	(£26.56)	(£26.20)	£0.36
Estates & Facilities	£0.00	£0.19	£0.19
Corporate	(£52.88)	(£53.24)	(£0.36)
THIS	£1.61	£1.78	£0.17
PMU	£2.95	£2.45	(£0.50)
CHS LTD	£0.81	£0.73	(£0.07)
Central Inc/Technical Accounts	£359.02	£359.25	£0.22
Reserves	£2.27	£13.68	£11.40
Surplus / (Deficit)	£0.00	£0.00	£0.00

Total Group Financial Overview as at 30th Nov 2021 - Month 8

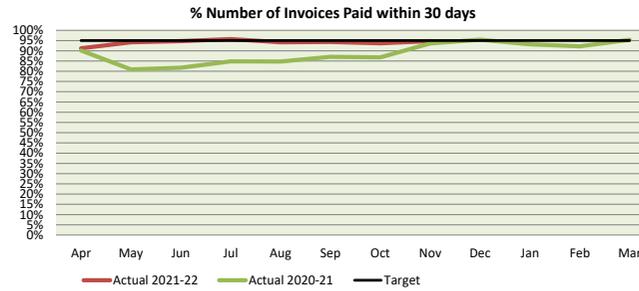
CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

WORKING CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Payables (excl. Current Loans)	(£79.74)	(£81.83)	£2.09	●
Receivables	£27.01	£28.66	(£1.65)	●

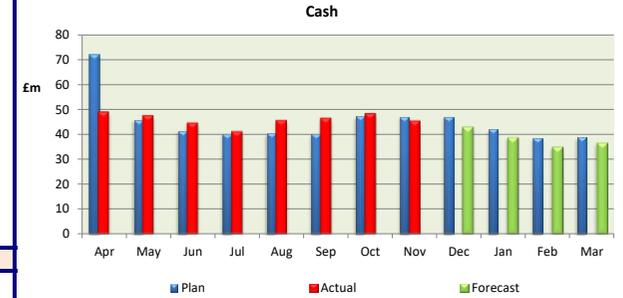


BETTER PAYMENT PRACTICE CODE

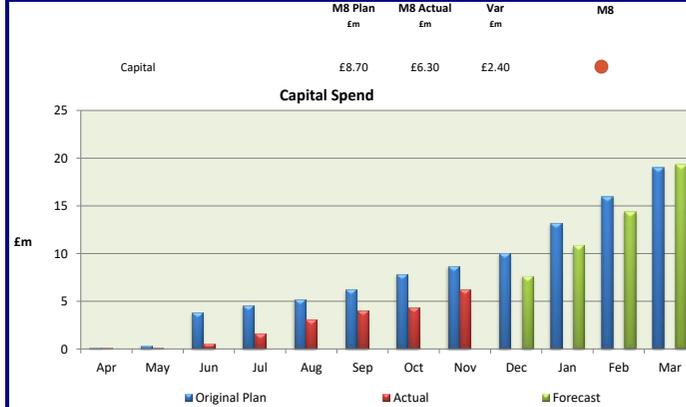


CASH

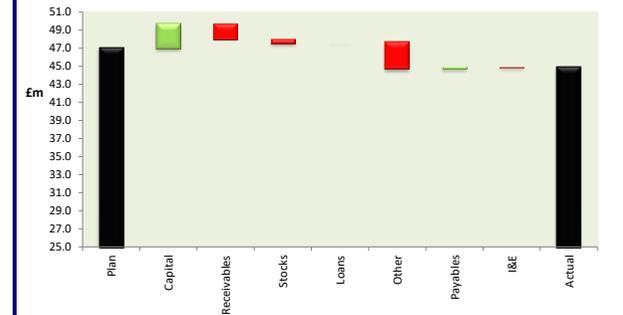
	M8 Plan £m	M8 Actual £m	Var £m	M8
Cash	£47.00	£44.91	(£2.09)	●
Loans (Cumulative)	£17.67	£17.67	£0.00	●



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- Year to date the Trust is reporting a £1.60m deficit, a £0.04m adverse variance from plan. The deficit position is driven by a combination of staffing pressures, in particular the high cost of temporary staffing (enhanced bank rates and high cost agency) and Recovery costs, including the cost of Independent Sector support.
- Funding for H2 continues on a block contract basis, with fixed Top Up funding allocated by the ICS (Integrated Care System) to cover the Trust's underlying deficit, growth and Covid-19 expenditure. For H2, the Trust has been allocated £21.16m of System Top Up funding, £12.75m of System Covid funding and £1.76m of Growth funding, a total Top Up of £35.66m for H2.
- Total planned inpatient activity was 96.3% of the month 8 2019/20 baseline, although within this total Elective inpatient activity was only at 84.9%. No ERF has been assumed for Month 7 or 8, with overall planned activity below the required threshold.
- The Trust has incurred costs relating to Covid-19 of £15.09m, of which £5.20m are considered as 'outside of system envelope' and for which additional funding is available.
- Capital expenditure is lower than planned at £6.30m against a planned £8.70m.
- H2 includes a significant efficiency requirement of £6.7m, with only £3.9m identified of which £3.3m is currently forecast to deliver.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3.

NOTES

- The Trust is planning a break-even position for H2, although this position excludes a planned one off financial accounting adjustment of £5m.
- The forecast includes £3.8m cost of Independent Sector contracts in H2. Based on the current activity plan and initial guidance, the Trust has not planned for any ERF to offset this cost, although guidance continues to evolve and there may still be opportunities to mitigate this pressure which are being explored.
- In order to deliver the planned position, the Trust planned to find efficiencies of £6.7m. Costs have increased significantly over the last few months due to a high number of Covid patients and significant staffing shortages, and going into winter this will be extremely challenging to reverse. The current forecast is to deliver £3.3m of efficiencies in H2, a shortfall of £3.4m, although there are additional schemes being scoped that may deliver subject to QIA.
- The planned position also assumes that the remaining £1.7m funding gap can be closed and the Trust is continuing to discuss opportunities to support the operational position with CCG partners at Place level.
- The total loan balance is £18.77m as planned. No further loans are planned for this financial year.
- The Trust is forecasting to spend £19.35m on Capital programmes in this financial year, an increase of £0.36m compared to the planned value. This includes additional Capital funding bids have been approved via the Targeted Investment Fund (TIF) for elective recovery, that were not included in the Capital Plan
- The Trust has a cash balance of £44.91m, £2.09m lower than planned.

RAG KEY: ● 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%

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

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

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

8. Nominations and Remuneration Committee (CoG)

a) Terms of Reference

b) Minutes of meeting held 2 November
and 9 December 2021

To Approve

Presented by Andrea McCourt and Philip Lewer

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS

TERMS OF REFERENCE

Version:	V 4.1 V4: Addition of: -reference to Associate Non-Executive Director - procedures for one year extension for NED and for Governors to join the Committee - option to co-opt stakeholders for interview panels to ensure diversity
Approved by:	Council of Governors
Date approved:	27 January 2022 Council of Governors TBC 22 October 2020 Council of Governors 9 December 2021 Nominations and Remuneration Committee TBC
Date issued:	October 2020 27 January 2022 TBC
Review date:	January 2023

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

1. Constitution

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

2. Purpose

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

- 2.1 Carrying out the duties of Governors with respect to the appointment, re-appointment and removal of the Chair and other Non-Executive Directors, including any Associate Non-Executive Director appointments being piloted.
- 2.2 Setting the remuneration of the Chair, other Non-Executive Directors and Associate Non-Executive Directors.
- 2.3 Receiving reports from the Trust Chair on issues of Governor conduct, eligibility and removal.

3. Authority

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

4. Conflicts of Interest

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

remuneration or terms of services.

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

5. Nominations role

The Committee will:

- 5.1 Recommend to the Council of Governors potential candidates for appointment as Chair and / or Non-Executive Director or Associate Non-Executive Director roles (currently being piloted)
- 5.2 Periodically, and as a minimum annually, review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and, having regard to the view of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review. The tenure of Non-Executive Directors is detailed in the Trust Constitution. In exceptional circumstances, where the maximum tenure of a Non-Executive Director has been reached, extensions of a Non-Executive Director may be considered for one year at a time in line with the procedure at Appendix 2. Section 2 of this procedure defines what constitutes exceptional circumstances.
- 5.3 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills, diversity, knowledge and expertise needed on the Board of Directors in the future, having regard to any relevant legislation and requirements of the independent regulator.
- 5.4 Review annually the time commitment requirement for Non-Executive Directors.
- 5.5 For each appointment of a Non-Executive Director and Associate Non-Executive Director, prepare a description of the role and capabilities and expected time commitment required and review the job description and person specification for the role of the Chair, Non-Executive Directors and Associate Non-Executive Directors. The Committee should consider appropriate and diverse representation at appointments and recruitment panels and the Committee may co-opt additional governors or other stakeholders for this specific purpose.
- 5.6 Make recommendations to the Council of Governors concerning plans for succession, particularly for the key role of Chair.
- 5.7 Keep the Non-Executive leadership needs under review to ensure the continued ability of the Trust to operate effectively in the health economy.
- 5.8 Keep up-to-date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.
- 5.9 Recommend to the Council of Governors the selection and nomination of candidates for the office of Chair, Non-Executive Director and Associate Non-Executive Director of the Trust, taking into account the views of the Board of Directors on the qualifications, skills and experience required for each position.
- 5.10 To establish an appointments panel for the purposes of managing the process for

the appointment of a Chair and / or Non-Executive Director or Associate Non-Executive Director.

- 5.11 To ensure Committee members are informed of the outcome of 'Fit and Proper Persons Test' checks for nominated candidates to fill vacant posts within the Committees remit and make a recommendation for approval of the appointment to the Council of Governors. Ideally the Fit and Proper Persons Tests will be completed in advance of the recommendation to the Council of Governors, however where this is not possible due to time constraints, any ratification decision is subject to satisfactory completion of these checks.
- 5.12 Ensure that a proposed Non-Executive Director's or Associate Non-Executive Directors other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- 5.13 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest as well as with compliance with 'Fit and Proper Person' requirements are reported.
- 5.14 (Chair activity rather than Committee).
- 5.15 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director or Associate Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review and be subject to annual re-appointment.
- 5.16 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director, including the Chair or Associate Non-Executive Director.

6. Remuneration role

The Committee will:

- 6.1 Recommend to the Council of Governors remuneration packages and terms of service policy for Non-Executive Directors and Associate Non-Executive Directors, taking into account the views of the Chair (except in respect of his own remuneration and terms of service), the Chief Executive, and any external advisers.
- 6.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms of office, of the Non-Executive Directors and Associate Non-Executive Directors after taking into account the views of the Board of Directors.
- 6.3 Receive and evaluate reports about the collective performance of Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.
- 6.4 In adhering to all relevant laws and regulations establish levels of remuneration which:
 - 6.4.1 are sufficient to attract, retain and motivate Non-Executive Directors and Associate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust;

- 6.4.2 reflect the time commitment and responsibilities of the roles;
 - 6.4.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and
 - 6.4.4 are sensitive to pay and employment conditions elsewhere in the Trust.
- 6.5 Oversee other related arrangements for Non-Executive Directors and Associate Non-Executive Directors.

7. Other Roles

8. **7.1 Ensure a formal and transparent procedure is in place to monitor the performance and undertake the appraisal of the Chair and other Non-Executive Directors and the pilot of the Associate Non-Executive Directors and report the outcome of these reviews to the Council of Governors on an annual basis. Governor Conduct Matters**

8.1 To promote high standards of conduct by Governors and assist Governors to observe the code of conduct. All Governor members of the Committee must have attended "holding to account" training to be a member of this Committee.

8.3 To receive and consider reports from the Trust chair on issues of Governor conduct, eligibility and removal.

8.4 To provide recommendations to the Council of Governors on issues of:

[8.4.1](#) Governor conduct, eligibility and removal;

[8..2](#) Process for dealing with any reports of breaches of the Code of Conduct or Trust Constitution.

9. Membership and attendance

9.1 The membership of the committee shall consist of:

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

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

The following will attend in a professional advisory capacity:

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

10. **Membership of the Committee will be reviewed annually and the procedure for governors to join the Committee can be found below. Chair of the Committee**

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

11. Terms of Office of Committee Members

Given that the Chair and Governors all have finite terms of office and given the need for the Committee to have some stability to enable it to appreciate and discharge its responsibilities; where possible there will be a three year membership tenure on the committee with an option to stand for re-selection by peers, with the exception of the lead governor who is a standing member of the committee.

12. Quorum

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

13. Secretary

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

14. Training

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

15. Attendance

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

16. Frequency of Meetings

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

17. Minutes and Reporting

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

18. Performance Evaluation

18.1 The Committee shall review annually its collective performance via a report of the Committee's work in the Annual Report and Accounts in accordance with direction from NHS England/Improvement and annual review and approval of the terms of reference by the Council of Governors.

19. Review

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

DRAFT

Appendix 1

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS

Membership	Member / Attendee	Role	Date Commenced on the Committee	Governor Tenure*
Trust Chair (Chair)	Philip Lewer	Member Chair		
Senior Independent Non-Executive Director	Richard Hopkin	Chair if Trust Chair has conflict of interest or is not available		
Lead Governor	Stephen Baines	Member	N/A	Second governor term ends July 2022
Public Governor	Veronica Woollin	Member	14.2.19.	Second governor term ends July 2022
Public Governor	Peter Bamber	Member	1.11.21.	First term commenced 27.7.21.
Public Governor	Isaac Dziya	Member	1.11.21.	First term commenced 27.7.21
Public Governor	Nicola Whitworth	Member	1.11.21.	First term commenced 27.7.21
Public Governor	Brian Moore	Member	1.11.21.	First term commenced 27.7.21.
Company Secretary	Andrea McCourt	Attendee		
Deputy Director of Workforce and Organisational Development	Jason Eddleston	Attendee		

*Governors will serve for three years on the Committee and are then eligible for re-election - see process for Governors to join the Committee at Appendix 3..

December 2021

PROCEDURAL GUIDANCE ON APPROVING A ONE YEAR RE-APPOINTMENT FOR A NON-EXECUTIVE DIRECTOR

1. Background

As a Foundation Trust, the Constitution stipulates the standard Term of Office for a Non-Executive Director is no more than three years and sets the maximum tenure at two consecutive Terms of Office, as detailed in section 27 of the Constitution.

Provision is made in section 27.3 for the maximum tenure to be extended by annual reappointment in exceptional circumstances.

2. Criteria for approving an Annual Re-appointment

Circumstances may be deemed exceptional if a re-appointment of tenure would maintain stability when the:

- a) Board of Directors and/or the Trust is experiencing a period of stress
- b) Board of Directors faces an unplanned sudden and simultaneous loss of a majority of its Non-Executive Directors
- c) Board of Directors requires specialist Non-Executive Director input to manage and resolve a time-limited issue.

3. Process for seeking approval for an Annual Re-appointment

Approval for a re-appointment to the maximum tenure for an individual Non-Executive Director must be given by the Council of Governors' Nominations and Remuneration Committee which will in turn make a recommendation to the Council of Governors for final approval.

The case for an extension in exceptional circumstances may be initiated by either the Board of Directors or its Nominations and Remuneration Committee, or by the Council of Governors or its Nominations and Remuneration Committee.

The case must be based on the exception criteria outlined in section 2 above and should be submitted by a paper to the Council of Governors' Nominations and Remuneration Committee.

In its deliberations, the Council of Governors' Nominations and Remuneration Committee should pay due regard to:

- the issue of eligibility under the exception criteria outlined in Section 2
- matters normally considered in the re-appointment the Non-Executive Director i.e. assessing the existing candidate against the current updated job description and person specification
- additional relevant issues, such as
 - the Non-Executive Director's past annual performance appraisal(s)
 - any changes in the Non-Executive Director's commitments that may have a bearing on the time required to undertake the role
 - any change in the Non-Executive Director's independence, particularly their

length of service which is relevant to the determination of their independence (as set out in Section A.3.1 of Monitor's Code of Governance).

4. Appointment

Subject to final approval by the Council of Governors, the Non-Executive Director will be appointed for one year only. Further extensions would require the above process to be followed. The terms and conditions of the appointment will be clearly set out in the Letter of Appointment. Any such extensions will be reported in the Trust's Annual Report and Accounts.

DRAFT

COUNCIL OF GOVERNORS' NOMINATION AND REMUNERATION COMMITTEE PROCESS FOR GOVERNORS TO JOIN THE COMMITTEE

1. Context

The Committee is chaired by the Chair of the Trust and there are seven other Committee Members.

Membership includes six governors, of which four are public governors, including the lead governor. Staff and appointed governors may also be members.

2. Appointment Process

When a vacancy occurs the Chair will inform all governors eligible (e.g. public, staff and appointed) in the relevant constituency of the vacancy and invite expressions of interest for the vacant role. In the event that a number of governors express an interest, a ballot amongst governors in the relevant constituency will be held and each candidate will be invited to submit a short statement supporting their application to take up the role.

3. Process following Selection

The Chair will inform the successful candidate and invite them to join the Committee. The appointment will be reported to the next Council of Governors Meeting.

APPROVED Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Tuesday 2 November 2021, 2:00 – 3:00 pm, via Microsoft Teams

MEMBERS

Philip Lewer	Chair
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley) – Lead Governor
Veronica Woollin	Public Elected Governor (North Kirklees)
Isaac Dziya	Public Elected Governor (South Huddersfield)
Peter Bamber	Public Elected Governor (Calder and Ryburn Valleys)
Nicola Whitworth	Public Elected Governor (Skircoat and Lower Calder Valley)
Brian Moore	Public Elected Governor (Lindley and the Valleys)

IN ATTENDANCE

Debbie Grundy	Human Resources Business Partner - CHS
Andrea McCourt	Company Secretary
Alastair Graham	Non-Executive Director

19/21 APOLOGIES FOR ABSENCE

Apologies were received from Suzanne Dunkley and Amber Fox.

20/21 DECLARATIONS OF INTEREST

The Chair reminded colleagues to declare any items of interest at any point in the agenda, over and above what has already been declared.

21/21 RECRUITMENT FOR ASSOCIATE NON-EXECUTIVE DIRECTOR FOR CHS

At the meeting on 9 August 2021, the Nominations and Remuneration Committee approved the pilot of an Associate Non-Executive Director role for CHFT.

The Company Secretary welcomed Debbie Grundy, Human Resources Business Partner for Calderdale and Huddersfield Solutions Ltd (CHS) and Alastair Graham, to the meeting who was in attendance in relation to the recruitment for an Associate Non-Executive Director (NED) for CHS.

The Human Resources Business Partner for CHS presented a paper detailing the recruitment process which has taken place.

The preferred candidate responded to the advertisement placed in the Guardian newspaper which directed applications via the Trac recruitment system.

Due diligence checks, including the Fit and Proper Persons Test are currently being undertaken jointly by CHS and the recruitment team.

The interview panel were unanimous in their choice of preferred candidate who interviewed extremely well. She talked about how she might be able to help CHS make progress in terms of equality, diversity and inclusion, and cited examples from her existing and previous roles. She has experience at Board level in both the private and public sector. She currently runs her own business providing training, coaching and consultancy on leadership, management and organisational development, in sectors of varying complexity and size. She has a coaching qualification and talked at the interview about how she might be able to use her coaching experience to help at Board meetings.

At interview she demonstrated strong commercial and financial acumen as well as a customer-focussed approach.

The panel determined that the preferred candidate would bring a range of skills and fresh perspectives to the Board, not simply because she represented a targeted demographic.

OUTCOME: The Committee **APPROVED** (subject to the formal completion of all pre-employment checks) the appointment of the preferred candidate into the CHS Associate NED role and the CHFT Associate NED role.

22/21 RECRUITMENT FOR ASSOCIATE NON-EXECUTIVE DIRECTOR FOR CHFT

The Company Secretary / Chair presented a paper which outlined the recruitment process which has taken place for an Associate NED role for CHFT who will support the Quality agenda with a particular focus on the lived experience of patients. This will be a pilot for 12 months and will be extended if it is working well. The proposed remuneration level is less than what a Non-Executive Director would usually be paid as described in the paper as this is a development role.

Following the interviews which took place on Thursday 28 October, a preferred candidate has been unanimously agreed by the panel. A biography of the preferred candidate was shared with the members of the Committee.

OUTCOME: The Committee **APPROVED** (subject to the formal completion of all pre-employment checks) the appointment of the preferred candidate into the CHFT Associate NED role.

23/21 ANY OTHER BUSINESS

There was no other business.

24/21 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The meeting closed at approximately 13:29 pm.

Draft Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Thursday 9 December 2021, 3:00 – 4:00 pm, via Microsoft Teams

MEMBERS

Philip Lewer	Chair
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley) – Lead Governor
Veronica Woollin	Public Elected Governor (North Kirklees)
Isaac Dziya	Public Elected Governor (South Huddersfield)
Nicola Whitworth	Public Elected Governor (Skircoat and Lower Calder Valley)
Brian Moore	Public Elected Governor (Lindley and the Valleys)

IN ATTENDANCE

Andrea McCourt	Company Secretary
Suzanne Dunkley	Director of Workforce and OD
Richard Hopkin (RH)	Non-Executive Director
Amber Fox	Corporate Governance Manager

25/21 APOLOGIES FOR ABSENCE

No apologies were received.

26/21 DECLARATIONS OF INTEREST

The governors were reminded to declare if they were interested in applying for a Non-Executive Director role in the next 12 months.

No declarations were made.

27/21 MINUTES OF THE PREVIOUS MEETING HELD ON 2 NOVEMBER 2021

The minutes of the previous meeting held on Thursday 2 November were approved as a correct record.

The Company Secretary explained the approval of the CHFT Associate Non-Executive Director focused on the Quality agenda will be taken to the extra-ordinary Council of Governors meeting on Tuesday 14 December 2021 for ratification.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 2 November as a correct record.

28/21 NOMINATIONS AND REMUNERATION COMMITTEE (COUNCIL OF GOVERNORS) TERMS OF REFERENCE

The Company Secretary presented the annual refresh of the Nominations and Remuneration Committee (Council of Governors) terms of reference. The changes to the terms of reference were highlighted in red text. The key changes are as follows:

- Reflected the Committee's role in terms of Associate Non-Executive Directors appointments and remuneration
- Proposal that members stay on the Committee for three years to provide continuity
- Clarity regarding the procedure for approving an extension to a Non-Executive Director's tenure
- Option to co-opt stakeholders for interview panels to ensure diversity

OUTCOME: The Committee **APPROVED** the Nominations and Remuneration Committee terms of reference and recommend it for ratification at the extra-ordinary Council of Governors meeting on 14 December 2021.

29/21 SUCCESSION PLANNING: RECRUITMENT PROCESS FOR NON-EXECUTIVE DIRECTORS AND APPROVAL OF A CONSTITUTIONAL CHANGE

The Chair declared an interest in this item as one of the vacancies being discussed is for the Chair.

RH declared his interest in respect of the Non-Executive Director succession planning.

The Company Secretary presented a paper which described the recruitment process for three Non-Executive Directors in 2022 and included the proposed job description and person specifications for these roles.

In terms of the eligibility criteria for Non-Executive Directors, the Company Secretary explained there is currently a large number of Non-Executive Director vacancies in a market. Therefore, there is a proposal to broaden the geographical eligibility criteria for Non-Executive Director appointments to include North Yorkshire and South Yorkshire and recommend a change to Section 25.4 of the Constitution to this effect.

The Director of Workforce and OD reported that an agency from the Trust's framework for Chair's and Non-Executive Directors will be used. The Trust will ask for a discount in light of going out to advert for three posts at the same time and the agency will be asked to support the Trust in the short timescales are proposed. The Director of Workforce and OD reported that the Chair advert will be advertised early January 2022. This will be followed by interview panel training, and the interview and stakeholder panels taking place. The Director of Workforce and OD explained that halfway through this process, the Trust will advertise for the two Non-Executive Directors posts. The new Chair will be involved informally in part with the recruitment process of the two Non-Executive Directors.

The Director of Workforce and OD explained the Trust are in touch with NHSE/I regarding remuneration for the Chair. The Chair salary will be advertised at circa £50k. In terms of the Non-Executive Director salaries, the Trust feel that these are well pitched.

Brian Moore asked which agencies will be used. The Director of Workforce and OD explained there are two agencies approved centrally that the Trust will look to use which are Odgers and Gatenby Sanderson who have been heavily involved in the Integrated Care System (ICS) recruitment and recent appointments for two Chairs.

Isaac Dziya asked what other Trusts have done recently with regards to remuneration, raising his concern that the Trust may not attract the right candidates. The Director of Workforce and OD confirmed the Trust will arrange current market testing with the agency. She added that the salary of the Chair might be challenged. The Trust will need to go to NHSE/I if they want to go above what NHSE/I see as the market rate.

RH referenced the change of the geographical area in the Constitution and suggested the wording 'and Harrogate' should be removed as this area is covered within North Yorkshire.

Action: Company Secretary to update the wording in the Constitution to remove the wording 'and Harrogate'.

RH highlighted the appointment of the new Senior Independent Non-Executive Director (SINED), referenced in the paper will need to be addressed at a future point in time. The Company Secretary confirmed there is a process for undertaking this which involves the governors. The SINED will be appointed from one of the current Non-Executive Directors.

OUTCOME: The Committee **APPROVED** the broadening of the geographical eligibility criteria for NED appointments to include North Yorkshire and South Yorkshire and recommend a change to Section 25.4 of the Constitution to this effect to the Council of Governors for their review and approval, **APPROVED** the skills and knowledge that should be

sought during the recruitment process as detailed in the job description and person specification for each of the Chair and NED with a CHS Chair role and NED with financial expertise, **APPROVED** the remuneration for the Chair at circa £50K, **APPROVED** the remuneration level for the two NED posts at £13,137, **APPROVED** that the Committee delegates the decision to the NED interview panel (for the CHS Chair role and the financial experience role) to shortlist candidates for interview and propose the preferred candidates for appointments on behalf of the NRC to the Council of Governors for ratification of this decision and **APPROVED** the recruitment timetable for the Chair and two NED posts.

30/21 ANY OTHER BUSINESS

Veronica Woollin sent her apologies to the joint Council of Governors and Non-Executive Director informal workshop and extra-ordinary Council of Governors meeting on 14 December 2021. The Chair will confirm Veronica has already given her prior approval at the extra-ordinary Council of Governors meeting next Tuesday 14 December 2021.

Nicola Whitworth also sent her apologies to the workshop and extra-ordinary meeting of 14 December 2021 and expressed her support.

Isaac Dziya confirmed he is available to attend next Tuesday 14 December from 1:00 – 3:00 pm.

31/21 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The meeting closed at approximately 15:23 pm.

9. Update from Chair

- Mandatory Covid Vaccination

Requirement - Jason Eddleston

To Note

Presented by Philip Lewer

GOVERNANCE

10. Update from Lead Governor, Stephen Baines

To Note

11. COMPANY SECRETARY REPORT

a. Membership Engagement: Membership Survey

b. Review Council of Governors
Declarations of Interest Register

c. Selection of Quality Account Priorities
2022/23

d. Receive Register of Council of
Governors

e. Governor Training Dates 2022

f. Reducing the burden of reporting and
releasing capacity to manage the COVID-
19 pandemic

To Approve

Date of Meeting:	Thursday 27 January 2022
Meeting:	Council of Governors
Title of report:	Company Secretary's Report – Governance
Author:	Andrea McCourt, Company Secretary
Previous Forums:	N/A
Purpose of the Report	
This report brings together the following items for receipt, noting and approval by the Council of Governors in January 2022.	
Key Points to Note	
<p>a) Membership Engagement: Membership Survey</p> <p>The Council of Governors agreed a three year Membership Strategy at its meeting on 23 January 2020 and updates on progress with this are shared at meetings, the last being the Council of Governors on October 2021. The three goals in the Membership Strategy are:</p> <ol style="list-style-type: none"> 1. A membership community that is active and engaged, is representative of our local communities and increases year on year 2. Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public 3. Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our future plans <p>The Membership Office have recently carried out an on-line survey of our public members to establish how they would like the Trust / governors to engage with them and vice versa, the types of topics they would like to hear about and whether they would be interested in attending member events.</p> <p>The survey was sent to all members for whom we have an e-mail address recorded – a total of 1,765. We received 212 responses with some very valuable feedback and suggestions which will inform our future work under the Membership and Engagement Strategy.</p> <p>Survey findings</p> <p>The key points that came out of the survey were:</p> <ul style="list-style-type: none"> • 84% of members who responded do not currently follow CHFT on social media • 89% of respondents read the members' newsletter, Foundation News, when they receive it • 97% of members who responded said they would like to receive short e-mail updates from governors on service changes and developments throughout the year 	

- On the whole those who responded said they would like to attend member events hosted by the Trust (although they would prefer these to be face-to-face rather than virtual events) and there was a wide variety of topics suggested for these
- There is limited interest in the governor videos that we have published on YouTube – this is borne out by the low number of views recorded on YouTube

Members told us they would like to hear more from governors about:

- Reconfiguration
- COVID updates
- Health updates
- Trust performance
- Board decisions
- Service changes
- Improvement projects
- Cancer treatments and advances
- New equipment and procedures
- Staffing issues
- Waiting times/lists
- Services for disabled people

Topics members would want to hear about at member events include:

- Reconfiguration
- Improvements in healthcare and challenges
- Talks from specialists
- Environment, buildings etc
- Care of the older generation
- Management/finances/performance at the Trust
- Trust structure and how departments inter-link
- 'A Day in the Life of...'
- Impact of COVID

Next Steps

In line with arrangements at many other Trusts we are setting up a Membership and Engagement Working Group made up of Membership Office staff, governors (public, staff and appointed), a Communications representative, public members and other staff as required.

The group will have Terms of Reference and will support the coordination of member engagement and recruitment activities.

We have set up a small pilot group consisting of four public governors to agree the exact format of the full working group, the Terms of Reference, frequency of meetings etc. The pilot group is meeting on Thursday 20 January 2022 and we hope to have the full group established, with a first meeting date, by the beginning of March 2022.

The working group will focus on the feedback from the members survey and the actions arising from it together with other actions in the Membership and Engagement Strategy.

The working group's activities and progress will be reported to the Council of Governors in April each year as part of the Membership and Engagement Strategy update.

The Council of Governors is asked to **NOTE** the response to the members' survey and next steps in terms of membership engagement.

b) Review of Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached at Appendix F2 for review. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager, including requesting a form to submit a declaration.

The Council of Governors is asked to **RECEIVE** and **NOTE** the current Declaration of Interests for governors.

c) Selection of Quality Account Priorities 2022/23

A Quality Account is an annual report to the public on the quality of services the Trust provides, specifically patient safety, effectiveness and patient feedback. Each year the governors choose three quality account priorities, one each in the domains of safe, effective and experience. These are areas governors wish to see quality improvements in.

At a workshop on 14 December 2021, the Acting Director of Nursing presented an update on progress with the current quality priorities and some suggestions for other quality priorities for to choose a shortlist from for 2022 / 23.

It was noted that due to operational pressures during 2021/22 the Trust had not made the level of progress that it had hoped for on the three current quality priorities which are:

CQC Domain: Effectiveness	CQC Domain: Safety	CQC Domain: Experience
Recognition and timely treatment of Sepsis 	Reduce the number of Hospital Acquired Infections including COVID-19 	Reduce waiting times for individuals in the Emergency Department (ED) 

Following a robust discussion, it was agreed by governors that they would continue with the current priorities during 2022/23 as these remain key and will enable clinical teams to ensure we progress the improvements required and sustain progress in 2022/23. Consequently, the usual annual process of asking our members to select from a shortlist of quality account priorities will not take place this year. An article will be included in the Foundation News for February outlining the plan for 2022/23 to inform members.

The Trust will continue work on the other quality areas suggested as part of a wider group of Trust quality priorities and report on these to the Quality Committee. These are:

Effectiveness Domain:

- Implementing an agreed revised model for stroke services across community and in patient services
- Improving timeframes for the fractured neck of femur pathway
- Streaming of patients into appropriate same day emergency care and urgent care hubs to reduce pressures in the Emergency Department

Safe Domain:

- timeliness and escalation of observations
- implement the Journey to Outstanding (J20) framework across all our services to ensure safe and compassionate care

Experience Domain:

- timely and safer discharge processes, removing avoidable delay
- improve pathways to treatment for all age patients in mental health crisis
- support care closer to home via access to urgent care response in the community. Where possible, we have tried to allocate at least one public and one staff or appointed governor to each sub-committee. The role of a governor at sub-committees is to act as an observer in terms of holding the Non-Executive Directors to account.

The Council of Governors is asked to **NOTE** the quality account priorities for 2022/23, which is a continuation of those for 2021/22 detailed above.

d) Receive Register of Council of Governors

The current Register of Council of Governors is attached at Appendix F3 for information.

The Council of Governors is asked to **RECEIVE** and **NOTE** the Register of Council of Governors.

e) Governor Training Dates 2022

Since the start of the COVID-19 pandemic, most of our governor training sessions have been suspended as it has not been possible to meet face-to-face. As it appears that we will not be able to resume face-to-face sessions for the foreseeable future, we have decided to deliver the sessions via MS Teams in 2022.

We have previously offered the following 2½-hour sessions:

- An Introduction to NHS Finance
- Working Together to Get Results (covering some of the management tools from the Trust's 2-day programme in collaborative change tools for the engaged leader)
- Understanding Quality and the Patient Experience

All sessions are voluntary, but we do encourage governors to attend as feedback shows that the sessions are useful in terms of governors' development and their understanding of how the NHS (and specifically CHFT) functions.

Plans for 2022 onwards

We plan to:

- Retain the existing three offerings
- Shorten the sessions to 1½ hours in length which will be more suitable for MS Teams but will still allow the sessions to be interactive. The Introduction to NHS Finance session will be 2 hours in length as there tends to be a lot of debate/questions, but there will be a short break built in.
- Add a new session – Understanding the Integrated Performance Report (IPR). This session will help governors to interpret the report that they receive at Council of Governor meetings, allowing governors to put in appropriate challenges and fulfil their duty to hold the Non-Executive Directors to account for the performance of the Board

We are keen to hear from governors about any other topics they would like us to include in the programme. Please send any suggestions to Andrea McCourt or Vanessa Henderson for consideration.

Sessions for 2022 so far are detailed below:

Topic	Date/time	Delivered by
An Introduction to NHS Finance	Thursday 24 March 2:00 – 4:00 pm	Philippa Russell – Assistant Director of Finance
Understanding the Integrated Performance Report (IPR)	Tuesday 21 June 10:00 am - 11:30 am	Peter Keogh – Assistant Director of Performance

Once governor suggestions have been reviewed and the full programme agreed, we will circulate the details to governors, together with details of how to book onto a session.

The Council of Governors is asked to **NOTE** the training sessions for the Council of Governors and identify any further areas of training.

f) ***Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic***

With the NHS facing significant challenges from Covid-19, specifically the Omicron variant, and the NHS at a Level 4 National Incident level, NHS England/Improvement issued, on 24 December 2021, a letter *Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic*. This was an updated position on regulatory and reporting requirements for Trusts with a view to free up resource to address priorities. The letter included information on:

- Streamlining / cancelling Committee meetings
- Stopping face to face meetings with governors and communicating the reasons for this, holding virtual meetings for essential items and continue regular communications regarding Covid-19
- Advising Trusts that they could stop or delay governor elections

Having reviewed the letter, the Trust is streamlining Committee meetings and reducing preparation required but is not standing down meetings. This will reduce the impact on Executive Directors and their teams to free up capacity whilst ensuring that we continue to progress with implementation of Trust strategies and maintain our governance arrangements.

We will discuss the position regarding the 2022 governor elections during the meeting.

The Council of Governors is asked to **NOTE** the relevant sections of the NHS England / Improvement letter and discuss the position regarding 2022 governor elections.

Recommendation

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

- Council of Governors Declaration of Interest Register

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

- Response to the members' survey and next steps in terms of membership engagement
- Quality Account Priorities for 2022/23 and that these are a continuation of the 2021/22 Quality Account priorities
- Register of Governors
- the training sessions for the Council of Governors and identify any further areas of training.
- Relevant elements of NHS England/ Improvement's letter '*Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic*' and the position on governor elections for 2022.

**DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT 12 OCTOBER 2021**

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

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
PUBLIC GOVERNORS								
25.03.21	Stephen BAINES	Public-elected Constituency 5 - Skircoat and Lower Calder Valley	-	-	-	Councillor Calderdale MBC Calderdale Health and Well-being Board member West Yorkshire Joint Health and Scrutiny Committee	-	Councillor Calderdale MBC
25.08.21	Peter BAMBER	Public-elected Constituency 1 – Calder and Ryburn Valleys	-	-	-	-	-	Member of the BMA Member of Anaesthesia UK Registered with the General Medical Council (GMC), without a licence to practice

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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02.09.21	Peter BELL	Public-elected Constituency 6 - East Halifax and Bradford	-	-	-	-	-	-
25.08.21	Gina CHOY	Public-elected Constituency 1 – Calder and Ryburn Valleys	-	-	-	-	-	Childline Counsellor (Voluntary)
26.08.21	Isaac DZIYA	Public elected Constituency 3 - South Huddersfield	Isaacs Cons Trading Ltd	Isaacs Cons Trading Ltd	Isaacs Cons Trading Ltd	Board Member Housing Kirklees Council	-	Calderdale Council
14.10.21	John B GLEDHILL	Public elected governor Constituency 8 – Lindley and the Valleys	Chairman and Director of Yorks WR Masonic Activities Limited Former Director of Interaction and Community Academy Trust at Castle Hill School, Newsome, Huddersfield	-	-	-	-	-
31.08.21	Robert MARKLESS	Public elected Constituency 2 - Huddersfield Central	-	-	-	-	-	-
25.08.21	Chris MATEJAK	Public-elected Constituency 7 - North and Central Halifax	-	-	-	-	-	-

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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15.03.21	Christine MILLS	Public elected Constituency 2 - Huddersfield Central	-	-	-	-	-	-
23.08.21	Brian MOORE	Public elected governor Constituency 8 – Lindley and the Valleys	-	-	-	-	-	-
06.04.21	Alison SCHOFIELD	Public-elected Constituency 7 - North and Central Halifax	-	Owner and founder of Disability Roadmap.co.uk	-	Soon to be Trustee of Imagineer Foundation	-	-
24.08.21	Nicola WHITWORTH	Public-elected Constituency 5 - Skircoat and Lower Calder Valley	-	-	-	-	-	-
15.03.21	Veronica WOOLLIN	Public-elected Constituency 4 – North Kirklees	-	-	-	-	-	-

STAFF GOVERNORS

19.09.21	Sandeep GOYAL	Staff elected – Drs/Dentists	-	-	-	-	-	Registered with the General Medical Council (GMC)
07.09.21	Jo KITCHEN	Staff elected – Ancillary	-	-	-	-	-	Nutrition Association Membership

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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3.09.21	Emma KOVALESKI	Staff elected – Admin/Clerical	-	-	-	Charity Manager, Calderdale and Huddersfield NHS Charity	Charity Manager, Calderdale and Huddersfield NHS Charity	-
26.3.21	Sally ROBERTSHAW	Staff elected – AHPs/HCS/ Pharmacists	-	-	-	-	-	Membership HCPC (professional registration) Member of the Chartered Society of Physiotherapy
01.09.21	Liam STOUT	Staff elected – Nurses/Midwives	-	-	-	-	-	Member of the Association for Perioperative Practice (AEPP) Member of the Faculty of Perioperative Care Edinburgh (MFPCEd)
26.09.21	Jason SYKES	Staff elected – Nurses/Midwives	-	-	-	-	-	Airedale NHS Trust Registered with the Nursing and Midwifery Council (NMC)

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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APPOINTED GOVERNORS - STAKEHOLDERS								
24.02.21	Robert DADZIE	Nominated Stakeholder – Calderdale & Huddersfield Solutions Ltd.	-	-	-	-	-	Institute of Environmental Management and Assessment (IEMA)
11.3.21	Joanne GARSIDE	Nominated Stakeholder – University of Huddersfield	Strategic Director of the Health and Wellbeing Academy at the University of Huddersfield	-	-	-	-	Registered with the Nursing and Midwifery Council (NMC)
22.4.21	Helen HUNTER	Nominated Stakeholder – Healthwatch	-	-	-	Chief Executive at Healthwatch Kirklees and Healthwatch Calderdale Trustee of Halifax Opportunities Trust	-	Chief Executive at Healthwatch Kirklees and Healthwatch Calderdale
22.4.21	Chris REEVE	Nominated Stakeholder, Locala	Company Secretary – Locala Community Partnerships CIC	-	-	-	Co-opted governor of Calderdale College	-

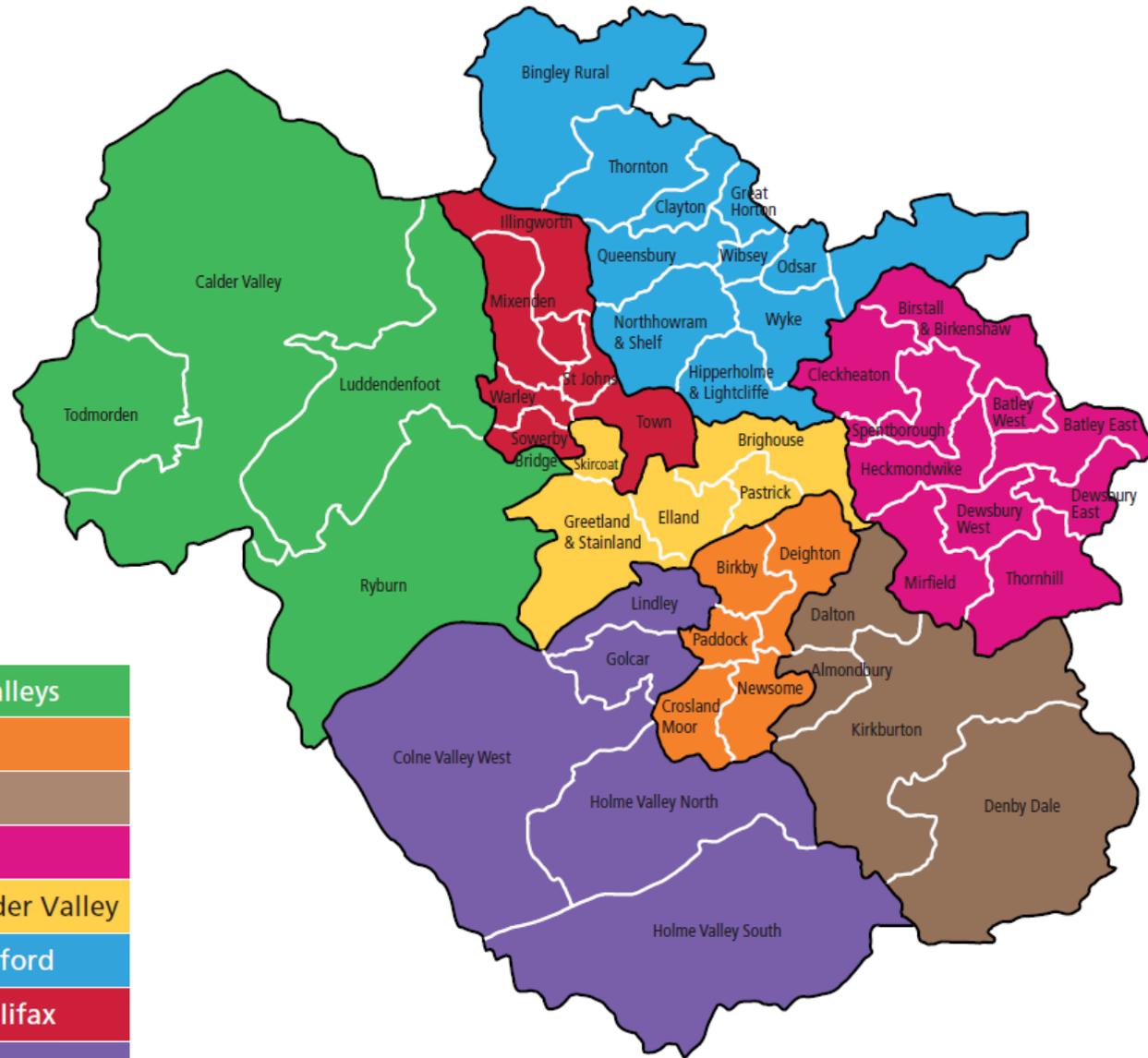
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22.4.21	Megan SWIFT	Nominated Stakeholder – Calderdale Metropolitan Council	-	-	-	Trustee - Health Trust Trustee – Mixenden Parents Resource Centre	-	Councillor – Calderdale MBC
16.3.21	Salma YASMEEN	Nominated Stakeholder - SWYPFT	Director – South West Yorkshire Partnerships NHS FT	-	-	-	-	Registered with the Nursing and Midwifery Council
22.4.21	Cllr Lesley WARNER	Nominated Stakeholder – Kirklees Council	-	-	-	-	-	Councillor – Kirklees Metropolitan Council

**COUNCIL OF GOVERNORS REGISTER
AS AT 29 JULY 2021**

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1 – Calder and Ryburn Valleys	Peter Bamber	27.07.21	3 years	2024
1 – Calder and Ryburn Valleys	Gina Choy	27.07.21	3 years	2024
2 – Huddersfield Central	Christine Mills	19.07.18 27.07.21	3 years 3 years	2021 2024
2 – Huddersfield Central	Robert Markless	27.07.21	3 years	2024
3 – South Huddersfield	Isaac Dziya	27.07.21	3 years	2024
3 – South Huddersfield	VACANT SEAT			
4 – North Kirklees (Cons. 4 from 15.11.17)	Veronica Woollin	15.09.16 17.07.19	3 years 3 years	2019 2022
4 – North Kirklees	VACANT SEAT			
5 – Skircoat and Lower Calder Valley	Stephen Baines	15.09.16 17.07.19	3 years 3 years	2019 2022
5 – Skircoat and Lower Calder Valley	Nicola Whitworth	27.07.21	3 years	2024
6 – East Halifax and Bradford	Peter Bell	27.07.21	3 years	2024
6 – East Halifax and Bradford	VACANT SEAT			
7 – North and Central Halifax	Alison Schofield	15.09.17 Extended 1 year 27.07.21	3 years 1 year 2 years	2020 2021 2023
7 – North and Central Halifax	Chris Matejak	27.07.21	3 years	2024
8 – Lindley and the Valleys	John Gledhill	17.07.19	3 years	2022
8 - Lindley and the Valleys	Brian Moore	27.07.21	3 years	2024

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Sandeep Goyal	27.07.21	3 years	2024
10 - AHPs/HCS/ Pharmacists	Sally Robertshaw	17.7.19	3 years	2022
11 - Mgmt/Admin/ Clerical	Emma Kovaleski	27.07.21	3 years	2024
12 – Ancillary	Jo Kitchen	27.07.21	3 years	2024
13 – Nurses/Midwives	Liam Stout	27.07.21	3 years	2024
13 – Nurses/Midwives	Jason Sykes	27.07.21	3 years	2024
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof Joanne Garside	01.01.21	3 years	2024
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17 Extended 1 year 2 years	3 years 1 year 2 years	2020 2021 2023
Calderdale Huddersfield Solutions Ltd (CHS)	Robert Dadzie	01.03.21	3 years	2024
Kirklees Metropolitan Council	Cllr Lesley Warner	14.6.19	3 years	2022
Healthwatch Kirklees and Healthwatch Calderdale	Helen Hunter	2.10.17 1.10.20	3 years 3 years	2020 2023
Locala	Chris Reeve	21.11.17 21.11.20	3 years 3 years	2020 2023
South West Yorkshire Partnership NHS FT	Salma Yasmeen	18.10.17 18.10.20	3 years 3 years	2020 2023



- Calder and Ryburn Valleys
- Huddersfield Central
- South Huddersfield
- North Kirklees
- Skircoat & Lower Calder Valley
- East Halifax and Bradford
- North and Central Halifax
- Lindley and the Valleys

12. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

- a. Quality Committee held 11.10.21,
08.11.21 and 06.12.21
- b. Workforce Committee held 08.11.21
and 6.12.21
- c. Charitable Funds Committee held
22.11.21
- d. Audit and Risk Committee held on
12.10.21
- e. Finance & Performance Committee
held on 04.10.21, 01.11.21 and 29.11.21

To Note

QUALITY COMMITTEE

Monday, 11 October 2021

STANDING ITEMS

176/21 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Dr David Birkenhead (DB)	Medical Director
Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Enzani Nyatoro (EN)	Interim Assistant Director for Patient Safety
Dr Cornelle Parker (CP)	Deputy Medical Director
Lindsay Rudge (LR)	Deputy Director of Nursing
Elisabeth Street (ES)	Clinical Director of Pharmacy
Lucy Walker (LW)	Quality Manager, NHS Calderdale / Greater Huddersfield / North Kirklees CCGs
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Ruth Dobbins (RD)	Student Midwife (observing)
Alexandra Keaskin (AK)	Lead Nurse – Quality (observing)
Gemma Pickup (GP)	Quality & Service Improvement Lead (item 181/21)
Neil Staniforth (NS)	Associate Director for Digital Health (item 180/21)

177/21 APOLOGIES

Ellen Armistead (EA)	Executive Director of Nursing
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178/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

179/21 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday 13 September 2021 were approved as a correct record. The action log can be found at the end of these minutes.

AD HOC REPORTS

180/21 FAILED PATIENT LETTERS

Neil Staniforth was in attendance to present appendix C, informing the Committee of an issue relating to patient letters, and providing assurance that it has been fully investigated and resolved.

In August 2021, an issue was identified where 12,000 patient letters had failed to be sent, between August 2020 and August 2021. The handling of the issue was described in the paper, and in less than 1% of patients reviewed, there were found to be errors where follow-up diagnostic procedures were not requested. NS assured the Committee that no patients came to harm due to the delays in requesting diagnostic procedures and agreed to return this data to the Committee.

OUTCOME: NS was thanked, and the Quality Committee noted the report.

181/21 REVIEW OF ORGANISATIONAL PERFORMANCE AGAINST 36 HOUR ADMISSION TO SURGERY TARGET WITHIN BEST PRACTICE TARIFF

Gemma Pickup was in attendance to present appendix D, providing assurance that the surgical division are reviewing the current performance, developing a divisional action plan to improve performance and reducing the Trust's hip fracture related mortality rate.

During 2020, the Trust's performance against the 36-hour admission to surgery target reduced, and the overall annual performance was 64.7%. This reduction in performance continued into 2021 with the year-to-date figure at 57.7%. Whilst the average length of time to surgery is still below 36 hours, this has significantly increased since the beginning of January 2020. The National Hip Fracture Database reports that the Trust's mortality rate associated with fragility hip fracture patients rose above the national average in January 2020 and has remained above throughout 2020. In response, the Division commissioned a review of the hip fracture, which is currently ongoing and due to be concluded by September 2021.

The aims, reality, response and further actions for the service were described in the report.

In relation to the completion of the process map to improve performance and identify inefficiencies, GP confirmed one outstanding section which is incomplete due to clinical pressures.

In terms of the full review of mortality data being undertaken, it was asked whether this will be done from a health inequality perspective. GP stated that this would automatically be carried out, however, would confirm to ensure that this is being captured.

With regard to falls reductions, it was asked whether any data was available on the number of patients who fall or fracture as an inpatient. GP reported that a paper is due to be submitted to the Finance and Performance Committee in November 2021, which will include the noticeable aspect of inpatient falls.

The Chair asked if there were any concerns with the National Improvement Initiative business case not being approved. GP stated that there were no indications of such.

An update on the action plan was requested for six months' time.

OUTCOME: GP was thanked, and the Quality Committee noted the report.

SAFE

182/21 MEDICAL GAS AND NON-INVASIVE VENTILATION (NIV) GROUP REPORT

Elisabeth Street presented a progress report from the Medical Gas and Non-invasive Ventilation Group at appendix E, briefly highlighting areas of risks and concerns and actions taken.

There had been a long-standing risk around occupational exposure levels for staff working in areas where nitrous oxide and Entonox gas is administered. Testing was carried out on both sites, and reports and findings received. Most areas showed exposure within safe levels, however, one area's level was above the recommended level. A further check was carried out and the area retested. The results are being awaited. It was noted that this test will be carried out on an annual basis.

Another outstanding risk was in regard to training used for the clinical side of administering oxygen and also for the use of the cylinders. A subgroup of the medical gases group who specifically review oxygen training produced a training programme called 'SWAY', which is due to be rolled out.

A Healthcare Safety Investigation Branch (HSIB) report published on the safe use of oxygen in organisations during the period of COVID was reviewed, and work has been carried out between medical engineering, estates and clinical teams on the recommendations to ensure capacity on both sites for 50 designated nursing officers and medical officers who have now been trained to be medical oxygen and medical gas experts.

In regard to a ventilation audit, existing wards at HRI have not had their medical gas supply refurbished for over 25 years which is a risk in terms of ventilation and oxygen. Ward 11 and 15 have escalated concerns and added this to their risk registers. If there was funding for oxygen infrastructure, a ring main system could be designed to provide greater flow and resilience, with no single point of failure.

The Chair commented on the report and the progress with the medical gases agenda.

OUTCOME: ES was thanked, and the Quality Committee noted the report.

183/21 Q2 INFECTION PREVENTION AND CONTROL BOARD REPORT

Dr David Birkenhead presented appendix F, providing an update on performance relating to Infection Prevention and Control from 1 July to 30 September 2021.

There has been an improved position over the last year, however, there are some challenges in relation to objectives set, in particular Clostridium difficile, with an objective of 22, which is substantially less than it has been previously. Nonetheless, there has been improved performance on the number of cases compared to this time last year.

The challenge with Aseptic Non-Touch Technique competency assessments during the junior doctor rotations in August continues. There will be a catch-up period for the completion of those, however, training across the organisation remains stable.

COVID continues to present a significant challenge within CHFT, with almost 100 patients in hospital. There have been small numbers of hospital onset COVID cases amongst patients who have been vaccinated, and both patients and staff coming into hospital asymptomatic and subsequently developing COVID at a later date.

Infection Prevention and Control precautions around COVID remain unchanged, and patients and staff are still required to wear masks and to practice social distancing whilst at work, as there is a substantial risk of transmission in community settings.

It was noted that increasing evidence shows that after six months, the efficacy of the COVID vaccine starts to reduce, therefore, CHFT are currently engaged in a booster vaccine programme, which has now entered its third week. This is a joint programme against COVID-19 and influenza, with two separate vaccines being offered. This is progressing well at this point in time.

OUTCOME: DB was thanked, and the Quality Committee noted the report.

184/21 Q1 TRUST PATIENT SAFETY AND QUALITY BOARD (PSQB) REPORT

Lindsay Rudge presented appendix G summarising work undertaken in the Trust PSQB during April to June 2021.

The meeting was jointly chaired between Lindsay Rudge and Dr Cornelle Parker through the quarter one period, with sub-group reports received from the Medical Devices and Procurement Group, Medication Safety and Compliance Group, Radiation Protection Board and the Thrombosis Committee.

All groups have been active in work undertaken. The Medical Devices and Procurement Group have worked on scan for safety which is important in terms of tracking and making

equipment available; improving the procurement process to ensure that equipment is not being procured outside of procedure, and also expanded their equipment pool to provide a service to frontline areas ensuring equipment is available at the point of need and can be tracked. The Medication Safety and Compliance Group is an active group working on digital aspects to support safety in medication with temperature monitoring and electronic controlled drug cupboards. The Radiation Protection Board will be reviewing the non-ionising radiation protection governance arrangements, and an update will be received into the PSQB around the arrangements put in place. The Thrombosis Committee have reviewed venous thromboembolism data and will be updating on their getting it right first time (GIRFT) action plan through the PSQB.

Other key points to note are actions requested via the divisional PSQBs regarding the closure of orange and red incidents and related outstanding actions; further requests for work on improving how lessons learned are described; an improved patient safety alert position, and the escalation to the Quality Committee of an incident where a syringe driver was reported on Datix, put back into use, and reported again. Recommendations have also been made on how the Trust PSQB can work more efficiently at capturing learning going forward.

In relation to the syringe driver incident, it was asked whether any communication has been disseminated. LR reported that it is an agenda item at the daily tactical meeting.

OUTCOME: LR was thanked, and the Quality Committee noted the report.

185/21 HIGH LEVEL RISK REGISTER

Lisa Cook presented appendix H, updating on the high-level risk register.

There were 26 risks on the high-level risk register with little movement in the existing risks. One new risk was added (6453), one risk removed (7769) and one risk reduced (7328) since the last update, all of which were detailed in the report.

Discussion took place on the deep dive into the nurse staffing risk at the Workforce Committee, and a suggested consideration to escalating the risk further. LR stated that a review of the data has been commissioned in terms of nurse staffing, patient acuity and how it is described, however, it has not yet been concluded.

LC commented on discussions with divisions about an overall risk of staffing, and how it impacts within different areas. This will be reviewed by the Risk team as part of the review of the risk registers, and support for divisions.

OUTCOME: LC was thanked, and the Quality Committee noted the report.

WELL-LED

186/21 BOARD ASSURANCE FRAMEWORK RISK 4/19 – PUBLIC AND PATIENT INVOLVEMENT

Lindsay Rudge presented appendix I, providing assurance on the deep dive of the board assurance framework risk 4/19 on public and patient involvement.

The controls of the risk were reviewed and updated, and a health inequalities group established, with a number of positives assurances, as detailed in the paper, which have progressed despite the impact of the pandemic.

It was noted that the risk score has not been reduced.

In terms of current capacity on patient and public involvement, it was asked whether work delivered so far could be sustained and progressed. LR stated that the capacity for the patient experience manager role has been increased from part to full-time to include more around

public and patient involvement, and progress work in partnership with other services within the Trust.

The Committee were asked to note the updated risk, to ensure that the Patient Experience Group remains a priority across the Trust and to ensure that patient stories focus on experiences of people from protected characteristic groups.

OUTCOME: LR was thanked, and the Quality Committee noted the report.

RESPONSIVE

187/21 QUALITY REPORT

Enzani Nyatoro presented appendix J, providing the key points from the detailed report on Care Quality Commission, patient safety alerts, dementia screening, experience, participation and equalities, legal services, incidents, medicine safety, maternity services, and bi-monthly updates from the quality account priorities and the focused quality priorities.

OUTCOME: The Quality Committee noted the report.

188/21 INTEGRATED BOARD REPORT

Lindsay Rudge reported on appendix K, and the Trust performance for August 2021 of 70.4%, which is a deterioration on the July position.

The caring and responsive domains remain a challenge, as well as increased non-COVID long-term sickness in the workforce domain. The threats within the strengths, weaknesses, opportunities and threats (SWOT) analysis were highlighted, especially the very challenging emergency department position, the ongoing position with the backlog and theatre capacity, and support in community in terms of the vaccination program for children and young people.

The report is reflective of the current operational pressures across the organisation. There was a large increase in complaints and an indicator where performance is slightly deteriorated, with work ongoing to review how this is managed with divisions.

JE reported on return-to-work interviews and the catch-up described at the last meeting which did not take place, therefore, there has been a deterioration. Attendance management activities have returned into the operational HR teams, including return to work interviews, to assist frontline managers to focus on other priorities. It is hoped that the 80% position of completed return to work interviews is sustained.

The Chair asked whether the ring-fenced stroke bed in the emergency department is always accessible for stroke patients. LR stated that a pre-alert is received for stroke patients, and where possible, the bed is made available. There may be challenges at times due to current occupancy and demand through the emergency department, however, it may be worthwhile to know if there have been any incidents where the bed was not available and the impact that may have had.

Action: To ascertain the impact of any incidents relating to the stroke bed in the emergency department not being available.

In relation to safeguarding, the Chair requested a report on medical reconciliation within 24 hours (excluding children), due to performance being in the red for the past 12 months.

Action: A paper regarding performance on medical reconciliation within 24 hours and how to improve the position

OUTCOME: The Quality Committee noted the report.

189/21 QUALITY COMMITTEE ANNUAL REPORT

The annual report will be circulated once completed.

EFFECTIVE

190/21 Q2 LEARNING FROM DEATH REPORT

Dr Cornelle Parker presented appendix M, providing an update on the quarter 2 learning from deaths report.

During quarter 2, there were 344 adult inpatient deaths. For quarter 1, the completion rate using the initial screening tool (ISR) was 32% against a target of 50%. 8% of all in-hospital deaths have been reviewed in quarter 2 thus far, however, there is a time lag within the process from allocation to completion by reviewers. The gap is largely due to specialties with higher volumes of deaths, particularly acute medicine, elderly medicine and respiratory medicine. A recovery plan has been put in place for acute medicine, however, the respiratory and elderly medicine mortality leads are currently struggling with colleague participation due to clinical pressures.

The medical examiner's office is now scrutinising 100% of all inpatient deaths. The primary purpose is to improve the accuracy of the medical certificate of cause of death; however, a secondary benefit is that all deaths are being reviewed very early after a patient death, and currently escalating around 5% of those cases for structured judgment review.

A total of 46 Structured Judgement Reviews were requested in the first quarter of 2021/2022, of which 100% were completed.

OUTCOME: CP was thanked, and the Quality Committee noted the report.

POST MEETING REVIEW

191/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

In terms of escalation to the Board of Directors, the Quality Committee notes receipt of:

- Information received on failed patient letters, and its positive outcome
- Review of organisational performance against 36-hour admission to surgery target within Best Practice Tariff
- Trust Patient Safety and Quality Board report and items escalated
- Board assurance framework risk for Public and patient involvement (4/19)
- Two issues from the IPR regarding ongoing challenges in the ED; ongoing position with backlog and theatre capacity, and the increase in the volume of complaints
- The risk associated with nurse staffing

192/21 REVIEW OF MEETING

There were no updates.

193/21 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

194/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at Appendix N for information.

NEXT MEETING

Monday, 8 November 2021

3:00 – 4:30 pm

Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 11 OCTOBER 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
FUTURE ACTIONS				
11.10.21 (188/21)	Integrated Performance Report	Risk Team	<p>The Chair asked whether the ring-fenced stroke bed in the emergency department is always accessible for stroke patients. LR stated that a pre-alert is received for stroke patients, and where possible, the bed is made available. There may be challenges at times due to current occupancy and demand through the emergency department, however, it may be worthwhile to know if there have been any incidents where the bed was not available and the impact that may have had.</p> <p>Action: To ascertain the impact of any incidents relating to the stroke bed in the emergency department not being available.</p> <p>Update: Lisa Cook visited the emergency department at Calderdale on 13th October 2021 and spoke with the matron about the stroke bed in the department, who confirmed there were no issues with the bed not being available and fed back that the pathway works really well. A search of incidents going back to January 2020 was carried out, with no incidents found relating to the stroke bed not being available. There were only 11 incidents in total that were in relation to stroke care.</p>	
11.10.21 (188/21)	Integrated Performance Report	Safeguarding Team Pharmacy	<p>In relation to safeguarding, the Chair requested a report on medical reconciliation within 24 hours (excluding children), due to performance being in the red for the past 12 months.</p> <p>Action: A paper regarding performance on medical reconciliation within 24 hours and how to improve the position</p> <p>Update: It has transpired that medical reconciliation within 24 hours is an issue related to Pharmacy, not safeguarding. An update will be provided by Elisabeth Street at the next meeting in December 2021</p>	

**Minutes of the Finance & Performance Committee held on
Monday 29 November 2021, 11.00am – 1.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Peter Wilkinson	Non-Executive Director
Gary Boothby	Executive Director of Finance
Jo Fawcus	Chief Operating Officer
Anna Basford	Director for Transformation and Partnerships

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Philip Lewer	Trust Chair
Peter Keogh	Assistant Director of Performance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Robert Markless	Public Elected Governor
Isaac Dziya	Public Elected Governor – (IPR item onwards.)

ITEM

174/21

WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting. Welcome to the new Chief Operating Officer – Jo Fawcus.

175/21

APOLOGIES FOR ABSENCE

Apologies were received from Brian Moore, Stuart Baron, and Ellen Armistead.

176/21

DECLARATIONS OF INTEREST

There were no declarations of interest to note.

177/21

MATTERS ARISING

178/21

ACTION LOG

The Action Log was reviewed as follows:

179/21

Colleague Deep Dive – The slides presented at the last meeting are included in the meeting pack. A decision needs to be made as to how often the deep dive will be brought to this meeting as workforce detail is covered within the IPR. To be agreed outside of meeting and added to workplan. ACTION: RH / SD / RLS

180/21

125/1 IPR – July 2022– This action can be closed. The plan was to review the outcome-based indicators added into the IPR. Add a new action to do a post mortem of changes to IPR over the last few months at the next meeting or one after.

A review of the performance accountability framework is taking place as part of WEB. The review is to be brought to this meeting as well as WEB.

ACTION: PK/JF Review of performance accountability framework and revised IPR to come back to this meeting.

138/20 Stroke Deep Dive: Date to be agreed when 2022 dates arranged.

090/21 Self-Assessment Action Plan: Currently marked as closed on the action plan but this is an error. RH to complete before end of calendar year and bring to the meeting arranged for the 6th January 2022. ACTION: RH

131/21 Neck of Femur Performance: Update was received at the last meeting and the next one is due at the meeting currently arranged for 31st January – the date of this meeting will change due to a clash with a new meeting arranged by Brendan Brown as incoming CEO.

FINANCE & PERFORMANCE

181/21 MONTH 7, FINANCE REPORT (INCLUDING HIGH LEVEL RISKS & EFFICIENCY PERFORMANCE)

The Deputy Director of Finance highlighted the key points reported at Month 7. The report focussed on Month 7 rather than the full year. Currently reporting £1.24m deficit in month. Whilst the Trust has submitted a balanced plan for the year and has delivered a break-even position in the first half of the year (H1), the financial position remains challenging. H2 includes a significant efficiency requirement of £6.7m with less than five months to deliver the savings. The deficit is worrying and a challenge for the remainder of the year. There is continued pressure around enhanced bank pay which has totalled £700k in month and £2.5m in year since it commenced in late July.

During the month there has been no accounting for Elective Recovery Funding (ERF) income as our elective activity is below the threshold at an ICS level whereas performance is managed and measured.

Cost Improvement – there has been minimal delivery of efficiencies in month, just over £100k reported in month 7 against £6.7m target for the remainder of the financial year.

Capital and Cash – Capital continues to be beneath original plan as previously described due to a couple of externally funded areas where we have re-profiled expenditure which will fall into future periods. Cash position is relatively healthy as it is being supported by the covid funding regime that we are currently in. A few anomalies in aged debt had been resolved by the end of Month 7 and for the first time the aged debt is below £3m.

Pressures in revenue position and small CIP delivered in month. This has been reflected in the high level risks.

- The risk of not achieving the full year 2021/22 financial plan, the score is to be left at 20 but the narrative has been updated to include facts and figures that are outlined in the H2 financial plan. Score relates to the continued challenging efficiency requirement for H2 of £6.7m.
- Capital and Cash risks scores also remain the same.

The Committee **RECEIVED** and **NOTED** the Month 7 finance report and **APPROVED** the high level risks.

182/21

EFFECTIVE AND EFFICIENT USE OF RESOURCES GROUP

The terms of reference were brought to the last meeting. The group is meeting weekly but only started during November. The meeting is on different days and different times due to fitting around existing diary commitments. Therefore the same people have not attended every meeting.

The challenge for 21/22 is complex and the funding streams are being adjusted continually. GB gave a small presentation:

Plan agreed for remainder of year is to breakeven operationally. The guidance was published late so a number of assumptions were made.

- £2.2m winter monies from CCG's.
- Targeted reduction in pay enhancements and other run rate improvements.
- No further support from CCG's.
- No further ERF (Elective Recovery Fund) benefit

Latest update from the last ERG meeting on Friday 26th November, of the £6.7m only £1m has been transacted which is non recurrent, and work is underway developing another £2.7m. Most of these opportunities are non-recurrent but the challenge is recurrent. The group have reinstated Equality Quality Impact Assessments and Quality Impact Assessments that were previously used. This will ensure that the opportunities do not increase risk of patient harm or quality of care.

The Trust is intending to hold back on recruiting to non-patient facing roles in order to accommodate frontline staff who are unable to have the Covid vaccinations. Mandatory vaccinations will be required from 1st April 2022. This will provide a cost benefit to this financial year.

It is expected that extra resources will be made available nationally and within ICS. The ICS are funding the national living wage in care homes.

There is a possibility of receiving some funding from the ERF due a relaxation of some rules around claiming the funding.

Agreed some support from CCGs and continued discussions with Mid Yorkshire around them paying for CHFT support for non-surgical oncology, also agreed funding for costs CHFT are incurring around vascular work for Bradford. Some of these had already been included as assumptions in the plan for H2.

Message to Trust is to reinforce the £6.7m deficit and to encourage colleagues to look for recurrent savings.

Culturally, identifying savings is very difficult. Cases were agreed at Commercial Investment and Strategy Committee which will add to the challenge for 2022-2023.

In summary a fast-changing year end picture and the objective is to deliver and minimise the impact on 22/23. It is expected that the plan will be delivered albeit

through external support and it was agreed to keep the in-year risk score as 20 due to the non-recurrent nature of in year support and to support the additional focus on finance.

The Committee **RECEIVED** and **NOTED** the report from the Effective and Efficient Use of Resources Group.

183/21

INTEGRATED PERFORMANCE REVIEW – OCTOBER 2021

The Assistant Director of Performance reported the Trust's overall performance score for October 2021 was 64.6%, following on from an adjusted September position of 61%. Friends and family test results are now aligned to the month being reported not the previous month as before. This impacted on the September position. There was also a late 31 day cancer breach which made the Responsive domain red. This has improved in October and Responsive is now Amber. The Emergency Department has been very busy which is reflected in the domains. There has been an increase in the number of complaints and less positive results in the friends and family test. This is not unique to CHFT.

Safe domain remains Green.

Caring domain is amber but now has challenges in complaints, friends and family test and Dementia screening.

Effective domain remains green and although fracture neck of femur is improving, we are seeing some surges in orthopaedic activity which impacts getting the timescales for neck of femur patients.

Responsive domain was covered above and is the most volatile area

Workforce domain remains Amber with short term non-Covid sickness at its highest level over the last 12 months. Return to work interviews are at their lowest level since January. Staffing does impact on all other areas.

Finance domain remains Green.

Challenges in community around providing care beds to reduce delayed transfers of care. Work going on around wellbeing and supporting staff. The Trust is trying to plan for Christmas and New Year looking at leave and what can be done differently. Last week some beds were closed on the acute floors which really helped to improve fill rates. Also using lessons learnt from the previous weekend of bad weather in order to plan for future episodes.

The Committee **NOTED** and **RECEIVED** the Integrated Performance report for October 2021.

184/21

RECOVERY UPDATE

The Assistant Director of Performance presented a recovery update as follows:

P2's and 104 week waiting list are the current priority. Plans for H2 are included in the presentation but were not discussed in this meeting. There has been a

directive from the centre requesting that patients who have been waiting over 82 weeks are dated as they are more likely to hit the 104 by the end of March. Across the whole ICS a low number of patients have been dated at this moment in time. CHFT is confident of the numbers submitted for 104 week wait times, and how we are going to achieve it. The request is to date all non-admitted patients by the end of November and then date the admitted.

P2's are going in the right direction with the current figure now at around 50, previous meetings have agreed 5% of our total number is the target. More detail in IPR shows that the number of patients being treated is now higher than numbers that are being added.

P3's -This was going to be a challenge to achieve, and the trajectory has been set to first quarter of 22/23 which would be two years since the pandemic started. The aim is to have reduced the 104 week waiters which will then allow focus to move onto the P3's. There has been an increase but comfortable with the trajectory.

P4's – The numbers are coming down as there are no empty slots. If any slots cannot be filled with 104 week wait, P2's and P3's then the P4 list is being used. Number of Referral to Treatment Open Pathways shows the total number of patients CHFT have waiting. The plans for H2 were to maintain September's position. The figures show it is moving in the right direction.

Appointment Slot Issues (ASI's) over 22 weeks, having trouble to get slots for outpatients, plan is to reduce this number by end of November with a couple of exceptions in specialities. Numbers are heading in the right direction.

Elective update – Endoscopy and diagnostic waits, two bottom charts have an issue with the colours compared to the top chart. This will be rectified to be sent out with the minutes. **ACTION PK** The Trust should be treating 99% of diagnostic patients within 6 weeks. Endoscopy are on track for the end of November. Neurophysiology and ECHO are aiming to be back on track by January 2022.

P5's and P6's not included in targets as not prioritised to be seen due to Covid or have chosen to wait.

104 weeks- There are 40-50 patients waiting for 104 weeks. The plan is to reduce this to as near to zero as possible by the end of March.

52 weeks – in H2 trajectory, maintaining September's figures.

Average wait is now over 20weeks. Pre-pandemic this was around a 10 week wait.

Patient Initiated Follow Up (PIFU) attendances – Target is to move 1.5% of all patients to PIFU pathways by December and target of 2% by March.

Focus from NHSi on recovery plans. NHSi is instructing Trusts to book all patients over 80 weeks into capacity. Can only book six weeks ahead for

theatre capacity. Software can be purchased to overlay the waiting lists to tell us the clinical impact.

The CHFT data has had a lot of work put into the integrity and quality including validation of records This work started before the pandemic so while the numbers might be high, the data is accurate. Realistic targets have been given for recovery.

185/21

STOP METRICS

A discussion took place at both the Finance and Performance committee and the Non- Executive group. What are the key metrics that must be focussed on? If a number are in red does the way of working need to be reviewed?

Four key areas have been identified - Staffing, Covid Management, Elective Recovery and Non-Elective Management. Over 100 possible metrics need to be narrowed down. Finance, Quality and complaints go across all of these areas. The STOP metrics were identified by the NEDS in a Board workshop session. This is a high level, one page of metrics with a traffic light system to highlight areas of concern. Is this a format to use? Not to diminish from IPR.

Aim was to aid the non-executives of their view of Trust position as they are not involved in other conversations within the Trust. Non-Execs to discuss separately to see if this is what they were looking for. Further discussion at the Board workshop on 2nd December.

ACTION: RH/PK to agree ongoing requirement re STOP metrics following Board discussions.

186/21

DRAFT MINUTES FROM SUB-COMMITTEES

The following minutes and summaries thereof were received by the Committee:

- Capital Management Group – 14 November 2021
- THIS Executive Board – 27 October 2021
- HPS Board – 22 November 2021

The Cash Management meeting was cancelled for capacity reasons. Next meeting due in January.

No minutes have been received from the Urgent and Emergency Care Board.

The Committee **RECEIVED** and **NOTED** the key points from the Sub-Committees.

187/21

WORKPLAN - 2021/22

Workplan for 2021/22 was noted with no amendments

The BAF risks have been deferred to the January meeting.

THIS commercial strategy paper due in January but was presented a short time ago. **ACTION:** RLS to speak to GB and JR. May need to be pushed back for a couple of months.

Need to start thinking about the workplan for 2022 - 2023

188/21

MATTERS TO CASCADE TO BOARD

Key points to be covered to Chair's Highlights Report to Board.

189/21

REVIEW OF MEETING

No specific review carried out

190/21

ANY OTHER BUSINESS

Isaac, Robert or Brian to contact Richard if they have any queries or questions.

Future meetings, the first meeting in January has been moved from the 10th January to the 6th. The new Chief Executive has put a new meeting in on Monday mornings which will clash with the planned dates for this meeting. Keep the existing dates for now as the Chief Executive is a member of this committee and discuss once he is in post.

DATE AND TIME OF NEXT MEETING:

Thursday 06 January, 10:00 – 12:00, Microsoft Teams

QUALITY COMMITTEE

Monday, 8 November 2021

STANDING ITEMS

195/21 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Dr David Birkenhead (DB)	Medical Director
Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Enzani Nyatoro (EN)	Interim Assistant Director for Patient Safety
Dr Cornelle Parker (CP)	Deputy Medical Director
Lindsay Rudge (LR)	Deputy Director of Nursing
Elisabeth Street (ES)	Clinical Director of Pharmacy
Lucy Walker (LW)	Quality Manager, NHS Calderdale / Greater Huddersfield / North Kirklees CCGs
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Laura Douglas (LD)	Matron – FSS Division (200/21)
Dr Tim Jackson (TJ)	Lead Medical Examiner (206/21)
Bronagh McCrudden (BMCC)	Student Midwife (observing)
Lisa Williams (LW)	Assistant Director of Transformation (item 199/21)

196/21 APOLOGIES

Gina Choy	Public Elected Governor
Jo Kitchen	Staff Elected Governor
Philip Lewer	Chairman
Karen Spencer	Associate Director of Nursing – FSS Division

197/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

198/21 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday 11 October 2021 were approved as a correct record. The action log can be found at the end of these minutes.

Matters arising

A paper was presented in October 2021, informing the Committee of an issue relating to patient letters. The report provided assurance that the issue was fully investigated and resolved, however, a further request was made to provide an update on the less than 1% of patients who were found to not have had their follow-up diagnostic procedure requested. The outcome of the patients was provided within the follow-up report, which clearly outlines that no patients experienced a delay as a result.

AD HOC REPORTS

199/21 BUSINESS BETTER THAN USUAL (BBTU) QUARTER 2 UPDATE

Lisa Williams was in attendance to present a progress update on business better than usual at appendix C.

This programme was developed following the first wave of the pandemic, where significant engagement was undertaken with internal colleagues, system partners, patients and the general public. Following engagement, 12 themes were supported by the Board of Directors to be taken forward, and of those 12 themes for this reporting period, none were rated red, five were amber, six were green, and one has been fully embedded into practice.

Of the five amber themes:

- Community integration and partnerships - further work is required. A gap analysis was undertaken to review any gaps between CHFT, Locala and Primary Care Network (PCN) provision across both Calderdale and Huddersfield, and action plans are being developed to inform commissioning conversations going forward.
- Working from home - engagement is ongoing with colleagues to understand their experiences of working from home over the last 12 to 18 months. This will inform the approach going forward, along with the impact of any climate impact, economic impact for our local communities and estate utilisation.
- Theatres and new ways of working - further work is required to understand what new models of care will look like, and this remains ongoing.
- Direct assessment pathways - some tools have been piloted in the emergency department (ED) and discussions have progressed onto what the impact of those will be on the ED, same day emergency care (SDEC), reconfiguration plans and what the estate will look like in the future.
- Pathology – due to internal and external capacity problems within primary care, meetings and work together get results (WTGR) sessions have taken place with primary care partners, with clear actions on how to develop new models to try to address capacity issues across the system.

In terms of next steps, the benefits emerging from each of the 12 themes will be clearly identified and articulated, and any financial benefits will then be taken through the new weekly effective resources group which was approved by the Board of Directors last week.

The Chair asked which workstream has proven to be the most challenging, to which LW responded that the theatre workstream, given capacity and workforce constraints and what the model will look like going forward due to several independent sector contracts, is proving to be quite challenging at the moment; as well as the pathology workstream given the capacity issues and restrictions

OUTCOME: LW was thanked for the update, and the Quality Committee noted the report.

SAFE

200/21 MATERNITY SERVICES REPORT

Laura Douglas was in attendance to provide an update from maternity services at appendix D, highlighting:

- Ockenden – CHFT are still awaiting a regional visit from the regional chief midwife. As part of the phase 2 project, the service submitted evidence showing compliance in relation to the Ockenden recommendations, and feedback was received on 26 October 2021, with further work to be done in regard to evidence provided.

- Better births – continuity of carer (COC) – the building blocks to achieving the continuity of carer model were outlined in the report, which will continue to be shared with the Board and the Local Maternity Service (LMS)
- NHS Resolution Maternity incentive scheme - task and finish groups are ongoing to ensure compliancy with all elements of the 10 safety actions required.
- Maternity staffing - despite challenges faced with staffing, a high rate of 1-1 care in labour is being maintained, which is all credit to colleagues working differently. In October, 15 newly qualified midwives, who are currently undertaking induction, were welcomed into the service.

KH added that staffing levels are consistently good and reminded the Committee of the extra funding for the extra midwives, however, trying to secure midwives that are not readily available will be difficult.

The Chair asked if there were any discussions taking place across the LMS in relation to staffing, and what other options there may be. EA stated that there is a recognition that all Trusts are in the same place, and the Chief Nurse network will be having a focus on midwifery during its next meeting. Whilst the Trust is awaiting external validation and the regional midwifery visit, a process of internal reviews will be undertaken to check key lines of inquiry, as well as listening events being carried out with colleagues to ensure internal scrutiny is in place.

OUTCOME: LD was thanked for the report, which the Quality Committee noted.

201/21 PATIENT SAFETY SPECIALIST

Dr Cornelle Parker provided a brief presentation on the patient safety specialist role, which is an NHS England/NHS Improvement mandated role for a dedicated whole time equivalent patient safety specialist, who will be fully trained in the national patient safety syllabus. There are five domains within the syllabus: a systems approach, learning from incidents, human factors, creating safe systems and being sure about safety.

The patient safety specialist role will be the lead for patient safety, working full time at band 8, with the ability to escalate immediate risks or concerns to the executive team. The role will provide leadership, visibility, and work with a number of people within and outside of the organisation to further the patient safety agenda. The role will ensure that the above domains are observed and underpinned by a range of principles. They will support patient safety partners, but also help develop a network across the country, which is evolving in relation to patient safety specialists.

The history of the role, progress so far, the nine key work programmes and proposal were provided. In terms of being able to resource the role as described, Lindsay Rudge provided an update as part of the re-aligning of the structure. There will be one post for the Assistant Director for Quality and Safety, and also a Head of Quality and Safety. This full-time role will support the Assistant Director role, alongside the medical lead and links with other colleagues.

The Quality Committee were asked to support the role, which has a cost implication.

OUTCOME: CP and LR were thanked, and all Quality Committee members were supportive of the development of the role going forward.

CARING

202/21 PATIENT EXPERIENCE AND CARING GROUP

Lindsay Rudge presented appendix E, which detailed progress of the Transforming Patient and Carer Experience Programme, and assurance that the Trust is supporting the delivery of the strategic goal of 'Transforming and Improving Patient Care'.

LR reported on an adjustment to the staffing challenges and resources around patient experience noted in the report. LR stated that this has now been mitigated with support, which has now increased the role to one whole-time equivalent, which will support the quality improvement programme around patient experience.

In relation to making complaints count, focus has been made in terms of meeting the agreed date with complainants, ensuring the quality of responses is right the first time, and on learning. There is a wide range of activities, however, focus is being made on the three areas mentioned, until the end of the financial year.

LR drew the Committee's attention to the impact stories included in the report. The first was around volunteering, which includes experiences of people coming into our services, as well as colleagues that are part of the service. It was noted that the volunteering service will discontinue at the end of November 2021 due to funding. Work is ongoing with Workforce and Organisational Development colleagues around the previous volunteering offer prior to COVID. It was noted that the Quality Committee will be updated in due course. The second impact story related to a young person and their family's feedback, and the third impact story was around the work that colleagues in the surgical assessment unit undertook to ensure that people who were accessing that service had the right information.

The Chair commented that despite the many challenges, there has been action from every area of the workstream which is really positive. LR formally acknowledged thanks to Alison Lodge, who will be retiring from the role of Quality Improvement Manager this month, who has always championed patient experience and been an absolute resource who has pushed this programme on. Alison's work in her role and work done for the organisation was recognised.

CP echoed LR's thanks to Alison, who has been fairly instrumental in the fantastic work which has been done and would not want to lose sight of this work going forward, particularly at the moment, when the quality directorate is under a fair amount of pressure due to staffing and capacity issues. It is important that this agenda is delivered against going forward.

OUTCOME: LR was thanked for the update, and the Quality Committee noted the report.

WELL-LED

203/21 GETTING IT RIGHT FIRST TIME (GIRFT) REPORT

Dr Cornelle Parker presented appendix F and acknowledged the authors of the report who form the GIRFT core team.

The report details the Trust's position, exemplar recognition and partnership working with the National GIRFT team on several initiatives and new developments, sharing practice and reporting. Some challenges for the GIRFT team were raised, including the departure of the Chief Executive, who had a very strong, visible and personal commitment through direct support and regular meetings with the Team, which will need to carry on going forward. The second challenge is the time commitment in relation to GIRFT. For the first two years of the programme, there was some backfill which is no longer available, which becomes a challenge given the expanding national role. The team are currently reviewing the time commitment to the programme, which will require resourcing, if this is to be prioritised going forward.

KH reported on the great work which would be a shame to lose, particularly now with national recognition. KH stated that the work is an absolute credit to CP and GIRFT colleagues.

ES queried whether data from the model hospital is used, as well as GIRFT data, as they have similar benchmarking across different clinical themes and specialities. CP stated that GIRFT now reports through the model hospital in terms of its metrics, however, not reliably, and therefore, should be a wider discussion on how business intelligence is used, particularly around things like model hospital.

DB commented on the well-developed and robust approach to the GIRFT programme, which is recognised nationally, however, it was noted that the outcomes of the process for CHFT were missing from the report, for example, the quality improvements, the efficiency improvements that have been a result of the investments and the work carried out. CP stated that a selection of the quality improvement benefits gained from those action plans can be provided.

Action: That an update is provided in January 2022 on the outcomes of the process.

The Chair queried whether there would be an issue with resourcing to the level that is required to continue the programme, now that CHFT is one of the two leading trusts in the country. CP stated that this would be dependent on how much of a priority the programme is with the arrival of the new Chief Executive from January 2022.

OUTCOME: CP was thanked for the report, which the Quality Committee noted.

204/21 BOARD ASSURANCE FRAMEWORK RISK 6/19 – COMPLIANCE WITH QUALITY AND SAFETY STANDARDS

Ellen Armistead presented appendix G, providing assurance on the updated deep dive of the board assurance framework risk 6/19 on compliance with quality and safety standards.

The risk articulation and impact remain relevant as an accurate description of the risk and reflective of the current position. The key controls have been reviewed and updated to include:

- Quality Governance structure – this has been reviewed and recruitment to key posts are underway. Gaps in current managerial structure now filled.
- Learning and Improving - Quality and Safety Strategy agreed and implemented.
- Journey to Outstanding (clinical area accreditation) is underway with further rollout planned.
- Care of the acutely ill patient (CAIP) programme is underway and has dedicated clinical leadership to oversee delivery.

Positive assurances remain relevant, however, in terms of gaps in controls, there remains a risk in relation to the capacity of serious incident investigators (SI) to undertake a review in a timely manner. This was a problem pre-COVID and has been exacerbated by the need for operational and clinical frontline staff for clinical operational priorities. There has been some increase in capacity within the corporate team to support some of the SI investigation. The risk rating has been reviewed and remains at a score of 12.

OUTCOME: EA was thanked for the review, and the Quality Committee noted the report.

EFFECTIVE

205/21 CLINICAL OUTCOMES GROUP UPDATE

Prior to the verbal update from Dr David Birkenhead, some clarity on the requirements of the Quality Committee from the Clinical Outcomes Group (COG) was requested. DB stated that the COG meets monthly and may not be sufficient enough to provide a full report for the committee on a monthly basis. DB queried whether the minutes and any escalation items to the Committee would suffice, with a 6-month report being provided on progress within the COG. The Chair agreed with the revised way of reporting.

In relation to the two previous COG meetings, there were no escalations into Quality Committee, however, the work done by the dementia team was highlighted. Work on the dementia scores have started to show some improvements, which will hopefully continue, through focussed work from colleagues.

CP reported that the Care of the acutely ill patient (CAIP) programme is progressing well, with the establishment of six workstreams (sepsis; stroke; clinical coding; acute kidney injury;

deteriorating patient; and acuity on discharge) with three identified outcome measures for each, which are included on a dashboard which can be linked into quality priorities.

The Chair commented on the positive improvement around dementia screening and confirmed that the minutes from the COG will now be received into the Quality Committee going forward, along with any items of escalation.

OUTCOME: The Quality Committee received and noted the verbal update.

206/21 MEDICAL EXAMINER UPDATE

Dr Tim Jackson was in attendance to present appendix H, providing an update from the Medical Examiner (ME) service in the last six months.

TJ reported that overall activity is derived from data submitted on a quarterly basis to the national ME Office. CHFT consistently scrutinise a significant number of deaths, which varies from quarter to quarter, however, within the latest quarter, approximately 92% of cases were scrutinised, which is over the regional average. In terms of coroner referrals, between 10 and 12.5% were referred, which in comparison to regional figures, CHFT referrals are quite low. This needs to be understood a little better, as this may be partly due to the peculiarities of coroner referral patterns throughout the region.

The outcome of coroner referrals, Medical Certificate of Cause of Death (MCCD), registrar declined MCCD, contact with bereaved relatives and clinical governance outcomes of scrutiny were all detailed in the report.

In terms of future developments, there are still opportunities to:

- foster close working relationships between CHFT, the local authorities, registrars, and the coroner, in order to review and learn from notable cases;
- replicate that approach within CHFT to continue to strengthen support of the Learning from Death agenda, and ensure meaningful interaction with Datix, Structured Judgement Reviews, Patient Advice and Liaison Service and legal teams.
- begin to explore ways in which to describe mortality trends at an earlier stage.
- further develop the medical examiner team through expansion to accommodate the planned rollout into the wider community.

KH thanked TJ for the helpful detail within the report and stated that it would be interesting to see how the regional benchmarking progresses over time.

CP conveyed thanks to TJ and the ME team and stated that the reviews are of value as mortality reports tend to be a month in arrears. Further conversation is required about how coroner benefits to the organisation are mapped, as the number of referrals to the coroner's office and the number of cases that the coroner chooses to pursue through inquest and potentially litigation, are all measurable. CP stated that these measures would also be interesting to track over a period of time.

CP noted that the Community rollout may be very challenging from a digital and cultural perspective, and that support for the team will be required in pursuing that.

The Chair thanked TJ for the useful reporting update and asked if there were any opportunities to network and share experience and learning across the region. TJ reported that ME offices network on a monthly basis, and are regularly in touch with neighbouring trust colleagues, who can readily 'go see'.

OUTCOME: The Quality Committee conveyed thanks to TJ and the team on the significant amount of work done in the last 11 months.

RESPONSIVE

207/21 INTEGRATED BOARD REPORT

Lindsay Rudge reported on appendix I, and the Trust performance for September 2021 of 66.4%, which is a significant deterioration on the August position, with the key changes in complaints, Summary Hospital-level Mortality Indicator and stroke.

The strengths within the report were acknowledged; the continued focus on elective patients, particularly those with learning disabilities, P2s and the longer waiters; the workforce development programme done around theatres; the community pharmacy roles on medicines safety; support offered to partner organisations for non-surgical oncology; the digital virtual consultations trialled in the emergency department; the initial focus on clinical validation and the recovery framework.

The challenges in the workforce position were discussed in detail at the Workforce Committee, as well as the short-term sickness position, which was at its highest position since November 2020.

LR drew the Committee's attention to the tier-4 beds around Children and Adolescent Mental Health Services (CAMHS), where there are several patients have been waiting for a significant time. It was noted that this has been escalated to and acknowledged by the Medical Director at South West Yorkshire Partnership Trust.

LR noted some positive outcomes from patients, and benchmarking analysis within the report with strong performances from CHFT against a number of selected indicators.

The report describes the triangulation of the metrics and the ongoing challenges around nurse staffing levels. LR also highlighted that outside of the integrated performance report, enhanced monitoring is in place through an extended weekly gold meeting which reviews metrics from an established dashboard and triangulates quality and safety indicators against 'must dos' and maps those against a trigger of enhanced monitoring outside of normal monitoring processes, which will link to the opal framework. This will be discussed at the next Committee in further detail, in order for members to be aware of the process that is in place.

CP commented on stroke measures and several issues where the proportion of stroke patients being managed in dedicated stroke beds is deteriorating, which relates to capacity pressures. A dedicated bed base is being developed for stroke admissions in order for those patients to be moved directly from the emergency department into the stroke beds, regardless of their need for thrombolysis.

CP mentioned that the measures within stroke - the imaging within an hour and thrombolysis within an hour - have also deteriorated, particularly the thrombolysis measure. Both measures are incorporated into the Care of the acutely ill patient (CAIP) programme and being reviewed. DB reported on a work together get results (WTGR) process with the stroke team to progress a more resilient approach to stroke, developing action plans for change which will get the bed base right and ensure patients can be placed directly into stroke beds, and manage the thrombolysis issue.

CP also mentioned that the Summary Hospital-level Mortality Indicator has deteriorated to 101.91 and is very difficult to understand why at this point in time.

LR reported that a meeting with NHS England/Improvement on CHFTs current outbreak and hospital onset COVID infections will be taking place this week with the infection control team, to understand if anything is required to be undertaken to mitigate the current position.

The Chair noted the increase in falls with harm since the last report and asked if the training which needs to take place will be difficult. LR reported that CHFT have received some falls

alarms which require colleagues to be trained across a number of areas in order to deploy the alarms. A specific target needs to be met before the alarms can be deployed as part of medical device and safety regulations. Some focused training will be carried out in areas with the highest incidence of falls, in order for the equipment to be deployed. Significant improvements have been made, and where there is 90% compliance, a pragmatic decision has been taken to deploy the devices. Where a colleague may not be trained in the ward area, in-situ training will be undertaken on the day. The colleague will not use the device, but will be trained to use the device, rather than delay the devices going onto those clinical areas. Progress will be reviewed on a weekly basis through the enhanced clinical dashboard. Through the CQC and Compliance Group, agreement was made for a review of medical devices, the training, and the level at which the training is set, to understand where there are significant gaps.

The Chair noted capacity issues, social care packages and discharge to assess beds, etc. LR stated that a quality review meeting took place with Clinical Commissioning Group (CCG) colleagues, which will be followed-up at a systemwide clinical quality board meeting this week for further discussion. CP reported that local authority representation from both authorities will attend the gold meeting, where a direct conversation can be taken around delayed transfers of care.

OUTCOME: LR was thanked for the update and the Quality Committee noted the report.

208/21 CANCER BOARD MINUTES

A copy of the minutes from the Cancer Board meeting on 13 October 2021 were available at appendix J for information.

POST MEETING REVIEW

209/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

In terms of escalation to the Board of Directors, the Quality Committee notes receipt of:

- the maternity overview report and the work ongoing following further guidance received
- an update on the mandated patient safety specialist role
- an updated board assurance framework risk 6/19 on compliance with quality and safety standards
- the Medical Examiner report and the significant progress made over the last 11 months
- the integrated performance report
- the quality meeting which took place with the CCG, partner organisations and both local authorities in attendance

210/21 REVIEW OF MEETING

The following comments were noted:

- *'the Committee had discussions which were appropriate to agenda items'*
- *'positive reports which demonstrated good progress over a period of time'*
- *'good triangulation with the integrated performance report'*
- *'detailed reports with a great level of discussion'*
- *'some positive reports but also recognition where additional assurance is required'*
- *'really focused papers, good insights highlighted'*
- *'very helpful concise reports which show the impact of work being undertaken'*

211/21 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

212/21 QUALITY COMMITTEE ANNUAL REPORT

A copy of the annual report was available at appendix K for information.

213/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at Appendix L for information.

NEXT MEETING

Monday, 6 December 2021

3:00 – 4:30 pm

Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 8 NOVEMBER 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
CURRENT ACTIONS				
11.10.21 (188/21)	Integrated Performance Report	Pharmacy	In relation to safeguarding, the Chair requested a report on medical reconciliation within 24 hours (excluding children), due to performance being in the red for the past 12 months. Action: A paper regarding performance on medical reconciliation within 24 hours and how to improve the position Update: It has transpired that medical reconciliation within 24 hours is an issue related to Pharmacy, not safeguarding. An update will be provided by Elisabeth Street at the next meeting in December 2021	See agenda item 218/21
UPCOMING ACTIONS				
08.11.21 (203/21)	GIRFT	Dr Cornelle Parker	It was noted that the outcomes of the process for CHFT were missing from the report, for example, the quality improvements, the efficiency improvements that have been a result of the investments and the work carried out. CP stated that a selection of the quality improvement benefits gained from those action plans can be provided. Action: That an update is provided in January 2022 on the outcomes of the process.	DUE January 2022
CLOSED ACTION				
11.10.21 (188/21)	Integrated Performance Report	Risk Team	The Chair asked whether the ring-fenced stroke bed in the emergency department is always accessible for stroke patients. LR stated that a pre-alert is received for stroke patients, and where possible, the bed is made available. There may be challenges at times due to current occupancy and demand through the emergency department, however, it may be worthwhile to know if there have been any incidents where the bed was not available and the impact that may have had. Action: To ascertain the impact of any incidents relating to the stroke bed in the emergency department not being available. Update: Lisa Cook visited the emergency department at Calderdale on 13 th October 2021 and spoke with the matron about the stroke bed in the department, who confirmed there were no issues with the bed not being available and fed back that the pathway works really well. A search of incidents going back to January 2020 was carried out, with no incidents found relating to the stroke bed not being available. There were only 11 incidents in total that were in relation to stroke care.	CLOSED 8 November 2021

QUALITY COMMITTEE

Monday, 6 December 2021

STANDING ITEMS**214/21 WELCOME AND INTRODUCTIONS**Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Dr David Birkenhead (DB)	Medical Director
Gina Choy (GC)	Public Elected Governor
Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Enzani Nyatoro (EN)	Interim Assistant Director for Patient Safety
Lindsay Rudge (LR)	Deputy Director of Nursing
Karen Spencer (KS)	Associate Director of Nursing – FSS Division
Elisabeth Street (ES)	Clinical Director of Pharmacy
Lucy Walker (LW)	Quality Manager, NHS Calderdale / Greater Huddersfield / North Kirklees CCGs
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Katherine Cullen (KC)	Deputy Director of Pharmacy (item 218/21)
Jo Fawcus (JF)	Chief Operational Officer (observing)
Emma Housecroft (EH)	Quality Directorate Secretary (observing)
Philip Lewer (PL)	Chairman (observing)
Dr Elizabeth Loney (EL)	Associate Medical Director (Item 219/21)

215/21 APOLOGIES

Jo Kitchen	Staff Elected Governor
Dr Cornelle Parker (CP)	Deputy Medical Director

216/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

217/21 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday 8 November 2021 were approved as a correct record. The action log can be found at the end of these minutes.

218/21 MATTERS ARISING

Katherine Cullen was in attendance to present the paper circulated at appendix C, to show performance on medicines reconciliation within 24 hours and how to improve the position.

The reality, result and response to medicines reconciliation, which was described as every patient having their medicines reconciled by a member of the pharmacy team, ideally within 24 hours of admission, was outlined in the report, with short, medium and long-term plans in place.

The Chair asked whether the safari scheme would help to release capacity for colleagues. **KC** stated that the safari scheme being piloted over the winter period, with a pharmacist

prescriber-led discharge team involved in the writing of TTO's (to take out), would potentially release the resource. In terms of the next six months, the validity of the data will require reviewing, however, with current resources and a lot of work to undertake, the 68% target within 24 hours should be able to be achieved.

LR asked whether there were any further digital platforms which would enable an improvement in medicines reconciliation. **KC** stated that limited access on the electronic patient record (EPR) to community records prevents this, however, permissions for the pharmacy team and junior doctors to have full access to SystmOne would mean getting information faster. It was stated that the barriers to this would need to be identified. **ES** stated that a lot of work has been ongoing and a further update on progress will be provided in the next six months.

OUTCOME: **KC** was thanked for the update and the Quality Committee noted the report.

EFFECTIVE

219/21 CONSENT POLICY

Elizabeth Loney was in attendance to present the Consent Policy at appendix D.

EL noted that the Policy was circulated to various stakeholders, including the Clinical Ethics Panel, the Patient Experience and Caring Group, Divisional Directors, the Risk Management and Legal team. The Policy was rewritten for an easier read, in language that was easy to understand, and to also incorporate the General Medical Council (GMC) guidance which was published in 2020. The comprehensive document covers different aspects but does not include consent requirements for procedures including research, use of tissues under the Human Tissue Act (2004) / for transplantation, and gamete storage/ retrieval.

The Chair noted the comprehensive policy, and consulted with the Quality Committee for the Policy to be taken to the next stage,

OUTCOME: **EL** was thanked for the Policy, which the Quality Committee approved.

SAFE

220/21 MATERNITY SERVICES REPORT

Karen Spencer was in attendance to present the maternity services stillbirth review at appendix E.

The report described an increase in the number of stillbirths at CHFT, and reviews undertaken to identify the risk factors which influenced the increased rate.

Assurance was provided that a full review of the care following any stillbirth or neonatal death within maternity services is undertaken and shared at divisional orange incident panel review meetings and are reported nationally via the Perinatal Mortality Review tool and any cases that would meet the criteria for Healthcare Safety Investigation Branch (HSIB) investigation are identified. All policies and guidelines have been reviewed and assured that everything in place is compliant with current NICE guidance. It is identified that work is required on the triangulation of data in terms of IMD codes, smoking and ethnicity, and this is work which is ongoing.

GC asked whether there was a date for the region wide review, however, no date has yet been provided for this. **GC** also asked whether it was possible to reflect the women's voices on whether there was anything which they felt could have been done differently. **KS** stated that if any reviews uncover concerns about failings in care, it is ensured that as part of duty of candour, women's voices and any questions from families are included in any complaint response. All women and families who suffer a loss are offered follow-up with the bereavement

midwife, which is available for as long as the family require. Another piece of work being done is the role of the sudden and unexpected death in children (SUDIC) coordinator, to support women's and children's services, neonatal services, and to work with the bereavement midwife.

GC also asked whether the independent senior advocate role has been filled, as recommended in the Ockenden review. **KS** stated that the role has not been filled at CHFT, as well as other maternity services. CHFT is still awaiting national guidance on the role.

EL asked a series of questions including what gestational age babies were dying and whether there was a trend? What percentage of those children might have been expected to die if their fetal anomalies were so significantly severe? How much extra risk does being diabetic give a patient of having a stillbirth; are CHFT numbers consistent with the diabetic population, and how is CHFT benchmarking against these risks?

KS stated that the babies mentioned as part of the report are all beyond the stage of viability of 24 weeks gestation. **KS** also stated that the time at which babies die often depends on what is wrong with the baby. Some babies have a very complex congenital anomaly and some will die very shortly beyond 24 weeks, and others will last much longer. The patients who declined induction were both beyond their due dates and these were term babies. The six patients that had congenital abnormalities, three adopted for feticide. If it is highly likely that ladies who choose to terminate pregnancy for fetal abnormality, and there is any chance that the baby will be born alive, the fetal medicine unit at Leeds does recommend feticide. The reason for that is that termination of pregnancy is not intended to result in a live birth. Of the three ladies who chose to terminate their pregnancy, two of those had rare congenital abnormalities related to formation and development of the brain, and one for a recognised genetic abnormality. Of the three ladies who had genetic abnormalities but chose to continue with their pregnancy, two of those were related to abnormal development of the brain, and one of those babies had a rare congenital abnormality, however, the family carried a recessive gene, so they knew, and had other pregnancies that were similarly affected.

In terms of the percentage of diabetic women, this is a piece of wider work required to triangulate data, as it is not known whether the diabetic women who live in areas of deprivation are from Black, Asian and Minority Ethnic (BAME) communities, as nationally, it is not particularly well-reported. The MBRRACE (Mothers and Babies: reducing risk through audits and confidential enquiries) report looks at a link between ethnicity and social deprivation and smoking, rather than specifics of numbers of diabetic women nationally and percentage of those that pass away. Nevertheless, some of these percentages are quite large. The cases that CHFT had were 0.91%, less than 1% of our birth rate, which is just short of 5,000 births per year. It is very difficult, as a Trust, to statistically pick anything out from those small numbers, which is why the piece of work across the region is being done as a totality.

LR noted the health inequality work that both the organisation and the region are looking at, and the important work being undertaken by midwives within the workforce. **KS** shared some of the initiatives being undertaken, including:

- The public health midwife being involved in a piece of work, particularly with Kirklees local authority, to support the stop smoking services for pregnant women, and some of the very brief advice in early intervention work.
- A piece of work being done on women's experience during COVID-19. Work with colleagues from the Mid Yorkshire Hospitals NHS Trust and Huddersfield University has been done to translate maternity care information leaflets into commonly-used languages, using local maternity system monies. Work with Bradford has produced a diabetes animation around being healthy with diabetes in pregnancy and is available in multiple languages.
- Women now being able to access electronic maternity records remotely via their devices. A health education and information platform is available with health information leaflets and advice on anything pregnancy-related.
- The reinstating of parent education classes using virtual technology and social distancing.

- Work being done, cognisant that continuity of carer (COC) and one-to-one care for women is still a priority for maternity services, on looking at other roles which can be used in as an adjunct to midwifery care to deliver more of the health education and healthy living advice. Two COC teams - one based at the Jubilee Centre in Halifax and the other at the Chestnut Centre in Huddersfield – are in areas with high numbers of BAME women.

The Chair noted the fetal growth in pregnancy and the fact that quite a percentage were missed with multifactorial reasons why. In terms of moving forward, it was asked if there were any particular changes to practice that may increase the percentage of measurements of fetal growth. **KS** stated that once babies that were small in previous pregnancies have been identified, then serial growth scans can be put in place for those women. As far as abdominal palpation, there are a lot of factors to take into. In an ideal world, it would be the same midwife examining the same woman each time, and the only way to absolutely identify this is to scan every woman at every antenatal appointment, however, this is not without risk, and also the resource is not available to carry that out.

The Chair noted the important report which provided an in-depth discussion on progress and asked for a future update.

OUTCOME: **KS** was thanked for the report, which the Quality Committee noted.

221/21 TRUST PATIENT SAFETY AND QUALITY BOARD (PSQB) REPORT

Enzani Nyatoro presented appendix F, highlighting work undertaken in the Trust Patient Safety and Quality Board (PSQB) during July to September 2021.

Sub-group reports were received from the Medication Safety and Compliance Group and Resuscitation Committee. It was noted that drug errors in terms of discharges, mentioned in the Medication Safety and Compliance Group report will be picked up again, as this is a consistent theme. Most of the issues identified from the Resuscitation report have now been resolved, except for the issue in relation to basic life support training, where 1800 colleagues did not attend sessions during April 2020 to March 2021. This will be picked up again with the Resuscitation Committee regarding what mitigations are in place.

Updates were received on the patient safety alerts, two of which have been outstanding for some time. The Central Alert Systems (CAS) process and Policy are being reviewed to ensure clear responsibilities within the process. The two outstanding alerts were:

- *Ligature and ligature point risk assessment tools and policies* – the task and finish group arranged to implement this alert is now almost complete, with a risk assessment tool circulated to ward areas, and positive feedback received.
- *Steroid emergency card to support early recognition and treatment of adrenal crisis in adults* - this is currently in the process of being completed. A standard operating procedure has been produced, and a risk identified.

Deep dives were carried out on safeguarding and appointment/admission/transfer/discharge incidents. The medication errors mentioned earlier feed into safeguarding and discharge incidents. There is a need to review the discharge process which is multifaceted and can involve the availability of equipment, implications for safeguarding and medication administration. From a patient safety perspective, this is an area which needs review to ensure patients are safe and to triangulate the learning.

Items for escalation to the Quality Committee detailed in the report included endoscopy patient cases in the surgical division; a possible rise in safeguarding incidents, with a possible indicator of harm to patients; an increase in emergency callouts and workloads in the Community, leading to increased volume, and staffing pressures.

Next steps for the Trust PSQB are to create a Trust safety bulletin with key messages on information learned from triangulating incidents can be circulated to colleagues.

In terms of the basic life support training, **LR** stated a piece of work has been commissioned to look at a training plan funded through central monies, which will bring the training compliance figures back to where they should be.

LR also noted that the risk assessment for the patient safety alert on ligature and ligature point risk assessment tools and policies should be implemented and rolled out by today. In relation to the deep dives, **LR** stated that it would be helpful to highlight the responsible and accountable group or committee within our governance structure, that have oversight of the actions identified, which would strengthen closing the loop. In relation to the patient safety alert on steroid emergency card to support early recognition and treatment of adrenal crisis in adults, **LR** asked if a 'go see' to other organisations has taken place to see how they are responding to the alert. **ES** stated that the alert has been discussed at Medication Safety Officer (MSO) networks, with other Trusts having difficulty implementing the alert. **ES** also stated that there has been an issue with engagement from the divisions in relation to this alert. **LR** stated that greater clarity is required on the next steps of the patient safety alerts, and that the process around the Central Alert System (CAS) alerts is currently being reviewed by the Risk management team. An update on progress was asked to be provided at the next meeting.
Action: That an update on the CAS process is provided at the next meeting.

In terms of the community responses, **LR** stated that it would be useful for the Quality Committee to have an update and context on the new urgent responsive model that Community are rolling out and implementing.

Action: For the new Community model to be an agenda item at a future meeting.

OUTCOME: **EN** was thanked for the update and the Quality Committee noted the report.

WELL-LED

222/21 BOARD ASSURANCE FRAMEWORK RISK 4/20 – CQC RATING

Lindsay Rudge presented appendix G, providing assurance on the updated deep dive of the board assurance framework risk 4/20 relating to CQC rating.

The risk articulation and impact remain an accurate reflection of the risk. The key controls were reviewed and updated, and the risk remains at a score of 16 due to the current areas of non-compliance and the ongoing work required.

OUTCOME: **LR** was thanked for the review, and the Quality Committee noted the report.

RESPONSIVE

223/21 INTEGRATED BOARD REPORT

Lindsay Rudge reported on appendix H, and the Trust performance for October 2021 of 64.6%, which was an improvement on the September position which had deteriorated further following the inclusion of the latest national friends and family test (FFT) targets and a late cancer 31-day breach. As a result, the responsive domain was in the red in September, which has now recovered to amber.

Areas of concern which are currently red are complaints, diagnostics 6 weeks, cancer at 62 days, the emergency care standard and sickness. There are challenges in complaints, dementia screening, and fractured neck of femur, with specific work ongoing to ensure that dementia screening takes place. The strength, weakness, opportunity and threat (SWOT) analysis continues to describe the elective recovery programme as a strength, in terms of the work ongoing, particularly around health inequalities and prioritisation. There are still increased attendances through the emergency department, and the SAFER programme continues to be rolled out with a significant focus around plan for every patient. In terms of the quality priorities, there was a decreased level of performance, particularly around the recognition of sepsis. There were a number of Clostridium difficile infections, with a breach in

target for this year. There was also an increase in the amount of Hospital-Onset COVID-19 Infections (HOIs) during the reporting period, with increased emergency department (ED) waits of more than eight and 10 hours, as well as an increase in falls. There was a deteriorating position on ward assurance, as well as a number of category 4 pressure ulcers. In terms of mortality, Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) have increased slightly, with further work being done to understand why this happened. The long list of quality priorities for the coming year are also being produced, however, some of the current priorities may continue.

In relation to urgent care and cancer, **JF** stated that work is ongoing with teams to improve the streaming and triage processes across urgent care, in light of the long ambulance waits seen in October. Numbers through the emergency department fluctuate and is expected to increase. In relation to the 62-day screening standard for cancer, this is being monitored, and it is hoped to improve this month.

In relation to the infection, prevention and control metrics, **DB** stated that they are performing reasonably well. Last year, the Trust breached the ceiling for Clostridium difficile, and analysis suggests this was due to COVID and broad spectrum antibiotics being used as a result of respiratory tract infections. Most of the Clostridium difficile cases are isolated and not linked to outbreaks. There have also been a number of HOI cases, with data suggesting that hospital transmission of COVID reflects community transmission. There has not been any infections in the last few weeks, which is an improving position.

OUTCOME: **LR**, **JF** and **DB** were thanked for their updates and the Quality Committee noted the report.

POST MEETING REVIEW

224/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

In terms of escalation to the Board of Directors, the Quality Committee notes receipt of:

- the comprehensive Consent Policy
- the maternity report on stillbirths
- an updated board assurance framework risk 4/20 on CQC rating – score remains at 16
- the key issues from the integrated performance report, with reduced performance in quality priorities for sepsis; the breach in the Clostridium difficile target, increase in category 4 pressure ulcers; update on the infection prevention and control position

225/21 REVIEW OF MEETING

- Reports made easier to read due to abbreviations being explained

226/21 ANY OTHER BUSINESS

Going forward, **JF** mentioned that assurances on the pressures to urgent care on ambulance waits, waits for beds and how they triangulate with the quality standards, will be provided to the Committee in the future.

ITEMS TO RECEIVE AND NOTE

227/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at Appendix I for information.

NEXT MEETING

Wednesday, 5 January 2022

3:00 – 4:30 pm

Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 6 DECEMBER 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
CURRENT ACTIONS				
08.11.21 (203/21)	GIRFT	Dr Cornelle Parker	It was noted that the outcomes of the process for CHFT were missing from the report, for example, the quality improvements, the efficiency improvements that have been a result of the investments and the work carried out. CP stated that a selection of the quality improvement benefits gained from those action plans can be provided. Action: That an update is provided in January 2022 on the outcomes of the process.	See agenda item 05/22
UPCOMING ACTIONS				
11.10.21 (221/21)	Trust PSQB Report - Central Alert System (CAS) process	Head of Risk and Compliance / Assistant Director of Quality and Safety	The process around the Central Alert System (CAS) alerts is currently being reviewed by the Risk management team. An update on progress was asked to be provided at the next meeting. Action: That an update on the CAS process is provided at the next meeting.	
11.10.21 (221/21)	Trust PSQB Report - Community	TBC	In terms of the community responses, it was stated that it would be useful for the Quality Committee to have an update and context on the new urgent responsive model that Community are rolling out and implementing. Action: For the new Community model to be an agenda item at a future meeting.	
CLOSED ACTION				
11.10.21 (188/21)	Integrated Performance Report	Pharmacy	In relation to safeguarding, the Chair requested a report on medical reconciliation within 24 hours (excluding children), due to performance being in the red for the past 12 months. Action: A paper regarding performance on medical reconciliation within 24 hours and how to improve the position Nov Update: It has transpired that medical reconciliation within 24 hours is an issue related to Pharmacy, not safeguarding. An update will be provided by Elisabeth Street at the next meeting in December 2021 Dec update: See agenda item 218/21	CLOSED December 2021

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST**Minutes of the WORKFORCE COMMITTEE – DEEP DIVE**

**Held on Monday 8 November 2021, 10.30am – 12.30pm
VIA TEAMS**

PRESENT:

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

IN ATTENDANCE:

Anna Basford	(AB)	Director of Transformation and Partnerships (for agenda item 14/21)
Leigh-Anne Hardwick	(LAH)	HR Business Partner (for agenda item 108/21)
Liam Whitehead	(ML)	Employability Manager (for agenda item 112/21)
Agnieszka Wozniak	(AW)	Director of Medical Education (for agenda items 110/21)

103/21 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting. Welcomed PB to his first meeting.

104/21 APOLOGIES FOR ABSENCE

No apologies were received.

105/21 DECLARATION OF INTERESTS

There were no declarations of interest.

106/21 MINUTES OF MEETING HELD ON 30 SEPTEMBER 2021

The minutes of the Workforce Committee held on 30 September 2021 were approved as a correct record.

107/21 ACTION LOG – November 2021

The action log, as at 8 November 2021, was received.

108/21 MATTERS ARISING**DEEP DIVE INTO ESTATES AND ANCILLARY SICKNESS ABSENCE**

LAH presented a deep dive detailing sickness absence in the Estates and Ancillary staff group. This staff group represents 64 roles in the organisation all of which are housekeepers with 50% of colleagues being employed in the Medicine Division. Key headlines were:-

- November 2020 saw the highest total absence of 10.79% (159.88 FTE), followed by March 2021 with 10.57% (157.76 FTE). Steady increase from September 2020 to April 2021, with a small decline in December 2021, for Long Term Absence.
- Most absences occurred in March 2021 with a total of 17. October and November 2020 saw the most occurrences for short term absences. March 2021 saw the most occurrences for long term absences.
- From September 2020, long term sickness has slowly increased, with two dips in December 2020 and March 2021. In January 2021 there were 4 long term sickness absences, which then doubled in March 2021 to 8 staff members. From May 2021, long term sickness has started to decrease.
- Top three absence reasons are Anxiety/Stress/Depression/other psychiatric illnesses, Nervous System disorders and Chest & Respiratory problems.

SD queried if there were any repeat isolations in this group and also sought assurance the right support is being offered. LAH confirmed the HR operational team will examine the deep dive data to better understand the absence reasons and determine any alternative support measures that would target that group of staff in a different way. DS asked about the hot spots. LAH advised of a specific piece of work in medicine being undertaken to provide additional support to help manage attendance. LR confirmed the number of colleagues deployed on a weekly basis is analysed. LR referenced the active recruitment of additional housekeepers and highlighted the importance of tackling any key themes to prevent early absence in a group of new recruits.

KH commented on the high number of FTE days lost. LAH confirmed a stringent data set is followed and continuous focus given to long term sickness absence. KH asked if absence cover is provided for this staff group. LR advised that this is an area which needs to be re-visited.

PB questioned what methods are used to measure and ensure IPC cleanliness against housekeeping absence. LR confirmed there is an established housekeeper forum and in addition DB explained IPC procedures and mechanisms in place to tackle issues.

KH thanked LAH for this detailed piece of work.

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

109/21 **QUALITY AND PERFORMANCE REPORT (WORKFORCE) – OCTOBER 2021**

MB presented the report.

Summary

Performance on workforce metrics is now amber and the Workforce domain at 63.0% in September 2021. This has remained in the amber position for a third month. 5 of the 15 current metrics that make up the Workforce domain score are not achieving target – ‘Return to Work interviews recorded’, short Term Sickness Absence rate (rolling 12 months) and ‘Sickness Absence Rate (rolling 12 month)’ and ‘Long term sickness absence rate (rolling 12 month)’, and Data Security Awareness EST compliance. Medical appraisals are currently not included in the overall Domain score due to the current Covid-19 pandemic, and Non-medical are not included as the appraisal season is extended to March 2022.

Workforce – September 2021

The Staff in Post increased by 59.37 FTE, which, is due, in part to 28.58 FTE leavers in September 2021. FTE in the Establishment figure increased by 4.93, along with student nurses leaving.

Turnover decreased to 7.74% for the rolling 12 month period October 2020 to September 2021. This is a slight decrease on the figure of 7.98% for August 2021.

Sickness absence – September 2021

The in-month sickness absence increased to 5.59% in September 2021. The rolling 12 month rate also increased marginally for the twenty fourth consecutive time in 34 months, to 4.89%.

Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 31.16% of sickness absence in September 2021, decreasing from 35.73% in August 2021.

The RTW completion rate increased to 66.83% in September, up from 60.26% in August 2021. This is the first consecutive monthly increase however is still below target.

**(The RTW compliance position reported reflects activity data held in ESR as at 18 October 2021.*

Essential Safety Training – September 2021

Performance has decreased in 4 of the core suite of essential safety training with 10 out of 10 above the 90% target and 2 achieving the 95% 'stretch' target. Data security awareness target has been amended to fall in line with national guidelines and is now 95%. Overall compliance decreased to 93.81% and is the third decrease for 3 months. It is however still also above the stretch target of 95.00%.

Workforce Spend – September 2021

Agency spend increased to £0.54M, whilst bank spend decreased by £0.019M to £3.42M.

Recruitment – September 2021

1 of the 5 recruitment metrics reported (Unconditional Offer to Acceptance) improved in September 2021. The time for Unconditional offer to Acceptance in September 2021 decreased and was just under 1 day.

KH noted sickness absence affecting bank and agency costs. KH was pleased to see an increase in headcount along with turnover remaining below 8% and vacancy rate below 3%. KH hoped to see an improvement in EST.

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

110/21 **GMC NATIONAL SURVEY OF TRAINEE DOCTORS 2021**

AG presented the results of the 2021 GMC national survey of trainee doctors that took place between 21 April 2021 and 25 May 2021. The Committee noted due to the pandemic 2019 results are being used by the GMC as a comparator.

Headlines of the survey results were:-

- CHFT response rate was once again 100% (highest in region for the 8th year in a row); national response rate was 76%.
- Our overall satisfaction score is 76.02. We are 6th highest in terms of overall satisfaction regionally (5th in 2019). Ahead of us are Sheffield Children's Hospital (81.89), Leeds Teaching Hospitals NHS Trust (78.78), Sheffield Teaching Hospitals (77.81), Harrogate and District NHS Foundation Trust (77.20) and York Teaching Hospitals NHS Foundation Trust (76.03).
- Overall satisfaction remained at pre-pandemic level, as did clinical supervision, teamwork and educational governance.
- Compared to 2019 improvement was seen in out of hours clinical supervision, reporting systems and educational governance.

- Categories for adequate experience, curriculum coverage and local teaching have seen the greatest negative impact.
- Very positive outcomes were seen in Acute Common Stem, a programme run across Emergency Medicine, Anaesthetics and Acute Medicine. Surgery achieved very significant improvement in most domains. Emergency Medicine is one area impacted mostly by the pandemic. Excellent reports in previous years, still performs solidly in the middle quartile across most domains and programmes.
- Satisfactory results were seen in obstetrics and gynaecology and trauma and orthopaedics, General Internal and Acute Internal Medicine
- Previous poor outcomes that noted improvement in this survey are respiratory, geriatric medicine and haematology.
- New and remaining areas of concern are Anaesthetics, Cardiology, Ophthalmology and Paediatrics

The report stated a significant number of doctors across the region were temporarily redeployed to medicine or critical care and there was also the effect upon those doctors who were unable to gain skills and knowledge required for their training programme due to cancellation of clinics, theatre lists and elective work. A third of trainees told the GMC they felt burnt out to a high or very high degree because of their work, as did a quarter of secondary care trainers and more than a fifth of GP trainers.

AG confirmed that a comprehensive action plan is being developed for all specialties. The feedback from the survey will also feed into the training recovery programme being devised for doctors in training. Delivery improvement plans would be monitored by the Education Committee.

DS queried the position on protected time for educational leads. AG advised of the challenges clinical colleagues face, some having relinquished their educational role and others not able to provide the time due to extra clinical work. DB acknowledged the impact to trainees and recognises that CHFT doesn't offer as much clinical educator time as the national contract at present due to insufficient medical capacity, additionally there are no educational opportunities for trainees in private facilities. SD suggested regular health and wellbeing 'lite' risk assessments could help track individual's journey at CHFT.

KH was pleased to note the 100% response rate. KH thanked AG for the detailed report along with the additional presentation for clarity.

OUTCOME: The Committee **NOTED** the report and would **RECEIVE** further updates via the Education Committee.

111/21 **MEDICAL WORKFORCE PROGRAMME**

DB presented a report which described the current medical workforce establishment at CHFT and measures being taken to address medical staffing risk. Budget resets from April 2021 have led to an increase in the Medical and Dental establishment from an overall total of 651 FTE in 2020/21 to 690 in 2021/22. The largest increase is at consultant level, which has expanded from 275 FTE to 293 FTE. Currently there are 51.6 vacancies and 91.4 posts progressing through the recruitment journey. DB described the key workstreams to strengthen the medical workforce along with the ongoing work to develop our own workforce, for example the CESR programme.

The Committee noted the pandemic's impact on sickness absence. DB commended the work of Cornelle Parker and Sree Tumula in planning and response to the pandemic.

KH thanked DB for the report and recognised the challenges and supported the alternative approaches to mitigate the medical workforce gaps. DB also wished to acknowledge the contribution from Lisa Cooper and Pauline North.

OUTCOME: The Committee **NOTED** the report

112/21 **EMPLOYABILITY UPDATE**

LW gave a detailed presentation on progress, partnership development and upcoming priorities for Employability. LW explained six clear priorities have been identified and described the elements involved in each:-

- Work Experience
- Pre-Employment Programmes
- T Level Cadets
- The Care Club
- Apprenticeships
- CHFT Employability Hub

LW highlighted in particular the national government funding programme – Kickstart, advising that six month contracts have been secured to recruit 20 young, unemployed adults across the Trust, equating to £115k/13,000 hours. LW explained more about the Volunteer Strategy and was also pleased to confirm a successful bid of £25k to support the volunteer project. 47 volunteers have re-commenced in the Trust since October following careful evaluation of safety compliance.

JE recognised the significant impact to date and exciting work being led by LW and the team. KH congratulated LW on the work and acknowledged the great contribution to the community.

OUTCOME: The Committee **NOTED** the report and a further update would be presented to a future Committee.

113/21 **BOARD ASSURANCE FRAMEWORK
RECRUITMENT/RETENTION INCLUSIVE LEADERSHIP**

SD presented a deep dive into BAF risk 11/19, risk of not attracting, retaining and developing colleagues to deliver one culture of care. Key controls have been reviewed and updated to include further key elements. SD in particular highlighted the following:-

- A Board agreed Succession Planning approach in place for Board of Directors
- The approach is being rolled out in each Division which links to a co-ordinated talent management pipeline programme
- Recruitment micro website now 'live' which will help attract and signpost a diverse pool of candidates expanding our reach to attract talent into the Trust.
- Clinical Director role review now complete with induction programme developed
- Development of 5 new career ladders for apprentices
- Wider strategy for Health and Wellbeing

Positive assurance included:-

- Apprenticeship services assessed as GOOD with one area of OUTSTANDING in July 2021
- CHuFT Awards Recognition programme, 130+ nominations from a range of grades, divisions and specialisms colleague to colleague nomination
- Integrated Performance Report and Workforce Committee reports show turnover rate at 7.98%

In terms of gaps in control, despite best efforts and increased scrutiny the combination of managing Covid positive and negative patients, increase in non-elective activity, staff

sickness (covid and non-covid related), elective recovery and a decrease in staff undertaking bank shifts is significantly impacting colleague and patient experience.

The Committee took note of a gap in assurance in relation to changes in pensions rules and the impact on higher earning and longer serving colleagues. A review of medical colleague turnover will take place following the issue of annual pension statements in October. SD confirmed Leeds TH have introduced a targeted recycling scheme to improve its waiting list. A position paper along with recommendations will be brought to the next Committee meeting.

The Risk Rating has been reviewed and remains the same.

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

114/21 **BUSINESS BETTER THAN USUAL**

AB presented a high level summary of progress against each of the BBTU Themes for the period ending 30 September 2021. This report is also submitted to Finance and Performance Committee and Quality Committee.

The report highlights progress made against the 12 key learning themes. Of the 12 themes:

0	are rated red
5	are rated amber
6	are rated green
1	has been fully embedded

AB stated the embedded theme relates to the work around colleague wellbeing which had emphasis of learning from the pandemic to sustain ongoing and multiple ways of supporting colleague wellbeing and challenges. There is acceptance that colleague wellbeing is well embedded in our one culture of care approach.

Work is progressing on the 5 amber rated themes. AB highlighted the feedback from 1:1s, group meetings and surveys is being reviewed to support development of a working from home policy that will balance the needs of the organisation with colleague wellbeing and available estate utilisation. KH acknowledged the importance of the wellbeing agenda.

AB confirmed it was agreed at the November 2021 Board of Directors that a weekly meeting to be chaired by the Chief Executive would look at overall use of resources in the Trust.

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

115/21 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

116/21 **ANY OTHER BUSINESS**

No other business was discussed.

117/21 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

GMC National Survey
 Medical Workforce Programme
 Employability Update
 BAF Risk, including sickness absence
 Ancillary and Estates Deep dive Sickness Absence

118/21 **EVALUATION OF MEETING**

SD felt issues discussed were appropriate and timely.

PB felt some presentation slides contained too many tables and not easy to read.

119/21 **DATE AND TIME OF NEXT MEETING:**

10am – 12 noon: Workforce Committee Hot House – Review of the Cupboard

12:15 – 1.15pm: Workforce Committee – Review Quality & Performance Report (Workforce)

DRAFT

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST**Minutes of the WORKFORCE COMMITTEE – DEEP DIVE**

**Held on Monday 6 December 2021, 12.15pm – 1.15pm
VIA TEAMS**

PRESENT:

Peter Bamber	(PB)	Governor
David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Karen Heaton	(KH)	Non-Executive Director (Chair)
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Philip Lewer	(PL)	Chairman
Andrea McCourt	(AM)	Company Secretary
Lindsay Rudge	(LR)	Director of Nursing
David Simmons	(DS)	Staff Side Representative (attending for Helen Senior)
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Leigh-Anne Hardwick	(LAH)	HR Business Partner (for agenda item 127/21)
Andrea Gillespie	(AG)	Freedom to Speak Up Guardian (for agenda item 128/21)
Nikki Hosty	(NH)	Assistant Director of HR (for agenda item 129/21)

120/21 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

121/21 APOLOGIES FOR ABSENCE

Helen Senior, Staff Side Chair

122/21 DECLARATION OF INTERESTS

There were no declarations of interest.

123/21 MINUTES OF MEETING HELD ON 8 NOVEMBER 2021

The minutes of the Workforce Committee held on 8 November 2021 were approved as a correct record.

124/21 ACTION LOG – December 2021

The action log, as at 6 December 2021, was received.

125/21 MATTERS ARISINGEducation Committee

JE presented a paper that set out the arrangements for a new Education Committee, reporting into the Workforce Committee. A core group was created to design the framework for the Education Committee. The terms of reference and guiding principles were shared with the Workforce Committee. The Education Committee will meet every 2 months, commencing January 2022 and provide a report to each Workforce Committee.

LR thanked JE for putting together the paper. DS was pleased to see that arrangements are in place and queried membership of the group in terms of representation of non-medical and non-nursing colleagues. JE explained that core membership was contained in the first instance in order to progress the work. Membership will continue to be reviewed and colleagues can be co-opted as the progress is challenged and tested. Pharmacy was cited as an example. KH questioned representation around the digital agenda. JE acknowledged the point and would take away for discussion and the terms of reference would be amended if required.

KH looked forward to seeing the forward plan that identified the focus of the group. JE explained good progress had been made in mapping education, training and development opportunities both internally and externally to ensure a comprehensive picture of workforce learning opportunities. KH asked how the Education Committee would connect to Executive Board. JE considered the link would be the Medical Director, Chief Nurse and Director of Workforce and OD to capture all roles.

In relation to the terms of reference, AM proposed that quorocry should be amended to read a specific number of attendees. The Terms of reference would be amended as such.

OUTCOME: The Committee **SUPPORTED** and **APPROVED** the establishment of a new Education Committee.

126/21

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – NOVEMBER 2021

MB presented the report.

Summary

Performance on workforce metrics is now amber and the Workforce domain at 60.9% in October 2021. This has remained in the amber position for a fourth month. 5 of the 15 current metrics that make up the Workforce domain score are not achieving target – ‘Return to Work interviews recorded’, short Term Sickness Absence rate (rolling 12 months) and ‘Sickness Absence Rate (rolling 12 month)’ and ‘Long term sickness absence rate (rolling 12 month)’, and Data Security Awareness EST compliance. Medical appraisals are currently not included in the overall Domain score due to the current Covid-19 pandemic, and Non-medical are not included as the appraisal season is extended to March 2022.

Workforce – October 2021

The Staff in Post increased by 74.00 FTE, which, is due, in part to 36.52 FTE leavers in October 2021. FTE in the Establishment figure increased by 65.88, along with student nurses leaving.

Turnover increased to 7.89% for the rolling 12 month period November 2020 to October 2021. This is a slight increase on the figure of 7.74% for September 2021.

Sickness absence – October 2021

The in-month sickness absence increased to 5.74% in October 2021. The rolling 12 month rate also increased marginally for the twenty fifth consecutive time in 35 months, to 5.00%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 28.70% of sickness absence in October 2021, decreasing from 31.16% in September 2021.

The RTW completion rate decreased to 63.88% in October, down from 66.83% in September 2021. This is the third consecutive month under 65% (the second time in three months to be red) and is still below target.

Essential Safety Training – October 2021

Performance has decreased in 8 of the core suite of essential safety training. With 9 out of 10 above the 90% target however only 1 achieving the 95% 'stretch' target. Data security awareness target has been amended to fall in line with national guidelines and is now 95%. Overall compliance decreased to 93.22% and is the fourth decrease for 4 months. It is however no longer above the stretch target of 95.00%.

Workforce Spend – October 2021

Agency spend increased to £0.55M, whilst bank spend decreased by £0.05M to £3.36M.

Recruitment – October 2021

4 of the 5 recruitment metrics reported (Unconditional Offer to Acceptance, Vacancy approval to advert placement, Interview to conditional offer, and Pre employment to unconditional offer) improved in October 2021. The time for Unconditional offer to Acceptance in October 2021 decreased and was just under 1 day.

KH noted that sickness levels are still of concern and that a steady increase is seen in the number of appraisals undertaken. RTW compliance has decreased and KH noted the input of HR to support managers. KH queried the high turnover rate in the admin and clerical group. A deep dive would be undertaken and presented to the next Committee meeting. DS was pleased to see the positives in the report, particularly the early adoption of the national specialist doctor terms and conditions in the Anaesthetics Department.

Action: Deep Dive into admin and clerical turnover position (MB).

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

127/21

VACANCY DEEP DIVE (QUARTER 2)

LAH presented the Vacancy Deep Dive.

The Trust as at 30 September 2021 has 135.08 FTE budgeted vacancies. The planned position showed the Trust would be at 307.79 FTE vacancies at the end of September 2021. The over recruitment of HCSW in addition to the expected elevated levels of temporary bank/agency usage account for much of this difference.

The current medical and dental vacancy rate is less than 5% despite an increase in the budgeted establishment year on year. The establishment has steadily increased from 604 FTE in May 2016 to 677 FTE in May 2021, with a reduction in vacancies from 97 in May 2016 down to 49 in May 2021. The position has improved further from that date. Some specialties remain extremely difficult to appoint to, such as Emergency Medicine, Radiology and Stroke Medicine.

Workforce models had a 6 month review in July 2021. Data collection is currently underway to inform the workforce model reviews in January 2022. Local approach includes 4 rolling adverts for Staff Nurse Medicine; Staff Nurse Surgery; Return to Practice Nurse; and Nursing Associate. Over recruitment is planned in both ICU and endoscopy as these are areas which attract many applicants, allowing for both winter pressures staffing requirements to ICU as well as enhanced post-Covid reset activity in endoscopy. Recruitment of 68 new graduate nurses was successful in September. An accelerated programme of International Recruitment has committed to supporting 70 International Nurses during 2021. By the end of September 35 nurses had arrived in the UK. By the end of November 67 nurses will have arrived and a further 5 are planned to arrive during December. The additional recruits above 70 will contribute to our 2022 commitment to recruit 40 International Nurses, with a likely expansion to 80 before the end of 2022.

Monthly business intelligence reports provide data to inform our plans to recruit both international nurses and nursing associates. The weekly triangulation report is used to plan placement of these staff, into clinical areas with highest need and matched to the skill set of the nurse.

The Medical Division still has vacancy gaps to cover and is working at actively recruiting to roles especially the middle grade with Emergency Department and the Acute Respiratory Care Unit model to aid with recovery and sustainability to support our population with long Covid.

The Surgical Division is still carrying a number of vacancies. Rolling adverts are out and options for alternative roles continue to be explored. Approval has been secured for 2 Pharmacy Technicians to form part of the workforce model for Ward 11 as a trial and a dual Ward Clerk/Discharge Co-ordinator role is being explored. The recent jobs fair in theatres yielded 17 qualified appointees which is fantastic news.

FSS: Maternity - the team continues to move towards new models of working as part of the better births agenda and continuity of carer. Vacancy position includes the forecast of recruitment of additional midwives to workforce models in line with the Ockenden funding. Rolling adverts are in place for Paediatrics with over recruitment plans to enhance the workforce position. Gaps continue within phlebotomy due to turnover. New recruits tend to come through apprenticeships which see colleagues leave for further development opportunities. Work around a leadership structure has taken place and recruitment activity for this is underway.

Recruitment to new admin and clerical roles within the appointment centre is underway. The high number of vacancies within the Health Informatics service is being examined.

Campaigns supporting over recruitment have helped to stabilise the vacancy position across the AHP workforce.

LR confirmed the expansion to 80 international nurses has been approved. An update will be provided to a future Committee meeting following the workforce model review in January 2022.

DS asked for clarity around the Ockenden funding. LAH explained the additional funding is available for recruitment to the midwifery workforce model. However the challenge is in recruiting to the 10.9 additional posts. LR added the recruitment issue is across the wider local maternity services.

KH noted the significant achievements across the board and commended the continued efforts to fill vacancies.

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

128/21

FREEDOM TO SPEAK UP (FTSU) MID YEAR REPORT

AG reported she was appointed as the Trust's FTSU Guardian in September 2021 and went on to present a paper that provides information regarding FTSU activity in the Trust from 1 April 2021 to 30 September 2021. The number of concerns reported anonymously remain high as in previous years and actions in response to the questionnaire completed by Board members in June 2021 are in progress. FTSU is included in the response to the One Culture of Care Winter Must Do.

On review of the concerns raised during Q1 and Q2 no specific common themes have been identified however the number of concerns raised anonymously is notable and suggests that colleagues might not feel safe to raise concerns confidentially or openly. Key messages of reassurance have been injected to comms and promotional materials.

KH reinforced the encouragement of colleagues to come forward. AM requested for comparison previous years' data is included in future mid-year reports. AM also referenced the case study shared and asked what the process is for identifying learning and how do we share that. AG stated a proportionate investigation is carried out in the first instance. Going forward a 'you said - we did' approach will be adopted, i.e. publicise examples of cases and what we've changed or improved. JE endorsed the FTSU annual report's importance of providing assurance to the Board that we are learning, renewing and refreshing processes and ensuring we are raising confidence in the organisation that people can raise concerns knowing we will respond and that they won't suffer any detriment as a consequence of raising those concerns. KH confirmed it helpful to have 6 month check in report.

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

129/21

EVOLVING THE CHFT WELLBEING PACKAGE

NH talked through a presentation that updated the Committee on the approach to the 2022 wellbeing offer. The approach will underpin the current offer which recognises that colleagues are nearing mental and physical fatigue and enduring challenges such as personal and workplace bereavement. The pandemic has highlighted complex mental health issues for many colleagues. Feedback from colleagues identified that a quick route to help and advice is needed. Going forward there will be 2 clear access points for colleagues – wellbeing advisers and employer systems programme. Introduction of a leadership wellbeing programme will equip managers with the right skills and capabilities to support their own wellbeing and that of those around them. NH gave examples of qualitative and quantitative data that will be used to inform future activity.

KH congratulated NH and colleagues on the success and is interested to see measurement on outcomes and delivery of initiatives at a future meeting. A mid-year update is included in the Committee's workplan.

OUTCOME: The Committee **NOTED** the 2022 wellbeing package approach.

130/21

BOARD ASSURANCE FRAMEWORK COLLEAGUE ENGAGEMENT

SD presented a deep dive into BAF risk 12.19 Colleague Engagement. Key controls have been reviewed alongside implementation of further projects and initiatives. SD in particular highlighted the following:-

- Inclusive talent management approach - Empower
- New wellbeing groups
- 24/7 helpline
- Hydration/nourishment bags delivered to colleagues
- Leadership support walkarounds
- FTSU

Positive assurance included:-

- Apprenticeship services assessed as GOOD with one area of OUTSTANDING in July 2021
- Root out racism campaign
- Bespoke wellbeing support packages for critical areas
- Turnover of 8%
- Enhance talent management programme

In terms of gaps in control, medical colleague turnover to be reviewed following the issue of annual pension statements in October 2021. An action survey of consultants will assess the impact. A paper will be brought to a future Committee meeting setting out the position and any recommendations if required.

The risk score remains at 12 having been increased from 9 in October 2021.

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

131/21 **HOT HOUSE TOPICS**

The last two 2021 Hot Houses were stood down due to service pressures, the topics will be carried over into 2022.

Post meeting note

2022 topics are as follows:-

16 March: The CHFT colleague journey (building in our 2021 staff survey feedback)
26 May: Target Operating Model and Workforce Redesign
21 Sept: NHS People Plan and The Cupboard
24 Nov: Inclusive Leadership

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

132/21 **2022 WORKFORCE COMMITTEE DATES**

2022 dates were shared with colleagues.

133/21 **ANY OTHER BUSINESS**

No other business was discussed.

134/21 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Education Committee
Sickness Absence and Turnover
Vacancy Deep Dive
Enhancements to Wellbeing Package
FTSU Mid-Year Report
BAF – Colleague Engagement
Hot House Topics

135/21 **DATE AND TIME OF NEXT MEETING:**

Tuesday 15 February 2022, 3.00pm – 5.00pm via MS Teams

Karen wished everybody a happy and healthy Christmas and best wishes for 2022.



**Minutes of the Charitable Funds Committee meeting held on
Monday 22 November 2021, 9.00am – 10.30am
via Microsoft Teams**

PRESENT

Philip Lewer (PL)	Chair
Gary Boothby (GB)	Director of Finance
Ellen Armistead (EA)	Director of Nursing/Acting Chief Executive
Richard Hopkin (RH)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director
Adele Roach (AR)	BAME Representative

IN ATTENDANCE

Emma Kovalski (EK)	Fundraising Manager/Ops Sub Committee Rep
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Lyn Walsh (LW)	Finance Manager
Katie Booth	CNS Child Development Service
Christopher Button	Lead Cancer Nurse

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

Apologies were received from David Birkenhead, Zoe Quarmby and Jo Kitchen.

3. MINUTES OF MEETING HELD ON 23 AUGUST 2021

The minutes of the meeting held on 23 August 2021 were approved as an accurate record.

4. ACTION LOG AND MATTERS ARISING

EK gave an update on the action log and this was NOTED.

EK mentioned that the three actions around a Fundraising Strategy will be covered in a paper to be brought to the next meeting in February 2022.

PW reported that they are developing a few actions, having had some informal meetings with EK and Anna Basford but that the action to include EK at a Reconfiguration meeting is still open and a meeting will be arranged in the new year.

ACTION: EK to bring Fundraising Strategy paper to next meeting. 22.11.21 – 1.

5. RISK REGISTER - REVIEW

EK presented the Risk Register and its contents were NOTED. This is a live document which is reviewed at each meeting and then updated if necessary.

RH felt that some of the risk ratings were slightly low, in particular the ones around income targets (7421) and unrestricted funds (4063) and it was agreed that EK would review and amend for the next meeting in February 2022. The other risks and scores were approved.

ACTION: EK to review risks around income targets and unrestricted funds. – **22.11.21 – 2.**

6. Q2 INCOME & EXPENDITURE SUMMARY and KPI UPDATE

EK gave a comprehensive overview of Q2 activities and it was noted that most KPIs had been achieved.

GB brought to the committee's attention that, despite the KPI success, the increased activity via internal fundraising and, in turn, team building and brand awareness, the donated income forecast was reduced to £237k.

PL was happy that this had been aired and the committee agreed that there were mitigating factors such as the delay in the recruitment of the full fundraising team, plus the public now possibly looking at other charities and also its own finances.

It was felt that once the team was embedded, it can move its focus from internal to external fundraising which was essential in order to develop the income line significantly. With the right strategy and staffing moving forward, this drop in income can hopefully be corrected. This will be looked at again in February as part of the Fundraising Strategy paper – see action 1.

The Winter Wishes Internal Campaign was discussed and it was agreed to amend the maximum bid to £500 and cap the overall spending at £10k.

ACTION: EK to set up and publicise Winter Wishes Campaign - **22.11.21 – 3.**

7. ABRAHAM ORMEROD FUND

PL and CH gave a summary of a recent request for funds from a member of Todmorden BC and our reply. CH also gave an overview of A Ormerod funds and it was agreed that PL and GB would meet to make recommendations to the committee at the February meeting around whether to continue with the Todmorden BC meetings, which individuals to deal with in the future and whether to accept single bids.

ACTION: PL/GB to bring a paper re recommendations to the February meeting. – **22.11.21 – 4.**

8. FRAILTY FUND – REQUEST TO SET UP NEW FUND

EK presented this request and the committee agreed that this new fund could be set up.

ACTION: CH to set up new Frailty Fund and inform the relevant parties – **22.11.21 – 5.**

9. PREHABILITATION CANCER SERVICE PROPOSAL

Christopher Button presented this bid to support one year's funding for two staff members in this service.

The committee was inclined to support this but asked that he bring the bid back to the February meeting after looking at a possible contribution from other Medical charitable funds, links to the health inequalities strategy, CCG/primary care contribution and identifying and quantifying the benefits.

PL said that if CB felt there was a problem re continuity of staff before February, he could come back and discuss with PL/EA/GB/DB.

ACTION: CB to bring bid back to February meeting. – **22.11.21 – 6.**

10. RAINBOW CHILD DEVELOPMENT UNIT

Katie Booth (Nurse Manager) gave a comprehensive presentation to support her bid for items to enhance the Rainbow Child Development Service when it moves to its new location in Elland. After discussion around other FSS funds, it was agreed that the committee would support this bid in full but asked that, for future enhancements, they look at FSS funds. It was also mentioned that the children and their families should be involved in the design work and that this would be beneficial for marketing of the Charity.

ACTION: CH to set up approval and progress this expenditure – **22.11.21 – 7.**

11. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 22 SEPT 2021

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

12. STAFF LOTTERY COMMITTEE MEMBERSHIP – ratification

The contents were noted and ratified by the committee.

13. ANY OTHER BUSINESS

Defibrillator Boothtown – PL to check what stage the requestor is at with their fundraising for the defibrillator. GB and PL to report back in February 22 with recommendations around AO fund and the charity in general.

ACTION: GB/PL to bring a paper re recommendations to the February meeting.
– link to action **22.11.21 – 4 above.**

DATE AND TIME OF NEXT MEETING:

Tuesday, 8 February 2022, 10.30 – 12am, via Microsoft Teams

Draft Minutes of the Audit and Risk Committee Meeting held on Tuesday 12 October 2021 commencing at 10:00 am via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Kirsty Archer	Deputy Director of Finance
Helen Kemp-Taylor	Head of Internal Audit, Audit Yorkshire
Shaun Fleming	Local Counter Fraud Specialist, Audit Yorkshire
Jim Rea	Managing Director, Digital Health
John Gledhill	Public Elected Governor – Lindley and the Valleys
Clare Partridge	External Audit Partner, KPMG
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Amber Fox	Corporate Governance Manager (minutes)
Helen McNae	Data Protection Officer (for item 69/21)
Zoe Quarmby	Financial Controller – Finance
Elizabeth Loney	Associate Medical Director and Consultant Radiologist (for item 70/21)

65/21 APOLOGIES FOR ABSENCE

Apologies were received from Gary Boothby and Philip Lewer.

The Chair welcomed everyone to the Audit and Risk Committee meeting, in particular Jim Rea, Managing Director for Digital Health, John Gledhill, Public Elected Governor, Helen McNae, Data Protection Officer and Elizabeth Loney, Associate Medical Director.

66/21 DECLARATIONS OF INTEREST

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

67/21 MINUTES OF THE MEETING HELD ON 21 JULY 2021

The minutes of the meeting held on 21 July 2021 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 21 July 2021.

68/21 ACTION LOG AND MATTERS ARISING

The action log was reviewed, only one action is outstanding around the internal audit follow up report which will remain ongoing.

AN asked if the action regarding the Audit and Risk Committee terms of reference can be captured on the action log.

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

69/21 INFORMATION GOVERNANCE DEEP DIVE

Helen McNae, Data Protection Officer presented a deep dive on Information Governance and highlighted the priorities over the next 12 months as follows:

1. Data Security and Protection Toolkit (DSPT) compliancy
2. Corestream Asset Management System – to build the system and embed in the Trust
3. National Data Opt Out (NDOO) compliancy

The Data Security and Protection toolkit is a self-assessment tool to measure compliance with a series of assertions and evidence against ten data security standards including confidentiality, data security, information governance, staff training and policies. The mark is either a pass or a fail, with non-compliance in one standard leading to non-compliance for the whole toolkit. The Data Protection Officer confirmed the Trust achieved compliance across all assertions.

A priority over the next few months is to build the Corestream asset management system which is a significant task. Corestream will enable the Trust to have better control of its information assets with the initial scope being focussed on databases and information systems. There is also functionality to manage freedom of information requests on Corestream which is being explored.

The NDOO process has already been put in place with a deadline of 31 March 2022 for compliance. The national data opt out gives service users and patients the opportunity to opt out of their information being used for example in research, planning, and surveys.

The Data Protection Officer described the areas which are going well:

- Colleague engagement to achieve our information governance goals
- Confidence in meeting the DSPT requirements and remaining compliant this year
- Governance arrangements in place

The areas requiring improvement were:

- Communications - need to improve the content of the communication for asset owners and administrators
- Assigning ownership of DSPT assertions
- Awareness and knowledge of the NDOO.

RH asked if there have been issues historically in achieving the training compliance for DSPT and what had changed to achieve this compliance. The Data Protection Officer responded that this was due to communication and managers taking responsibility to ensure each team is compliant. The requirement is to achieve 95% of compliance on one day over the course of the year which CHFT has done.

RH asked for an update on the incident from the IG Group summary report of 14,000 patient letters that didn't get sent out and if this was rectified. The Data Protection Officer explained this issue was raised by the data quality team. The Managing Director of Digital Health explained there was an issue with Cerner on some of the letters not being sent out which happened over a period of 8 months. This was captured within the team and an audit showed 14,000 letters had not been sent out. The Chief Operating Officer was involved in this work and all letters were reviewed and re-sent. There is an ongoing review into whether there was any patient harm. The Managing Director for Digital Health confirmed the technical issue was resolved by Cerner and a weekly report is produced and is now pro-actively checked to understand how many letters have failed.

DS added that a report from Neil Staniforth was received at the Quality Committee this month and a further report will go to the next Quality Committee to understand if there has been any patient harm due to the delay.

AN asked for an update on the progress in identifying information asset owners. The Data Protection Officer explained the asset owners are being contacted to ensure they are still the right people. She added that communication and training need to be re-addressed.

AN recognised that freedom of information requests (FOIs) has become a challenge to respond to and are increasing in numbers. The Data Protection Officer confirmed an FOI Improvement Group has met and the new system Corestream will help streamline FOIs and automate reports.

AN asked if the Patient Portal is getting more actively used and, or creating more challenges for us as a Trust. The Data Protection Officer stated there is a good uptake in the use of the patient portal compared to most other Trusts. However, there remain challenges in access for those under the age of 16. The last IG Group looked at options to address this issue.

OUTCOME: The Committee **NOTED** the details provided in the Information Governance Deep Dive presentation and the priorities over the next 12 months.

70/21 CLINICAL AUDIT UPDATE

Denise Sterling introduced Elizabeth Loney, Associate Medical Director, who was in attendance to present an update on clinical audit. DS explained lots of good work has taken place for clinical audit resulting in good outcomes and strengthened processes.

The Associate Medical Director explained the huge number of audits that take place with more than 500 registered audits both national and local audits. During Covid, a lot of the audit programme was put on hold; however, audit work has now restarted. There have been significant staffing gaps in the audit team and a few vacancies which are being filled. She added that several audit leads have been replaced.

The first Clinical Audit Competition took place in November 2020, attracting a large number of high-quality submissions from medical, nursing and Allied Health Professional (AHP) staff. The top four audits were judged by peer review and presented live on Microsoft Teams to a wide audience, thus disseminating learning. Two of the top four submissions were subsequently accepted for presentation at a National Audit Meeting.

Although the National Clinical Audit Awareness week has been cancelled this year, CHFT have decided to go ahead with "*CHFTs Audit Competition 2021*". Audits completed between 1 October 2020 and 30 September 2021 will be eligible for submission. Four audits will be selected for presentation via a Trust wide virtual audit meeting. Everyone who submits an audit will receive a Certificate of Participation and those selected for presentation, a Certificate of Excellence. The provisional date set for this is Thursday 25 November. A communication on this will be going out in CHFT News.

Clinical Audit Leads and the Governance Team are developing 'Audit Bubbles' to summarise clinical audit outcomes in an easy-to-read, concise manner, with plans to launch an 'Audit Bulletin' every six months in the near future. The audit bubbles are a way of sharing learning with colleagues.

The first Clinical Audit Leads meeting took place in January 2021 and received positive feedback. Discussions at the first meeting included the importance of having a project plan and action plan for each clinical audit, and ways of assisting clinical audit leads in preparing their annual audit plan. Two further meetings have been held since and have been well attended.

The Associate Medical Director explained the NDOO applies to a few national audits and it is challenging to know if patients have opted out. The impact this will have on clinical audit has been assessed and discussed with Information Governance resulting in an agreed Standard Operating Procedure (SOP) which is now in place.

An internal audit review of clinical audit has taken place which reported a rating of 'significant assurance'. The actions arising from this have gone back to the clinical audit leads meetings to be addressed.

Trust audit priorities based on the Annual Report and Quality Standards are shared with Audit leads to increase alignment of clinical audits performed in the Trust with quality priorities.

The Associate Medical Director highlighted audits where there is a lack of contribution:

- National inflammatory Bowel Disease (IBD) registry – unable to take part due to staffing pressures. The clinical audit team are working with the National IBD team to find a resolution to submitting an audit
- National diabetes audit – Predominately a Primary Care Audit and only contributing minimally and the plan is to discontinue this audit in future

AN asked if the 'Audit Bulletin' is ready to be launched. The Associate Medical Director confirmed this will be ready for next year.

AN asked what the mechanism is to check that learning has been embedded. The Associate Medical Director responded that recommending actions from national audits are checked through snapshot audits six months later which use a selection of patients to review progress. Local audits wait until the re-audit for assurance.

AN asked how the clinical audit programme benchmarks against other Trusts. The Associate Medical Director explained lots of these are local audits and it is only the national audits against which we could benchmark our performance. She explained one of the issues is keeping track of all the audits and the team are looking to get an excel spreadsheet into Knowledge Portal to enable improved reporting and deep dives into the audits.

RH stated he is satisfied with the progress made.

John Gledhill highlighted Locala not participating in the audits. He asked if the Trust accepts this or engages in dialogue with Locala. The Associate Medical Director explained different contracts are being reviewed to understand what processes are in place and when this contract is up for renewal the requirement to participate will go in the new contract if it is not already included.

DS commented she is pleased to see work is underway to align audits to quality priorities and said it will be interesting to see how successful this has been in the report next year. The Associate Medical Director confirmed the list of Trust priorities for quality and safety are sent out to all audit leads to ensure their audit plans align with them.

OUTCOME: The Committee **NOTED** the update on clinical audit.

71/21 ACCESS TO CLINICAL RECORDS ACTION PLAN UPDATE

Jim Rea, Managing Director for Digital Health provided a verbal update on the clinical records action plan and explained they are currently streamlining the process for auditing unauthorised access with a tool to link to the active directory.

AN asked for an update on what the data is telling us as previously the Committee have received encouraging reports confirming that we are not seeing inappropriate access.

The Managing Director for Digital Health confirmed that no inappropriate access is taking place and it is almost always relating to how long the patient has been in the Trust resulting in more access. He added that the more intelligent reporting tool will give a more informed and proactive view on record access.

AN agreed that given this positive assurance this matter no longer needs to be escalated to the Audit and Risk Committee as it will be report into the Information Governance and Records Strategy Group.

OUTCOME: The Committee **NOTED** the update on the access to clinical records action plan.

72/21 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

Zoe Quarmby, Financial Controller presented a report summarising the losses and special payments for quarter 2 2021/22. The key points to note were that

- £280k losses and special payments have been incurred during Q2
- Bad debt write offs are included on the register following approval at the Audit and Risk Committee in July to a total of £230k, of which £190.6k related to overseas visitors
- Huddersfield Pharmacy Specials (HPS) – Q1 value has been restated from £47.9k to £63.4k which were additional production losses in HPS
- Loss of personal effects of £3.64k covers seven claims
- Losses of £6.9k is the net of three claim payments paid for excess on public/employers liability claims / NHS Resolution
- Special payments ex-gratia of £2.44k were for care fees following a complaint which has been through the Medicine Division and Quality and Risk
- Compared to the average quarterly value of losses and special payments in 2020/21, there is a 129% increase at Q2 2021/22 due to bad debt write off

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

2. Review of Waiving of Standard Orders

The Finance Controller presented the quarter report showing a total of six waivers during this quarter period, totalling £136,922.

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

73/21 INTERNAL AUDIT

1. Internal Audit Follow Up Report

The Internal Audit Manager presented the follow up report which sets out the Trust-wide position on the implementation of Internal Audit recommendations due during Q2 2021/22.

The Internal Audit Manager explained a follow up discussion on open and overdue recommendations took place at the Weekly Executive Board (WEB) in August. She explained a process is now place for Internal Audit to attend WEB in advance of Audit and Risk Committee meetings to tackle the overdue recommendations.

The changes to the follow up report were highlighted which now shows 12 months of data, any overdue recommendations that remain open and how many are completed. A total of 36 recommendations remain overdue due to timings and responses are being followed up. Nine of the overdue recommendations relate to the audit of Consultant Study Leave and eight to the audit of Delegated Consent. Target dates for these recommendations have been revised to April 2022 due to Covid-19 pressures.

RH was pleased to see the regular involvement at WEB. He noted the changes to the reporting process and highlighted that 16 recommendations remain open from 2017/18 and 2019/19 and 2019/20 and expects a number of these to be cleared by December 2021. He noted the ongoing option to invite the relevant sponsor leads to the Committee if these don't progress.

The Internal Audit Manager asked for any feedback on the new style report and the Committee fed back they are happy with the new format. She explained there is pressure in getting some of these audits cleared and the team will be looking for support from the Acting Director of Finance.

The Acting Director of Finance agreed and stated the route into Executive Board is a good plan. She explained it would be useful to have the information in advance of Executive Board to undertake some preparation.

The Internal Audit Manager has started a benchmarking exercise on recommendation tracking which will be reported in January 2022.

AN raised his concern on the numbers of major recommendations which now have revised dates. AN agreed to write to the Acting Director of Finance and the Medical Director to describe the expectation of the Audit and Risk Committee for review at the next meeting in January 2022.

Action: AN to contact the Acting Director of Finance and the Medical Director to re-emphasis the Audit and Risk Committee expectation.

2. Internal Audit Progress Report

The Head of Internal Audit presented this report which details the progress made by Internal Audit in completing the Internal Audit Plan for 2021/22. A total of five audit reports have been agreed since the July 2021 meeting and one further report has been issued in draft. There are:

- 3 'high assurance' reports
- 2 'significant assurance' reports
- 1 'limited assurance' report remains in draft.

The Internal Audit Manager explained the plan is slightly behind due to starting later than normal due primarily to completing the four audits carried over from the 2020/21 plan. She explained that July and August have been challenging in terms of internal audit and Trust staff availability.

In terms of delivery the Head of Internal Audit (HIA) stated they are expecting the plan to be delivered and CHFT has had the best engagement in their plan across all Audit Yorkshire clients which is very positive.

AN stated he feels the plan is behind schedule but was pleased to get assurance from the HIA about completion of the plan. Progress will be reviewed again in January 2022, given Trust pressures will continue, to see if audits need to be re-prioritised to ensure a HIA opinion can be given. The HIA responded that some of the work is being brought forward with good engagement from CHFT in doing this.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow Up Report and Progress Report and **RECEIVED** the significant and high assurance reports and the Insight reports for July and August 2021.

74/21 EXTERNAL AUDIT

1. Sector Technical Update

From the Sector Technical update, the External Audit Partner, KPMG highlighted the health and care bill and the structure of the Clinical Commissioning Groups (CCGs) merging into the Integrated Care Boards. She explained the required legislation may not be approved by 31 March 2022 as expected.

In relation to the update on NHS holiday pay for voluntary overtime, RH highlighted the importance of including the accruals for the required adjustment and accounting treatment. The Acting Director of Finance explained this refers to the Flowers case, where there was a national allocation of £0.5m of funding which was notified at the end of 2020/21. The backdated element and one-off payment has gone through in this year and requires onward calculation. The External Audit Partner added that this also impacts the care sector where there is more voluntary overtime.

Action: Acting Director of Finance to clarify with HR/Payroll if the onward calculation has been applied.

In relation to the update regarding the NHS staff pay rise, the Acting Director of Finance confirmed the 3% pay rise is included in the 2021/22 budget and has been paid for all staff with a backdated element and will be applied going forward routinely in monthly pay. The funding for the one-off element and future recurrent is to be incorporated in the H2 funding allocations. The plan is to accrue a level of income in to compensate for the one-off payment and to anticipate the inflation rate in the H2 funding allocation.

2. Benchmarking Q1 2021-22 Report

The External Audit Partner, KPMG presented the benchmarking Q1 report for aspects of finance management information and highlighted areas where CHFT are different to peers based on the data.

The External Audit Partner, KPMG highlighted the Covid expenditure graph and spend compared to others for total staff costs and total non-pay expenditure is reasonably high compared to others.

The Acting Director of Finance responded that the Covid element of expenditure is difficult to benchmark as there is an element of judgement in terms of what constitutes Covid and other non-emergency care. She explained there is detailed categorisation of what we could count as Covid expenditure e.g., streaming in A&E, Covid and non Covid patients and the staffing element required. She added that CHFT have two A&E departments whereas other Trusts may only have one. She added that the Trust purchased Personal Protective Equipment on behalf of the region including a high volume of gowns.

The Acting Director of Finance stated the threshold for achieving elective recovery funding in the first quarter of the year was relatively low and then increases month on month. A total of £3-3.5m of funding was received related to elective recovery funding and the spend came later when the targets became harder to achieve whilst thresholds increased in July. The External Audit Partner, KPMG highlighted the Trust still achieved significantly better than plan. The Acting Director of Finance confirmed the Trust are on plan to achieve breakeven by Q2.

RH highlighted the benchmarking last year was close to average and he was surprised it was higher during this time. He highlighted the better performance on payment days to suppliers which he expected to see improved as a result of the cash and debt position.

The Acting Director of Finance pointed out the Covid expenditure appears high and explained the level of funding embedded which relates to Covid doesn't change according to the spend. The Regional Director of Finance and NHS Improvement colleagues were encouraging more thorough Covid expenditure reporting as these costs continue.

OUTCOME: The Committee **NOTED** the technical update and the CHFT Benchmarking Q1 Report 2021-22.

74/21 LOCAL COUNTER FRAUD PROGRESS REPORT

1. Local Counter Fraud Progress Report

Shaun Fleming, Local Counter Fraud Specialist presented the Local Counter Fraud progress report. The key points to note were:

- International fraud awareness week is coming up and the need to promote this
- Quarterly newsletter is available in the review room on Convene
- Fraud Prevention master classes (1 hour) have been taking place across all clients focused on high-risk fraud issues such as payroll. Staff attendance is starting to increase and they are continuing to encourage staff to apply for these classes
- Prevent and deter fraud alerts are included in the report which shows a common theme of cyber crime
- National Fraud Initiative (NFI) has commenced
- Strategic governance – the Counter Fraud Authority has undertaken a review CHFTs compliance to on the new NHS standards resulting in a score of amber. Only one percent of Trusts came back as red nationally. There is a plan for CHFT to move to green for the next counter fraud functional return April-March 2022.
- Fraud Prevention Guidance Impact Assessment (FPGIA) look at outcomes and work undertaken on fraud alerts and there is a plan to produce the submission for the Trust by the December 2021 deadline.
- Covid-19 post event assurance exercise (Procurement) – the Trust submitted evidence around this. The National Counter Fraud Authority will analyse the date and provide guidance on lessons learned.

RH asked are there any fraud cases within the Trust at the current time. The Local Counter Fraud Specialist responded there is nothing substantive to report. The number of referrals has dropped nationally since Covid and cyber crime may have become the prevalent issue.

2. Review Counter Fraud Policy

The Local Counter Fraud Specialist presented the Counter Fraud Policy. The key changes to the policy were:

- Changed the wording to 'Counter' Fraud
- Reflecting the advent of the new functional standards
- Included the role of the fraud champion which is being developed.

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

75/21 BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the second update of the Board Assurance Framework (BAF) for 2021/22 which showed the changes made in red.

There has been minimal change to the risk profile and no new strategic risks have been added. The movement in risk scores primarily reflect operational pressures.

The score for risk 11/19 regarding recruitment and retention was reviewed. There has been no risk score increase as at present there has only been minimal impact on retention.

RH noted on the heat map risk 06/19 is showing as a score of 20 and should now be 15.

RH explained the Finance and Performance Committee approved the increase in the Covid-19 risk, 5/20. He added that the commercial risk may potentially increase due to perceived performance issues at HPS which was discussed at the HPS Board; however, it has been agreed that this risk score would not change at the current time.

AN highlighted the risk 01/20 clinical strategy has a downward arrow on the heat map when it should be an equals sign.

Action: Company Secretary to correct the risks on the heat map (06/20 and 01/20)

The Company Secretary confirmed the Risk Appetite Statement has been updated and the wording for the representation and partnership categories was approved at the Board in September 2021.

AN stated it is a better set of updates for all of the risks and the risk score movement is good to see as it feels more active use is being made of the BAF. He stated there are a number of risks with rigorous assessment of gaps and actions and some which require more work.

RH pointed out risk 06/19 is shown under the risk appetite for regulation as opposed to harm and safety. The Committee discussed this and agreed the regulation category remains appropriate.

OUTCOME: The Committee **NOTED** the updated Board Assurance Framework as at 4 October 2021, noting the movement in risk scores and areas of risk exposure.

76/21 COMPANY SECRETARY'S BUSINESS

1. Declaration of Interests and Standards of Business Conduct Register Month 6 Update

The Company Secretary presented the month 6 report for 2021/22 which details the current position on compliance with declarations of interest in line with the Trust's Conflicts of Interest and Standards of Business Conduct Policy to the end of September 2021.

The report shows improvement have been made compared to 2020/21. The most used declarations other than nil declarations are clinical private practice and other employment.

The Company Secretary stated it is re-assuring to see the figures and stated reminders continue to be sent out. The requirement to submit an annual declaration is part of the appraisal process which runs to the end of October 2021.

AN highlighted a small difference in the numbers in the tables on page two, 583 compared to 587.

Denise asked if the prompt at appraisals is a reminder and not a mandated step in the appraisal process for the appraisee. The Company Secretary confirmed it is not a mandated step in the appraisal process but part of a list of questions and brings the requirement to their attention.

OUTCOME: The Committee **NOTED** the month 6 declarations of interest and standards of business conduct register report.

2. Review Audit and Risk Committee Workplan 2022

The Company Secretary stated the Committee workplan was attached for approval and any changes are to be notified to the Company Secretary or Corporate Governance Manager.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee workplan for 2022.

77/21 EXTERNAL AUDIT APPOINTMENT

The External Audit Partner, KPMG left the meeting at this point due to a conflict of interest.

The Company Secretary presented the appointment of external audit paper summarising the work of a group convened for the procurement of an external auditor. She explained the Audit and Risk Committee are asked to support the recommendation for appointing KPMG for the next three years with the option for a one year extension, with the fees detailed in the paper. KPMG were the only firm from the government approved procurement framework CHFT used to express an interest in undertaking the audit.

RH stated it is the first time he has seen a 100% increase in fee being quoted; however, he was aware audit fees generally are going up substantially. He acknowledged there is no alternative at this stage unless the process was extended to go out to full tender; however, this isn't practical given the timescale. Feedback was given that other Trusts are paying a similar amount at the current time. RH was not content with a three year appointment and option for a one year extension but he accepted the position.

The Audit and Risk Committee noted the concern about the level of increase in the fee.

AN expressed the same view as RH and approved the recommendation with reluctance, noting he had challenged Stuart Baron, the Associate Director of Finance to understand the basis of the proposed fees and was assured there was no alternative.

The Acting Director of Finance acknowledged the increase in fees and stated this has been flagged during calls nationally therefore a fee rise was expected. She added the length of the contract will be a benefit, not just financially but also operationally due to the knowledge the current auditors have of the wholly owned subsidiary and our reconfiguration plans.

DS highlighted her concern in the rise in fees but recognized the continuity benefits highlighted by the Acting Director of Finance.

The Company Secretary assured the Committee they have tried negotiating with KPMG who have applied national fee rates.

The Acting Director of Finance explained that given the increase in fee the Trust need to ask for the correct level of dedicated resource from KPMG given the problems that had been experienced signing off the 2020/21 accounts.

OUTCOME: The Committee **SUPPORTED** the recommendation to appoint KPMG, subject to ratification by the Council of Governors.

78/21 SUMMARY REPORTS AND MINUTES TO RECEIVE

A summary report of work undertaken since July 2021 was provided for the following groups and minutes of these groups were made available in the review room on Convene:

- Risk Group – no questions were raised.
- Information Governance and Records Strategy Group – no questions were raised.
- Health and Safety Committee – no questions were raised.
- Data Quality Board – no questions were raised.
- CQC and Compliance Group – no summary report was received due to a timing issue.

OUTCOME: The Committee **NOTED** the summary reports for the above groups.

79/21 ANY OTHER BUSINESS

There was no other business.

80/21 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- **Acknowledge** – achievement around the DSPT toolkit and work on clinical audit
- **Assurance** – approval of the Board Assurance Framework with further work still needed on some risks and approval of the Counter Fraud Policy
- **Awareness** – Internal Audit recommendations have made some progress; however, the Committee want to see older recommendations cleared. The Committee reluctantly supported the recommendation to appoint KPMG despite the fee rate rise as only one bid was received.

81/21 DATE AND TIME OF THE NEXT MEETING

Tuesday 25 January 2022
10:00 – 12:15 pm
Microsoft Teams

82/21 REVIEW OF MEETING

The meeting closed at approximately 12:00 pm.

**Minutes of the Finance & Performance Committee held on
Monday 4 October 2021, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Kirsty Archer	Acting Director of Finance
Anna Basford	Director of Transformation & Partnerships

IN ATTENDANCE

Suzanne Dunkley	Director of Workforce & Organisational Development
Jonathan Hammond	Director of Operations - Medicine
Peter Keogh	Assistant Director of Performance
Philip Lewer	Trust Chair
Andrea McCourt	Company Secretary
Jim Rea	Managing Director – Digital Health
Philippa Russell	Assistant Director of Finance
Thomas Strickland	Director of Operations - Surgery
Linda Cordingley	EA to Chief Executive (Minutes)

A quorum was not established as only 3 of the 4 required members were present, though there was representation by 3 colleagues on behalf of the COO. Due to the absence of a quorum, approval of the minutes will take place at the next full Committee meeting on 1 November 2021.

ITEM

143/21

WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

144/21

APOLOGIES FOR ABSENCE

Apologies were received from Stephen Baines, Gary Boothby, Peter Wilkinson and Owen Williams.

145/21

DECLARATIONS OF INTEREST

There were no declarations of interest to note.

146/21

MINUTES OF THE MEETING HELD 31 AUGUST 2021

The minutes of the meeting held 31 August were **APPROVED** as an accurate record.

147/21

COLLEAGUE AVAILABILITY DEEP DIVE

The Director of Workforce & Organisational Development provided an update of the current staffing position, showing comparisons across the WY&H patch and the anticipated trajectory. The steps to improve availability in hot spot areas (which were impacting on patient flow) were noted. As at 24 September 2021, 21.4% of the workforce was unavailable with a mix of Covid-19 absence, annual leave, study leave and isolation absence, give a 4.76% rolling absence. The total absence for August was 5.69%, with an expected 6.23% October peak and 6.8% in January 2022 (following the same pattern as previous years). It was noted that return to work interview compliance had deteriorated to 60%. 14% of the bed base was now Covid-19 patients. As at 24 September 2021

there were 55 colleagues isolating with a further 37 absent due to Covid-19, 82.1% of which were clinical colleagues - Band 2s, 51-60 year olds, female, white. Patient-facing areas were experiencing anger from patients. The focus on getting and keeping colleagues well remained, raising the profile of health and wellbeing and ensuring the wellbeing hour was supported. There was evidence that GPs were signing off colleagues for longer periods impacting further on availability therefore it was important to actively manage absence processes. WoD colleagues were stepping in to support managers so that colleagues could be moved in a planned and positive way. A wellness passport was being trialled in Medicine, with spot checks on the wellbeing hour, breaks and management of annual leave. It was important to communicate our plan to colleagues and support was being sought from CCGs in communicating with GPs.

There was concern that our sickness performance was deteriorating on a regional basis, CHFT having moved from 5th best to 4th bottom across NE&Y and NW. This is in the context of the high and rising number of Covid-19 patients (currently 90), particularly as we moved towards winter. It was recognised that there were peaks in annual leave, particularly during school holidays and potentially at Christmas. The Acting Director of Finance said it was important to cross reference this with the financial position as this was closely linked to the emergency decision taken during the summer to increase our enhancement to the bank pay rate to 50% to improve staffing availability, which was costing £800k per month. The initial four-week period had been retained for the time being whilst the benefits and effectiveness were assessed. The current thinking was to have a more targeted approach for the premium to address areas where there were real concerns (hot spot areas) balanced with affordability given the pressure on the financial position. A further update would be made at the next meeting following a review and decision by the Executive Board.

The Committee **RECEIVED** and **NOTED** the colleague availability deep dive update.

148/21

ACTION LOG AND MATTERS ARISING

The Action Log was reviewed as follows:

149/20:138/20 – Stroke Deep Dive

The Director of Operations (Medicine) presented a deep dive into Stroke services. Further to the June 2021 presentation in response to concerns over some of the Stroke performance metrics, i.e. 4 hour admission/percentage spending 90% of stay on the Stroke Unit, 7 key actions with timelines had been identified. It was noted that the SSNAP score was A for April-June 2021, although access to the Stroke Unit (at D) continues to be a challenge. There had been an improvement in the 90% target in August but still remained at E. In 2019-20 there had been a 17% increase in the number of potential stroke patients presenting in ED. In January 2021 there had been a 36% increase. There were more disabled stroke patients which made discharge challenging. Acuity had increased which was impacting on length of stay (LoS). In 2019 the LoS was 4-12 days and in 2021 it was 8-18 days. The actions to maintain and improve performance were noted – a business case to improve access to a

stroke bed would be completed by the end of October 2021, to build the resilience needed around Covid-19 peaks, taking into account work undertaken at Pinderfields (it was noted that although MY had seen some improvements it was still not achieving the 4 hour target due to the impact of Covid-19). There was space currently available on the Stroke floor and a large capital investment was not envisaged. The Division was currently working through the staffing requirements and flow.

A breakthrough event of the stroke pathway had taken place with Executives, with a further event scheduled in October, where late presentation and outcomes would be raised.

It was noted that although ED attendances were increasing, actual admissions had reduced. It was recognised that the front end needed support but an overall model to support patient flow throughout the whole pathway was required. The Acting Director of Finance advised that higher acuity should be noted by commissioners (CCGs prior to April 2022 and ICS thereafter) and may be beneficial in terms of support with the business case. A further update would be provided in 2022.

ACTION: A further update would be provided in February/March 2022.

122/21 – Efficiency Engagement Project – (covered under item 150/21)

069/21:059/21 – Financial Planning Guidance – (covered under item 150/21)

149/21

BOARD ASSURANCE FRAMEWORK (BAF)

The Company Secretary updated the Committee regarding the BAF risks which had Committee oversight. Risk 5/20 – Covid-19 capacity and delays for non-Covid patients – to be raised from 16 to 20. This was due to the position not improving and CHFT being more impacted than neighbouring organisations and nurse staffing availability issues. The BAF risk against commercial income generation was also discussed and it was decided that following receipt of the HPS financial recovery plan at the recent HPS Board meeting this risk would be maintained at the current level and kept under review.

The Committee **APPROVED** the increase in the risk rating.

The Committee **NOTED** that the current risks in HPS and THIS (commercial income) would remain at the current level.

FINANCE & PERFORMANCE

150/21

MONTH 5, FINANCE REPORT (INCLUDING HIGH LEVEL RISKS & EFFICIENCY PERFORMANCE)

The Acting Director of Finance highlighted the key points reported at Month 5, showing a challenging underlying position of a £2m overspend. Additional elective recovery funding (ERF) relating to Month 2 had been received (ERF was received in the first 3 months but the costs hit in the second 3 months). The enhanced pay offer had caused significant pressure in month and the costs of recovery and Covid-19 were increasing. A break-even position was forecast

by the end of September 2021. It was expected that the earlier ERF benefit would be taken up in the remainder of H1, therefore the position would be more challenging as the months progressed, therefore there would be a need for greater efficiencies. It was noted that there was an increase in the aged debt at the end of Month 5 due to an outstanding invoice to Health Education England (HEE). This had now been resolved. The capital position showed an underspend at the end of the month which was anticipated therefore capital plans for the remainder of the year had been reframed with externally funded capital project slippage to next year. The capital picture would change significantly following receipt of the financial planning guidance and the Targeted Investment Funding available.

The Committee **RECEIVED** and **NOTED** the Month 5 finance report.

122/21 - Efficiency Engagement Project

An overarching approach to efficiency was being considered which would take into account the traditional CIP transformation, GIRFT, reconfiguration efficiencies, the recovery agenda, gains from productivity, BREEAM and the wider economic and social benefits. A new set of governance arrangements would be put in place. Routine savings over the next 6 months were being considered with a more detailed programme for 2022/23. In terms of H2 financial plans the timetable would be challenging.

069/21:059/21 - Financial Planning Guidance

The guidance had been received covering October 2021 to March 2022. The NHS settlement was an additional £5.4bn, which included £1.5bn recovery funding for electives and cancer. There would be £1bn for ERF with new targeted investment funding (TIF) of £0.5bn plus £0.2bn of flexible capital or revenue. The ICS system would receive £32m with CHFT's share being £6.4m. The deadline for the return to the ICS of the Place-based activity and performance submission was 11 October 2021 to meet the ICS submission deadline of 14 October 2021. The whole system package would be required by 16 November 2021 and provider finance plan submissions by 26 November 2021. The efficiency for H2 was 0.82% compared to 0.28% in H1. There was a further targeted reduction in Covid-19 funding (-6.2%) with non-NHS income at 75% of H1 support. There was new additional capacity funding for non-electives of £14.2m for the system to cover winter pressures, etc. outside of recovery and Covid-19. ERF would be funded at the same level despite the change in thresholds. Any H1 surplus or deficit could be carried forward to H2.

The system approach, as opposed to organisational approach, was recognised. The combined reductions to funding are likely to generate an overall 2% efficiency target. The ICS level funding would be influenced by how far an organisation was away from target, therefore there was a risk that this could be distributed across organisations already in receipt of support (including CHFT). In terms of the ERF and targeted independent sector (IS) allocation for outsourcing it could not be automatically assumed that if we commit to costs over 19/20 levels funding would follow as it would be measured at ICS level. It was noted that the financial plans would need Board approval in November 2021 therefore would be considered at this Committee prior to 4 November 2021.

ACTION: The H2 financial plan to be submitted to the November meeting.

151/21

INTEGRATED PERFORMANCE REVIEW – AUGUST 2021

The Assistant Director of Performance reported that the Trust's performance for August 2021 was 70.4%, a small deterioration compared to July. The following key points were highlighted:

There had been a slight deterioration in the Friends & Family test for A&E and Community. It was noted that new national targets were being introduced from September. There were also concerns around the timeliness of complaint responses.

Safe/Caring – it was noted that there were staffing concerns, particularly in theatres, on elderly care wards, the Stroke Unit and Wards 6AB at CRH. A “worry area” dashboard would be monitored by Gold Command. There had been an increase in the number of complaints and the ability to respond in a timely manner. There had been an increase in falls but good performance overall.

Effective – it was noted that there were new IPC targets with MRSA screening being challenging around data quality capture. #NOF challenges were being addressed. SHMI was below 100 although being closely monitored going forward.

Responsive – it was noted that there were high volumes of attendances in ED, high acuity and occupancy levels. However, CHFT was still in the upper quartile nationally and across WY. Cancer performance was good and plans were in place to improve screening and the 38day position. The Assistant Director of Performance was working with our NEDs to develop key metrics to discuss at the Board Development session on 7 October 2021 to provide focus on areas of concern for NEDs and Executives. It was noted that theatre utilisation remained challenging. The Director of Operations (Surgery) advised that there had been layout changes to the management of day case and complex cases which was interrupting the smooth flow when patients presented from wards or walk-ins from the day surgery unit. Additional consenting rooms were being put in place to address this problem. There was an inability to backfill short notice cancellations in theatres due to isolation and swabbing requirements. Further efficiency work was required as part of BAU, also taking into account the impact of Covid-19 and being mindful of healthcare acquired infections.

The Committee **NOTED** and **RECEIVED** the Integrated Performance report for August 2021.

152/21

RECOVERY UPDATE

The Assistant Director of Performance highlighted the following proposed changes to the recovery trajectories:

- P2s and > 104 weeks are the PRIORITY
- 5% P2 patients over 1 month old (over the 4 week standard) by the end of September 2021 – previously zero

- 5% P3 patients over 3 months old (over the 3 month standard) by the end of Q1 2022/23 - previously zero
- 99% of patients waiting for Endoscopy to be within 6 weeks of referral by the end of November 2021 – previously end of June 2021
- 99% of patients waiting for Neurophysiology and Cardiology to be within 6 weeks of referral by the end of November 2021 – previously end of June 2021
- After November running Diagnostics surveillance so need to retain insourcing
- 5% patients waiting over 22 weeks as an ASI by the end of November 2021 (exception in ENT) - previously zero
- 104week waits will be cleared outside of P5&6

It was noted that P3 patient numbers were likely to be lower than pre-Covid when cross-site there were 130 elective theatre sessions per week. In the current week there were 80-82 sessions, due to high vacancy levels, high sickness, less bank and agency shifts taken up, redeployed staff, a smaller footprint and flow issues, hence insufficient capacity to complete P2s over 4 weeks and 104-week waiters and P3s. Should there be a further impact from Covid-19 during the winter months there would only be sufficient staff to support surges, with staff from theatres and endoscopy being redeployed. In Neurology there had been an increased demand for diagnostic tests linked to the paper referral process, which carried a level of error, with administrative reviews recognising further patients. There were plans to move to e-referrals in October. The backlog in Cardiology related to Echocardiograms, which was being addressed, although there were workforce challenges as the internal training programme for technicians would not see benefits until next year. There was a regional requirement to address follow-up P2 outpatients and eliminate the number of 104-week waiters by the end of March 2022. The Trust Chair said that at a NE&Y elective recovery event it was stated that Chairs and CEOs would be held to account for performance. There was also a possibility that the data may be released into the public domain so that comparisons across the ICS about recovery could be made. It was paramount that our data quality reflected our position.

The Committee **APPROVED** the revised recovery trajectories to recognise and agree to prioritise P2s and 104-week waiters (majority P4s), as per NHS England requirements, dependent on Covid impact and winter pressures.

Financial Recovery Planning – it was noted that the overall commitment to recovery in H2 was £8m. The commitment to the IS to support elective recovery was £4.8m through agreed contracts. However, there was an associated administrative burden and a need for additional resource of £100k. The Trust would therefore be continuing at risk from July at which point the ERF threshold had changed, although the risk had changed again with the new H2 ERF as funding for the IS was an opportunity. There would need to be achievement of an aggregate ICS position to determine if CHFT would attract income to cover costs. This would be incorporated in the H2 financial plan being submitted to the November Board of Directors. It was noted that the contracts with the IS were funded per patient but these costs did not include assumptions around enhanced pay on the internal activity.

The Committee **NOTED** the committed expenditure for H2.

153/21

DRAFT MINUTES FROM SUB-COMMITTEES

The following minutes and summaries thereof were received by the Committee:

- Urgent & Emergency Care Board – 13 July 2021
- CHFT/THIS Contract Review Meeting – 24 August 2021
- THIS Executive Board – 25 August 2021
- Capital Management Group – 13 September 2021
- HPS Board – 14 September 2021

The Committee **RECEIVED** and **NOTED** the key points from the Sub-Committees.

154/21

WORKPLAN - 2021/22

The Work Plan was **NOTED** by the Committee.

155/21

MATTERS TO CASCADE TO BOARD

The Chair would prepare his highlight report for the Board of Directors and circulate to the Committee.

156/21

ANY OTHER BUSINESS

There was no further business.

DATE AND TIME OF NEXT MEETING:

Monday 1 November, 11:00 – 13:00, Microsoft Teams

**Minutes of the Finance & Performance Committee held on
Monday 1 November 2021, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

Peter Wilkinson	Non-Executive Director (Chair)
Kirsty Archer	Deputy Director of Finance
Gary Boothby	Director of Finance
Owen Williams	Chief Executive
Philip Lewer	Trust Chair

IN ATTENDANCE

Suzanne Dunkley	Director of Workforce & Organisational Development
Peter Keogh	Assistant Director of Performance
Andrea McCourt	Company Secretary
Jim Rea	Managing Director – Digital Health
Philippa Russell	Assistant Director of Finance
Thomas Strickland	Director of Operations – Surgery
Simon Sturdee	Consultant – Trauma and Orthopaedic
Stephen Shepley	Director of Operations - Administration
Jane Mackenzie	General Manager – Administration
Nicholas Buckley	Appointment Services Manager
Mark Whitwam	Assistant Appointment Services Manager
Rochelle Scargill	PA to Director of Finance (Minutes)
Robert Markless	Public Elected Governor
Brian Moore	Public Elected Governor

ITEM

- 157/21 WELCOME AND INTRODUCTIONS**
The Chair welcomed attendees to the meeting. Welcome to new Governors Robert Markless and Brian Moore.
- 158/21 APOLOGIES FOR ABSENCE**
Apologies were received from Richard Hopkin.
- 159/21 DECLARATIONS OF INTEREST**
There were no declarations of interest to note.
- 160/21 MATTERS ARISING**
161/21 Terms of reference and quoracy - The terms of reference for this meeting were reviewed. New section 5.3 has been added and refers to the Executive Director or Non-Executive Director nominating a deputy if they cannot attend the meeting. The deputies will count towards quoracy.

The Committee **APPROVED** the terms of reference.

162/21

ACTION LOG

The Action Log was reviewed as follows:

Outpatient Improvement – The Assistant Appointment Services Manager provided an update following the project work carried out by Meridian. The centre is now more statistically driven. A target has been set for 2000 appointments a week and the team are consistently passing that. 26 specialities are covered. The project has allowed for better planning of staff resource with more being rostered at peak times.

A Band 5 Validation post has been recruited to review processes and procedures across different systems. The Room Booking Co-ordinator has been in post for last three months. This role is to ensure better utilisation and visibility of rooms for managers.

Meridian did not review the templates. The Project team reviewed and have reduced the number of staff who can sign off templates. Training is to be provided to users. No increase in staffing levels in the centre, but the way of booking has changed. Moved to priority booking with the assistance of clinicians involved.

131/21

Neck of Femur Performance (NoF) – Update on Divisional Improvement Initiative. This was a follow up to the paper submitted at the September 2021 meeting. The aim of the service improvement was to consistently achieve surgery within 36 hours for 70% or more of qualifying patients. The quicker patients get into theatre the better the outcome. Prior to January 2020 the rates were better than the national average. During Covid nationally mortality increased as a number of NoF patients were Covid positive. The Trust is currently still above the national average. Lack of theatre capacity was the main contributory factor in around 50% of the cases that did not meet the target.

Some other Trusts have an Orthogeriatric led unit. This is not something that CHFT currently has. The Trust has just one Geriatrician which can make it difficult to meet the 36 hour target. There would be a benefit to bringing the Trust in line with other local Trusts. Under Payment by Results arrangements this would have allowed the Trust to meet the best practice tariff. The team plan to “go see” other Trusts to review their models as each one does it differently.

FINANCE & PERFORMANCE

163/21

MONTH 6, FINANCE REPORT (INCLUDING HIGH LEVEL RISKS & EFFICIENCY PERFORMANCE)

The Deputy Director of Finance highlighted the key points reported at Month 6. The first half of the year ended on a positive with a break-even position. However, in month there was an adverse variance of £1.6m. This is driven by an increase in expenditure seen notably in the last two months. Two key factors have impacted the figures. The enhanced pay rate for bank staff is driving a pressure of circa £800k per month. In addition, against the CNST contribution an expected £1m rebate for the Maternity Incentive Scheme will not be received

as planned as not all targets have been met in full. The forecast position is covered under the H2 plan agenda item.

It was noted that there has been an Improvement in aged debt due to payment from Health Education England.

The Committee **RECEIVED** and **NOTED** the Month 5 finance report.

164/21

H2 FINANCIAL PLAN

Plan to be submitted to cover the period October to March, Half 2 (H2) of the financial year. Planning guidance was received on 30 September 2021. This guidance confirmed a financial settlement for NHS £5.4bn overall. This includes £1.5bn for recovery of elective work of which £0.5bn is capital funding, referred to as the Targeted Investment Fund (TIF). The TIF value is £32m for the ICS, the share for CHFT being £6.4m. The capital is intended to enhance the ability to deliver elective recovery.

The ICS revenue planning submission deadline to NHSI/E is 12 November 2021. Information has already had to be submitted on CHFT activity and capital (TIF) bids.

Key priorities outlined in the guidance were described as:

- Eliminate 104 week wait times by March 2022 with exception for P5's and P6's
- Hold or where possible reduce the 52 week waits.
- Stabilise waiting lists
- Cancer return more than 62 day waits to the level seen in February 2020.

The current activity plan will achieve these expectations.

In H1 to access the Elective Recovery Fund (ERF) required delivery of more than 95% of the 2019/20 volumes of activity. ERF will now be based on completed referral to treatment pathways exceeding 89% of 2019/20 levels. Both CHFT and BTHFT have gaps in the 2019/20 baseline data due to the installation of EPR. As a result, performance will be measured on an activity basis as per H1. Clarification has been sought as the Trust were initially told would be on an 89% volume basis. The suggested figure from NHSI/E now is 95%. The current plan projects monthly activity at 89% - 93%. As such, based on the higher 95% threshold to secure funding would not be reached. If the lower 89% were to be confirmed circa £1m funding opportunity may exist. CCGs can access ERF for independent sector contracts where expenditure exceeds 2019/20 levels but this route is not open to Trusts. No Elective Recovery Funding has been included in the financial plan due to the uncertainty described coupled with the fact that the whole ICS must meet targets in aggregate to secure funding.

With regard to the H2 funding allocation the following was noted:

- Pay award including backpay funded through allocations.
- Funding allocations reduced due to inbuilt efficiency requirement.

- Additional allocation of capacity funding to support winter / emergency activity pressures.

Against this the H1 exit run rate is driving a higher cost in the second half of the year. There is a total recovery commitment of £7m and enhanced bank rates are forecast to remain in place. This scheme is to be reviewed through Executive board to find a more targeted approach to having the correct staffing levels.

Having planned for an efficiency target of £6.7m to be delivered, a residual deficit forecast for H2 of £3.8m remains. Mitigation against this is a potential £2.1m allocation adjustment as a result of joint working with system partners, leaving a £1.7m residual planning gap.

The committee discussed the position and it was agreed to recommend to the Trust Board a plan to breakeven (excluding a one off technical accounting adjustment of £5m), noting the challenging scale of the efficiency requirement.

The committee also noted the £6.5m bid for capital funding from the ICS allocation, to be confirmed. Capital expenditure to be committed before the end of the financial year.

The Committee **APPROVED** and **RECOMMENDED** to Board to approve a breakeven plan.

165/21

EFFECTIVE AND EFFICIENT USE OF RESOURCES AT CHFT

A new group has been created called the Effective Resources Group (ERG) The weekly meeting will be chaired by CEO and the aim is to plan and deliver effective resources to support delivery of the Trust's financial plans. Terms of reference for the new group brought to the committee for approval.

The Committee **APPROVED** the terms of reference.

166/21

INTEGRATED PERFORMANCE REVIEW – SEPTEMBER 2021

The Assistant Director of Performance reported that the Trust's performance for September 2021 was down to 66.4%, which is the lowest it has been this financial year. He noted difficulty in achieving complaints responses. SHMI has gone over 100 and in September all four stroke indicators were missed. Despite this the Trust still has 4 green domains.

It was noted that the operational pressures are now being reflected in the KPIs. Tougher friends and family targets were brought in in September. This will have an impact on results as currently slightly below the new targets where previously they were above the old targets. This will probably be reflected in the October report.

Comparatively still in a good position against our West Yorkshire peers.

Responsive – This is the most volatile area due to operational challenges. Complaints and PALS contacts are up. There is a planned risk summit for system leaders to discuss these around quality and safety impacts.

Workforce – Now amber due to short term sickness reaching amber. Highest levels since November 2020. There has been an improvement in return to work interviews. A revised “worry ward” dashboard has been approved and is monitored weekly as part of the senior staffing group.

The Committee **NOTED** and **RECEIVED** the Integrated Performance report for September 2021.

167/21

RECOVERY UPDATE

The Assistant Director of Performance covered the priorities and operational guidance for H2. Six areas set out in March remain the priority. Changes to recovery remain the same as those shown at the last meeting. Some targets were being achieved ahead of what has been asked for nationally. There are a number of new clock starts based on the average of previous months.

Planned Endoscopies that have gone past their TCI dates have been included in the RTT pathways. As a result, the RTT will increase over the next few months but will reduce subsequently. The Trust is tracking 52 and 104 week waits weekly to achieve March targets.

Patients are now waiting on average over 20 weeks. Whereas pre-pandemic this was around 9 weeks.

168/21

COLLEAGUE AVAILABILITY DEEP DIVE

The Director of Workforce & Organisational Development provided an update on the current staffing position.

- Availability includes annual leave (+other) as well as absence or Covid absence. Some colleagues are taking study leave at the moment.
- Current absence stands at 5.61% and our target is 4%. The 5.61% includes Covid absence and isolation.
- Unavailability – including all reasons for absence -stands at 21.8%
- Covid absence and isolation accounts for 23.6% of unavailability. Isolation is included whether colleagues are working or not.
- In September days lost to stress anxiety and depression have fallen for the first time in 21/22
- Twenty-seven clinical areas have absence higher than 10%.
- CHFT reports absence as per the NHSE/I guidelines. This may not be directly comparable with other WYAAT organisations.
- Annual leave roster management could be improved. Particularly around school holidays.
- Only 43.1% of annual leave has been taken. Should be 75% by the end of December.
- Around 44% of staff in the NHS have had some time off over the last 18 months due to mental health issues.
- Non Covid absence has increased. This is a pattern seen across other Trusts. Work is needed around long term absence.
- Wellbeing calls have resulted in support being offered to colleagues. A new Clinical Guardian has been appointed.
- Isolations include household isolation. Currently looking at ways to mitigate this.

- Colleagues carried annual leave over from last year. Including high numbers from colleagues who would not necessarily have been expected to carry it over. This will cause pressures later when staff want to take their leave.
- Looking to increase focus on wellbeing and making sure that colleagues are receiving the basics, encourage them to take annual leave and promote the wellbeing hour.

Finally, it was noted that there are five winter must do's that have been agreed through Executive Board – patient flow, IPC, one culture of care, safe staffing and delivering value for money.

ACTION: Slides to be sent to committee members.

169/21

DRAFT MINUTES FROM SUB-COMMITTEES

The following minutes and summaries thereof were received by the Committee:

- Capital Management Group – 14 October 2021
- THIS Executive Board – 29 September 2021
- CHFT/CHS Joint Liaison Committee – 06 October 2021

The Committee **RECEIVED** and **NOTED** the key points from the Sub-Committees.

170/21

WORKPLAN - 2021/22

Workplan for 2021/22 was noted with no amendments

171/21

MATTERS TO CASCADE TO BOARD

Terms of reference for this committee.
H2 Financial plan approval.

172/21

REVIEW OF MEETING

No specific review carried out

173/21

ANY OTHER BUSINESS

There was no further business.

DATE AND TIME OF NEXT MEETING:

Monday 29 November, 11:00 – 13:00, Microsoft Teams

13. INFORMATION TO RECEIVE

- a. Council of Governors Workplan 2022
- b. Council of Governors Calendar 2022
- c. DRG Dates 2022

To Note

Presented by Andrea McCourt

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2022

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS	
<p>Under National Health Service Act 2006:</p> <ul style="list-style-type: none"> To appoint and, if appropriate, remove the Chair To appoint and, if appropriate, remove the other non-executive directors To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs To approve the appointment of the Chief Executive To appoint and, if appropriate, remove the NHS Foundation Trust’s external auditor To receive the NHS Foundation Trust’s annual accounts, any report of the auditor on them and the annual report <p>In preparing the NHS Foundation Trust’s forward plan, the Board of Directors must have regard to the views of the Council of Governors.</p>	<p>Under Health and Social Care Act 2012:</p> <ul style="list-style-type: none"> To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors To represent the interests of the members of the Trust as a whole and of the public To approve “significant transactions” as defined within the constitution To approve any applications by the Trust to enter into a merger, acquisition, separation or dissolution To decide whether the FT’s private patient work would significantly interfere with its principal purpose, i.e. the provision of goods and services for the health service in England or the performance of its other functions To approve any proposed increase in private patient income of 5% or more in any financial year Jointly with the Board of Directors, to approve amendments to the FT’s constitution

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest with new governors	
Minutes of previous meeting	✓	✓	✓		✓ Inc. AGM	Upload approved minutes to public website
Matters arising	✓	✓	✓		✓	

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Chair's Report	✓	✓	✓		✓	
Lead Governor Update	✓	✓	✓	✓ (Annual update)	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - - Audit & Risk Committee - Finance & Performance Committee - Quality Committee - Workforce Committee - Nomination & Remuneration Committee - Charitable Funds Committee - Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	<u>Private meetings:</u> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	
Quality Report	✓	✓ Including confirmation of new 22/23 QA detail	✓ including quarterly update 3 QA priorities 22/23		✓ including quarterly update 3 QA priorities 22/23	

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
		Year end 21/22 quality accounts - Q4				
Updated Council of Governors Calendar	✓ Receive	✓ Receive	✓ Receive		✓ Receive	
REGULAR ITEMS						
Election Process	✓ Agree proposed timetable for election	✓ Progress on elections report		✓ Ratify appointment of newly elected members		
Nominations and Remuneration of Chair and Non-Executive Directors	✓ Receive update on tenures	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom & Rem Committee Meeting	
Appointment of Chair		✓				
Strategic Plan & Quality Priorities	Receive update: <ul style="list-style-type: none"> Notes from BOD/COG Workshop Quality Accounts 	✓ Receive update on progress		✓ Receive updated plan and priorities	✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission		✓ Receive Annual Plan				Details of annual plan review and sign off to be planned once guidance for 2022/23 received – may require extra-ordinary COG meeting or COG workshop)

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Appointment of Lead Governor		✓ Paper to be presented to discuss election process		✓ Appointment confirmed		
Chair/Non-Executive Director Appraisal	✓ Approve Chair appraisal process	✓ Approve Chair process	✓ Receive informal report			April – Approve process July – Receive report
Constitutional Amendments		✓ Review amendments				Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts				✓ Receive presentation from audit on Accounts and Quality Accounts		
Future Council of Governors Meeting Dates			✓ Draft – meeting dates agreed		✓ Venues confirmed	
Council of Governors Sub Committees					✓ Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
Council of Governors Self Appraisal of Effectiveness					✓ Self-Appraisal feedback / outcome	✓ Self-Appraisal process to commence July / August 2022
Review Annual Council of Governors Meetings Workplan (this document)		✓ Review			✓ Review any amendments / additions	Review as required
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Quality Accounts	✓ Receive update on Quality Account Priorities					Approval of local indicator for QA agreed at December COG Workshop
Review details of 2021 Annual General Meeting		✓ Review April				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						As required
Appointment of Auditors						Re-tendering of external auditors to be reviewed in 3 years
Review progress with annual plan for Membership Strategy		✓			✓ Review	Review as required and no less than every 3 years
Review of Standing Orders – Council of Governors		✓ Review				Annually
Risk Register	✓					

CALENDAR OF MEETINGS FOR GOVERNORS
For the period January 2022 – December 2022

Meeting Type	Date	Time	Venue
Council of Governors Meeting Attend: All	Thursday 27 January 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 10 February 2022	2:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 21 April 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 10 May 2022	1:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 14 July 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 15 September 2022	2:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 20 October 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 15 November 2022	1:00 – 4:00 pm	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 13 December 2022	12:30 – 4:00 pm	Via Microsoft Teams

CALENDAR OF MEETINGS FOR GOVERNORS
For the period January 2022 – December 2022

Bank Holidays 2022

Friday 15 April 2022 (Good Friday)

Monday 18 April 2022 (Easter Monday)

Monday 2 May 2022

Thursday 2 June 2022

Friday 3 June 2022 (Platinum Jubilee)

Monday 29 August 2022

**DIVISIONAL REFERENCE GROUPS AND ESTATES & FACILITIES
SERVICE GROUP MEETINGS 2022**

GROUP	DATE & TIME	GOVERNORS
Medical DRG	Friday 11 February 2022 1pm – 2.30pm	Peter Bell John Gledhill
	Tuesday 14 June 2022 2pm – 3.30pm	Jo Kitchen Chris Matejak Alison Schofield
	Monday 7 November 2022 2pm – 3.30pm	Liam Stout Nicola Whitworth
Families & Specialist Services DRG	Tuesday 15 February 2022 11am – 12.30pm	Peter Bamber Peter Bell
	Tuesday 14 June 2022 11am – 12.30pm	Gina Choy Robert Markless
	Tuesday 8 November 2022 10.30am – 12 noon	Sally Robertshaw Veronica Woollin
Community Healthcare DRG	Friday 18 February 2022 10.30am – 12 noon	Stephen Baines Gina Choy
	Friday 10 June 2022 10.30am – 12 noon	Emma Kovaleski Robert Markless
	Friday 11 November 2022 10am – 11.30am	Alison Schofield
Surgical & Anaesthetics DRG	Friday 18 February 2022 1.30pm – 3.00pm	Stephen Baines Peter bell
	Tuesday 28 June 2022 1pm – 2.30pm	Sandeep Goyal Christine Mills
	Monday 14 November 2022 2pm – 3.30pm	Brian Moore Jason Sykes
Estates & Facilities Services Group	Tuesday 8 February 2022 11am – 12.30pm	Peter Bamber Isaac Dziya
	Monday 13 June 2022 10.30am – 12 noon	John Gledhill Brian Moore
	Wednesday 16 November 2022 1pm – 2.30pm	Nicola Whitworth

14. Any Other Business

To Note

15. DATE AND TIME OF NEXT MEETING:

Date: Thursday 21 April 2022

Time: 2:00 – 4:00 pm (Private meeting
1:00 – 1:45 pm)

Venue: Microsoft Teams

To Note

Presented by Philip Lewer