Public Council of Governors Meeting

Schedule	Thursday 19 October 2023, 14:00 — 16:00 BST
Venue	Meeting Rooms 3 and 4, 3rd Floor, Acre Mills Outpatients
Organiser	Kathy Bray

Agenda

14:00	1. Welcome and Introductions: To Note - Presented by Helen Hirst	1
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1. Welcome and Introductions:

To Note

Presented by Helen Hirst

2. Apologies for absence:

Liam Stout

Cllr Jo Lawson

Kate Wileman

Emma Kovaleski

Tim Busby

Denise Sterling

Pam Robinson

Peter Wilkinson

Dr Sara Eastburn

To Note

Presented by Helen Hirst

3. Declaration of Interests

To Approve

4. Minutes of the last meeting held on 20 July 2023 and the Annual Members Meeting held on 25 July 2023

To Approve

Presented by Helen Hirst

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON THURSDAY 20 JULY 2023 IN THE MEDIUM TRAINING ROOM, LEARNING CENTRE, CALDERDALE ROYAL HOSPITAL

PRESENT:

Karen Heaton	Deputy Chair and Non-Executive Director

PUBLIC ELECTED GOVERNORS

Stephen Baines **(SB)**	Public Elected - Skircoat and Lower Calder Valley (Lead Governor)
Peter Bamber **(PB)**	Public Elected – Calder and Ryburn Valleys
Gina Choy **(GC)**	Public Elected - Calder and Ryburn Valleys
Robert Markless **(RM)**	Public Elected – South Huddersfield
Brian Moore **(BM)**	Public Elected – Lindley and the Valleys

IN ATTENDANCE:

Rob Aitchison **(RA)**	Deputy Chief Executive
Kirsty Archer **(KA)**	Joint Director of Finance
Nigel Broadbent **(NB)**	Non-Executive Director
Victoria Pickles **(VP)**	Director of Corporate Affairs (Minute taker)
Vanessa Dickinson **(VD)**	Head of Nursing for Medicine – for item 13
Denise Sterling **(DS)**	Non-Executive Director
Kate Wileman **(KW)**	Newly elected Public Governor with effect from 26 July 2023
Lorraine Wolfenden **(LW)**	Newly elected Public Governor with effect from 26 July 2023

45/23 WELCOME AND INTRODUCTIONS

It should be noted that this meeting was not quorate and therefore any decisions would need to be ratified at the following meeting.

The Deputy Chair welcomed everyone to the meeting.

46/23 APOLOGIES FOR ABSENCE

Helen Hirst, Chair
Emma Kovalevski, Staff Elected Governor
Christine Mills, Public Elected Governor
Isaac Dziya, Public Elected Governor
John Richardson, Public Elected Governor
Veronica Woollin, Public Elected Governor
John Gledhill, Public Elected Governor
Sandeep Goyal, Staff Elected Governor
Sally Robertshaw, Staff Elected Governor
Jonathan Drury, Staff Elected Governor
Jo Kitchen, Staff Elected Governor
Liam Stout, Staff Elected Governor
Emma Karim, Staff Elected Governor
Chris Reeve, Nominated Governor
Brendan Brown, Chief Executive
Andrea McCourt, Company Secretary

47/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

48/23 MINUTES OF THE LAST MEETING HELD ON 20 APRIL 2023

OUTCOME: The minutes of the previous meeting held on 20 April 2023 were **APPROVED** as a correct record.

49/23 ACTION LOG AND MATTERS ARISING

It was noted that all actions on the action log had been completed or were included on the agenda for this meeting.

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

50/23 UPDATE FROM THE CHAIR

The Deputy Chair reported that the Trust was in a period of industrial action. The Director of Corporate Affairs explained that it was the first of two days of strike action by the consultant body following five days of junior doctor strikes. In response to a question from BM, the Deputy Chief Executive confirmed that outpatient appointments, some diagnostic procedures and some theatre lists had to be cancelled because of the consultant strike action. The Deputy Chair also referenced the recently published NHS England workforce plan which will be discussed at Workforce Committee.

OUTCOME: The Council of Governors **NOTED** the update from the Chair.

GOVERNANCE

51/23 Update from Governors

PB raised an issue relating to DNACPR identification. He reported that nationally there is resistance to putting in place a way of identifying patients away from their electronic record. DS confirmed that the Resuscitation Committee has been considering it and this was an ongoing issue.

BM reminded all Governors of the importance of attending Divisional Reference Group meetings once they are allocated to them.

OUTCOME: The Council of Governors **NOTED** the update.

52/23 Appointment of Lead Governor

The Deputy Chair reported that SB would be stepping down as Lead Governor at the AGM and that BM had been selected to take on the role for the following year. Governors thanked SB for stepping in as Lead Governor during a challenging period.

OUTCOME: The Council of Governors **NOTED** the appointment of Brian Moore as Lead Governor.

53/23 Notes of the Nomination and Remuneration Committee 22 June 2022

OUTCOME: The Council of Governors **APPROVED** the notes of the Nomination and Remuneration Committee (COG) held on 22 June 2022.

54/23 Chair Appraisal 2022/23

KH set out the results of the Chair's appraisal and confirmed that it had been submitted to NHS England in line with the process.

OUTCOME: The Council of Governors **NOTED** and **APPROVED** the outcome of the Chair's Appraisal for 2022/23.

PERFORMANCE AND STRATEGY

55/23 Feedback from Audit and Risk Committee

NB provided an update from the Audit and Risk Committee highlighting that the additional meeting had been to approve the Audited Annual Report and Accounts. NB confirmed that the year end figures were in line with the agreed financial plan. Assurance had been received from both internal and external audit. He explained that the small amount of outstanding work by KPMG had been completed by the deadline of 30 June and hadn't impacted on their overall conclusion. GC thanked the Trust on behalf of the Governors and members for completing the accounts on time.

RM asked about the performance of KPMG. The Interim Director of Finance responded that there had been a significant improvement between last year and this year; however, there remain some issues and it is likely that the process will always be challenging. Once you have a turnover above half a billion, auditors must complete further assurance. NB added that it is impacted by the consistency of the KPMG team. The Interim Director of Finance confirmed that there is a follow up meeting to share experience and any lessons learned.

OUTCOME: The Council of Governors **NOTED** the feedback from the Audit and Risk Committee.

Final Annual Plan 2023/24

The Interim Director of Finance presented the finalised Annual Plan for 2023/24, she explained that it had been submitted in May in line with NHS England timescales. She highlighted that the Trust plans to achieve the operational targets except for:

- Reduce adult general and acute (G&A) bed occupancy to 92% or below – Plan for 96% as the Trust believes this would be a sufficient level to achieve the A&E waiting time target.
- Deliver the system-specific activity target (agreed through the operational planning process) – West Yorkshire ICB target 108%, modelled activity at c.103% as the Trust is already ahead of the waiting time targets set nationally.

KA also added that the Trust has received additional income but has also accepted an additional stretch target which will require an efficiency target of £32.3m. Achievement of this will also be dependent on receiving elective recovery funding of £15m.
The Trust's cash position will become very challenged during the year and the Trust will need to receive cash support centrally. She added that the plans do not include any allowance for the strike action in line with national guidance.

KA outlined that the Trust is under scrutiny nationally due to the deficit position.

RM asked about the current position in relation to the reconfiguration. The Deputy Chief Executive explained that discussions remain ongoing to finalise the agreement to build within the PFI land at Calderdale Royal, but it is hoped to progress the construction of the

learning and development centre and the enablement works for the car park in September. Discussion took place about the potential impact of these on the car parking at Calderdale Royal and the mitigations that would need to be implemented to support patient and staff ability to park.

OUTCOME: The Council of Governors **NOTED** the Final Annual Plan 2023/24.

56/23 Feedback from Workforce Committee and Highlight Report

The Deputy Chair highlighted the following:

- The Committee has a theme at each meeting to review the effect and impact of the people initiatives taking place.
- Hot spot areas have been identified for intensive support.
- Area of concern is the fire safety training and there remains a focus on improving compliance with this training.

GC commented on the travel time to get to the trust and the impact on recruitment and retention. RM referred to the notes of the May meeting of the Committee and asked about the Race Equality Scheme survey results in relation to bullying and harassment and how this is being improved. The Deputy Chair responded that the whole meeting was focused on equality and diversity and consideration of a range of actions to address the feedback from the survey. DS added that the Race Equality Network were providing feedback on whether these actions are having an impact.

KW asked about what happens when you have intractable behaviour. The Deputy Chair confirmed that behaviour is challenged and not tolerated. The Deputy Chief Executive added that the freedom to speak up process is well used, and people feel open to raise issues. DS added that the Inclusion Committee has considered a case of unconscious discrimination and how the learning from this can be shared and used for better training for line managers.

RM asked about how the Committee will monitor the impact of the work. The Deputy Chair confirmed that the dashboard would be reviewed every six months. DS explained that the Trust response to the NHS England Equality, Diversity and Inclusion Improvement Plan will be shared with Governors later in the year.

GC commented that there is work to be done regarding translations and languages that membership information is available in and highlighted the need to ensure that every manager and leader is enabled to support a diverse workforce.

BM commented that bullying should not be tolerated regardless of background.

OUTCOME: The Council of Governors **NOTED** the Highlight Report and feedback from the Workforce Committee.

57/23 Quality Account Priorities 2023/24 – Quarter 1 Update

The Deputy Chief Executive set out the purpose of the Quality Account Priorities and clarified those that had been selected for 2023/24. It was confirmed that each priority will be discussed in detail in turn at each Council of Governors meeting.

VD provided an update on the quality priority relating to Malnutrition Universal Screening Tool (MUST) scores: *Compliance with completion of MUST to be above 95% across the*

organization – this will ensure that the majority of our patients at risk are identified early and referred to the dietician team.

VD explained that performance had been very challenging, with only 14% compliance. A 'STOP' process had been put in place on the acute floor to ensure that all patients have an assessment prior to moving on to other base wards or departments. Compliance has since moved from 14% to 58% overall and with many areas achieving much better compliance and one ward at 100%. VD added that close working with Bradford had identified that those that score a 2 or above are at high risk and these now receive an automatic referral to dietician. She explained that there is work with volunteers and carers, training them to assist feeding with patients. Each area is also making a pledge to nutrition and hydration and a ensuring it is a main element of care.

VD explained that the information on compliance is pulled live from the Electronic Patient Record so that there is real time monitoring in place and consideration is being given to rolling a similar system out for falls to ensure that patients have had an assessment. She clarified that the MUST assessment is only for adults and that there is a different process for paediatric patients. In response to a question about dietetic capacity VD explained that there is a process of prioritization and that wards are able to identify the patients most at risk. RM asked about what happens when patients are discharged. VD responded that dietetics forms part of the package that follows the patient into the community setting.

KW asked about the outcomes for patients. VD explained that more patients are being identified as at risk, who can then be provided with an appropriate and robust response. She added that good nutrition and hydration has a significant impact on the health and recovery of patients and therefore it is hoped at the next review to be able to demonstrate improved experience and outcomes for patients as a result of this work.

PB what is limiting attain of the target. VD commented that multiple admissions on to the acute floor has meant it has been hard to track but the new system and associated coordinators are helping to address patients being missed. There was a discussion about staffing and whether this is a factor of the current performance. The Deputy Chief Executive responded that largely performance related to compliance in recording the information in the correct place and fully completing all elements. It was agreed that this would be considered again when an update is provided later in the year.

KW welcomed that this work is being done due to its importance in providing good care and outcomes for patients.

OUTCOME: The Council of Governors **NOTED** the update on the 2023/24 Quality Priorities.

MEMBERSHIP AND ENGAGEMENT

58/23 Receive Details of 2022/23 Annual Members Meeting – 25.7.23

The Director of Corporate Affairs gave a verbal update on the arrangements for the Annual Members Meeting which was scheduled to take place on 25 July 2023, including a showcase of innovation and transformation. She confirmed that the details of the meeting had been shared widely through all communication routes.

OUTCOME: The Council of Governors **NOTED** the details of the Annual Members Meeting.

59/23 COMPANY SECRETARY REPORT

a. Future Council of Governor Meeting Dates 2023/24

BM commented that the next meeting should be a hybrid meeting. GC stressed the need to keep meetings at both sites as much as possible.

b. Receive Register of Council of Governors

OUTCOME: The Council of Governors **NOTED** the Future Council of Governor Meeting Dates 2023/24 and updated Register of Council of Governors.

60/23 RECEIPT OF MINUTES FROM BOARD COMMITTEES

The minutes of the following meetings were received:

a. Quality Committee held on 17 April 2023, 22 May 2023
b. Workforce Committee held on 24 April 2023, 3 May 2023
c. Audit and Risk Committee held on 25 April 2023
d. Finance and Performance held on 26 April 2023, 30 May 2023
e. Charitable Funds Committee held on 10 May 2023

BM asked about whether funds were being spent. The Director of Corporate Affairs confirmed that there were some good examples of how the funds had been used, including the Rainbow Centre and that the focus was on grants and fundraising. She added that there was a clear process with the Councils in the Upper Calder Valley in relation to the Abraham Ormerod fund.

OUTCOME: The Council of Governors **RECEIVED** the minutes from the above Committee meetings.

61/23 INFORMATION TO RECEIVE

The following reports were made available prior to the meeting for information:

- Highlight report from the Finance and Performance Committee
- Quality and Performance Report

OUTCOME: The Council of Governors **NOTED** the two items.

62/23 ANY OTHER BUSINESS

PB asked that each document footer include the name of the document as well as the page numbers.

ACTION: KB

The Deputy Chair formally thanked SB for his contributions and support as lead governor and for all contributions to the meeting which closed at approximately 15:35 pm.

Date and time of next meeting

Date: Thursday 19 October 2023
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Meeting Rooms 3 and 4, 3rd Floor Acre Mills Outpatients

DRAFT Minutes of the Calderdale and Huddersfield NHS Foundation Trust Board of Directors and Council of Governors Annual Members Meeting held on Tuesday 25 July 2023 at 5:00 - 6:30 pm Lecture Theatre, Learning Centre, Calderdale Royal Hospital

PRESENT (Speakers)
Helen Hirst (HH), Chair
Rob Aitchison (RA), Deputy Chief Executive
Kirsty Archer (KA), Director of Finance
Stephen Baines (SB), Lead Governor, Public Elected, Skircoat and Lower Calder Valley
Anna Basford (AB), Deputy Chief Executive and Director of Transformation and Partnerships
Lindsay Rudge (LR), Chief Nurse

Board of Directors
David Birkenhead, Executive Medical Director
Rob Birkett, Chief Digital and Information Officer
Nigel Broadbent, Non-Executive Director
Suzanne Dunkley, Executive Director of Workforce and Organisational Development
Andy Nelson, Non-Executive Director
Victoria Pickles, Director of Corporate Affairs
Denise Sterling, Non-Executive Director

In Attendance
Amy Campbell, Head of Communications
Derrick Hales, Member
Roger Taylor, Member
Ruth Oldfield, Member
Sheila Taylor, Member
Susan Seale, Member
Anne Bryant, Member
Ernest Lawson, Member
Lorraine Wolfenden, Member and Newly Elected Public Governor
Kate Wileman, Member and Newly Elected Public Governor
Tony Wilkinson, Member and Newly Elected Public Governor
Jonathan Drury, Member
Pam Robinson, Member and Newly Elected Public Governor

Public Elected Governors
Peter Bamber, Public Elected, Calder and Ryburn Valleys
Brian Moore, Public Elected Governor, Lindley and the Valleys
Gina Choy, Public Elected Governor, Calder and Ryburn Valleys
Robert Markless, Public Elected Governor, Huddersfield Central
Veronica Woolin, Public Elected Governor, North Kirklees

Staff Elected Governors
Sally Robertshaw, Allied Health Professionals

Apologies
Brendan Brown, Chief Executive
Gary Boothby, Executive Director of Finance
Tim Busby, Non-Executive Director
Jonny Hammond, Chief Operating Officer

Karen Heaton, Non-Executive Director
Peter Wilkinson, Non-Executive Director
Andrea McCourt, Company Secretary

1. CHAIR'S OPENING STATEMENT AND INTRODUCTIONS

Helen Hirst introduced herself as the Chair of the Trust who leads the Board of Directors and Council of Governors. She opened the meeting by welcoming everyone to the first Annual Members Meeting of the Council of Governors in person since 2019. She thanked all those who had taken time to put on the displays and participated in the showcase. Helen outlined the agenda for the meeting and explained that it was an opportunity to reflect on the previous year. Helen then played a video demonstrating the breadth of the work within the Trust. A copy of the video can be viewed here.

2. OVERVIEW OF THE COUNCIL OF GOVERNORS CONTRIBUTION 2022-2023

Stephen Baines introduced himself as the Lead Governor at CHFT since December 2019. He explained that he had come to the end of his tenure as a Governor and had built a close connection with the Trust his years in post. Stephen commented that he looked forward to being an active member of the Trust moving forward.

Stephen took the opportunity to thank all the Governors for their continued commitment to the Trust over the last 12 months. He confirmed which Governors had come to the end of their tenure and introduced the newly elected Governors as follows:

Outgoing governors		
Stephen Baines	Publicly Elected Governor	Skircoat and Lower Calder Valley
Veronica Woollin	Publicly Elected Governor	North Kirklees
John Gledhill	Publicly Elected Governor	Lindley and the Valleys
Sally Robertshaw	Staff Governor	Allied Health Professionals/Health Care Scientists/Pharmacists
Cllr Megan Swift	Stakeholder Governor	Calderdale Council
Cllr Lesley Warner	Stakeholder Governor	Kirklees Council
Salma Yasmeen	Stakeholder Governor	South West Yorkshire Partnership Foundation Trust
New governors		
John Richardson	Publicly Elected Governor	South Huddersfield
Hollie Hampshaw	Publicly Elected Governor	North Kirklees
Diane Cothey	Publicly Elected Governor	Skircoat and Lower Calder Valley
Lorraine Wolfenden	Publicly Elected Governor	Skircoat and Lower Calder Valley
Pam Robinson	Publicly Elected Governor	Lindley and the Valleys
Kathleen Wileman	Publicly Elected Governor	North and Central Halifax
Tony Wilkinson	Publicly Elected Governor	North and Central Halifax
Emma Karim	Staff Governor	Nursing and Midwifery
Julie Williams	Appointed Governor	South West Yorkshire Partnership Foundation Trust
Jo Lawson	Appointed Governor	Kirklees Council

Stephen highlighted the governor activities that had taken place during 2022/23 including attending workshops with the Non-Executive Directors and Board Directors to discuss many areas including the place-based partnership arrangements, staying appraised of the progress

of the reconfiguration plans on both the Huddersfield and Calderdale sites, and contributing to and reviewing the Strategic Five-Year Plan which was published in April 2023. He explained that, following the pandemic, Governors were keen to engage more fully with the membership and had set up a membership and engagement working group and refreshed the membership engagement strategy.

On behalf of the Governors, Stephen thanked the governance team for their support throughout the year.

Helen Hirst commented that she had been impressed by the dedication, commitment, breadth, and skill of the Governors and that this was a real benefit to the Trust. She thanked Stephen for his long tenure, service, and leadership in the Trust and in particular his support to her as Chair in her first year in post.

3. REVIEW OF 2022/23

Rob Aitchison, Deputy Chief Executive, provided a review of 2022/23 and forward view for the rest of the year. Rob commented that this was his first Annual General Meeting since re-joining the Trust in 2022 and that he had come back to work at Calderdale and Huddersfield as it is a great place to work as demonstrated in the showcase and in the video.

Rob set out some key achievements over the previous 12 months including:

- In April last year there were 509 patients waiting for more than 78 weeks for an operation or procedure and that number is now down to zero.
- The Trust is one of only eight nationally to be awarded Surgical Hub accreditation as part of NHS England's Getting It Right First Time (GIRFT) pilot scheme. The accreditation recognises the outstanding surgical care delivered by the Trust's teams.
- The opening of the Rainbow Community Hub in Elland, a facility for children with learning difficulties and complex care needs, fitted out with innovative interactive equipment, funded by the Trust's Charity.
- The opening of the new "virtual ward," which once a patient has been discharged, we can monitor them remotely, and see them at home on the same day if needed.
- The urgent care community service which supports patients who are complex and are acutely ill, ensuring that they can remain at home and independent for longer.
- Approval of two community diagnostic hubs (one in Huddersfield and one in Halifax), to help improve access to out-of-hospital diagnostic tests and provide these closer to home.
- Embedded a range of initiatives to reducing health inequalities for people with a learning disability who need elective surgery.

RA explained that these were just a few examples of the range of work that had been happening in the Trust over the last 12 months. RA commented that the Trust has also published a new Five-Year Strategy which describes the future ambitions and areas of focus which is available on the Trust's website here.

4. REVIEW OF OUR FINANCES

ANNUAL ACCOUNTS APRIL 2022 TO MARCH 2023

Kirsty Archer, Deputy Director of Finance presented a financial report for 2022/23, highlighting the key points from 2022/23 and looking forward to 2023/4. The full details of the annual accounts were available in the 2022/23 Annual Report published on the Trust website.

KA explained that the Trust has reported a deficit in line with the financial plan, ending the year with more cash in the bank than planned. She explained that agency use was higher than anticipated but was managed within the financial resources, resulting in an overall Use of resources score of 3 (highest level being 4). The Trust had also received an unqualified audit opinion.

KA reported that the Trust had made a significant number of capital investments and those not undertaken within year will be carried forward into future years. She highlighted that the figures reported each month to the Board in the management accounts were slightly different to those set out in the audited accounts as the management accounts include several things that are excluded by regulators.

KA set out the key areas of capital investment during the year as being:
- £10.5m on reconfiguration – Huddersfield Royal Infirmary Accident and Emergency
- £8.15m on various medical equipment
- £4.13m on various Information Technology
- £1.90m on the built environment
- £1.13m on Rainbow Child Development Centre
- £1.2m on Surgical Robot

KA confirmed that the year ahead would be challenging, reflecting the national economic context. The £20.80m deficit plan has been agreed with NHS England and will require £31.50m of efficiencies to be made. She explained that the Trust's plan forms part of an overall West Yorkshire Integrated Care System breakeven plan, which includes a £25m 'system risk' that is yet to be mitigated.

EXTERNAL AUDIT OPINION
It was noted that the External Auditor had been unable to attend the meeting and therefore the Director of Finance presented the final External Audit Opinion from KPMG.
KA explained that the Trust had received an unqualified (clean) audit opinion based on:
- Financial statements – reviewed on a risk basis satisfied that our accounts are free from material errors.
- Value for money position – make a statement on this that is included in full in the Trust's Annual Report and Accounts
- Whole of Government's Accounts which demonstrates that our element of the NHS accounts are true and fair
- Annual Report

It was noted that the Auditor's Report is published on the Trust's website.

KA commented that the audit process is particularly challenging and takes significant time and effort from both the auditors and the finance team and thanked both teams for the work in partnership to achieve this outcome.

5. PROVIDING HIGH QUALITY COMPASSIONATE CARE

Lindsay Rudge, Chief Nurse, gave a presentation on providing high quality compassionate care, and the quality priorities that the Trust focused on during 2022/23. She set out the quality priorities for the year as being:

- Reduce the number of falls resulting in harm - focused on where falls happen, how we prevent these and what training and development is required for colleagues across the Trust.
- End-of-life care – collaborating with partners in both Calderdale and Kirklees to ensure people received good, joined up care at the end of life.
- Clinical documentation -ensuring that there is clear, well described documentation that is accessible and follows the patient.
- Clinical prioritisation – making sure people with different risk factors are prioritised, including those impacted by the wider determinants of health.
- Nutrition and hydration - really important in the health and recovery of patients so have been working to ensure our assessments for this are robust and that actions are quickly put in place.
- Reduction in number of hospital-acquired pressure ulcers – ensuring there is a holistic assessment that is completed both in the hospital and in community.
- Making complaints count – have significantly improved our response time for complaints over the year.

LR then gave examples of the work done to provide high quality compassionate care set against the Care Quality Commission elements of care: safe, effective, caring, responsive and well-led.

- To support the safest discharge for our patients, there is now a mobile pharmacy team known as the Safari Team, which visits wards when a discharge is imminent and double-check all medications are correctly prescribed. They explain medications fully to the patient and answer any questions before they leave.
- Re-launched our electronic patient record to ensure that documentation and assessments are clear to improve the experience for both patients and staff.
- Have put in place measures to support children and adults with additional needs who may be waiting a long time in our emergency departments by introducing care bags with distraction activities.
- Implemented the BLOSM service which supports vulnerable people who attend our emergency department. This has been shortlisted for a national Nursing Times award.
- Introduced the Keep Carers Caring campaign as a result of feedback from a colleague whose mum died in the hospital during the pandemic. The campaign seeks to provide carers with access to their loved ones and supports them to be part of the team caring for the patient in hospital. Representatives from the Trust presented to a Parliamentary Committee on the campaign, and this has influenced a national model for carers being rolled out across the NHS.

LR thanked colleagues across the Trust for their ongoing care and commitment to patients and their families.

6. FOUNDATIONS FOR THE FUTURE – PROGRESS ON OUR PLANS

Anna Basford, Deputy Chief Executive and Director of Transformation and Partnerships shared a presentation detailing progress against the Foundations for Our Future programme.

She set out some of the key developments as:

- The new Rainbow Child Development Centre was had previously been housed on site at Calderdale Royal Hospital. Working closely with the children and their families, the service has been re-provided in Elland in a fantastic new facility in a better environment and created a hub of professionals who can provide wrap around care for these complex

children. There has been positive feedback from the families and the teams working with them.
- The new learning and development centre at Calderdale will be built on Dryclough Close. Significant engagement was undertaken with the local community including door to door conversations with local residents, which gave us feedback on what we can do to create a good environment to support the current workforce, attract new workforce and be acceptable to local people.
- These two developments will enable the progress of the clinical build at Calderdale with ten new wards, new theatres and a new accident and emergency department.
- The new accident and emergency at Huddersfield Royal Infirmary is almost complete and has been developed with ongoing engagement with clinical colleagues that work in the current department and in services that closely align to it.
- The new development has provided an opportunity to make a difference to the local people in supporting local businesses, investing in the area, and creating local jobs. This same approach will be used with the investments the Trust will make in Calderdale.

AB summarised that there is significant investment being made in both areas to enable the Trust to deliver high quality, innovative services for the future.

7. QUESTIONS AND ANSWERS

The following questions were either submitted ahead of or asked during the meeting:

Q: Will the new A&E give full services to attendees as in the past?
A: AB responded that absolutely the new Huddersfield Accident and Emergency department would continue to be staffed by specialist emergency doctors and nurses as it does now and will continue to provide a full emergency service to all those who turn up to the department. Once the reconfiguration is complete, those patients requiring an admission will likely be taken to Halifax.

Q: **What do you know about the quantum medical system and what difference will it make?**
A: RB clarified that while he was aware of the system, it was some way off being used in the Trust. He commented that it was being used in research and the resulting data would likely be used to shape clinical pathways. RB stated that he had looked into how it was being used and it appeared to be being evaluated at a global scale, but the Trust would be interested in its use as and when the data becomes available.

Q: What work is done on prevention and where is there that focuses on prevention?
A: RB responded that there is a lot of work underway looking at data and how this can support prevention of ill health. HH added that some of the work on health inequalities and the wider determinants of health in communities contributes to this. RA explained that the Trust aims to see how the immediate care need can be reduced and how the Trust as an anchor partner in our places supports the work on prevention. HH reflected that when she joined the Trust she had expected conversations at the Board would be about treating people but there is a big focus on prevention and the contribution the Trust can make in working with primary care colleagues about earlier intervention. It was noted that some diagnostics are about catching things earlier and therefore preventing exacerbation of conditions.

Q: How are our waiting times, for appointments and operations, comparing them to the national standards presently being obtained?

A: RA responded that wait times are never as low as we would want them to be. However, for elective care CHFT is one of the best performing trusts nationally. Patients are also able to get an appointment relatively quickly and this compares well to pre pandemic timescales.

Q: When the Trust builds ten additional wards, how many more beds will this be and has the Trust looked at demographic information when planning this?
A: AB responded that each ward would be 24 bedded. She explained that it would not be an overall growth of 240 beds however and that the totality of beds will be largely the same as it is now. She confirmed that the Trust had done detailed modelling on demographic and treatment changes and a report on this had recently been provided to the Joint Calderdale and Kirklees Overview and Scrutiny Committee.

Q: There has been an increase in mental illness compared with pre covid. How is the Trust handling mental illness now?
A: LR explained that the Trust has appointed a nurse consultant for mental health – one of the first acute trusts to do so – supporting training and development of staff and the development of new clinical pathways to support people with a mental health condition. The Trust works closely with our partners in South West Yorkshire Partnership Foundation Trust and has put in place a mental health strategy. She explained that the BLOSM service is an example of one of the new services that support people with mental health needs and there is also a referral arrangement with Huddersfield University for people with lower levels of mental health. LR reporting that there is work with all departments, particularly in outpatients, about how people ask questions to help assess mental health conditions for people who may only presenting with a physical health problem. Work is also happening on suicide prevention.

Q: What about people out in the community who have a mental illness. Is there information about where they can go for help?
A: A Governor (VW) responded that there is a lot of publicity about some services for men in particular and Andy's Man Club has been particularly successful in this. LR added that there are some things that the Trust is doing to support this including a Mental Health lead in maternity services, living well practitioners in the community, and a lead in paediatrics.
A member of the public responded that there is a recent initiative on Spiritual Care launched by NHS England which would support this work and people should see this being more integrated in the care that is being provided.

Q: Is there a danger that patients of Trusts in other areas of West Yorkshire that are not doing as well on elective recovery may choose CHFT?
A: RA responded that in theory a patient can choose any provider. The Trust monitors where patients are coming from and while patients on the periphery may choose to come to CHFT, largely patients chose their local trust. He added that given CHFT's good position, there is work to support other trusts to deliver their waiting lists, but this is not to the detriment of local people.

Comment: Have you ever looked into transcendental meditation? It has a fantastic impact on people and should encourage patients to do it to reduce their stress and anxiety levels. The person making the comment shared an address for further information www.uk.tm.org

8. CLOSING STATEMENT

The Chair thanked all speakers for their presentations and hoped that they had demonstrated the incredibly positive and exciting plans for the future, despite the challenges. She

commented that working with our partners is the only way that the Trust will be successful. She added that all the work described during the meeting was down to colleagues across the organisation and that the Trust wants to be a place that people want to come and work and that a lot of attention is being paid to investing in, supporting, developing, and retaining our workforce.

The Chair thanked all attendees for coming and for their contributions and questions.
The meeting closed at approximately 6:30 pm.

Our Annual Report and Accounts is available at https://www.cht.nhs.uk/publications/annual-reports-and-annual-general-meeting along with a copy of the presentations from this meeting.

5. Action Log and Matters Arising (Governor Role in the System Update)

To Note

Presented by Helen Hirst

ACTION LOG FOR COUNCIL OF GOVERNORS

Red	Amber	Green	Blue
Overdue	Due this meeting	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
20.04.23 27/23	Review of Constitution To consider at the Membership and Engagement Working Group how to fulfil new duty to engage the public at large	VH	To be discussed under matters arising on 19 October 2023	October 2023		19.10.23
20.07.23 62/23	Any other business Paper title and page numbers to be included in the page footer.	KB	Added to papers. Action closed.	October 2023		09.10.23

Messaging the governor role in systems

NHSProviders

How system working affects councils of governors:

- Statutory role and powers unchanged – focus on FT board and how it's doing
- Hold board to account for the things CoG did previously – but also system cooperation on trust and financial planning (new duties on boards)
- Trust should keep CoG informed about the trust's role in their system(s) and relationships with system partners – so CoG are able to understand board performance
- Remember that governors are representing the interests of a 'public' wider than the footprint of their own trust

Messaging

Your FT is part of the ICS – so the 'governor role in the system' is in relation to your FT.

Your formal powers and duties remain important to the success of your FT, and in this way you have an impact on the wider system.

6. CHAIR’S REPORT

1. Update from Chair

2. Update from Governor Workshop held on 21.9.23

3. Governor Allocation to Committees/Groups

To Note

Presented by Helen Hirst

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	6 July 2023
Meeting:	Board of Directors
Title:	Chair's Update
Author:	Helen Hirst, Chair
Sponsoring Director:	N/A
Previous Forums:	None
Purpose of the Report	To update the Board on the actions and activity of the Chair.
Key Points to Note	The enclosed report details information on key issues and activities the Trust Chair has been involved in over recent months within the Trust, with local system partners and regional and national work.
EQIA – Equality Impact Assessment	The attached paper is for information only and does not disadvantage individuals or groups negatively.
Recommendation	The Board is asked to **NOTE** the report of the Chair.

Chair's Report to the Board

This report provides information about key issues and activities I have been involved in over the past couple of months within the Trust, within local systems, regionally and nationally. These present me with opportunities to better understand the excellent work colleagues across the Trust do, the innovation and quality improvement that happens in services routinely, and the challenges faced by our teams. It also helps to develop my understanding of where our Trust contributes to and is impacted by wider system working and decision making. This helps set the context for the discussions and decisions we make during Board meetings.

1. Trust activities

It was lovely to meet some of the new governors at their first induction session and a few more at the Governor Appreciation Lunch. This lunch was a great opportunity for those who have left over the past couple of years together with those whose term ends this summer to meet with colleagues, non-executive directors and other governors to celebrate being a governor in the Trust and for us to say thank you for service to the Trust.

And on the subject of 'appreciation' I enjoyed a couple of hospital walk arounds with representatives from Workforce and OD during the Trust Appreciation Week, where I met with colleagues and heard first hand some of the challenges they were facing. It was a particularly hot week and there were certainly challenges in keeping patients and colleagues cool.

The Trust, in partnership with the University of Huddersfield held a Nursing and Midwifery Conference: Nursing and Midwifery Practice in the 21st Century in May. It was a great day with a brilliant turnout from colleagues across many disciplines in the Trust who heard academic and clinical speakers, including some of our own leaders and the Chief Nurse for North East and Yorkshire, Margaret Kitching. Lindsay Rudge, Chief Nurse and Dr Sara Eastburn, Acting Head of Department (and a stakeholder governor with the Trust) led the conference which everyone felt had been a great success.

On the development front we have had two strategic development events – one with the Board where we focused on the Trust's quality improvement methodology and Board effectiveness and the second with the Board and Council of Governors where we discussed the latest on reconfiguration and strategic partnerships. Along with Executive colleagues I participated in media training which was excellent. I also chaired the first, in a long while, of our member engagement events 'Health Matters' where we invite the Trust's members to hear about the latest developments. This particular one was focused on Cancer and colleagues Caroline Summers, lead cancer nurse, Lucy Beckingham, faster diagnosis programme manager and Nicky Hill who leads on prehabilitation gave informative presentations on the latest innovations, holistic needs assessments and personalised care and support. I met with the latest group of healthcare apprentices to talk to them about opportunities and finally I had the opportunity to attend a fabulous talk, arranged by Neeraj Bhasin, Deputy Medical Director, for the senior medical workforce by Jane Powell who is the President of Yorkshire County Cricket Club as well as a high accomplished sportswoman competing and coaching to Olympic level.

I also met with the people who run the hospital radio in Calderdale who are keen to explore more opportunities post pandemic.

2. Health and Care System

I was unable to attend the May Calderdale Cares Partnership Board but did attend a development session of the Partnership in June which was focused on community health and wellbeing and health and the economy.

West Yorkshire Partnership Board meeting (available to watch online) majored on dentistry and oral health with some great insight from Healthwatch. There were also three related items for discussion – inequalities for Black, Asian and Minority Ethic communities and colleagues, data insights on race equality and social determinants of health and inclusion.

I attended the WYAAT senior leadership development programme for aspiring executive leaders across acute providers in West Yorkshire and Harrogate. I was invited to talk about my own career journey. Brendan along with a number of other Chief Executives and Sal Uka, Medical lead for WYAAT and a consultant here at CHFT were also speaking at the session.

Brendan and I along with a number of other CHFT colleagues attended the first in person West Yorkshire community health services collaborative meeting at Brighouse. (It was at the end of April after the deadline for my May Board report). The session demonstrated the breadth of providers involved in community health services including a number of trusts who provide acute and community services. Being clear about scope is one challenge for the collaborative.

At the latest Yorkshire and Humber Chairs' Meeting we heard from Joe Harrison about the latest developments on the NHS App; Em Wilkinson-Brice, National Director of People about the Messenger Review and the soon to be published Workforce Strategy; Richard Barker, Regional Director and Sir Julian Hartley, NHS Providers on the current challenges.

Other system/ partner meetings and events include one to ones with Cathy Elliot, WY ICB Chair, Cllr Pandor, Leader of Kirklees Council and attendance at the Kirklees Civic Dinner, with Brendan, Emma Kovaleski and Vicky Pickles, where the new Mayor of Kirklees was welcomed.

National/other

I was one of the speakers at the ten-year anniversary of the Kings Fund collaborative leadership programme alumni event.

Along with Paul Knight, Consultant and Clinical Lead for Organ Donation and Jayne Greenhalgh, Specialist Nurse Organ Donation, I attended the national organ donation meeting for Trusts with similar donation activity to ourselves. It was the first time I have been to one of these and it really opened my eyes as to the complexity of organ donation and transplant work.

The national NHS conference was held in Manchester in June and this provided an opportunity to hear national NHS speakers and political leaders. Without doubt the highlight of the conference was the George Webster session. George is the first presenter with Down Syndrome on CBeebies and has written a book called This is Me. His talk was about us all being unique people and focusing on what we can do rather than what we can't.

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Charitable Funds Committee
Committee Chair:	Helen Hirst
Date(s) of meeting:	10 May 2023
Date of Board meeting this report is to be presented:	6 July 2023
ACKNOWLEDGE	The Committee received an insightful presentation about the pre-bereavement project which had been funded by the Charity's palliative care fund. The Charity has been chosen as one of two charities for the Kirklees Mayoral year. This provides a great opportunity for fundraising and the profile of the Charity.
ASSURE	The Committee received assurance from the Charity Manager about the lessons learned during the last year. Future reporting will concentrate on activity undertaken. The finance report and the annual accounts were reviewed.
AWARE	The Committee agreed to fund the Bereavement Support Service for a further six months but with the proviso that there is a review about the long term sustainability of this service. Vicky Pickles is completing the review of governance and the terms of reference and membership in particular. This will come to the next meeting for sign off.

Date of Meeting:	Thursday 7 September 2023
Meeting:	Public Board of Directors
Title:	Chair's Update
Author:	Helen Hirst, Chair
Sponsoring Director:	N/A
Previous Forums:	None
Purpose of the Report	To update the Board on the actions and activity of the Chair.
Key Points to Note	The enclosed report details information on key issues and activities the Trust Chair has been involved in over the past two months within the Trust, with local system partners and regional and national work.
EQIA – Equality Impact Assessment	The attached paper is for information only and does not disadvantage individuals or groups negatively.
Recommendation	The Board is asked to **NOTE** the report of the Chair.

Chair's Report to the Board

This report provides information about key issues and activities I have been involved in over the past couple of months within the Trust, within local systems, regionally and nationally. These present me with opportunities to better understand the excellent work colleagues across the Trust do, the innovation and quality improvement that happens in services routinely, and the challenges faced by our teams. It also helps to develop my understanding of where our Trust contributes to and is impacted by wider system working and decision making. This helps set the context for the discussions and decisions we make during Board meetings.

1. Trust activities

It was lovely to be part of the Trust's NHS 75th Birthday celebrations including tree planting with local children and the Big Hospital Walk arranged by the Calderdale and Huddersfield NHS Charity.

Along with Brendan, I was invited to the welcoming and licensing of our new chaplain, Sam Cowling-Green. There was also a formal welcoming of Sue Naughton as Lead Chaplain as she was appointed to this role during Covid. It was lovely to meet a number of members of our chaplaincy team and talk to them about the valuable role they have within CHFT.

Our Annual Members' Meeting was held in the Lecture Theatre at CRH. We discussed the annual report and accounts, Foundations for our Future and Quality priorities and had presentations from Rob Aitchison, Anna Basford, Kirsty Archer and Lindsay Rudge. We had a number of questions from the audience which were mainly about mental health and wellbeing.

I met with Helen Higgs Head of Audit Yorkshire for our annual discussion about the audit activity within the Trust.

Last week I attended the LGBTQ+ pride parade at HRI.

I have continued to meet new governors as they officially start in post. New Stakeholder Governors appointed recently are: Cllr Joshua Fenton-Glynn, Stakeholder Governor from Calderdale Council, Cllr Jo Lawson, Stakeholder Governor, Kirklees Council, Jules Williams, Stakeholder Governor, South West Yorkshire Partnership NHS FT.

Christopher Reeve has resigned as the Stakeholder Governor from Locala. He will be replaced by Victoria Vallance, Director of Nursing, Quality and Allied Healthcare Professionals in due course. Brian Moore, the new lead governor and I met to discuss the Council of Governors development work.

I chaired the Charitable funds committee where we discussed our refreshed strategy and branding alongside our fundraising activities in the year to date. A report to Board is attached.

I also chaired the organ donation committee whose Annual Report on donation activity is also attached. This comprises a letter to the Chief Executive and Medical Director; a summary report from NHS Blood and Transplant authority and a similar, but more detailed, report.

The Trust continues to perform really well in its category (Level 2 Trust) and benchmarks as exceptional for referral of potential organ donors and at bronze level for other indicators such as presence of a specialist nurse for organ donation, consent etc. Donation activity nationally has not yet returned to pre-pandemic levels and we all continue to make improvements within the Trust as well as raising awareness through publicity and information sharing. Organ Donation Week for 2023 is 18 to 24 September and the key message this year is 'Leave then Certain', i.e. encouraging people to make their wish for organ donation known to their loved ones and families so, should the worse happen, the families and loved ones can support donation at the critical time. Our colleagues in Communications have developed some materials for use during this week and arranged for Trust and some civic buildings to be lit up pink.

2. Health and Care System

West Yorkshire Association of Acute Trusts Committee in Common (WYAAT CIC) was held at the end of July and as well as our usual updates and assurances on WYAAT strategy and programmes of work we discussed areas of further collaboration with the new Chair and interim Chief Executive of Yorkshire Ambulance Service and West Yorkshire Community Collaborative. We spent time discussing the financial and performance challenges facing all Trusts. These meetings provide opportunity for sharing and learning from each other.

Brendan Brown, Anna Basford, Stuart Baron and I attended a meeting with Lord Markham, CBE, Parliamentary Under Secretary of State and colleagues from the new hospital programme. The meeting had been arranged by Cathy Elliot, Chair of West Yorkshire Integrated Care Board (ICB) to share the challenges different parts of West Yorkshire were facing in relation to capital developments.

I attended a West Yorkshire Health and Care Partnership improvement half day event. Lis Street, Clinical Director of Pharmacy was at the same event which had been pulled together to support West Yorkshire in terms of improvement and change.

Other system/ partner meetings and events include one to ones with Keith Ramsay, Brendan and I met with Liz Mear, Chair of the Kirklees Health and Care Partnership

and Andrea and I met with Haris Sultan, a NeXt Director with the ICB to discuss governors and membership in Trusts.

National/other

I am a member of the strategic advisory board for the Yorkshire and Humber Academic Health Science Network (AHSN) and attended our quarterly meeting at the digital media centre in Barnsley. As well as having a digital focus to the discussion and digital inclusion/exclusion in particular it was also great to hear about the regeneration and development of Barnsley. The AHSNs have been relicensed for a further five years and will be known as Health Innovation Networks in the future.

Helen Hirst
Chair
31 August 2023

GOVERNOR COMMITTEE ALLOCATIONS TO BOARD COMMITTEES & SUB GROUPS 2023/24

The role of a governor at a Board Committee meeting is to act as an observer in terms of holding the Non-Executive Directors to account.

BOARD COMMITTEES

Quality Committee (Monthly)

Chair: Denise Sterling denise.sterling@cht.nhs.uk
Administrator: Michelle Augustine michelle.augustine@cht.nhs.uk

Allocated (Representatives):	Gina Choy, Public Elected Governor Lorraine Wolfenden, Public Elected Governor
Deputies:	Kate Wileman Hollie Hampshaw
Meeting Dates 2023/24:	25 September, 23 October, 20 November, 20 December 2023

Charitable Funds Committee (Quarterly)

Chair: Helen Hirst Helen.Hirst2@cht.nhs.uk
Administrator: Corporate Governance team

Allocated (1 member):	Hollie Hampshaw
Meeting Dates 2023/24:	1 November 2023 6 February 2024 7 May 2024 6 August 2024 5 November 2024

Organ Donation Committee (Bi-Annual)

Chair: Helen Hirst Helen.Hirst2@cht.nhs.uk
Administrator: Rebecca Johnstone rebecca.johnstone@cht.nhs.uk

Allocated (Representatives):	John Richardson, Public Elected Governor Jonathan Drury, Staff Governor
Deputies:	Hollie Hampshaw
Meeting Dates 2023/24:	Date tbc

Finance and Performance Committee (Monthly)

Chair: Andy Nelson Andy.Nelson@cht.nhs.uk
Administrator: Rochelle Scargill rochelle.scargill@cht.nhs.uk

Allocated (Representatives):	Robert Markless, Public Elected Governor Pam Robinson, Public Elected Governor
Deputies:	Isaac Dziya, Public Elected Governor Brian Moore, Public Elected Governor
Meeting Dates 2023/24:	26 September 2023 25 October 2023 28 November 2023 2 January 2024

Audit and Risk Committee (Quarterly)

Chair: Nigel Broadbent Nigel.Broadbent@cht.nhs.uk
Administrator: Amber Fox Amber.Fox@cht.nhs.uk

Allocated (Representatives):	Isaac Dziya, Public Elected Governor Liam Stout, Staff Elected Governor
Deputies:	Tony Wilkinson (1) Jonathan Drury (2)
Meeting Dates 2023/24:	24 October 2023 30 January 2024 23 April 2024 June/July 2024 – To Be Confirmed 22 October 2024

Workforce Committee (Bi-Monthly)

Chair: Karen Heaton karen.heaton@cht.nhs.uk
Administrator: Tracy Rushworth tracy.rushworth@cht.nhs.uk

Allocated (Representatives):	Kate Wileman, Publicly Elected Governor (away until 28.10.23.) Dr Sara Eastburn, Appointed Governor
Deputies:	Lorraine Wolfenden John Richardson
New Governor Expression of Interest:	Julie Williams
Meeting Dates 2023/24:	17 October, 18 December 2023 19 February 2024

Nominations and Remuneration Committee of the Council of Governors (Requires 6 governors, at least four must be public governors, including the lead governor)

Chair: Karen Heaton Karen.Heaton@cht.nhs.uk
Administrator: Amber Fox Amber.Fox@cht.nhs.uk

Allocated (Representatives):	1. Brian Moore, Public Elected Governor – lead governor role 2. Peter Bamber, Public Elected Governor 3. Isaac Dziya, Public Elected Governor 4. Tony Wilkinson, Public Elected Governor 5. Pam Robinson, Public Elected Governor 6. Julie Williams, Appointed Governor
Meeting Dates 2023/24:	Ad hoc, at least once annually – 31 October 2023 and further due to NED recruitment Quoracy 3 members, 2 of which must be public governors

EQUALITY AND DIVERSITY

Allocated (Representatives):	Gina Choy
Meeting Dates 2023/24:	To be confirmed

DIVISIONAL REFERENCE GROUPS (DRGs)

Division	Chairs	Meeting Dates 2023
Medicine	Brian Moore	Wednesday 1 November 2023 10 am – 11.30 am Venue: Forum Room 2, Sub-basement, HRI
Community Healthcare	Robert Markless	Tuesday 7 November 2023 2 pm – 3.30 pm Venue: TBC (in Community)
Families and Specialist Services (FSS)	Gina Choy	Thursday 23 November 2023 2 pm – 3.30 pm Venue: Rainbow Centre, Elland
Estates and Facilities	*Vacant*	Thursday 9 November 2023 1 pm – 2.30 pm Venue: TBC
Surgery/Anaesthetics	Christine Mills	Monday 20 November 2023 1 pm – 2.30 pm Venue: Forum Room 2, Sub-basement, HRI

7. GOVERNANCE

7.1. Brief Update from Governors

For Information

7.2. Amendment to Standing Orders of the Council of Governors

To Note

Presented by Andrea McCourt

Date of Meeting:	Thursday 19 October 2023
Meeting:	Council of Governors
Title:	Standing Orders
Author:	Andrea McCourt, Company Secretary
Sponsoring Director:	Victoria Pickles, Director of Corporate Affairs
Previous Forums:	None
Purpose of the Report	This paper proposes an amendment to the quoracy requirements of the Standing Orders of the Council of Governors.
Key Points to Note	The Trust Standing Orders of the Council of Governors is currently specific about the number and type of governors required for quoracy at the public Council of Governor meetings. Currently this shows: **Section 2. Calling and notice of meetings** ***3. Quorum*** *3.1 Ten Council of Governors members (including not less than six Public Governors, not less than two Staff Governors and not less than two Appointed Governors – in line with the Constitution) present in person or by proxy under arrangements approved by the Council of Governors shall form a quorum.* The Council of Governors comprises 29 governors if appointments have been made to all roles. Currently there are 25 governors made up as follows: • 13 public governors (of 16 roles) • 5 governors (of 6 roles) • 7 appointed governors It is proposed that the quorum requirements are revised to allow for any mix of ten governors to provide greater flexibility: ***Quorum*** *Ten Council of Governors members from amongst Public Governors, Staff Governors and Appointed Governors present in person or by proxy under arrangements approved by the Council of Governors shall form a quorum.*

	Subject to approval by the Council of Governors, this amendment to the Standing Orders will be presented to the Board of Directors for approval at its meeting on 2 November 2023.
EQIA – Equality Impact Assessment	The content of this report does not adversely affect people with protected characteristics.
RECOMMENDATION:	The Council of Governors is asked to **APPROVE** the revisions to the Scheme of Delegation.

7.3. Verbal Outcome of Non-Executive Directors Appraisals

To Note

Presented by Helen Hirst

7.4. Fit and Proper Person Test - Verbal Update

To Note

Presented by Andrea McCourt

8. PERFORMANCE AND STRATEGY

8.1. Feedback from Finance and Performance Committee

To Note

Presented by Andy Nelson and Kirsty Archer

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Finance and Performance Committee
Committee Chair:	Andy Nelson, Non-Executive Director
Date(s) of meeting:	26th September 2023
Date of Board meeting this report is to be presented:	2nd November 2023

ACKNOWLEDGE

- Continued strong performance in Cancer with CHFT highlighted in a recent Daily Mail article as the only trust in the country hitting the key cancer targets
- Recovery performance also remains strong and the best in the West Yorkshire ICS (see table below). We now have no patients waiting over 65 weeks and just 9 52-week waiters. We have delivered 110.4% of our elective recovery plan in the year to date although we are now behind our trajectory for 40-week waiters due to issues in ENT and the impact of the strikes
- As we continue to reduce outpatient follow-ups through admin validation, we are also making good progress on our outpatient transformation initiatives with, for example, Patient Initiated Follow-Up where 5% of patients are using this approach for follow-up. This performance means we are one of the trusts selected nationally to see if we can go 'further faster' and share learning
  Encouraging signs of improvement in the MUST score and SHMI has continued to improve and is in the expected range nationally

ASSURE

- At our September meeting we were given assurance on a number of specific items:
  - We have produced a strong and comprehensive response to an NHSE request on how we are protecting and expanding elective capacity
  - We received a detailed report on the actions being taken to address the problem of patients dropping off the national e-Referral System including mitigations CHFT have now put in place to avoid this problem re-occurring
  - We reviewed the Surge and Escalation Plan and the Resilience Plan; the latter replaces what used to be called the Winter Plan
- The capital spend is behind plan whereas the cash position is ahead of plan – the committee were assured that both are expected to meet the plan set for 2023/4. It should be noted additional capital funding has been awarded to support the development of the Community Diagnostic Centre taking our total capital plan to £40.92m

AWARE

- The number of Appointment Slot Issues (ASIs) continues to be a concern with numbers rising in the last month. ENT is the main area for concern, but a task and finish group has now agreed some actions. A similar picture is now also being seen in Outpatient Follow-Ups, despite the work done on admin validation, although the problem specialties are different with Neurology, Gastroenterology and Ophthalmology having the biggest backlogs
- Transfer of Care (TOC) numbers remain a concern being still typically close to or over 100 – the Urgent and Emergency Care Recovery Plan is key to cracking this problem. There is currently more confidence in making improvements within CHFT than across the place/system. This position along with continuing high levels of bed occupancy is feeding through into our adverse financial position

- At month 5 we are reporting a £11.08m deficit which is a £1.61m adverse variance to plan. Other factors playing into this are the impact of the recent strikes and higher non-pay costs in areas such as utilities, maintenance costs and elective recovery
- As required by regulators we have developed some forecast scenarios for this financial year which show a best case of meeting our planned deficit of £20.8m, a worst case of an adverse variance to plan of £14.82m and a likely case of a £7.1m adverse variance. This likely case is driven primarily by slippages in the ED and Length of Stay efficiency schemes and some non-pay inflationary pressures. Both these schemes have been undergoing escalation and extra scrutiny in the CIP programme. Current expectation is that a gap will remain in the CIP programme, so a session has been scheduled for the end of September to look at this
- The adverse variance to plan across the ICS was £38.8m YTD at month 5; and a forecast likely case of an £89m adverse variance to plan

ONE CULTURE OF CARE

One Culture of Care considered as part of the performance and finance reports. Senior member of WOD now attends F&P on a regular basis plus WOD representation in deep dives. This allowed the committee to check in on workforce performance (such as sickness levels) and well-being and whether any further actions can be taken given the significant operational pressures staff are facing.

How do We Benchmark with West Yorkshire - RTT

Provider	40 Week Waits	52 Week Waits	65 Week Waits	78 Week Waits	104 Week Waits
Airedale	2,123	928	219	5	0
Bradford	1,986	494	85	1	0
Calderdale and Huddersfield	1,123	9	0	0	0
Leeds	9,893	4,083	1,031	83	0
Mid Yorks	5,960	2,187	401	28	0

As of 10/09/2023

8.2. Integrated Performance Report Overview

To Note

Presented by Jonathan Hammond

Date of Meeting:	7 September 2023
Meeting:	Public Board of Directors
Title:	QUALITY & PERFORMANCE REPORT
Author:	Peter Keogh, Assistant Director of Performance
Sponsoring Director:	Jonny Hammond, Chief Operating Officer
Previous Forums:	Executive Board, Finance & Performance Committee
Purpose of the Report	To provide the Board of Directors with a single combined narrative that seeks to triangulate current performance for the month of July 2023.
Key Points to Note	**Performance Matrix Metrics Changes** **Diagnostic activity undertaken against activity plan** – this is the only movement in the matrix for July which has gone from common cause variance hit/miss to special cause improving variation and hit/miss target. For July 2023 we continue to perform well in terms of **elective recovery** 65/52/40 weeks although we did see a small increase in 40-week waits due to cancelled lists following strike action. ENT is the most challenging specialty and a Task and Finish group has already identified a combination of solutions to address the capacity deficit: • Demand management through an effective referral triage service. • Return to pre-pandemic capacity through template and on-call review / changes. • Recruitment into current workforce gaps. • Short-term increase in independent sector use to mitigate current workforce gaps and support reduction in ASI backlog. • Improved productivity to ensure all available capacity is fully utilised. For **diagnostics** we still have challenges in Echo and a Recovery paper for TTE scan backlog has been sent to the Exec team for approval with support needed regionally to recover due to volume. Neurophysiology trajectory shows that we are expecting to be back to 6 weeks by November 2023. There is significant work happening to reduce our **follow-up** backlog. Admin validation has managed to reduce the backlog from 27,000 to 23,900 by closing requests. Initiatives such as Patient Initiated Follow-up (PIFU) have been implemented and based on this good performance

	CHFT is one of the Trusts selected nationally to see if we can go "further faster" and share learning. CHFT is the only Trust in West Yorkshire to reach 5% PIFU. **Cancer** performance continues to be strong although the faster diagnosis performance reduced further in July following the impact of Telederm which is being addressed. **ED** performance for July was 70.61% with a drop in daily attendances but still high numbers of TOC patients and high bed occupancy. We were still within the top 13 Acute Trusts nationally for type 1 ED performance. For **Community** we have introduced a metric on OPAT - Outpatient Parenteral Antimicrobial Therapy – this is Community-based provision of IV antibiotic treatment for patients who otherwise would have received this as a hospital inpatient. In terms of **SHMI** the latest reporting month of April 2023 does show a performance of 108.85. This is following the national annual rebasing exercise, often with the first reporting month after that rebasing performance can deteriorate, this is updated as we move through the year and we would expect this performance to improve as has been seen with the HSMR performance being over 100 for April 2023 but has come back to the 94 range for May 2023. There was 1 **never event** reported in July 2023 which is currently under investigation. **Complaints** closed within timescale at 87% is lower than aspired to due to FSS Division's individual performance of 75%. For **Health Inequalities** metrics have been further expanded with the introduction of key indicators for Deprivation (IMD 1 and 2 patients). Further work continues for these patients alongside patients with Learning Disabilities to try and reduce the disparity in waits and DNAs. In **Workforce** Sickness Absence went above target for the first time in 5 months.
EQIA – Equality Impact Assessment	The IPR does not report performance with a breakdown of Protected Characteristics either for workforce or patient data. Workforce equality monitoring is conducted at Workforce Committee via WRES, WDES and Staff Survey. The Public Sector Equality Duty annual report is presented to Board annually, as well as our gender pay gap report.
Recommendation	The Board of Directors is asked to note the narrative and contents of the report for July 2023.

Calderdale and Huddersfield NHS Foundation Trust

Integrated Performance Report July 2023

Report produced by this

Contents:

Performance Matrix Summary:

Matrix Key
- High Improvement
- Improvement
- Neutral
- Concern
- High Concern

VARIANCE	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	• Total Patients waiting >40 weeks • Total Patients waiting >52 weeks • Total Patients waiting >65 weeks • Core EST Compliance • Total Patients waiting >40 weeks (LD)	• Diagnostic activity undertaken against activity plan • Falls per 1,000 Bed Days	• No KPI's
COMMON CAUSE/NATURAL VARIATION	• No KPI's	• Total RTT Waiting List • Total Patients waiting > 62 days for cancer treatment compared with February 2020 • Proportion of patients meeting the faster diagnosis standard • ED Proportion of patients seen within 4 hours • Proportion of patients spending more than 12 hours in ED • Hospital Discharge Pathway Activity • Stillbirths per 1,000 total births • Proportion of Urgent Community Response referrals reached < 2 hours • Summary Hospital-level Mortality Indicator • CHFT Acquired Pressure Ulcers per 1,000 Bed Days • MRSA Bacteraemia Infection Rate • C. Difficile Infection Rate • E. Coli Infection Rate • Number of Never Events • Number of Serious Incidents • % of incidents where the level of harm is severe or catastrophic • % of complaints within agreed timescale • % of episodes scoring NEWS of 5+ going on to score higher • Proportion of patients meeting the faster diagnosis standard (LD) • % Outpatient DNAs (LD) • % of patients that receive a diagnostic test within 6 weeks (LD) • Proportion of patients meeting the faster diagnosis standard (IMD 1 and 2) • % of patients that receive a diagnostic test within 6 weeks (IMD 1 and 2))	• % of patients that receive a diagnostic test within 6 weeks • Early Cancer Diagnosis • Proportion of ambulance arrivals delayed over 30 minutes • Bed Occupancy • % of beds occupied by patients who no longer meet the criteria to reside • ED Proportion of patients seen within 4 hours (LD) • % Outpatient DNAs (IMD 1 and 2)
SPECIAL CAUSE CONCERN	• Staff Movement (Turnover) • Sickness Absence (Non-Covid)	• Transfers of Care • ED Proportion of patients seen within 4 hours (IMD 1 and 2)	• No KPI's

Not included in table – Finance, Virtual Ward, elective activity, follow-up activity, Community Waiting List, Non-Site-Specific Cancer Referrals, Admission avoidance (frailty), neonatal deaths, Outpatient Parenteral Antimicrobial Therapy (OPAT) and Care Hours per Patient Day (CHPPD)

Elective Care:

Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Total Patients waiting >40 weeks to start treatment	July 2023	832	0					
Total Patients waiting >52 weeks to start treatment	July 2023	21	0					
Total Patients waiting >65 weeks to start treatment	July 2023	0	0					
Total RTT Waiting List	July 2023	33,265	31,586			32,098	29,595	34,600
Total elective activity undertaken compared with 2023/24 activity plan	July 2023	110%	100%					
Percentage of patients waiting less than 6 weeks for a diagnostic test	July 2023	86.1%	95%			87%	80%	94%
Diagnostic Activity undertaken against activity plan	July 2023	14,738	14,547			13,084	11,146	15,023
Total Follow-Up activity undertaken compared with 2023/24 activity plan	July 2023	101.4%	100%					

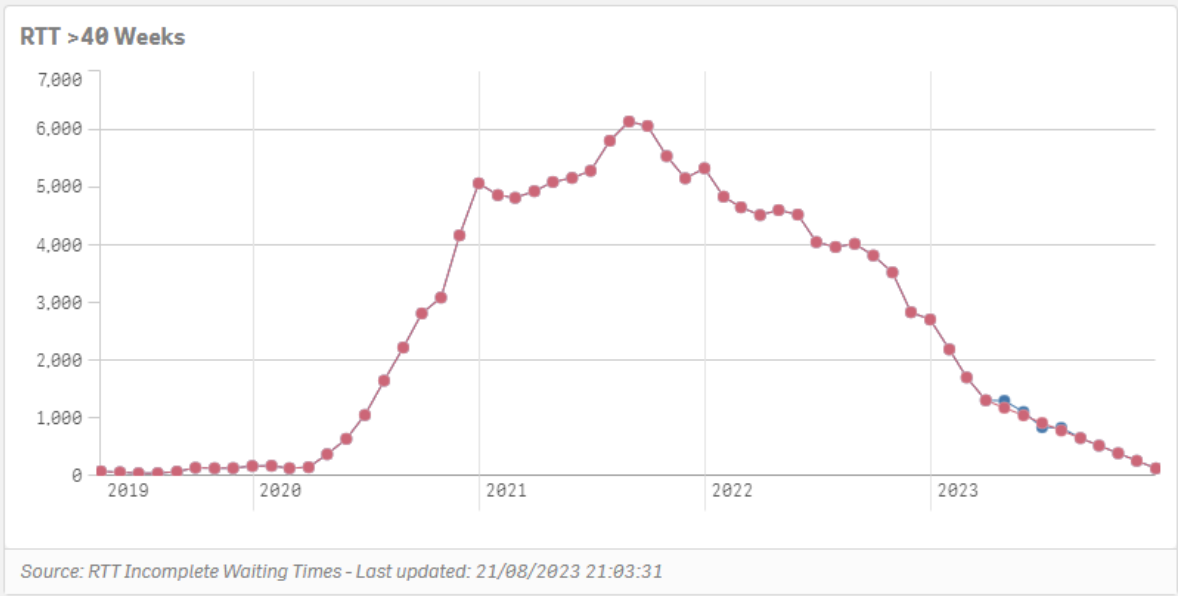
Total Patients waiting more than 40 weeks to start consultant-led treatment

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Thomas Strickland Business Intelligence Lead: Fiona Phelan

Rationale:
To measure and encourage compliance with recovery milestones for the RTT waiting list.

Target:
Aim to have 0 patients waiting more than 40 weeks by January 2024.



What does the chart show/context:
This chart shows the number of patients on the RTT Incomplete Pathways list who have been waiting more than 40 weeks to start treatment. The aim is to show progress towards 0 patients waiting more than 40 weeks by January 2024 (internal target).
Our 40-week position has been reducing monthly from a peak of 6,000 to the current position of 832 at the end of July 2023. Our current trajectory was 785 so we were slightly behind the trajectory.
The majority of our remaining patients who are waiting over 40 weeks are in ENT (123), Max Fax (81), T&O (89), General Surgery (238), Urology (74) and Gynaecology (69).

Underlying issues:
A growing ASI list (especially in ENT) represents a risk to the continuing reduction in list size.
Cancelled lists/appointments due to strike action may have resulted in a delay in reducing the 40-week position. Of our specialties with patients over 40 weeks, ENT is currently the most challenging and has ASIs that are now 35 weeks since referral and are continuing to increase.

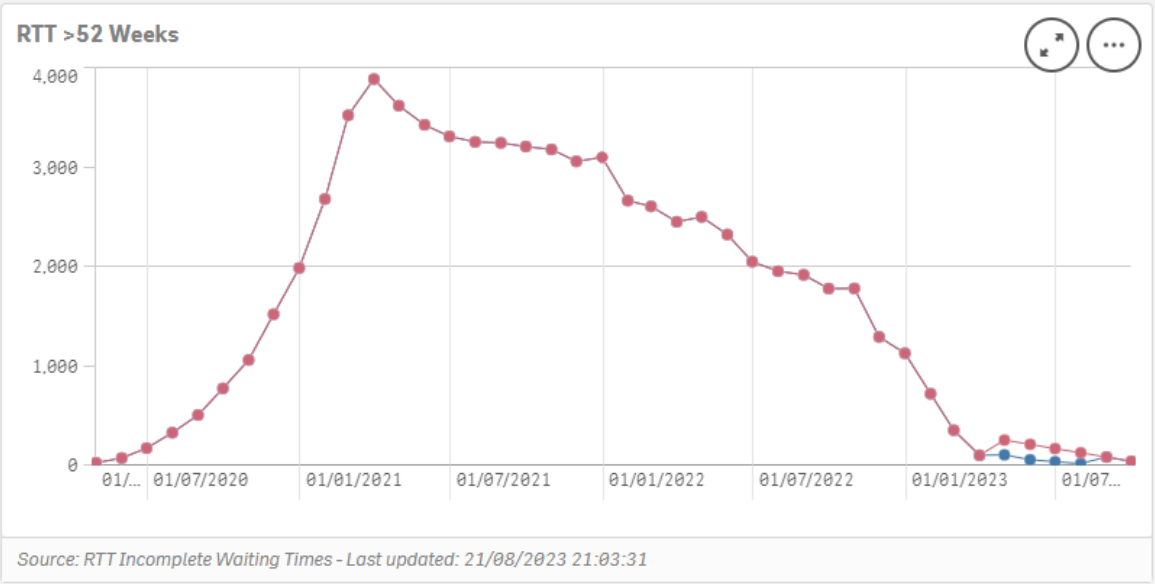
Actions:
Operational teams to be tracking patients to at least 40 weeks.
KP+ writeback model being used by all operational teams to ensure that tracking actions are transparent and cannot be overwritten by Validation teams.
ENT Task and Finish Group set up and meeting weekly on Fridays.
Actions have been identified in 3 cohort areas:
Demand management
Increasing internal capacity
Increasing external capacity

Total Patients waiting more than 52 weeks to start consultant-led treatment

Executive Owner: Jonathan Hammond Operational Lead: Thomas Strickland Business Intelligence Lead: Fiona Phelan

Rationale:
To measure and encourage compliance with recovery milestones for the RTT waiting list.

Target:
Aim to have 0 patients waiting more than 52 weeks by September 2023.



What does the chart show/context:
This chart shows the number of patients on the RTT Incomplete Pathways list who have been waiting more than 52 weeks to start treatment. The aim is to show the progress towards 0 patients waiting more than 52 weeks by September 2023 (internal target).
Our 52-week position has been reducing monthly from a peak of 4,000 to the current position of 21.
The majority of our remaining patients who are waiting over 52 weeks are in Gynaecology (5), General Surgery (4) and MaxFax (3), with T&O/Gastroenterology/Neurology (2) and Urology/Cardiology/Clinical Haematology (1).
There are 196 waiting between 46 and 52 weeks, of which General Surgery (56), Max Fax (25), ENT (23) and Urology/T&O (21). No specialty has more than 5 patients waiting over 52 weeks.

Underlying issues:
Of the remaining patients who are over 52 weeks, most have a treatment plan in place before the end of August, therefore in the short term we would expect the position to continue to fall to zero.
The longer-term risk to the 52-week position is specifically from ENT ASIs.

Actions:
Operational teams to be tracking patients to at least 40 weeks.
KP+ writeback model being used by all Operational teams to ensure that tracking actions are transparent and cannot be overwritten by Validation teams.
ENT Task and Finish Group set up and meeting weekly on Fridays.
Actions have been identified in 3 cohort areas:
Demand management
Increasing internal capacity
Increasing external capacity

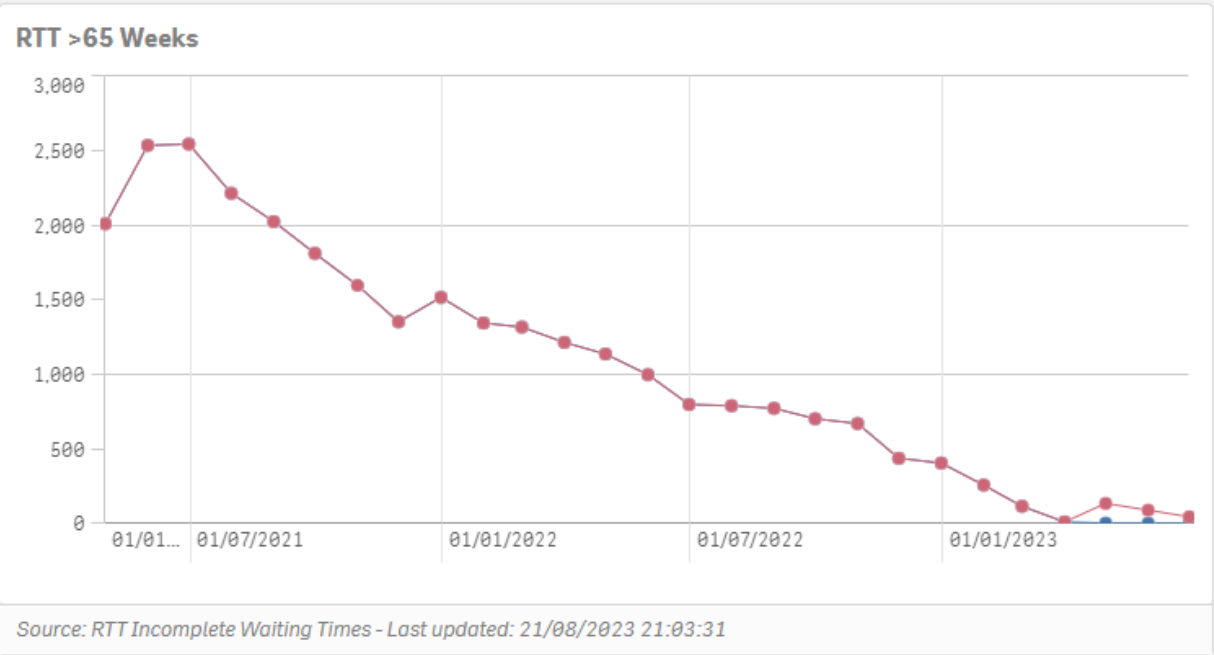
Total Patients waiting more than 65 weeks to start consultant-led treatment

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Thomas Strickland Business Intelligence Lead: Fiona Phelan

Rationale:
To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.

Target:
Aim to have 0 patients waiting more than 65 weeks by March 2024 (internal target June 2023).



What does the chart show/context:
This chart shows the number of patients on the RTT Incomplete Pathways list who have been waiting more than 65 weeks to start treatment. The aim is to show the progress towards 0 patients waiting more than 65 weeks by March 2024 (internal target June 2023). Our 65-week position has been reducing monthly from a peak of 2,500 to the current position at the end of July of 0.

Underlying issues:
Although there were 0 patients at 65 weeks, there was 1 pathway waiting 63-64 week (Neurology).

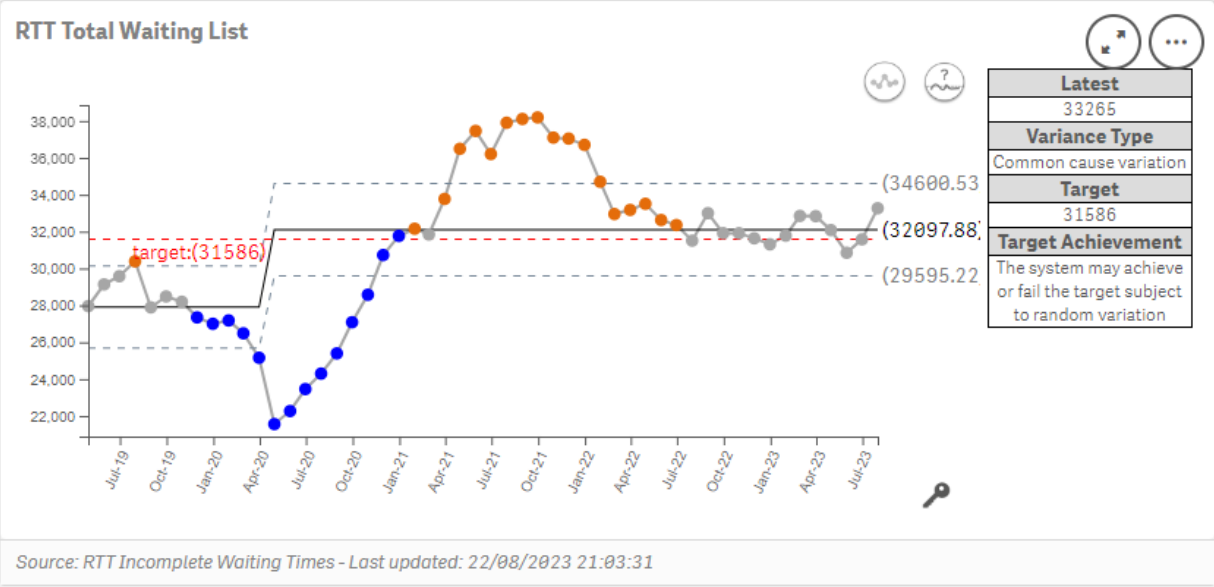
Actions:
Ensure that ENT Ops/General Manager continue to ensure that these theatre sessions are not cancelled and that patients are pre-assessed in a timely fashion.
Operational teams to be tracking patients to at least 40 weeks to stop patients getting close to 65 weeks in future months.
All patients that could be a 65-week wait by the end of March 2024 need to have a 1st Appointment booked by 31st October (as per NHSE guidance letter 4th August).

Total RTT Waiting List

Executive Owner: Jonathan Hammond Operational Lead: Kim Scholes Business Intelligence Lead: Fiona Phelan

Rationale:
To measure the size of the Referral to Treatment (RTT) incomplete pathways waiting list.

Target:
31,586 (activity plan 2023/24)



What does the chart show/context:
This chart shows the size of the RTT Incomplete Pathways list as submitted each month on the 18 Weeks RTT PTL.
Our waiting list size has been consistently between 31,000 and 33,500 since February 2022 after increased variation at the start of 2020 (a reduction caused by a number of patients being returned to GPs at the start of Covid/not accepting new referrals and then an increase due to referrals being accepted but capacity being reduced in both admitted/non-admitted areas between July 2020 and July 2021).

Underlying issues:
We currently have a stable RTT Waiting list position.

The National position continues to grow on a monthly basis and the ICS position suggests we are the only Trust in the region currently not seeing a 20% increase in pathways over the last 12 months.

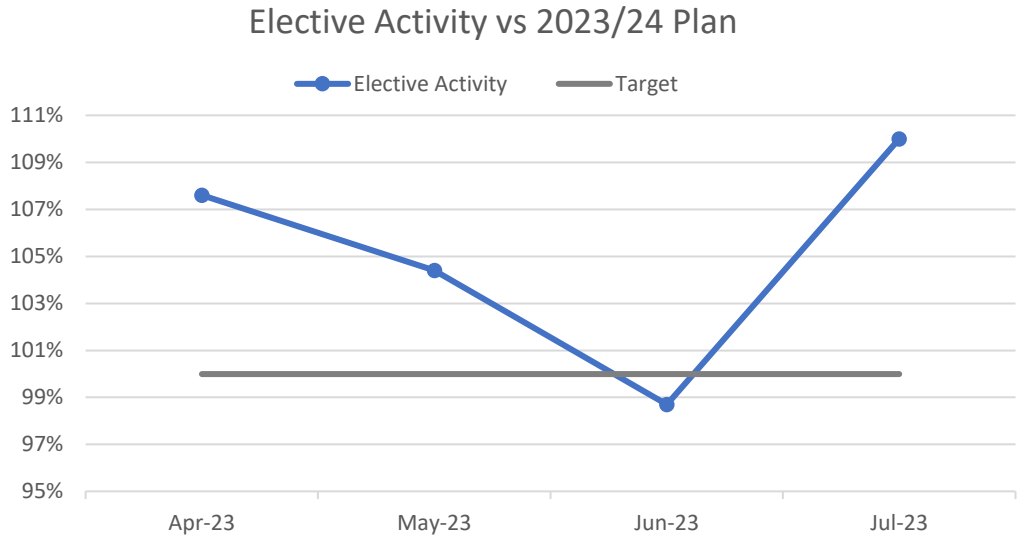
Actions:
Validation team to monitor LUNA (National DQ RTT Benchmarking tool – currently in top 30 Trusts in the country for RTT DQ Assurance).
Meet the trajectory for no ASIs over 18 weeks by the end of March 2024.
Meet the trajectory for 40/52/65 weeks.
Operational teams to be tracking patients to at least 40 weeks.
Validation team to use KP+ RTT model that identifies where RTT Pathways have been created inappropriately or user has selected status code of 99 Not Known that suggests a training issue.

Total elective activity undertaken compared with 2023/24 activity plan

Executive Owner: Jonathan Hammond Operational Lead: Kim Scholes Business Intelligence Lead: Oliver Hutchinson
Finance Lead: Helen Gaukroger

Rationale:
Recover elective activity levels to above those seen in the pre-Covid period, to address the growing elective care waiting list.

Target:
Recover elective (day cases/elective inpatients) services so that activity levels are at least 100% of 2023/24 activity plan



What does the chart show/context:
CHFT has exceeded the elective activity target in 3 of the 4 months compared with the 2023/24 activity plan. Performance in July 2023 has increased again to 110% in month. Day cases were significantly above the planned position for July, standing at 111.4%. The YTD performance for the elective activity overall remains above the planned position and currently stands at 104.8%, which is a total of 720 spells more than the plan at this stage. Both day case and elective activity have performance above the 100% planned position.

Underlying issues:
We continue to deliver over 100% of our activity plan and therefore continue to see a reduction in 52 week waits.

Actions:
There has been a KP+ Contract Monitoring Report model set up for 2023/24 to break this data down to specialty level. Finance leads to work with divisional GMs and Ops managers to ensure awareness of this position at specialty and divisional level.
We are working to ensure Capped theatre utilisation is tracked via Model Health and are currently showing as the 3rd highest in the region with the aim of consistently meeting the 85% national aim.

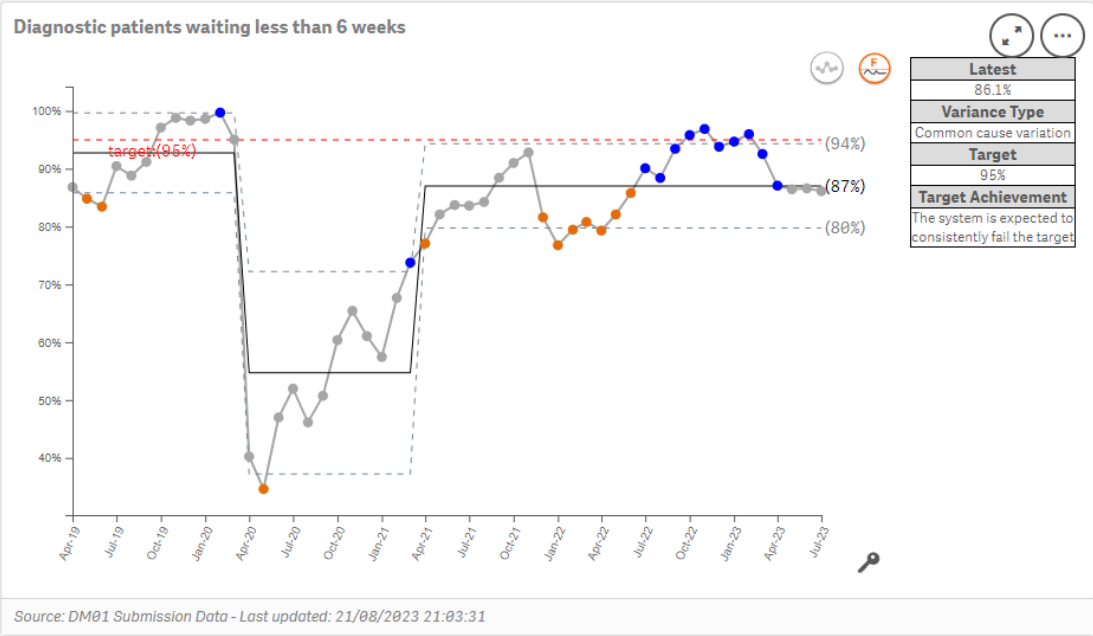
Percentage of patients waiting less than 6 weeks for a diagnostic test

Executive Owner: Jonathan Hammond
Business Intelligence Lead: Fiona Phelan

Operational Leads: Thomas Strickland/Stephen Shepley/Helen Rees
Finance Lead: Helen Gaukroger

Rationale:
Maximise diagnostic activity focused on patients of highest clinical priority.

Target:
Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.



What does the chart show/context:
The Trust is expected to consistently fail the target of 95%. Performance can be expected to vary between 79% and 95% however performance is in special cause variation – improvement (where high is good). Whilst the Trust performance is close to meeting the 95% target in most modalities, we are consistently below this for Echocardiography (52.8%) and Neurophysiology (56.3%).

Underlying issues:
2 modalities (Echocardiography/Neurophysiology) still have significant numbers of pathways >6 weeks. Without those modalities, the remaining tests are achieving over 99%.

Actions:

Echocardiography

- Backlog of 1,413 TTE scans outstanding and 826 TTE reports outstanding. Reporting backlog presents clinical risk which is on the risk register.
- Accredited staff beginning additional sessions to reduce reporting backlog and mitigate risk from end of August.
- Recovery paper for TTE scan backlog sent to divisional SMT and Exec team for approval. Support needed regionally to recover due to volume.
- 2 full-time bank members of staff have recently left due to higher rate at Manchester University FT.
- Annual leave of substantive and bank staff coupled with previous capacity issues due to digitalisation project has led to high volume of scans outstanding.
- High number of trainees without adequate supervision time has caused TTE reporting backlog as these need sign-off from accredited staff.

Neurophysiology

- Extraordinary meetings have also been held with the COO and plans have been highlighted with an action taken to deliver a revised trajectory based on incoming staff.
- Trajectory shows that we are expecting to be back to 6 weeks by November 2023.

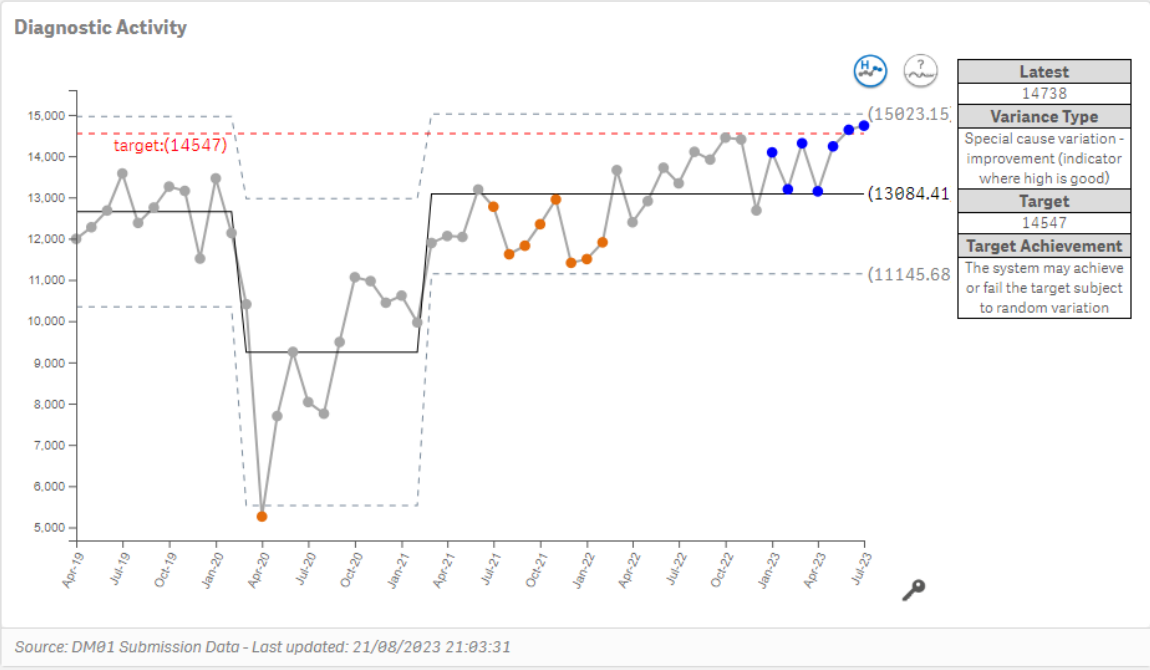
Total Diagnostic Activity undertaken against the activity plan

Executive Owner: Jonathan Hammond
Business Intelligence Lead: Fiona Phelan

Operational Lead: Thomas Strickland/Stephen Shepley/Helen Rees
Finance Lead: Helen Gaukroger

Rationale:
Maximise diagnostic activity focused on patients of highest clinical priority.

Target:
Recovery of diagnostic testing is key to wider elective recovery, including RTT performance. Target 14,547 (activity plan 2023/24)



What does the chart show/context:
The Trust is unable to consistently meet the target of 14,547 and may achieve or fail the target subject to random variation. Performance can be expected to vary between 11,145 and 15,023. Activity is similar to pre-Covid levels.

Underlying issues:
Overall we are performing below the target level, but in most modalities this is due to being at 6 weeks or less from a diagnostic waiting time perspective, and therefore additional activity is not currently needed as per the planning submission made at the start of the year.
Both Echocardiography and Neurophysiology are the two areas where activity is under plan and we are materially off target against 95% of patients being seen within 6 weeks.

Actions:

Echocardiography

- Backlog of 1,413 TTE scans outstanding and 826 TTE reports outstanding. Reporting backlog presents clinical risk which is on the risk register.
- Accredited staff beginning additional sessions to reduce reporting backlog and mitigate risk from end of August.
- Recovery paper for TTE scan backlog sent to divisional SMT and Exec team for approval. Support needed regionally to recover due to volume.
- 2 full-time bank members of staff have recently left due to higher rate at Manchester University FT.
- Annual leave of substantive and bank staff coupled with previous capacity issues due to digitalisation project has led to high volume of scans outstanding.
- High number of trainees without adequate supervision time has caused TTE reporting backlog as these need sign-off from accredited staff.

Neurophysiology

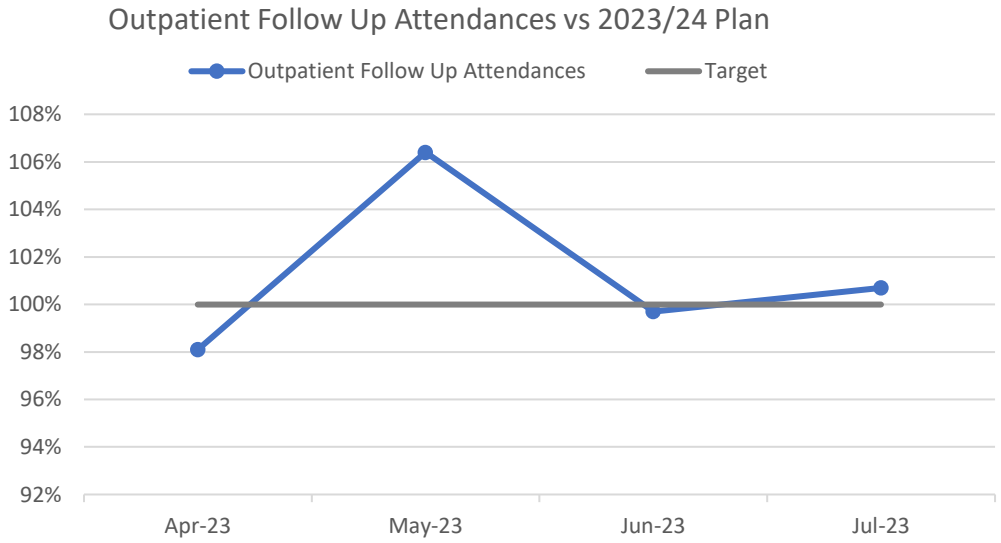
- Extraordinary meetings have also been held with the COO and plans have been highlighted with an action taken to deliver a revised trajectory based on incoming staff.
- Trajectory shows that we are expecting to be back to 6 weeks by November 2023.

Total Follow-Up attendances undertaken compared with 2023/24 activity plan

Executive Owner: Jonathan Hammond Operational Lead: Kim Scholes Business Intelligence Lead: Oliver Hutchinson
Finance Lead: Helen Gaukroger

Rationale:
To measure the relative reduction in follow-up outpatient attendances (consultant and non-consultant led) in 2023/24 compared to 2023/24 activity plan

Target:
% of 2023/24 activity plan (source: activity plan 2023/24)



What does the chart show/context:
CHFT made the decision at the start of 2022/23 to not adopt the 25% reduction in outpatient follow-up activity, this has continued for 2023/24. Performance has improved for month 4 and CHFT achieved 101.4% of the planned position in month for follow-up attendances. The YTD position still remains above the planned levels standing at 101.5%, this is 1,119 attendances over the planned position.

Underlying issues:
Although the national target for follow-up activity is 75% of 2019/20 activity, due to a significant follow-up backlog (23,900) CHFT have not taken this up. The majority of the backlog has been waiting less than 12 weeks.

Actions:
There are currently 6,899 (of the 23,900 backlog) records that are awaiting a clinical prioritisation within CHFT's MPage system, this is a similar position from last month. Specialties need to have a plan to address this backlog to ensure patients are booked by clinical priority.

Following the narrative from last month the admin validation work has started and cohort 1-3, which is in relation to patients that have a future appointment booked in the same specialty, duplicate requests and past appointments in the same specialty has been completed, resulting in 5,117 requests being closed and the overall Trust backlog reducing from 27,000 to 23,900.

Deep dives are being undertaken at specialty level, to create a bespoke plan for each specialty to continue to reduce the follow-up backlog and long waiters.

Cancer:

Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Total Patients waiting >62 days to begin cancer treatment compared with February 2020 baseline	11th Aug 2023	38	35			34.62	17.82	51.41
Proportion of patients meeting the faster diagnosis standard	July 2023	66%	75%			76%	66%	86%
Non-Site-Specific Cancer Referrals	July 2023	23	25					
Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028	June 2023	52.6%	75%			49%	39%	59%

Total Patients waiting over 62 days to begin cancer treatment compared with February 2020 baseline

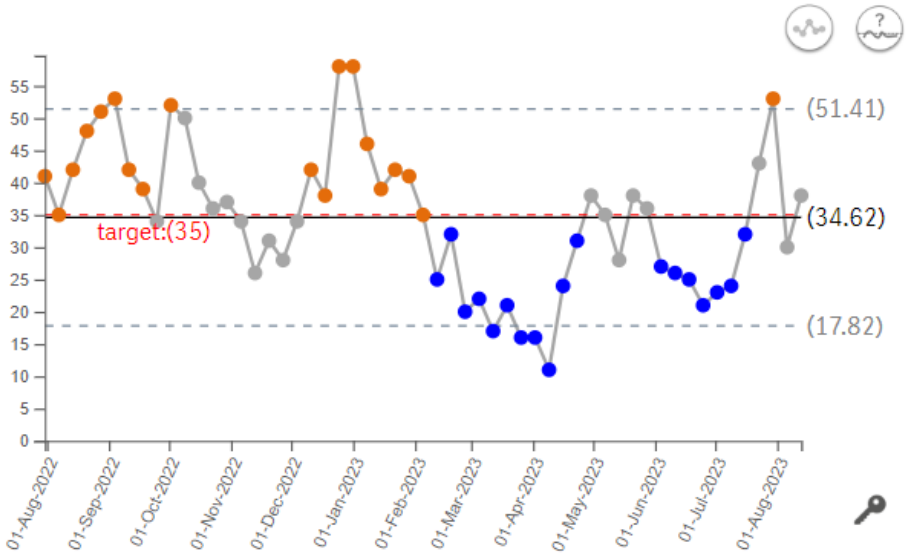
Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Maureen Overton Business Intelligence Lead: Bethany Todd

Rationale:
The NHS Constitution outlines what patients can expect and their rights when they are referred on a cancer diagnosis and treatment pathway.

Target:
Return the number of people waiting for longer than 62 days to the level in February 2020. Target 35 as per activity plan 2023/24.

People waiting longer than 62 days



Latest
38
Variance Type
Common cause variation
Target
35
Target Achievement
The system may achieve or fail the target subject to random variation

What does the chart show/context:
- The snapshot reflects the Sunday position of that week.
- The Trust is unable to consistently meet the target of 35 or less and may achieve or fail the target subject to random variation. Performance can be expected to vary between 18 and 52.
- CHFT has one of the lowest over 62-day PTLs nationally and this is tied into our 62-day performance which stands as one of the best in the country. Effort went in to reduce our PTL to pre-pandemic levels by March 2023.

Underlying issues:
- At least 50% of the long waiters are Colorectal. Skin long waiters have recently impacted performance.
- We also do not work at weekends, therefore this report does not take into account Friday's activity, which is captured on Monday's tracking.
- As of Monday 13th August there were 38 patients on the long waiters' report.

Actions:
- Over 62-day waiters continuing to be monitored on a case-by-case basis by PPC team.

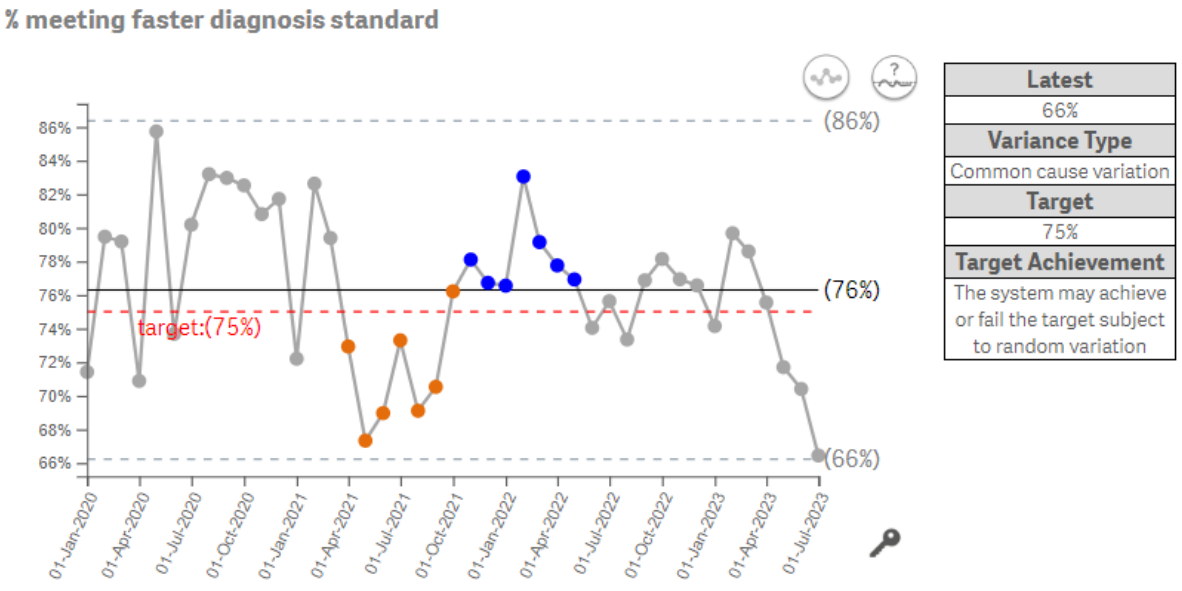
Proportion of patients meeting the faster diagnosis standard

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Maureen Overton Business Intelligence Lead: Bethany Todd

Rationale:
Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving.

Target:
Maximum four weeks (28 days) from receipt of referral, to point at which patient is told they have cancer, or cancer is definitely excluded. Target 75%.



Latest
66%
Variance Type
Common cause variation
Target
75%
Target Achievement
The system may achieve or fail the target subject to random variation

What does the chart show/context:
- Latest monthly performance stands at 66% which is below the NHSE target.
- Performance is variable however as of the latest financial year the Trust meets the target more often than it fails. National performance tends to be under the 75% target.
- The Trust is unable to consistently meet the target of 75% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 66% and 86%

Underlying issues:
- Nationally, pathways where performance against the 28-day FDS is challenged are; Lower GI, Upper GI and Urology and this is reflected locally.
- Telederm continues to impact on 28-day performance this month.
- Non-Site-Specific; Sarcoma and ENT have performed below the 75% FDS target during July, as lower volume tumour sites, limited impact on overall performance.

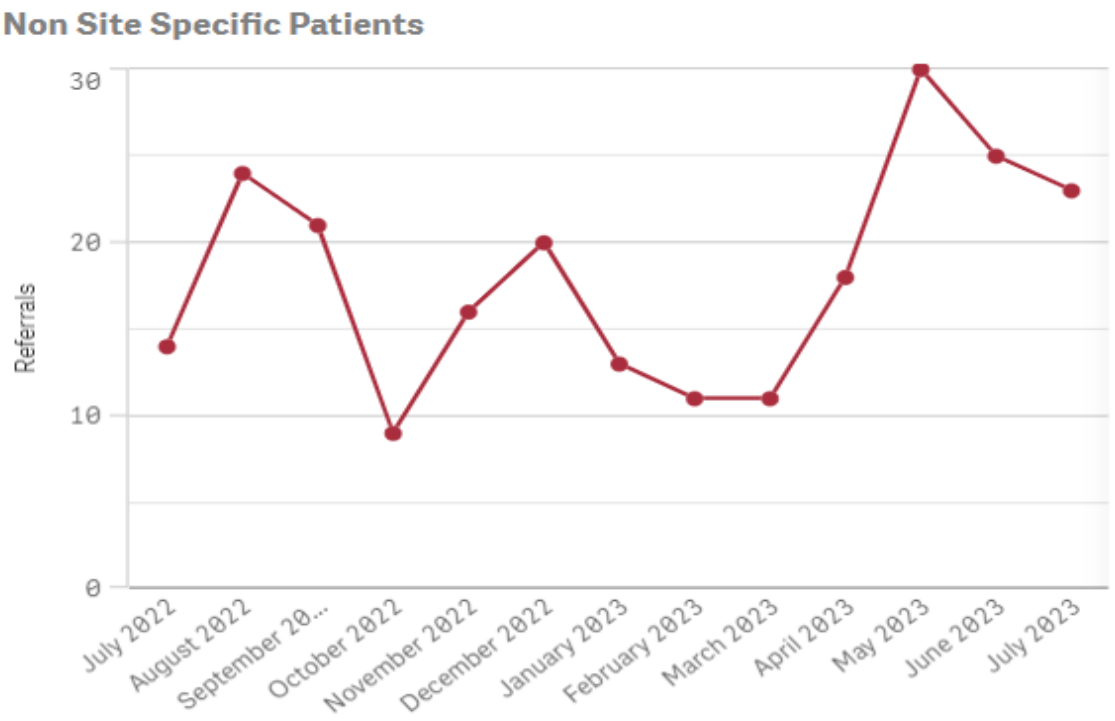
Actions:
- Working with primary care to collaborate and resolve issues with telederm.
- Pathway Navigator has started in post 12th June with a focus on day 0-28 in Lower GI and Upper GI.
- Non-Site-Specific looking at; recording of diagnosis, patient availability for diagnostics.

Non-Site-specific Cancer Referrals

Executive Owner: Jonathan Hammond Operational Lead: Maureen Overton Business Intelligence Lead: Bethany Todd

Rationale:
The non-specific symptoms (NSS) pathway provides a route for patients presenting with vague symptoms who may have a serious illness.

Target: 25 as per activity plan – March 2024



What does the chart show/context:
- Referrals are variable, between 10 to 30 referrals a month.

Underlying issues:
- Referrals have remained steady this month at 23 with a minor decrease on the projected number (25).
- The Physician's Associate started in post during May and is running video/telephone clinics alongside the Specialist CNS.

Actions:
- The Specialist CNS started assessing patients in primary care week commencing 12th June.
- Share quarterly NSS referrals data with PCNs, continuing to raise the NSS service profile.

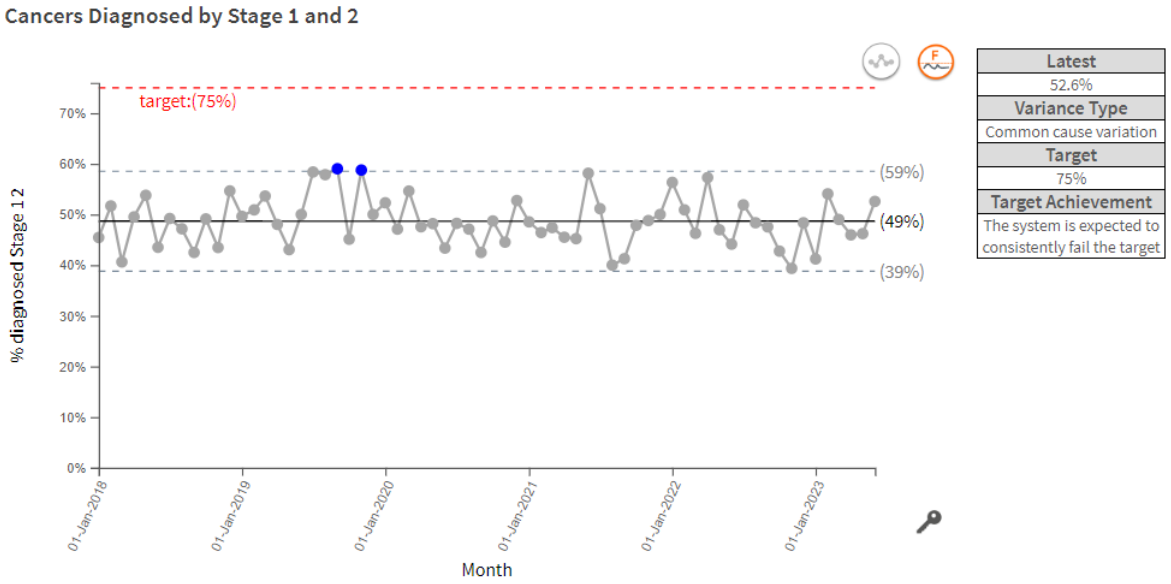
Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Maureen Overton Business Intelligence Lead: Bethany Todd

Rationale:
Cancer is one of the biggest contributors to inequalities in life. Early presentation, referral, screening and diagnosis are key to addressing the health inequalities around diagnosis of cancer.

Target:
75% of all diagnosed cancer to be stage 1 or 2 by 2028.



What does the chart show/context:
- The Trust is expected to consistently fail the target of 75%.
- Performance can be expected to vary between 45% and 58%.
- Nationally this metric stands at 52%, and CHFT are around this mark.

Underlying issues:
- This metric is an area where CHFT need to work with partners to raise awareness and ensure that ICB colleagues are addressing the issues.

Actions:
- This metric will be rolled out alongside a series of NHSE pilots, including FIT testing, and Dermatoscopes, with the aim that these pilots will improve access and earlier diagnosis.
- The Faster Diagnostic Framework will also support this unit of work.

Urgent and Emergency Care and Flow:

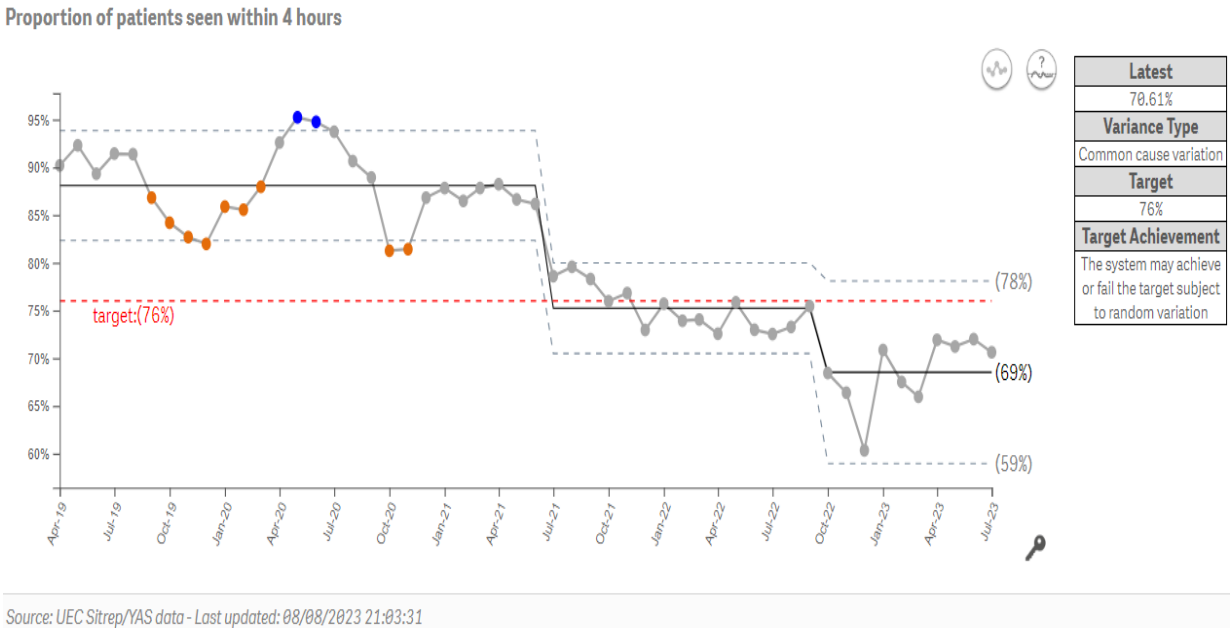
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Proportion of patients seen within 4 hours	July 2023	70.61%	76%			69%	58%	78%
Proportion of ambulance arrivals delayed over 30 minutes	July 2023	1.2%	0%			4%	1%	7%
Proportion of patients spending more than 12 hours in an emergency department	July 2023	2.78%	2%			2%	0%	5%
Adult G & A acute bed occupancy adjusted for void beds (Type 1 Acutes Only)	July 2023	97.8%	96%			98%	96%	100%
% of beds occupied by patients who no longer meet the criteria to reside	July 2023	25%	14.21%			22%	18%	26%
Hospital Discharge Pathway Activity – AvLOS pathway 0	July 2023	4.0	4.1			3.99	3.60	4.38
Transfers of Care	July 2023	106	50			88.18	45.82	130.53

Proportion of patients seen within 4 hours

Executive Owner: Jonathan Hammond Operational Lead: Jason Bushby Business Intelligence Lead: Alastair Finn

Rationale:
To monitor waiting times in A&E.

Target:
NHS Objective to improve A&E waiting times so that no less than 76% (80% local target) of patients are seen within 4 hours by March 2024 with further improvement in 2024/25.



Source: UEC Sitrep/YAS data - Last updated: 08/08/2023 21:03:31

What does the chart show/context:
The Trust is unable to consistently meet the target of 76% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 59% and 78%

The performance for July was 70.61%. The average daily attendances for July were 481 which was lower than the 502 average in June. The performance is significantly lower than the 76% target brought in from April 2023 onwards. Nevertheless we were 13th nationally for Acute Trusts for type 1 performance.

Underlying issues:
- Increase in attendances
- Increase in occupied beds - long wait for beds
- Increase in acuity

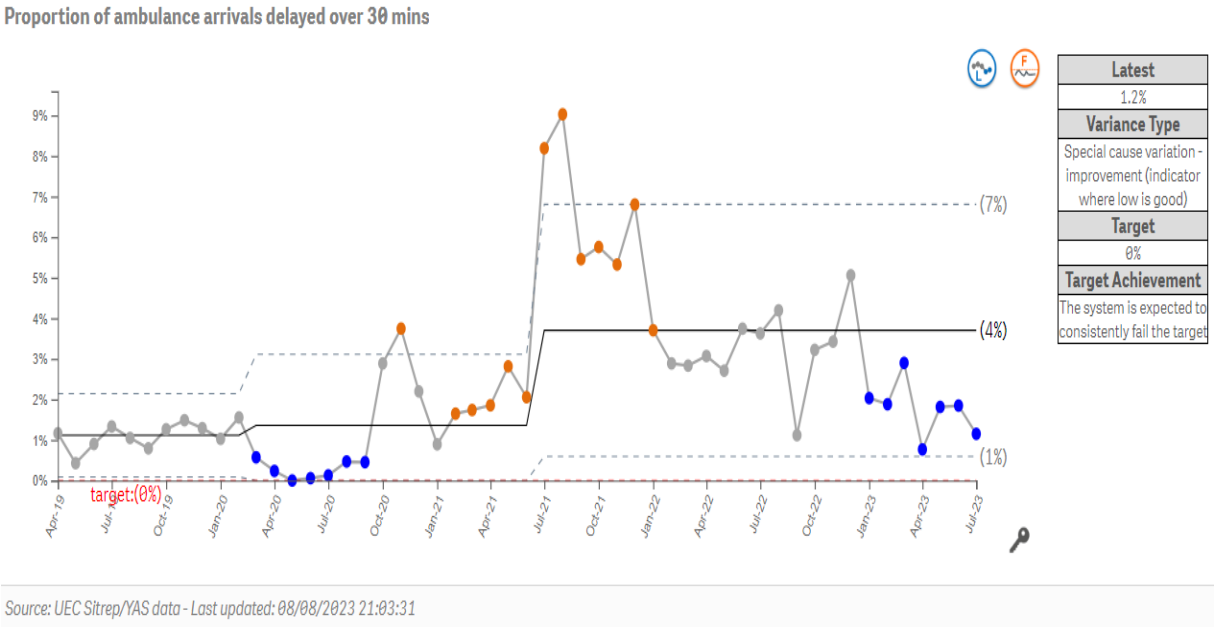
Actions:
Recruitment into Medical WFM at interview stage, 3 locum consultants appointed. Evenings into nights is problematic and breach review identifies poor skill/seniority mix in employed medical workforce. Now addressed with 2 ST4+ on nights and evening consultant staying on until department is clear. We are monitoring our admitted and non-admitted performance daily to try improve the overall 4-hour standard performance.

Proportion of ambulance arrivals delayed over 30 minutes

Executive Owner: Jonathan Hammond Operational Lead: Jason Bushby Business Intelligence Lead: Alastair Finn

Rationale:
Proportion of ambulances which experience a delay (by more than 30 minutes) in transferring the patient over to the care of ED staff.

Target:
Patients arriving via an ambulance should be transferred over to the care of hospital staff within 15 minutes of arrival at an Emergency Department (ED). 0% should wait over 30 minutes to handover (NHS Standard Contract 2023/24).



What does the chart show/context:
The Trust is expected to consistently fail the target of 0% Performance can be expected to vary between 1% and 7%.

We have seen a reduction in the proportion of ambulances which delay by more than 30 minutes in transferring the patient over to care of ED at the start of 2023. We continue to validate all patients over 30 minutes every day. We have found due to this there is a material difference in what is being reported as part of the Daily Ambulance Collection which is taken straight from the figures reported by YAS. SOP brought in to improve performance on these at the start of April and this has had a positive impact with a big reduction in the number of over 30-minute delays as can see from the last 4 points on the graph.

Underlying issues:
- Increase in attendances
- Increase in bed occupancy – long waits for beds
- Increased LOS in ED means the departments can become bed blocked
- Increased acuity (less fit to sit patients)

Actions:
Improvement for all metrics for ambulance handovers - SOP in action that ensures consistent approach to validation.

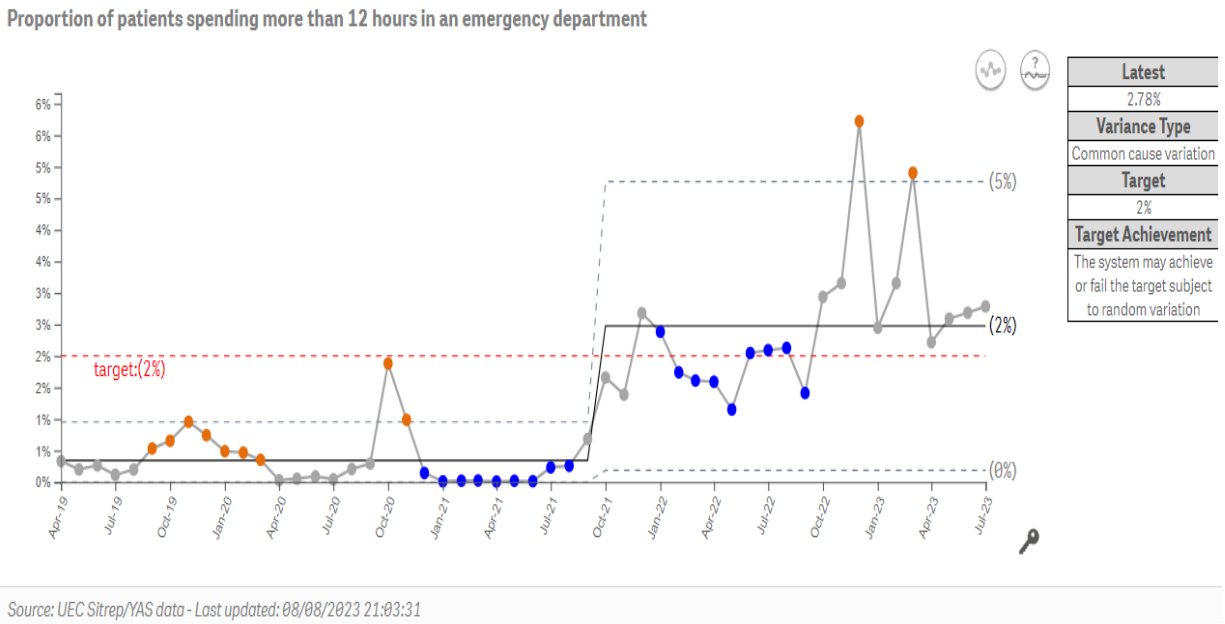
Proportion of patients spending more than 12 hours in an emergency department

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Jason Bushby Business Intelligence Lead: Alastair Finn

Rationale:
To monitor long waits in A&E.

Target:
The number of patients that spend more than 12 hours between arrival and admission, transfer or discharge, as a proportion of total attendances. Less than 2% of patients should wait more than 12 hours (NHS Standard Contract 2023/24).



What does the chart show/context:
The Trust is unable to consistently meet the target of 2% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 0% and 5%

In July the performance was 2.78% with 415 patients waiting over 12 hours in ED. This was just above the 2% target.

Underlying issues:
- Increase in demand
- Wait for beds
- Increase in acuity

Actions:
Continue to monitor all long waiting patients and expedite DTAs to allow for beds to be acquired earlier in the patient pathway. We continue to work with Clinical Site Matron teams in early identification of patients who will require admission.

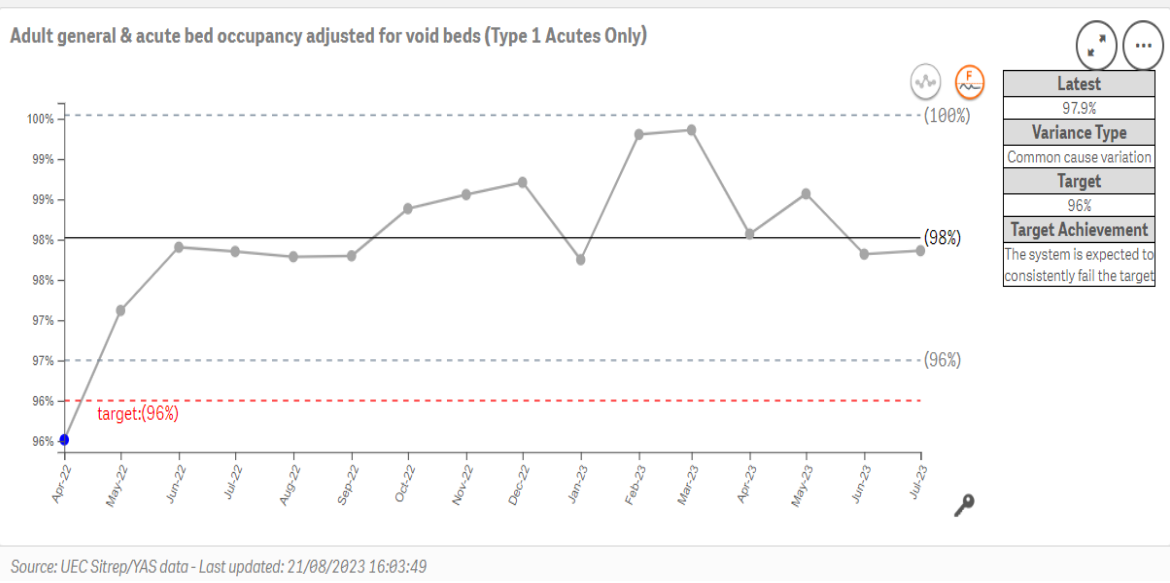
Adult general & acute bed occupancy adjusted for void beds (Type 1 Acutes Only)

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Gemma Berriman Business Intelligence Lead: Alastair Finn

Rationale:
Understand the proportion of adult general and acute beds that are occupied.

Target:
Target 96% or less.



What does the chart show/context:
The Trust is expected to consistently fail the target of 96%

Adult bed occupancy remains high with July at 97.9%. It is important to factor in the bed base when analysing this graph. The current internal target for bed occupancy is 96% (internal target).

Underlying issues:
- Large numbers of surge and super surge beds remain open as well as flexed capacity across the Acute Floor and Respiratory floors.
- More clarity required regarding core bed base, surge and super surge beds.
- Keeping beds flexed but empty to drop bed occupancy and maintain flow.
- Increased acuity increasing LOS.
- High TOC numbers and delays into care homes and EMI beds.

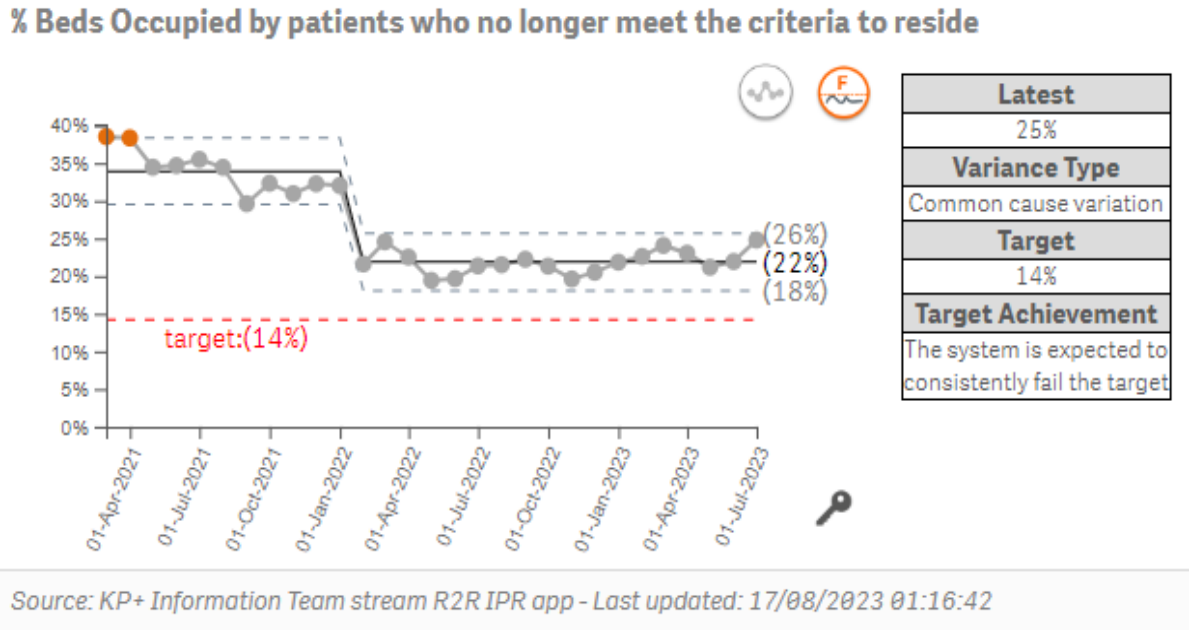
Actions:
- LOS reference group - targets in place to reduce LOS across Wards for TOC and Non-TOC patients to help reduce bed occupancy levels.
- Undertaking work to have a clear core beds base.
- Working with operational site teams to maintain capacity and drop occupancy levels.
- Long length of stay work.
- Trajectory for reducing TOC numbers.

Percentage of beds occupied by patients who no longer meet the criteria to reside

Executive Owner: Jonathan Hammond Operational Lead: Sarah Rothery Business Intelligence Lead: Alex King

Rationale:
Understand the numbers of beds which are not available for patients who do meet the criteria to reside and therefore points to resources which are unavailable due to discharge issues.

Target: Less than 14.2% as per activity plan (March 2024).



Source: KP+ Information Team stream R2R IPR app - Last updated: 17/08/2023 01:16:42

What does the chart show/context:
In July 25% of patients had no reason to reside. Less beds were occupied in July but this was still in line with the amount of patients with no reason to reside, hence the percentage remaining similar to previous months. July's data is above the mean line, but within normal variation. The Trust will consistently fail the target of 14.2% and performance can be expected to vary between 18% and 26%.

Underlying issues:
- Increases in acuity across our ward areas.
- Patients not transferred onto the TOC list in a timely manner despite wards waiting for a pathway 1-3 outcome.
- The criteria to reside not being managed at ward and department level in the board and ward rounds.

Actions:
- The new plan is to integrate a R2R discussion into the Board Round SOP and the % target for reporting into the UECDG is <15% of patients. The project will come under the Well Organised Ward (WOW) project and will be monitored as an outcome measure of using digital boards to support patient pathways.

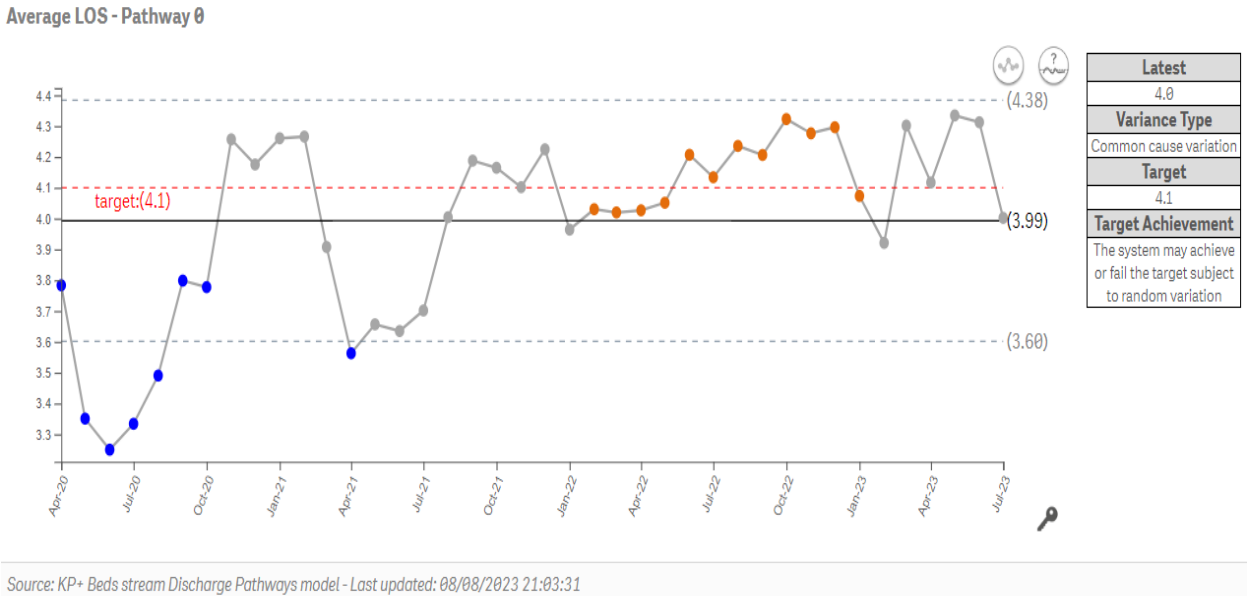
Hospital Discharge Pathway Activity

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Gemma Berriman Business Intelligence Lead: Alastair Finn

Rationale:
A reduction in average length of stay for pathway 0 (less complex patients who do not require input from Health and Social care) releases capacity, gives a better patient experience and reduces possible exposure to hospital infections. Pathway 0 patients make up the majority of hospital discharges.

Target:
8% reduction on 2022/23 Average Length of Stay to 4.1 days.



Source: KP+ Beds stream Discharge Pathways model - Last updated: 08/08/2023 21:03:31

What does the chart show/context:
Performance can be expected to vary between 3.6 and 4.38 days. We saw an increase in the LOS in May and June however as we discharged a number of long stay patients in those months which increased the average LOS. The LOS fell in July and is below the current target at 4.0

Underlying issues:
- Increasing attendances to ED
- Increasing acuity
- Delays in discharging

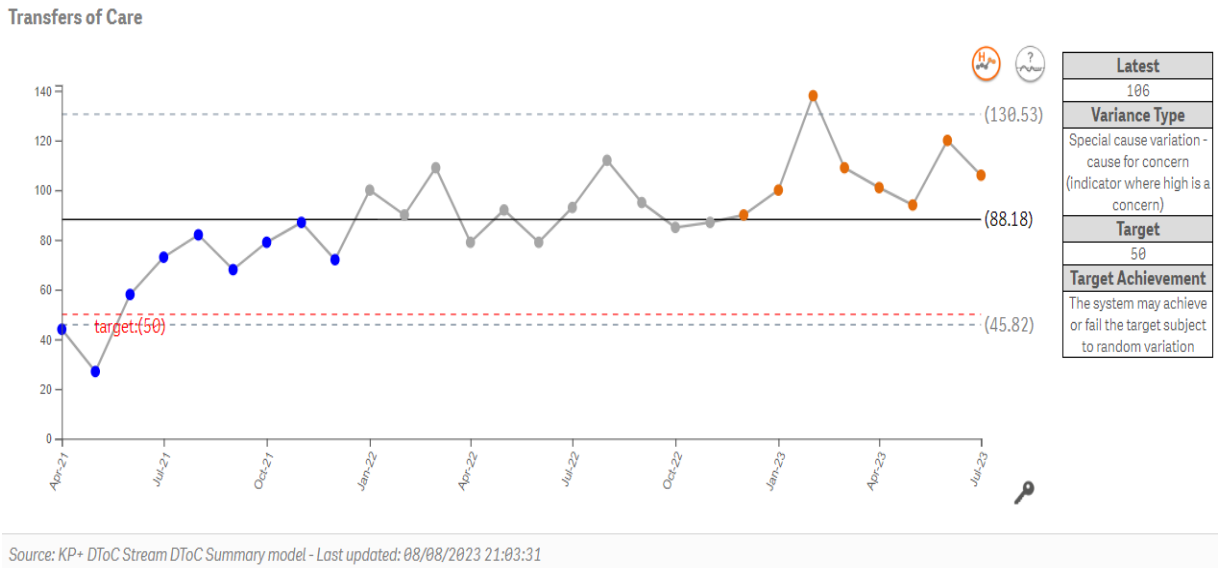
Actions:
- Two Improvement groups commenced, SDEC and LOS working groups to look at
  - Plan for Every Patient/Reason 2 Reside
  - Home First/D2A
  - Criteria Led Discharge
  - UCR/Virtual Ward
- KPIs for each working group
- Feedback to take place monthly at UECDG against the KPIs and available data
- Data to also encompass qualitative data
- Clear project leads and group members
- Monthly working group meetings to be held across the workstreams
- Links with CIP and planning to be in place
- Scrutinising and understanding the data
- Feedback from wards on LOS trajectory
- Data to also encompass qualitative data
- Project roll out on wards 19 and 20 for Home first
- Elderly Care Criteria-Led Discharge roll-out
- New LOS meetings looking at all wards all patients not on TOC (MDT approach)
- Engagement session regarding board rounds

Transfers of Care

Executive Owner: Jonathan Hammond Clinical Lead: Gemma Berriman Business Intelligence Lead: Alastair Finn

Rationale:
Delayed transfer of care occurs when a patient is ready to leave a hospital but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice. Delayed transfers can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care as delayed transfers reduce the number of beds available for other patients.

Target: 50 patients or less



What does the chart show/context:
The snapshot for the end of July was 106 patients on the TOC which is much higher than the target set at the start of the financial year. TOC numbers have been climbing since 2021 peaking in February 2023. Referrals to TOC have also followed the same trajectory. Resources to manage TOC have remained the same.

Underlying issues:
- Increasing numbers on TOC
- Increasing referrals to TOC
- Increasing need to for discharge support due to aging population and increasing dependency.

Actions:
- Ward LOS trajectories in place and a reporting mechanism designed
- Weekly Long LOS reviews undertaken for those patient over 60 days
- Weekly LOS Meetings with system flow coordinator
- Training package for complex discharges with legal team
- System meeting to discuss TOC

Maternity and Children's Health:

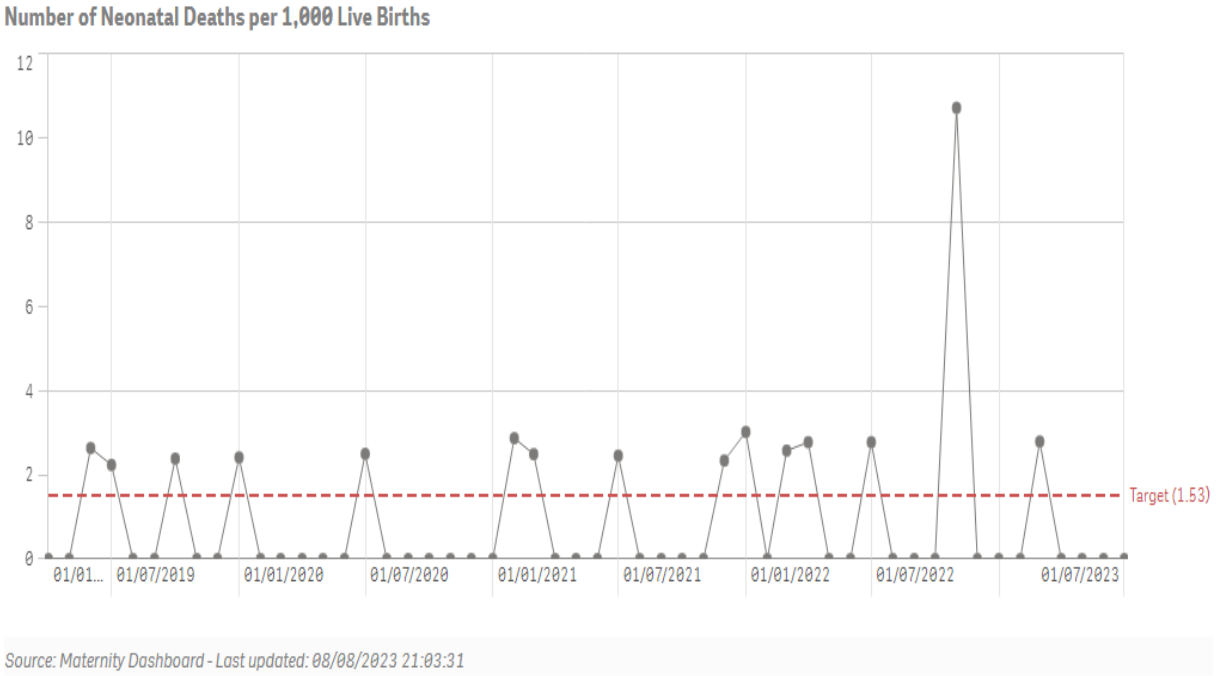
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Neonatal deaths per 1,000 total live births	July 2023	0	1.53					
Stillbirths per 1,000 total births	July 2023	0	3.33			3.70	0	12.86

Neonatal deaths per 1,000 total live births

Executive Owner: David Birkenhead Clinical Lead: Diane Tinker Business Intelligence Lead: Saima Hussain

Rationale:
The Long-Term Plan committed the NHS to accelerate action to achieve the national maternity safety ambition of 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.

Target:
1.53 deaths within 28 days of birth per 1,000 live births. (MBRRACE-UK)



What does the chart show/context:
The Trust is unable to consistently maintain the minimum number of deaths per 1,000 live births and may achieve or fail the target subject to random variation.

Underlying issues:
Currently there are no underlying issues. Deaths will continue to be monitored and investigated as required. Actions below will ensure performance is maintained.

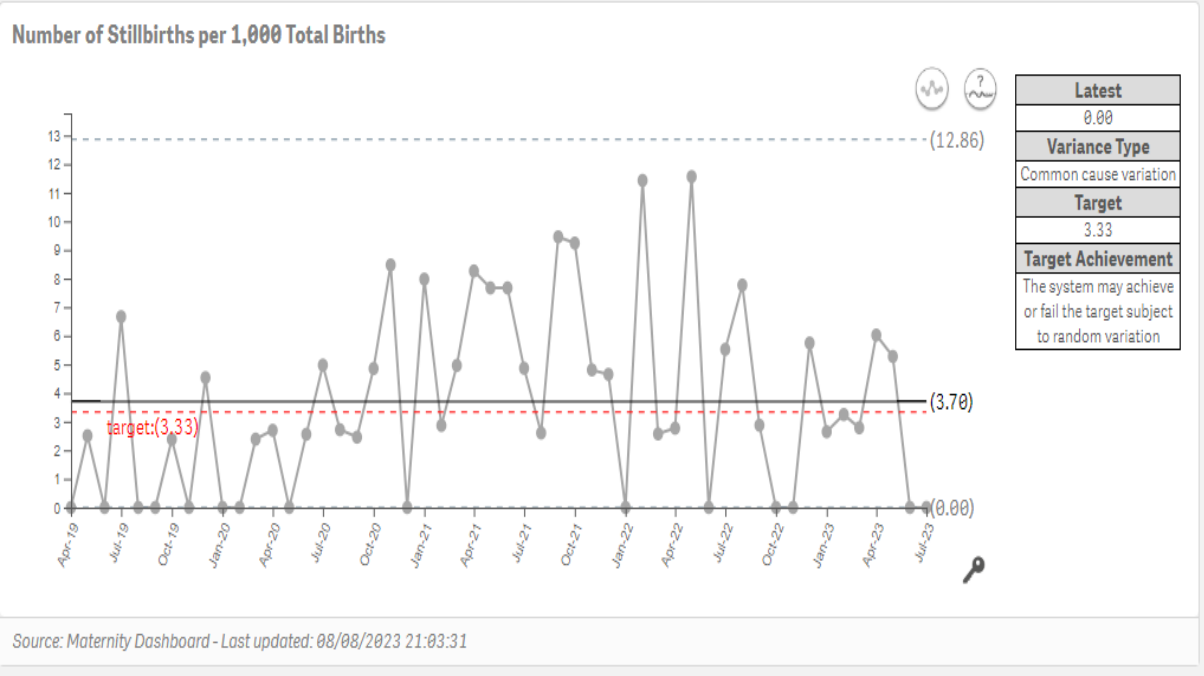
Actions:
- All early neonatal deaths reviewed at Orange Panel and weekly governance meeting
- All neonatal deaths MDT PMRT completed
- All early neonatal deaths referred to HSIB
- Regular quarterly stillbirth/neonatal audit undertaken
- Responsive review of neonatal deaths undertaken due to increase in 2022
- Audit discussed at Maternity Health Equalities Workstream
- Monthly Saving Babies Lives Group
- MDT with tertiary fetal medicine centre for known fetal anomalies

Stillbirths per 1,000 total births

Executive Owner: David Birkenhead Clinical Lead: Diane Tinker Business Intelligence Lead: Saima Hussain

Rationale:
The Long-Term Plan committed the NHS to accelerate action to achieve the national maternity safety ambition of 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.

Target:
3.33 deaths per 1,000 live births. MBRRACE-UK



What does the chart show/context:
The Trust is unable to consistently maintain the minimum number of deaths per 1,000 total births and may achieve or fail the target subject to random variation.

Underlying issues:
Currently there are no underlying issues. Deaths will continue to be monitored and investigated as required. Actions below will ensure performance is maintained.

Actions:
- All stillbirths reviewed at Orange Panel and weekly governance meeting
- All stillbirths MDT PMRT completed
- All intrapartum stillbirths referred to HSIB
- Regular quarterly stillbirth/neonatal audit undertaken
- Audit discussed at Maternity Health Equalities Workstream
- Monthly Saving Babies Lives Group
- MDT with tertiary fetal medicine centre for known fetal anomalies

Community Services:

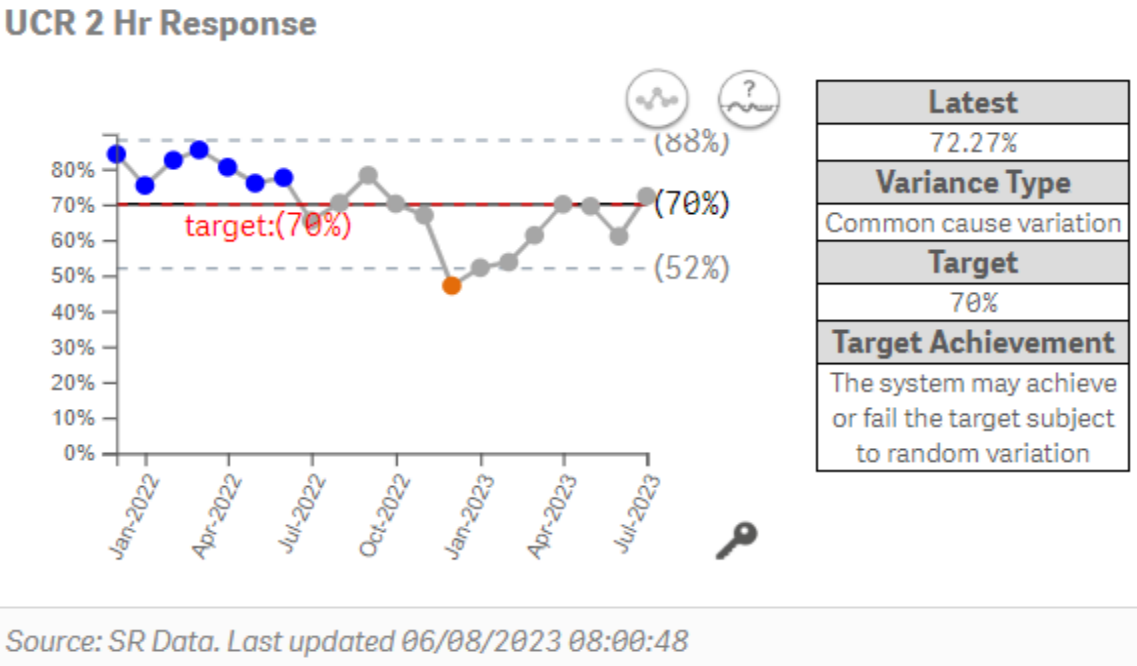
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Proportion of Urgent Community Response referrals reached within 2 hours	July 2023	60.9%	70%			70%	52%	87%
Community Waiting List	July 2023	6,113	4,387 (end 23/24)					
Virtual Ward	July 2023	37.6%	80%					
OPAT - Outpatient Parenteral Antimicrobial Therapy	July 2023	12.5%	N/A			28%	3%	53%

Proportion of Urgent Community Response referrals reached within two hours

Executive Owner: Rob Aitchison Clinical Lead: Hannah Wood Business Intelligence Lead: Gary Senior

Rationale:
Urgent Community Response services are a commitment in the NHS Long-Term Plan to provide urgent care to people in their homes if their health or wellbeing suddenly deteriorates.

Target:
% of 2-hour UCR referrals that achieved the 2-hour response standard. Clinical contact within 2 hours of referral into service. Target: 70%.



Source: SR Data. Last updated 06/08/2023 08:00:48

What does the chart show/context:
December 2021 – June 2022 showing as over 70% target. Followed by 5-month period (July – November 2022) of random variation. From December 2022 onwards significant drop in performance due to service adopting new functionality – however improving position trend to July 2023 – now at 72.3%
The Trust is unable to consistently meet the target of 70% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 52% and 88%.
Regionally (NE and Yorks) are showing a response rate achievement of 85% and Nationally the figure shows 84% (April 2023).

Underlying issues:
Change of Service-led SystmOne functionality use in December 2022 resulted in data recording issues with the contact time (Clock stop). Therefore the figures are not a true reflection of the performance – manual audit suggests 84.4% for December 2022, 83.4% for January 2023, 76.1% for February 2023, 87% for March 2023.
Manual audit being completed to examine the different elements of the 2-hour response e.g. how much time there is for Local Care Direct (LCD) to manage triage and call, and then the response time left for UCR to respond - initial findings have seen that in some cases it has taken over an hour for LCD to triage and add to UCR waiting list which significantly reduces the time to get to patient - particularly considering that the journey can take up to an hour if living on the borders of the borough. This is not reflected in LCD's data as they report 100% compliance with meeting the 2-hour target but it is having a knock-on effect on the time left out of that 2 hours for us to respond. Work ongoing around this.

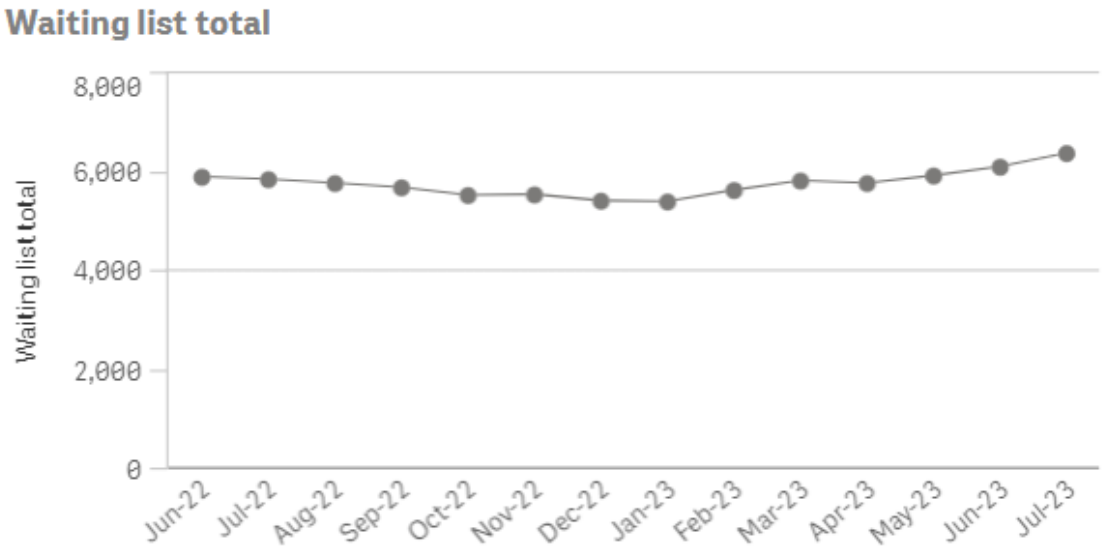
Actions:
Communications to service leads around accurate data recording.
Audit as described above to identify joint improvement work needed with LCD.

Community Waiting List

Executive Owner: Rob Aitchison Operational Lead: Nicola Glasby Business Intelligence Lead: Gary Senior

Rationale:
Understand resilience amongst providers of community health services and provide valuable data on waiting times and waiting list information.

Target:
The total number of patients on community waiting lists at a given time.
Target 4,387 by the end of 2023/24.



Source: SR Data. Last updated 06/08/2023 08:00:48

What does the chart show/context:
The overall waiting list numbers trend has seen a slight reduction from when data collection began in June 2022 to January 2023. Since then the trend shows an overall increase in numbers. 6,388 total in July 2023.
Regionally (NE and Yorks) the waiting list numbers have increased by 0.6% and Nationally show a decrease of 1.4% (March 2023 to April 2023).
Regionally MSK, Podiatry and Children's SALT having the highest numbers waiting.
At CHFT Podiatry and Children's SALT are our main concerns however MSK recovered well post-pandemic and now has a reasonably stable waiting list position.
Nationally the main reported reason for preventing reductions in waiting lists are workforce availability (26%) and an increase in demand/referrals (22%).

Underlying issues:
The main reasons for current waiting list position in Children's SALT are workforce availability issues, we currently have 7 band 6 vacancies in that team. Podiatry is prioritising high risk patients, therefore the routine waiting list has remained fairly static, and longer than we would like for the last year.

Actions:
We have now been successful in recruiting 2.6 WTE SALT who are soon to be in post and we have also identified a locum to support whilst the other posts are being filled.
Short-term waiting list initiatives being planned for Children's SALT alongside agreed dates for implementation for new service structure which will improve efficiency.

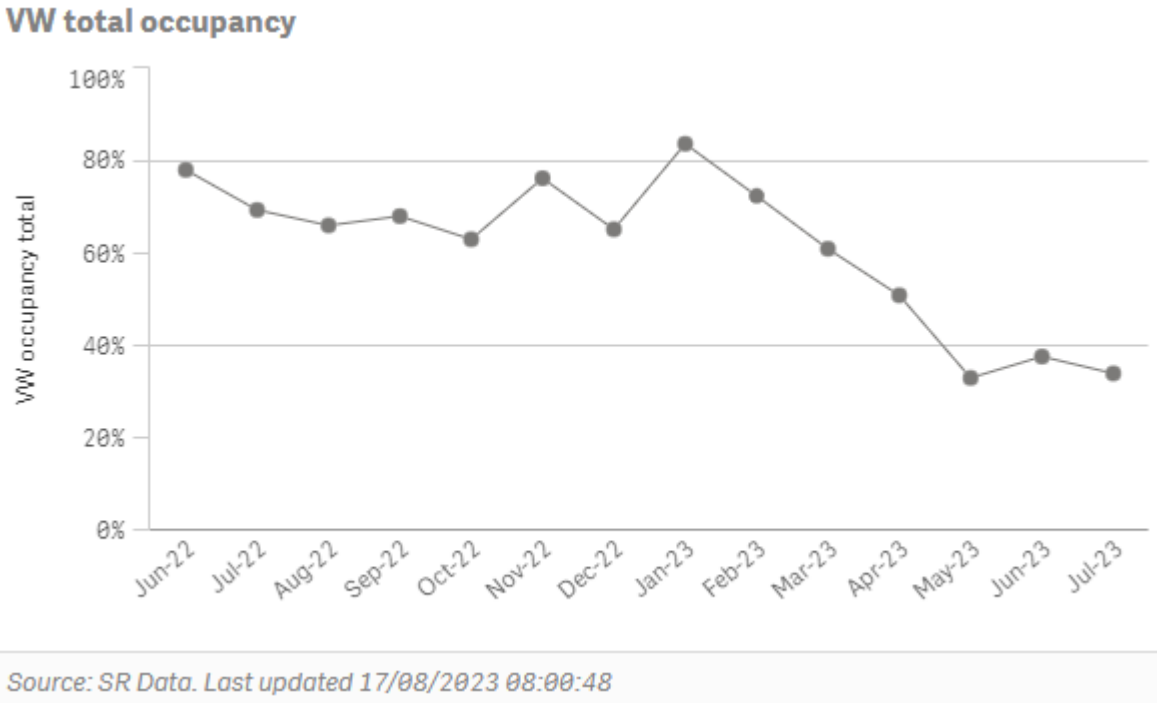
Virtual Ward

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Renee Comerford Business Intelligence Lead: Gary Senior

Rationale:
Monitor occupancy rate of Virtual Wards - Respiratory and Frailty services.

Target:
Number of patients on the Virtual Ward caseload at a given time compared to the number of beds available/allocated. Target 80%.



Source: SR Data. Last updated 17/08/2023 08:00:48

What does the chart show/context:
Achieved target once (January 2023).
4-month decline in occupancy rate to May 2023. Currently at 34% occupancy July 2023.

Underlying issues:
Occupancy caseload cohorts are snapshots at given points in the month and therefore depending on allocation at those moments the % rate can vary significantly.
Currently there is only a 5-day consultant offer for frailty virtual ward as 7-day cover is not funded. This limits referrals towards the end of the week due to concern they may need consultant input over a weekend.
CHFT VW Foundry submission has bed base at 50, originally based on Early Supported Discharge service activity. The 12 allocated Frailty beds are included in this.
Very few referrals to the team unless from Frailty team.

Actions:
Manual daily occupancy audit commenced alongside development of new reporting model to provide daily occupancy rate.
Audit by team to review outcomes and patient experience.
Medical division reviewing medical cover to support a 7-day MDT for Frailty virtual ward. Other organisations have not all been able to recruit consultants but backfilled with a registrar.
ACP working on Frailty SDEC on a weekend is supporting Kirklees virtual Frailty service with advice and guidance. Kirklees are reviewing the urgent community response service to establish if they can be aligned with the virtual ward. Frailty criteria have been amended to ensure we can take more frail and older people from across areas.
Next phased step-up pathway being designed to take GP and day patients as currently just from UCR. 12 beds available now for Frailty which is above trajectory.
Respiratory - criteria now changed to include patients requiring oxygen weaning.
Team attend safety huddles each day. Comms with pathways - criteria to go on intranet.

OPAT - Outpatient Parenteral Antimicrobial Therapy

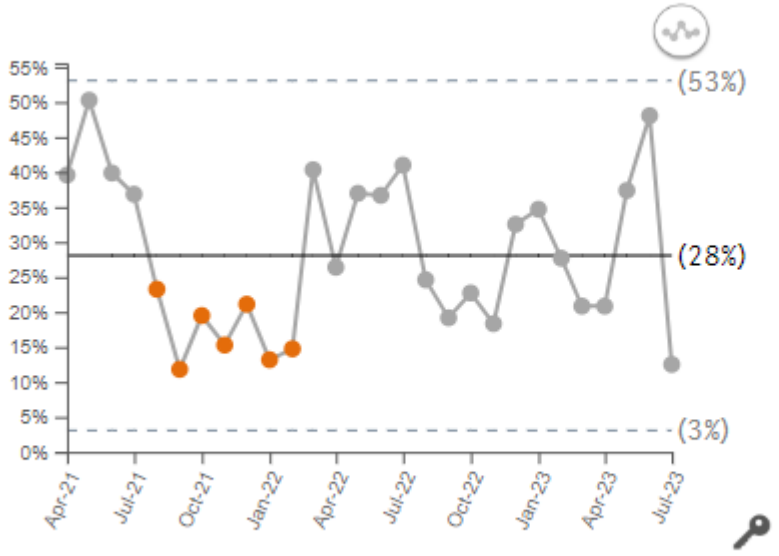
Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Jayne Woodhead Business Intelligence Lead: Gary Senior

Rationale:
Community based provision of IV antibiotic treatment for patients who otherwise would have received this as a hospital inpatient.

Target:
No Target

% Utilisation of capacity



Latest
12.5%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Source: OPAT Spreadsheets. Last updated 15/08/2023 08:00:43

What does the chart show/context:
SPC chart shows Common Cause variation with performance expected to vary between 3% and 53%. Currently 12.5% July.

Underlying issues:
OPAT capacity fluctuates on a daily and monthly basis dependant on patient need, a recent review of inpatients showed that all appropriate patients in the hospital are being discharged on OPAT when this is a suitable discharge option. OPAT has been well promoted within the hospital setting and continues to be considered on a daily basis therefore there is not thought to be any suitable patients being missed.
There may be an increase in demand when the Virtual Ward becomes more established but most of the Virtual Ward patients would have been referred for OPAT anyway just via a different source. However there is scope for the Virtual Ward to promote an increase in admissions avoided.
Extra capacity is nearly always available and this has been utilised over previous years to deliver COVID infusions.
Utilisation % is based on a capacity of 24 per day.
Low uptake for July as no suitable patients in the hospital.

Actions:
None

Safe, High Quality Care:

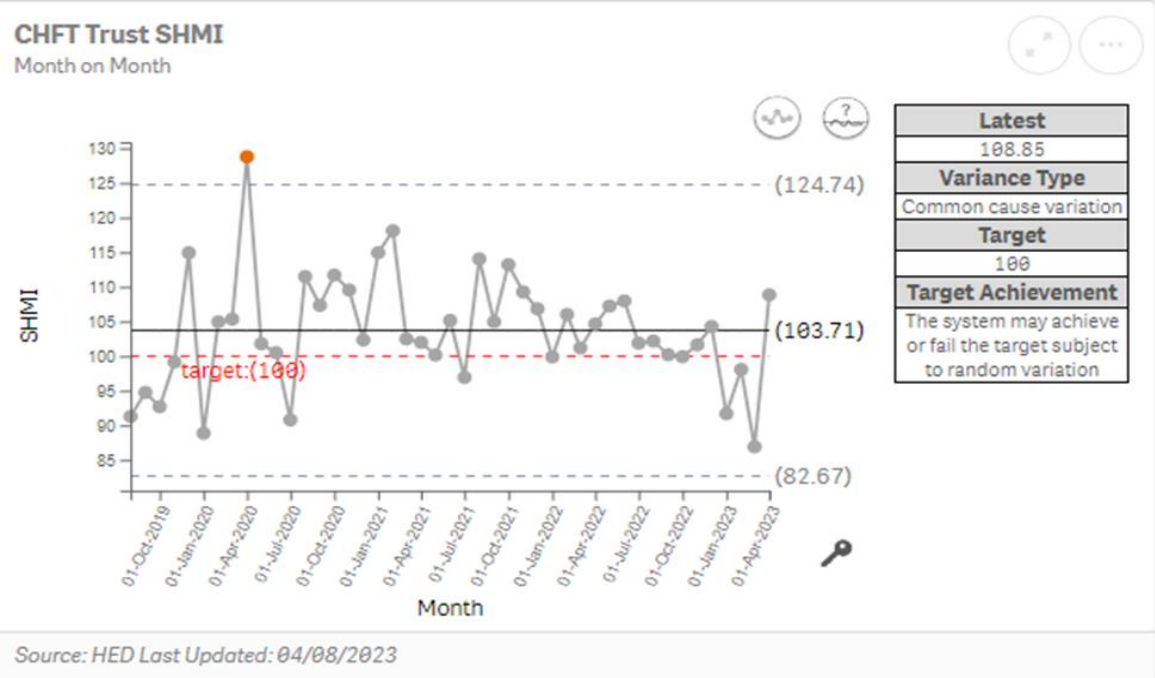
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Summary Hospital-level Mortality Indicator	April 2023	108.65	100			103.71	82.67	124.74
Care Hours Per Patient Day (CHPPD)	July 2023	9.2/8.4	-	-	-	-	-	-
Falls per 1000 Bed Days	July 2023	7	7.02			8.56	5.94	11.18
CHFT Acquired Pressure Ulcers per 1000 Bed Days	June 2023	1.7	1.76			2.04	0.79	3.29
MRSA Bacteraemia Infection	July 2023	0	0			-	-	-
C.Difficile Infection	July 2023	1	3.1			3	0	8.50
E.Coli Infection	July 2023	2	5.6			3.75	0	9.96
Number of Never Events	June 2023	1	0	-	-	-	-	-
Number of Serious Incidents	July 2023	6	0			3.61	0	10.11
% of incidents where the level of harm is severe or catastrophic	July 2023	1.57%	2%			0%	1%	2%
% of complaints within agreed timescale	July 2023	87%	95%			89%	74%	100%

Summary Hospital-level Mortality Indicator

Executive Owner: David Birkenhead Clinical Lead: Neeraj Bhasin Business Intelligence Lead : Oliver Hutchinson

Rationale:
This is to monitor the ratio between the actual number of patients who die following hospitalisation at the Trust and within 30 days of discharge plus the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated here.

Target:
100



What does the chart show/context:
CHFT SHMI performance has shown a continuous improving position with a 12-month rolling figure standing at 100.69. However the latest reporting month of April 2023 does show a performance of 108.85. This is following the national annual rebasing exercise, often with the first reporting month after that rebasing performance can deteriorate due to a new 12-month period dropping out of the expected death calculations, this is updated as we move through the year and we would expect this performance to improve as has been seen with the HSMR performance being over 100 for April 2023 but has come back to the 94 range for May 2023. Performance remains within the expected range in the latest release. The latest national SHMI position stands at 100.3, CHFT continues to move towards that position and is comfortably within the expected range nationally

Underlying issues:
Sepsis remains the main alerting condition. The sepsis team reviewed a cohort of notes to understand if there could be a more accurate initial diagnosis e.g. urinary tract infection/infective exacerbation of COPD, rather than a more generic first admission documentation of ‘sepsis’, as the generic description would drive up sepsis mortality indicators. The notes review showed there could be significantly more specific diagnoses which would reduce the alerting. Therefore, from February 2023 sepsis deaths will have some additional validation by members of the sepsis team to determine if a more definitive diagnosis could be coded and therefore improve accuracy of recording. The first 2 months of this new process have come into the latest data release and the sepsis performance has improved significantly and has dropped below the 100 mark, this is the best performance since 2021.

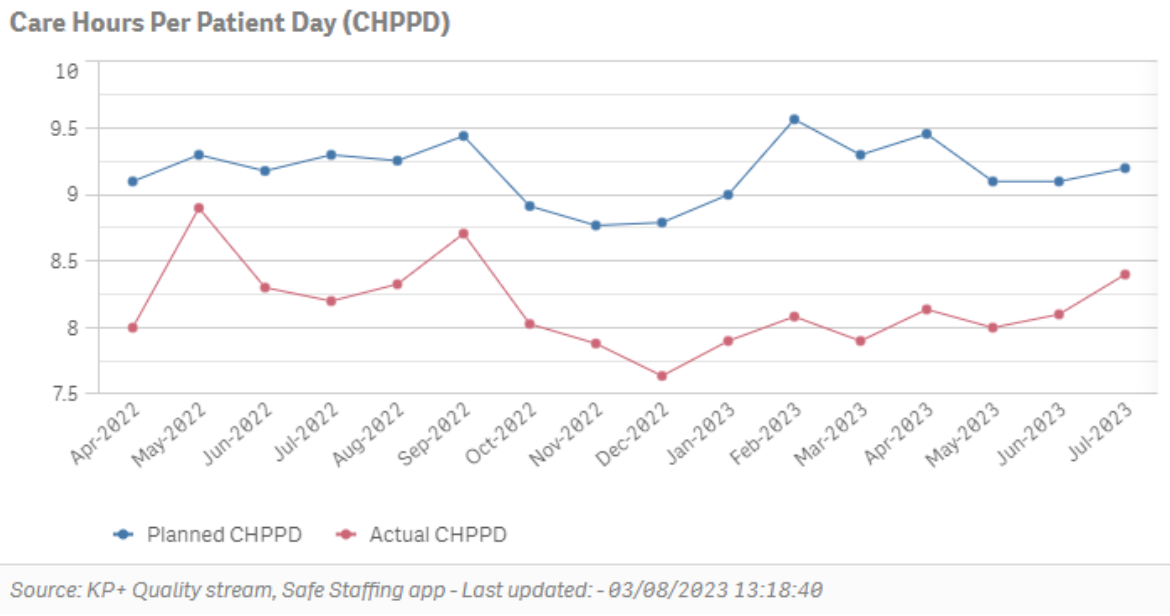
Actions:
As noted above there was an increase in overall deaths in December 2022 and notable increase from the average number of monthly deaths in the Emergency Department. A review of these deaths is being undertaken to clarify that this is due to a spike in acute, co-morbid patients and not due to any issues with care delivery.

Care Hours Per Patient Day

Executive Owner: Lindsay Rudge Clinical Lead: Andrea Dauris Business Intelligence Lead: Charlotte Anderson

Rationale:
CHPPD is the national benchmark measure for safer staffing and provides a single consistent way of recording and reporting deployment of staff working on inpatient wards/units.

Target:
There is no 'correct' number of CHPPD to be achieved. However, variation between the actual and planned CHPPD, should warrant further investigation.



What does the chart show/context:
The actual CHPPD is less than the planned. For July 2023 the planned CHPPD was 9.2 and the actual was 8.4. The step change in the planned CHPPD in February reflects the inclusion of additional shifts required for 1:1 care which were previously excluded from the planned data.

The latest data in Model Hospital is from May when CHFT reported providing 8.0 CHPPD against a peer median of 8.8 and a national median of 8.8.

Underlying issues:
The CHPPD deficit reflects unfilled shifts of both the registered and unregistered workforce.

Actions:
Reducing the CHPPD deficit is dependent on having the right workforce aligned to appropriate workforce models.

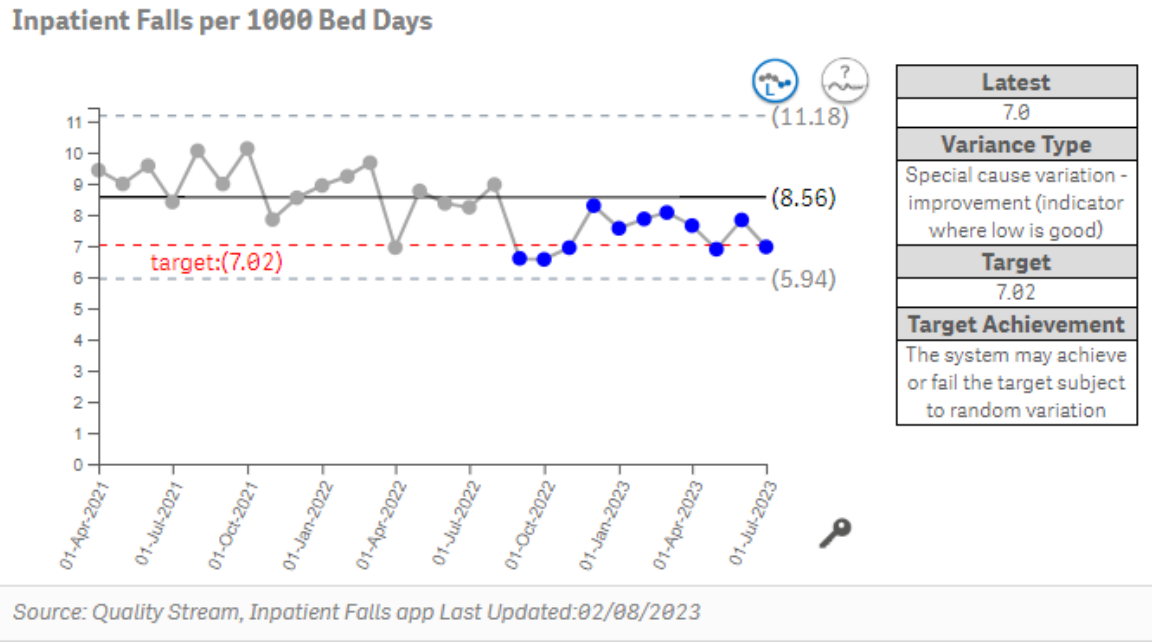
- The recent Safer staffing (Hard Truths) review process provides assurance of the correct workforce models based on evidence-based acuity and dependency data, agreed nurse sensitive quality indicators and professional judgement. In addition to supporting approved changes.
- Recruitment strategies including employment of new graduates; internationally educated nurses, midwives, and AHPs and supporting apprenticeships are focussed on closing the vacancy gap and subsequent agency spend.
- There is a comprehensive retention strategy aimed at preventing attrition of staff overseen by the workforce steering group.
- Strong roster management maximises efficiency of the available workforce.
- Twice-daily staffing meetings review any red flags and required care hours determined by Safecare to ensure real-time safe-staffing across the hospital sites.

Falls per 1,000 Bed Days

Executive Owner: Lindsay Rudge Clinical Lead: Rhys Edwards Business Intelligence Lead: Rhiann Armitage

Rationale:
Inpatient falls are the most frequently reported safety incident in hospital. Not all falls are preventable but 20–30% of falls can be prevented by assessing risks and intervening to reduce these risks.

Target:
10% reduction from 2022/23



What does the chart show/context:
There rate of inpatient falls for July was 7.0. Currently performance can be expected to vary from 5.94 to 11.18. The last 11 months have been under the average and therefore indicate an improvement in performance.

Underlying issues:
- Falls collaborative needs reformatting and attendance from falls link nurses from each directorate mandated due to historic poor attendance.
- Dr Chakraborty wishes to step down from his falls lead role.
- Enhanced care team issues with 1-1 cover for areas inconsistent.
- Inconsistencies in wards using falls prevention measures e.g. bay tagging, co-horting.

Actions:
- Relook at the TOR of the falls collaborative.
- Falls link nurses to be allocated and invited.
- Appoint a medical lead to lead falls.
- Renee to continue with reconfiguration plan around the enhanced care team.
- Education as part of the revamped Enhanced Care team processes and assessments
- Live dashboard being created by Informatics so we can see patients who have not had assessments completed.
- New nursing admission/assessment documentation launching on 17th July.
- Rhys has now joined a WYAAT falls collaborative and has attended the first meeting. We are arranging go sees and going to work as a region to look at ways to reduce falls.
- Bed rails assessment is being reviewed due to concerns it is not reflective of what we need for safe practice.

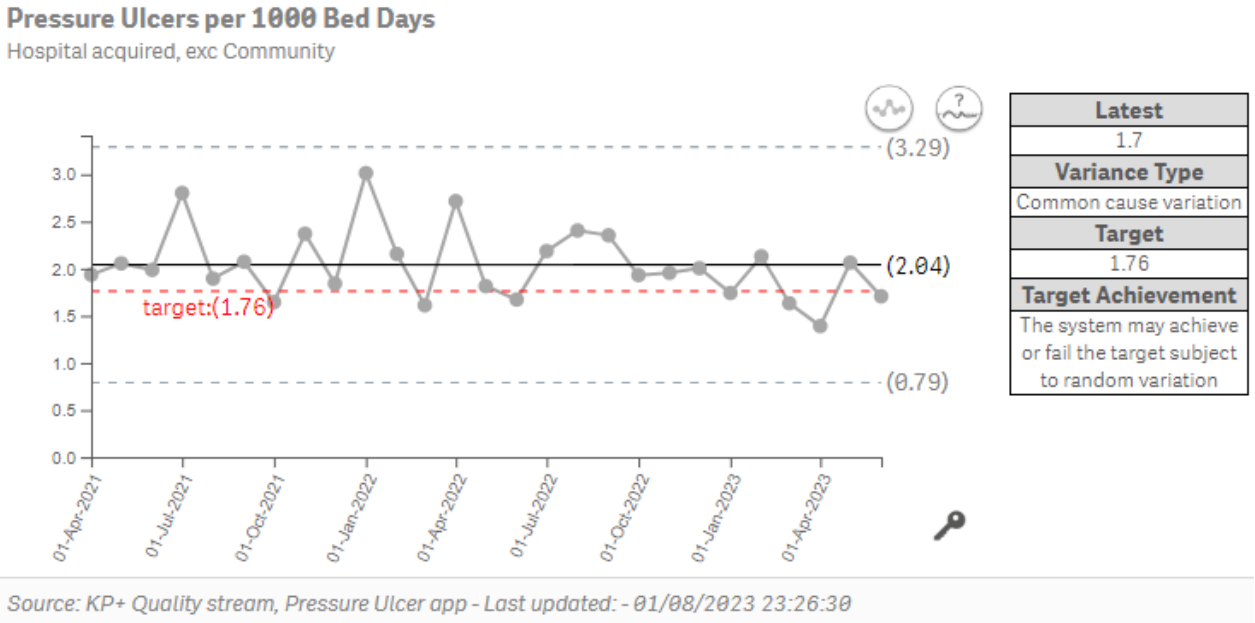
Hospital Acquired Pressure Ulcers per 1,000 Bed Days

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Lindsay Rudge | Clinical Lead: Judy Harker | Business Intelligence Lead: Charlotte Anderson

Rationale:
Pressure ulcers (PUs) remain a concerning and often avoidable harm for the patients who develop them, and the healthcare professionals involved in their prevention and management. PU are in the 'top ten harms' in the NHS in England. Investigations into the causes of pressure ulcers frequently show that unwarranted variation from evidence-based practice contributes to the development of pressure ulcers.

Target:
10% reduction from 2022/23.



What does the chart show/context:
There rate of Hospital Acquired Pressure Ulcers for June was 1.7. The Trust is unable to consistently meet the target and may achieve or fail subject to random variation month to month. Currently performance can be expected to vary from 0.76 to 3.29.

Underlying issues:
A total of 1,187 CHFT newly acquired pressure ulcers occurred in 2022/2023. This compares with 1,008 in 2021/2022. A total of 16% pressure ulcers were associated with a dying patient for 2022/2023. The Trust is not consistently risk assessing patients in a timely manner resulting in a potential delay in initiating preventative care. Medical device related PUs continue to occur. 12% of PUs were caused by devices in 2022/23, some of which were deemed avoidable.

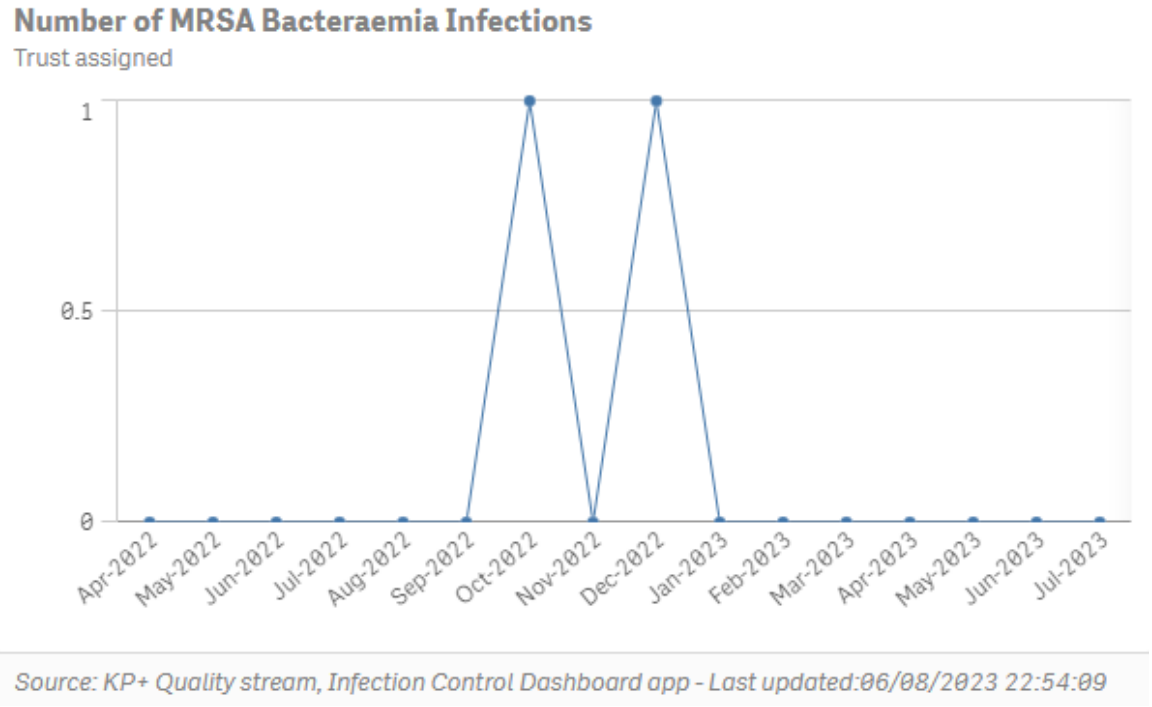
Actions:
- PURPOSE T PU risk assessment tool replacing Waterlow on 17th July 2023
- New revised care plans implemented for hospital and community to align with PURPOSE T
- PU CQUIN data collection has commenced
- Processes for PU investigations and learning being reviewed in line with PSIRF
- Heel PU audit being undertaken in Orthopaedics as part of national PRESSURE 3 RCT
- Ongoing QI work as part of PU Collaborative
- New elfH PU training being rolled out in July 2023
- New dynamic air mattresses have been purchased to replace old stock at CRH

MRSA Bacteraemia Infections

Executive Owner: David Birkenhead Clinical Lead: Belinda Russell Business Intelligence Lead: Charlotte Anderson

Rationale:
HCAIs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can cause significant morbidity and mortality risk for those infected.

Target:
To have no cases of MRSA Bacteraemia infections that are Trust-Assigned in 2023/24.



What does the chart show/context:
There were no MRSA Bacteraemia case infections in July. The Trust is unable to consistently meet the target of 0 infections and may achieve or fail subject to random variation.

Underlying issues:
Staphylococcus aureus (SA) is a common bacteria which many people carry on their skin or in their noses without any symptoms or infections developing. MRSA is an antibiotic resistant SA. MRSA infections associated with deep abscess, pneumonia, invasive devices, prosthetic joints and implants can result in a bacteraemia.
The key control measures are:

- Admission screening and isolation
- Colonisation suppression
- Use of ANTT
- Environmental and equipment disinfection

Actions:

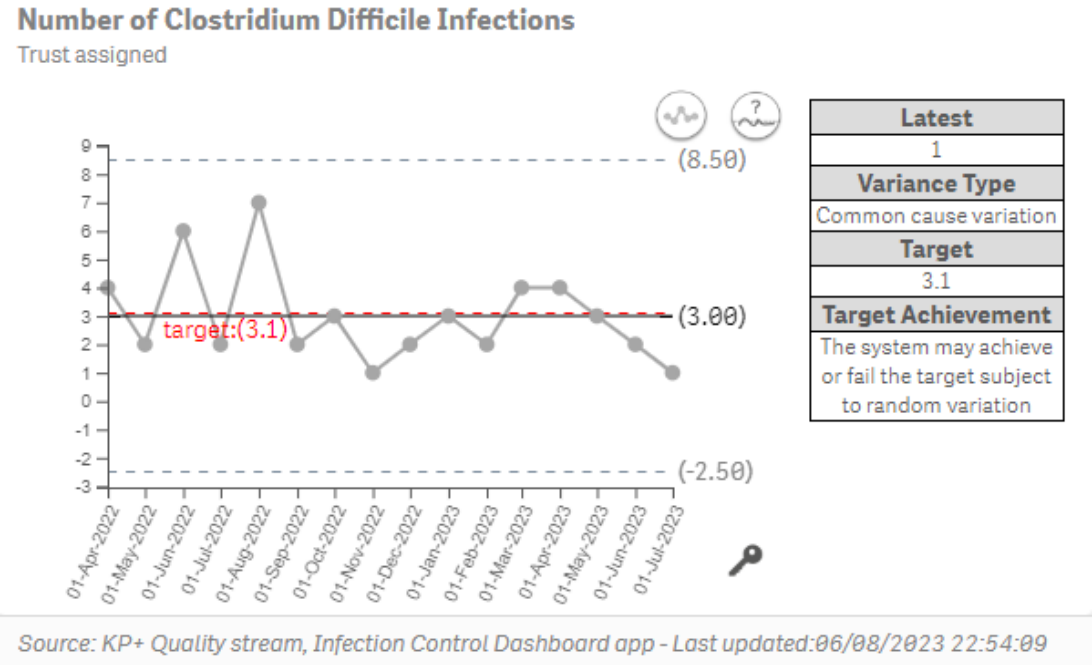
- Admission/pre-admission MRSA screening is monitored. Data accuracy has been an issue. An initial data cleanse has been completed and improvements seen. A further piece of work is underway with FSS.
- Colonisation suppression prescribing is via a POWERPLAN in EPR. Visual user guides are provided to patients to ensure correct application.
- Isolation guidance and signage is in place.
- ANTT and IPC level2 training is mandated for clinical staff and monitored through the divisional PSQBs and IPC Performance Board. Both require improvement.
- Implementation of the National Standards of Cleaning is complete in the hospital sites and rolling out in the community sites. Disinfectant wipes remain in use.
- Any infections are investigated and discussed at panel. All learning is shared.

C.Difficile Infections

Executive Owner: David Birkenhead Clinical Lead: Belinda Russell Business Intelligence Lead: Charlotte Anderson

Rationale:
HCAIs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can cause significant morbidity and mortality risk for those infected.

Target:
To not exceed 37 cases of C.Diff infections in 2023/24. The risk of healthcare acquired infections to patients should be reduced. Hospital onset healthcare associated (HOHA) & community onset hospital associated (COHA)



What does the chart show/context:
There was 1 C.Difficile infection in July. The Trust is unable to consistently meet the 3.1 objective and may achieve or fail subject to random variation month to month. Currently performance can be expected to vary from 0 to 8.50.

Underlying issues:
Clostridium Difficile is a bacterial infection acquired through the ingestion of spores which readily survive in the environment and are unaffected by standard disinfectants.
Key control measures are:

- Early identification of symptoms, isolation and testing
- Prevention through antimicrobial stewardship.

The number of C.Diff infections has increased over the past 2 years and this increase is not limited to CHFT but is being seen across many NHS Trusts. The first 6 months' data reviewed and risks of acquisition of C.Diff are as per known norms (Older age/antibiotics/hospital stay/PPIs etc). Antimicrobial prescribing, diagnostic sampling to inform antibiotic choices and isolation delays have been identified as issues in the prevention and management of C.diff in the investigations carried out over the past 12 months.

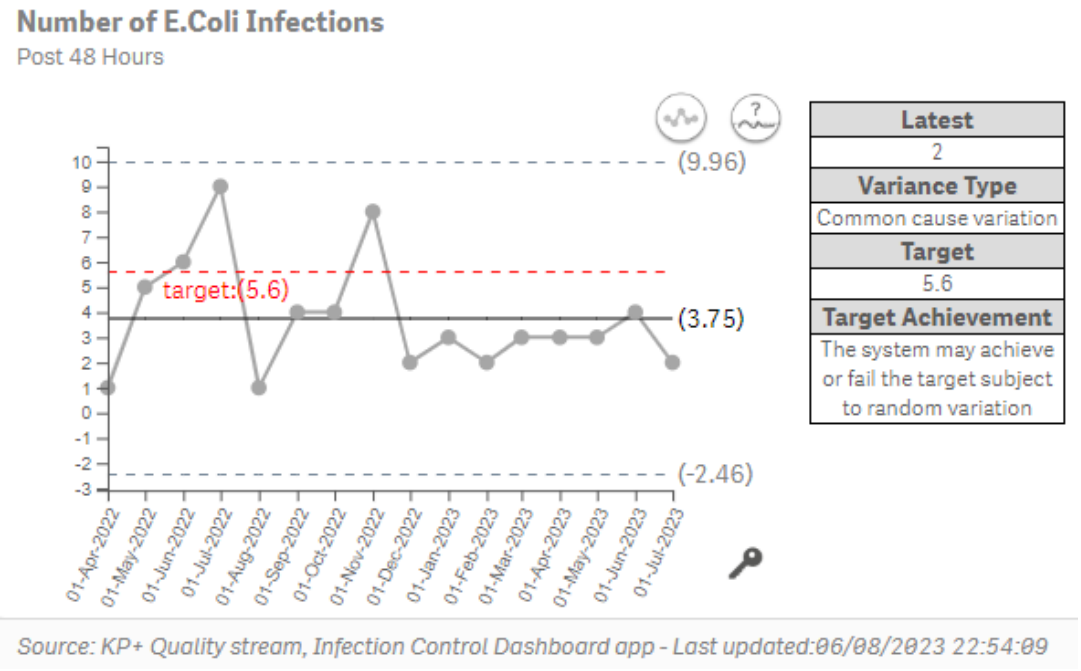
Actions:
The Trust has implemented an improvement plan including a programme of HPV deep cleaning (to be agreed), C.Diff ward rounds, antimicrobial ward rounds and a review of the investigation process for cases. NHSEI has carried out a support visit in March, with positive feedback. Their recommendations will further inform the improvement plan. The improvement plan is monitored at IPC Performance Board.

E.Coli Bacteraemia Infections

Executive Owner: David Birkenhead Clinical Lead: Belinda Russell Business Intelligence Lead: Charlotte Anderson

Rationale:
HCAIs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can cause significant morbidity and mortality risk for those infected.

Target:
To not exceed 67 cases in 2023/24. Hospital onset healthcare associated (HOHA) and community onset hospital associated (COHA)



What does the chart show/context:
There were 2 E.Coli infections in July. The Trust is unable to consistently meet the 5.6 objective and may achieve or fail subject to random variation month to month. Currently performance can be expected to vary from 0 to 9.96.

Underlying issues:
Being part of the normal gut flora, E.Coli bacteraemia are often associated with urinary tract infections, hepatobiliary procedures etc. The focus on reducing the incidence has focused predominantly on the management of in-dwelling urinary catheters and wider prevention of UTI. The majority of E.Coli bacteraemia occur in the community.

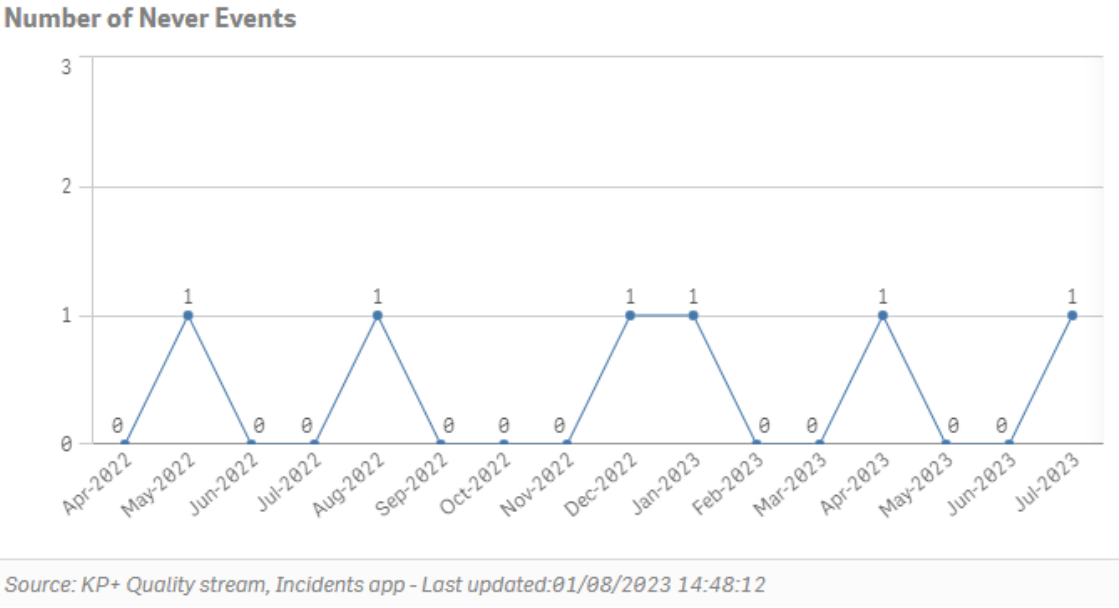
Actions:
- Extended surveillance of all the cases is conducted and uploaded to the UKHSA DCS system for national analysis.
- As part of the workplan of the IPCT, an annual audit of catheter management has been completed and recommendations shared with the divisions for implementation.
- A regional working group (WY) is focusing on hydration and community delivery of subcutaneous fluids to avoid hospital admissions.
- A CKW reduction plan is in development. CHFT are engaged in both of these groups.

Number of Never Events

Executive Owner: Lindsay Rudge Operational Lead: Sharon Cundy Business Intelligence Lead: Charlotte Anderson

Rationale:
To identify areas where CHFT can reduce risks and prevent harm, the reporting of all near misses and serious incidents is imperative to ensure we improve safety and learn from these events to prevent recurrence. Promoting a positive reporting culture is essential to CHFT's learning success for all our patients, families and staff.

Target:
To have no never events



What does the chart show/context:
The Trust is unable to consistently meet the target and may achieve or fail subject to random variation month to month.

Underlying issues:
There was 1 never event reported in July 2023 which is currently under investigation.

Actions:
- SWARM huddles are held following all Never Events reported and Immediate learning is identified to keep our patients and staff safe
- 3 x investigations are currently ongoing

Number of Serious Incidents

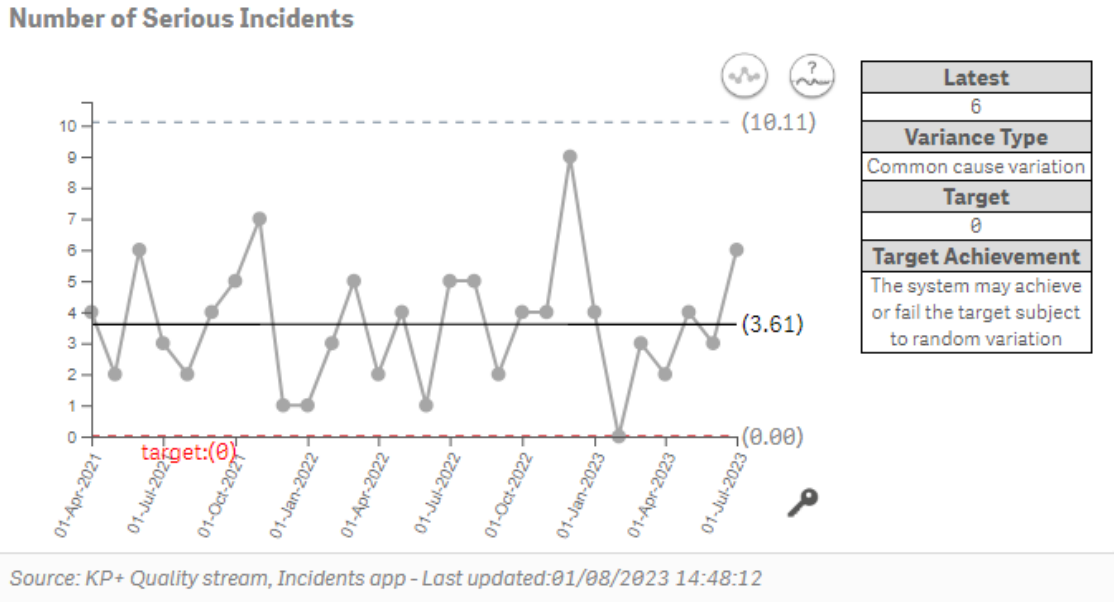
Executive Owner: Lindsay Rudge Anderson

Operational Lead: Sharon Cundy

Business Intelligence Lead: Charlotte

Rationale:
To identify areas where CHFT can reduce risks and prevent harm, the reporting of all near misses and serious incidents is imperative to ensure we improve safety and learn from these events to prevent recurrence. Promoting a positive reporting culture is essential to CHFT's learning success for all our patients, families and staff.

Target:
To have no serious incidents



What does the chart show/context:
There was 6 serious incidents reported in July 2023. The Trust is unable to consistently meet the target and may achieve or fail subject to random variation month to month. Currently performance can be expected to vary from 0 to 10.11.

Underlying issues:
In total there were 6 incidents validated at SI panel as a serious incident in the month of July that resulted in severe or catastrophic harm to patients meeting the SI framework. These were reported across 3 divisions: 2 for Families and Specialist Services, 3 for Medical and 1 for Surgical & Anaesthetics Services.

The most common reported type of incidents resulting in severe/ catastrophic harm/death to patients is diagnosis, failed or delayed.

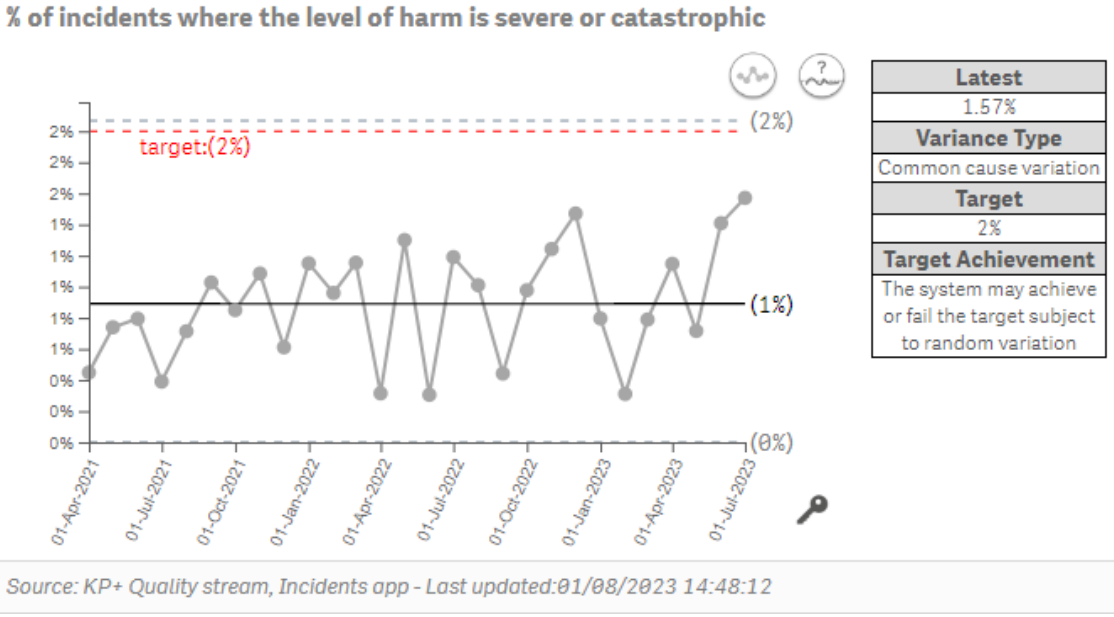
Actions:
Risk management team and Quality Governance Leads continue to support the Divisions to review data for learning. In addition, Quality & Safety Team working with Care of the Acutely Ill Patient Lead to ensure quality improvements are commenced where required. This will align to the Quality Priority for Care of the Acutely Ill Patient and the CQUIN for 2023/24.

% of incidents where the level of harm is severe or catastrophic

Executive Owner: Lindsay Rudge Operational Lead: Sharon Cundy Business Intelligence Lead: Charlotte Anderson

Rationale:
To identify areas where CHFT can reduce risks and prevent harm, the reporting of all near misses and serious incidents is imperative to ensure we improve safety and learn from these events to prevent recurrence. Promoting a positive reporting culture is essential to CHFT's learning success for all our patients, families and staff.

Target:
2% or less



Source: KP+ Quality stream, Incidents app - Last updated:01/08/2023 14:48:12

What does the chart show/context:
1.57% of all harm reported in July 2023 was severe or catastrophic. The Trust may achieve or fail the target subject to random variation. Currently performance can be expected to vary from 0 to 2%.

Underlying issues:
In total there were 6 incidents submitted in the month of July, which included 1 Never Event. All 6 incidents were categorised as severe or catastrophic harm and these were reported across 3 divisions: 1 for Families and Specialist Services, 3 for Medical and 2 for Surgery & Anaesthetics. Not all of these incidents will be validated in July as awaiting presentation at Serious Incident (SI) Panel.

The incidents reported are currently within the upper control limits.

Actions:
The Risk Management Team and the Quality governance Leads continue to work with clinical teams/departments to identify and triangulate themes and trends for implementation of quality improvement initiatives and shared learning Trust wide.

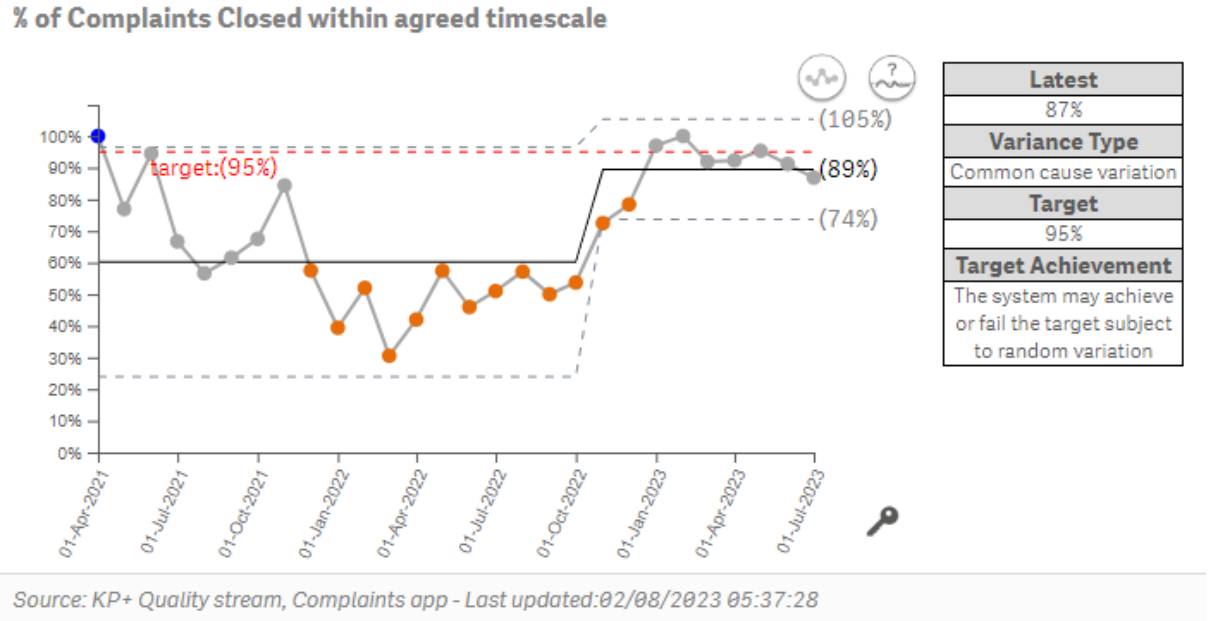
To monitor the trend within the upper controls limits to ascertain reasons for variation.

% of complaints within agreed timescale

Executive Owner: Lindsay Rudge Operational Lead: Emma Catterall Business Intelligence Lead: Charlotte Anderson

Rationale:
CHFT views any complaint as an extension of our service user's care and the Trust is committed to moving towards a user centric service. Effective processes and procedures for handling concerns, feedback, stories, compliments, and complaints are pivotal to organisational learning success

Target:
95% of complaints to be closed on time.



What does the chart show/context:
Performance in July was 87%. The Trust is unable to consistently meet the 95% target however improved performance has been maintained. Currently performance can be expected to vary from 74% to 100%.

Underlying issues:
The Trust's target of 95% has not been met this month. Compared to recent months, 87% is lower than aspired to. Unfortunately the Trust's FSS Division's individual performance of 75% has lowered the Trust's overall performance, however we continue to work collaboratively with Divisions. The Division of Medicine has also seen a slight drop in their performance.

Actions:
Escalated to Divisional Leads for complaints to ensure everything is being done to respond to complainants within agreed timeframes. Continue to monitor Trust performance daily and meet with Divisions on a weekly basis to maintain oversight of performance.

Quality Priorities:

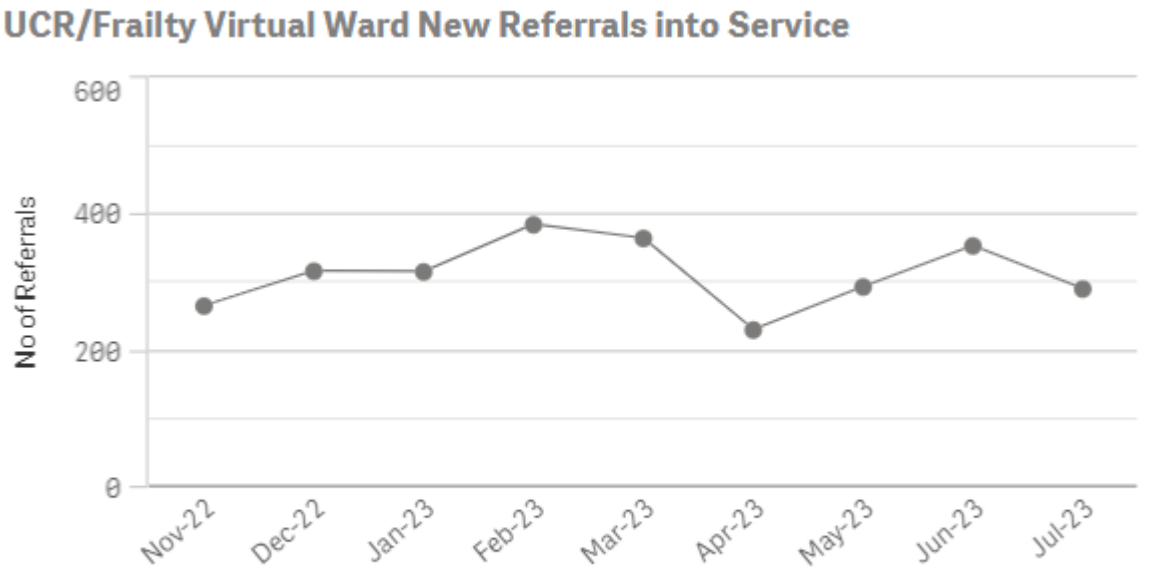
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Alternatives to Hospital Admission – Number of referrals into the Frailty service	July 2023	354	TBC	-	-	-	-	-
% of episodes scoring NEWS of 5 or more going on to score higher	July 2023	30.2%	30%			32%	27%	36%
% of adult patients that receive a MUST assessment within 24 hours of admission/transfer to the ward.	July 2023		95%					

Alternatives to Hospital Admission – Frailty Service

Executive Owner: Lindsay Rudge Clinical Lead: Renee Comerford/ Hannah Wood Business Intelligence Lead: Gary Senior

Rationale:
To enable patients to receive the care and treatment they need in their own home, safely and conveniently rather than being in hospital.

Target:
To have TBC referrals per month by the end of March 2024.



Source: SR Data. Last updated 06/08/2023 08:00:48

What does the chart show/context:
New referrals into service for the whole Urgent Community Response / Frailty Virtual Ward service. Average of 313 per month for all. 291 July 2023.

Underlying issues:
Data includes Locala patients referred into CHFT SystmOne unit by CHFT Pharmacists as an interim measure to manage these patients' medication needs until access to Locala SystmOne units was configured for them.
Due to no 7-day consultant cover, the team have to be selective with who they accept onto a virtual ward service towards the end of the week to ensure they do not require an MDT over the weekend.
Staffing across Locala has impacted the number they can safely care for at home, so this has been reviewed weekly.

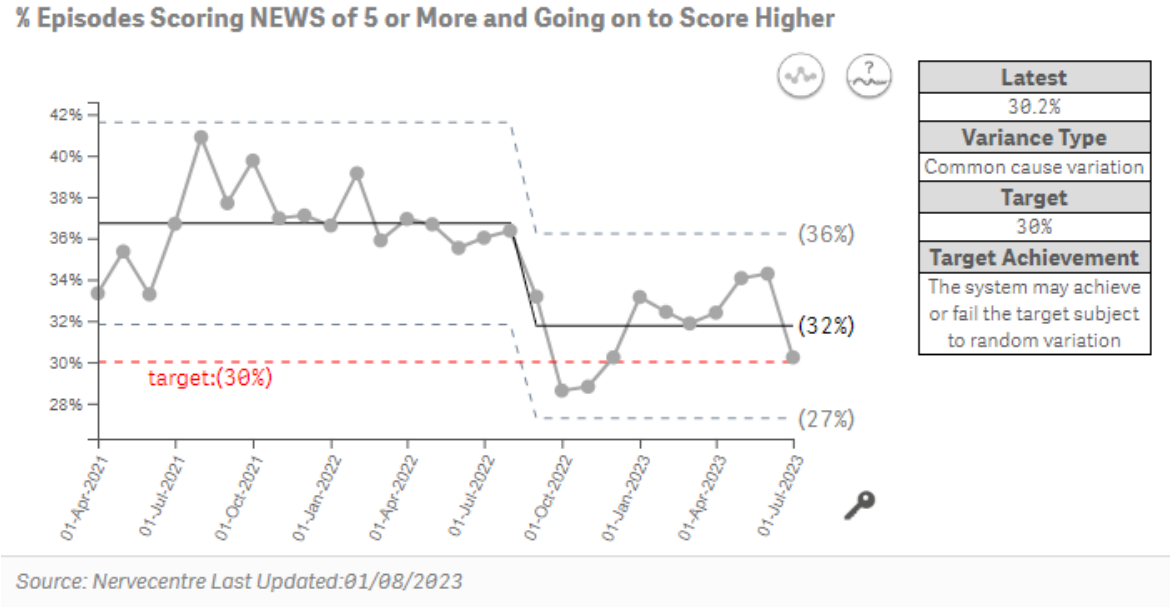
Actions:
Medical division reviewing medical cover to support a 7-day MDT for Frailty virtual ward. Other organisations have not all been able to recruit consultants but backfilled with a registrar.
The Advanced Clinical Practitioner working on Frailty SDEC on a weekend is supporting Kirklees virtual Frailty service with advice and guidance. Kirklees are reviewing the urgent community response service to establish if they can be aligned with the virtual ward.
Frailty criteria have been amended to ensure we can take more frail and older people from across all areas. More comms going out and more engagement planned.
Next phased step-up pathway being designed to take GP and day patients as currently just from UCR. 12 beds available now for Frailty which is above trajectory.
Team attend the safety huddles each day at CRH to support comms and pull patients out.
Recruitment ongoing for Kirklees - this has been successful.

Care of the Acutely Ill Patient

Executive Owner: Lindsay Rudge Clinical Lead: Cath Briggs/Elizabeth Dodds Business Intelligence Lead: Charlotte Anderson

Rationale:
The identification and recording of deterioration, enabling swifter response, which will reduce the rate of preventable deaths. Reducing the need for higher levels of care will free up capacity particularly in ICU by avoiding admissions and reducing length of stay, both of which are significant factors in the NHS's recovery efforts.

Target:
No more than 30% of patients scoring NEWS of 5 or more go on to score higher.



What does the chart show/context:
Performance was 30.2% in July. The Trust is unable to consistently meet the target of 30% and may achieve or fail subject to random variation. Currently performance can be expected to vary from 27% to 36%.

Underlying issues:
- Staff training and understanding of escalation parameters
- Doctors do not carry NerveCenter devices "in hours"
- Raised news2 often closed down by the system as not actioned
- Observations not carried out on time in line with policy
- Appropriateness of plan when escalation is raised

Actions:
- All divisions have a consistent representative at the Deteriorating Patient & Sepsis collaborative.
- Ward Managers and Matrons to regularly check KP+ for their Observations on Time performance.
- Deteriorating Patient CQUIN audit will highlight any further actions to be fed through Deteriorating Patient & Sepsis collaborative.

Health Inequalities: Learning Disabilities

Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Emergency Care Standard	July 2023	65%	76%		F	62%	48%	75%
Outpatients DNAs	July 2023	9.2%	3%		?	9%	3%	15%
Cancer Faster Diagnosis Standard	July 2023	57.1%	75%		?	62%	0%	100%
% of patients waiting less than 6 weeks for a diagnostic test	July 2023	95.9%	95%		?	87%	74%	100%
Patients waiting more than 40 weeks to start treatment	July 2023	2	0	L	P			

Health Inequalities: Deprivation (IMD 1 and 2)

Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Emergency Care Standard	July 2023	70.2%	76%			72%	65%	79%
Outpatients DNAs	July 2023	9.3%	3%			9%	8%	11%
Cancer Faster Diagnosis Standard	July 2023	68.7%	75%			76%	63%	89%
% of patients waiting less than 6 weeks for a diagnostic test	July 2023	86.7%	95%			88%	74%	100%
Patients waiting more than 40 weeks to start treatment	June 2023		0					

Emergency Care Standard: Learning Disability

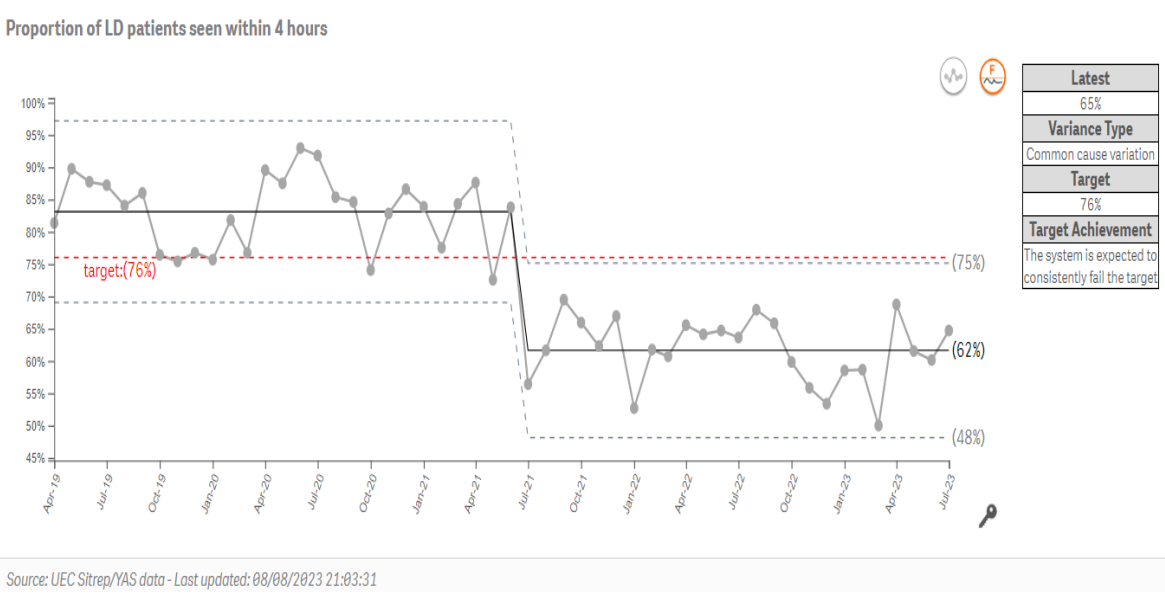
Executive Owner: Rob Aitchison Finn

Operational Lead: Jason Bushby/Amanda McKie

Business Intelligence Lead: Alastair

Rationale:
To monitor waiting times in A&E for patients with a learning disability

Target:
NHS Objective to improve A&E waiting times so that no less than 76% (80% local target) of patients are seen within 4 hours by March 2024 with further improvement in 2024/25.



Source: UEC Sitrep/YAS data - Last updated: 08/08/2023 21:03:31

What does the chart show/context:
The Trust is consistently failing the 4-hour target of 76% for patients with a Learning disability attending ED. Performance can be expected to vary between 48% and 75%. The performance for July was 65% which is lower than the overall Trust performance of 72% and below the Trust mean of 68% for all ED attendances.

Underlying issues:

- Bed occupancy levels within the organisation, resulting in bed waits within the ED which in turn causes congestion, lack of clinical space for patients to be reviewed and diverts ED medical and nursing resource to care for patients who would be better cared for in an inpatient bed space.
- Workforce related issues, short term sickness, vacancy levels, which cause on the day workforce model gaps within the ED medical and nursing workforce resulting in potential delays to ED investigation, treatments and time to see clinician.

Actions:

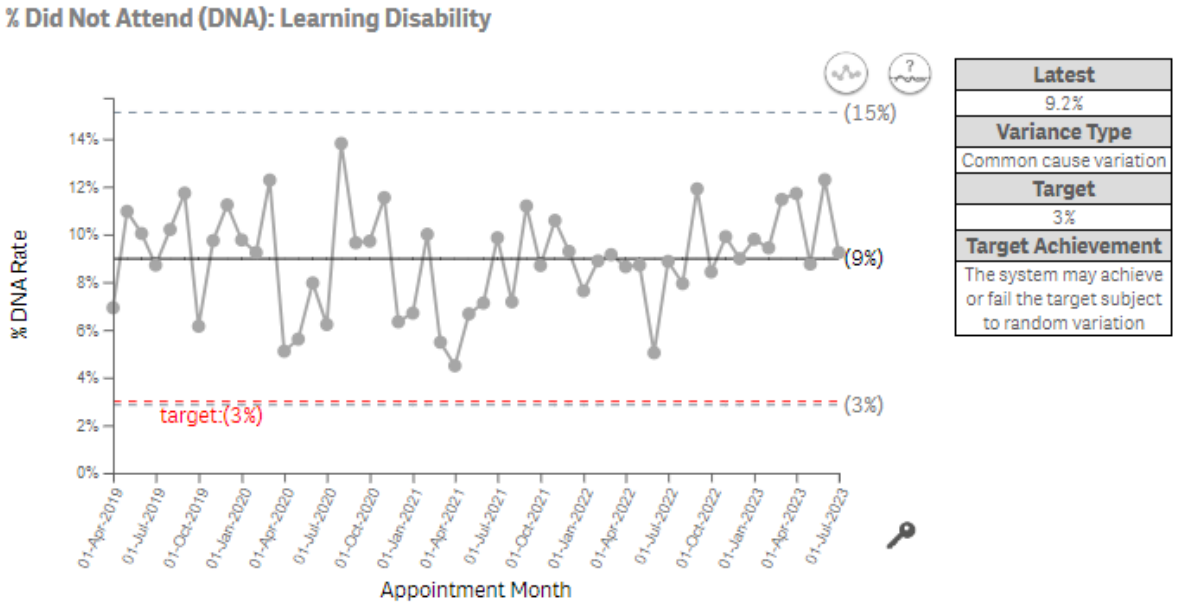
- Patients who attend the ED and are identified as having a learning disability will be prioritised for cubicle spaces removed them from potentially busy and noisy waiting room environments.
- Patients who attend the ED and are identified as having a learning disability and requiring an invasive procedure, blood, cannular etc. All attempts will be made to full communicate this to the individual in a way that is appropriate and will be performed by two members of staff so distraction and comfort techniques can be performed during the procedure.
- Patients who attend the ED and are identified as having a learning disability will be provided with a learning disability pack, which contains bit of equipment that can be used by the patient during their ED and potential onward hospital stay to reduce anxieties and provide a more comforting environment.
- The Senior team in ED to undertake a deep dive audit of a random sample of learning disability patients to understand why they are not meeting the 4-hour target.
- Once we understand more about the care and treatment of patients with Learning disabilities in ED and the issues, we can review any improvement work/reasonable adjustments that are required and monitor.

% Did Not Attend (DNA): Learning Disability

Executive Owner: Rob Aitchison Operational Lead: Kim Scholes/Amanda McKie Business Intelligence Lead: Oliver Hutchinson

Rationale:
To monitor DNA rates at first and follow-up appointments for patients with a learning disability

Target:
3% - Elective Transformation Workstream target to reduce to 3% by the end of 2023/24.



What does the chart show/context:
The current DNA rate for appointments for patients with learning disabilities stands at 9.2% for July 2023. This performance has remained within the expected range from April 2019 to date and shows consistent common cause variation throughout that time. This sits above the DNA % for the wider population at CHFT for outpatient appointments which currently stands at 6.4% for July 2023. This performance is an improving position from June 2023 which stood at 12.3%.

Underlying issues:
- Need to audit DNAs to understand reasons for high DNA rate for LD patients.

Actions:
- Within the newly launched Elective Care Transformation Board, a DNA workstream has been set up specifically to look at reducing the level of DNAs for all outpatient appointment within CHFT for the year 2023/24. This workstream has met and fed back their 'plan on a page' at the latest ECT Board meeting. Their headline target for the year is to reduce the DNA rate for all outpatient appointments to 3% by the end of the financial year.
- Audit of patients to understand reasons for DNA.

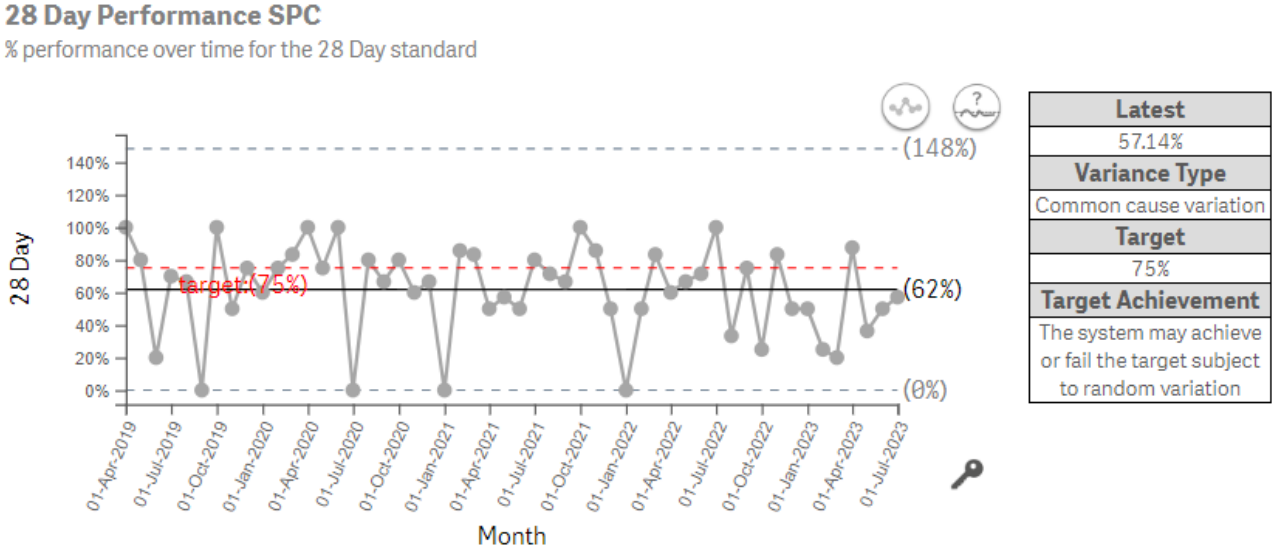
Proportion of patients meeting the faster diagnosis standard: Learning Disability

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Maureen Overton/Amanda McKie Business Intelligence Lead: Bethany Todd

Rationale:
Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving.

Target:
Maximum four weeks (28 days) from receipt of referral, to point at which patient is told they have cancer, or cancer is definitely excluded. Target 75%.



Latest
57.14%
Variance Type
Common cause variation
Target
75%
Target Achievement
The system may achieve or fail the target subject to random variation

What does the chart show/context:
- Latest monthly performance stands at 57% which is below the NHSE target and below performance for non-LD patients.
- The Trust is unable to consistently meet the target of 75% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 0% and 100%.

Underlying issues:
- Need to audit breaches to understand reasons for non-compliance of FDS for LD patients.
- Capacity of Complex Needs Matron.
- 2-week referral to first seen date is consistently achieved for patients with a learning disability so focus needs to be on diagnostic and communication of diagnosis part of the pathway.

Actions:
- Audit of patients to understand reasons for high level of breaches.

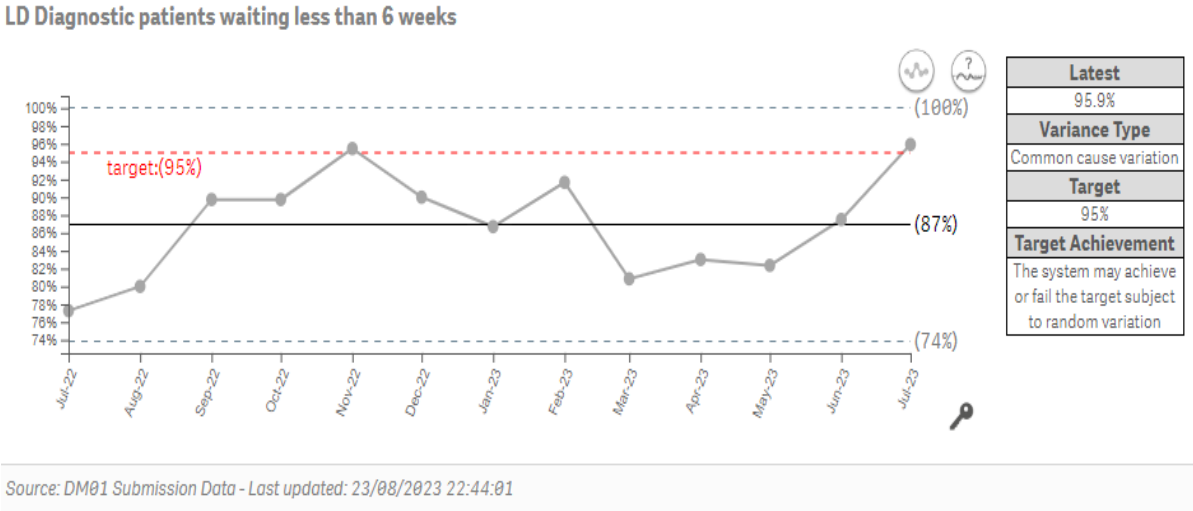
Percentage of patients waiting less than 6 weeks for a diagnostic test: Learning Disability

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Leads: Thomas Strickland/Stephen Shepley/Helen Rees/Amanda McKie
Business Intelligence Lead: Fiona Phelan

Rationale:
Maximise diagnostic activity focused on patients of highest clinical priority.

Target:
Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.



Source: DM01 Submission Data - Last updated: 23/08/2023 22:44:01

What does the chart show/context:
- Latest monthly performance stands at 95.9% which is below the NHSE target but reflective of CHFT performance.
- The Trust is unable to consistently meet the target of 95% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 74% and 100%.

Underlying issues:
- LD performance reflects CHFT performance and is being impacted by capacity issues in Echocardiography and Neurophysiology.

Actions:
- Audit LD breaches to check no other reasons for breaches other than capacity.

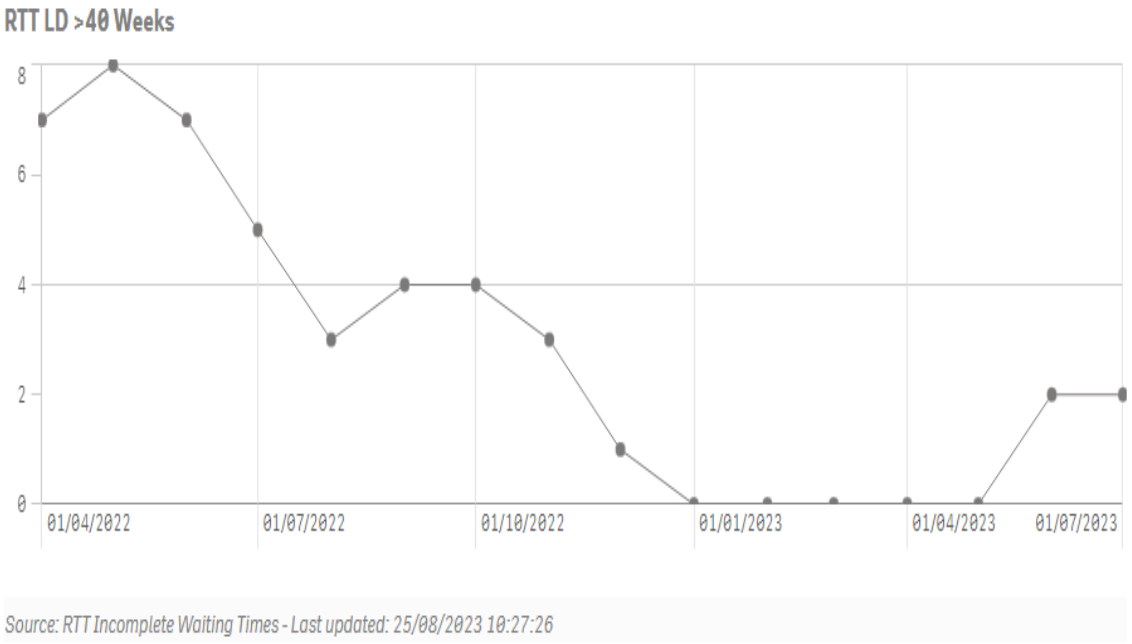
Total Patients waiting more than 40 weeks to start consultant-led treatment: Learning Disability

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Thomas Strickland/Amanda McKie Business Intelligence Lead: Fiona Phelan

Rationale:
To measure and encourage compliance with recovery milestones for the RTT waiting list.

Target:
Aim to have 0 patients waiting more than 40 weeks by January 2024.



What does the chart show/context:
This chart shows the number of patients on the RTT Incomplete Pathways list who have been waiting more than 40 weeks to start treatment. The aim is to show progress towards 0 patients waiting more than 40 weeks by January 2024 (internal target).
Our 40-week position has been reducing and we have had no more than 2 patients over 40 weeks for the last 8 months.

Underlying issues:
Both patients have actions in place to enable treatment to take place.

Actions:

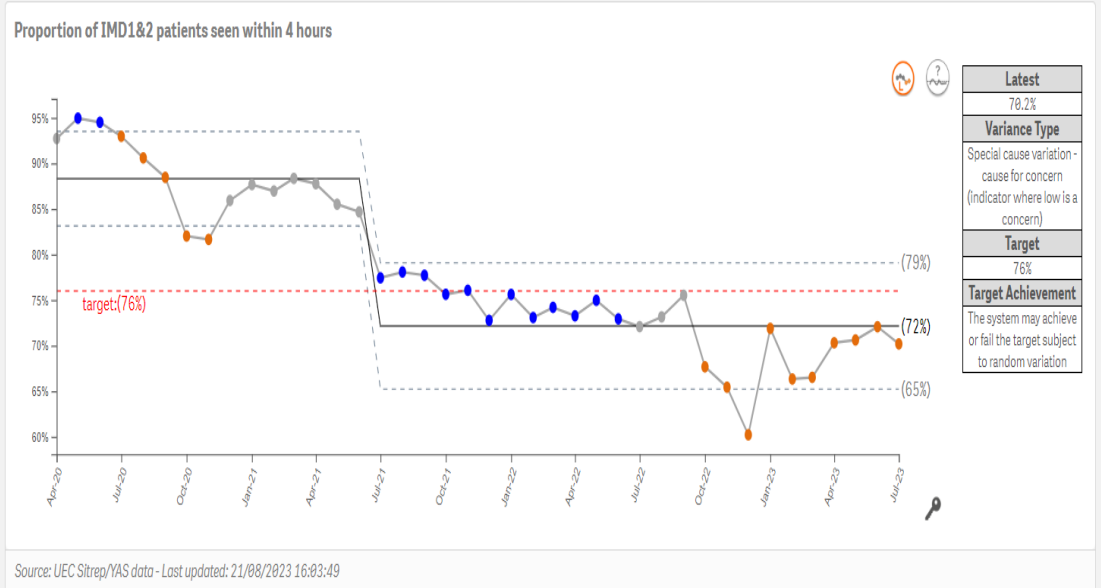
Emergency Care Standard: Deprivation (IMD 1 and 2)

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Jason Bushby Business Intelligence Lead: Alastair Finn

Rationale:
To monitor waiting times in A&E for patients with deprivation levels IMD 1 and 2

Target:
NHS Objective to improve A&E waiting times so that no less than 76% (80% local target) of patients are seen within 4 hours by March 2024 with further improvement in 2024/25.



What does the chart show/context:
The Trust is consistently failing the 4-hour target of 76% for patients with deprivation levels IMD 1 and 2 attending ED. Performance can be expected to vary between 48% and 75%. The performance for June was 65% which is lower than the overall Trust performance of 72% and below the Trust mean of 68% for all ED attendances.

Underlying issues:
- Bed occupancy levels within the organisation, resulting in bed waits within the ED which in turn causes congestion, lack of clinical space for patients to be reviewed and diverts ED medical and nursing resource to care for patients who would be better cared for in an inpatient bed space.
- Workforce related issues, short term sickness, vacancy levels, which cause on the day workforce model gaps within the ED medical and nursing workforce resulting in potential delays to ED investigation, treatments and time to see clinician.

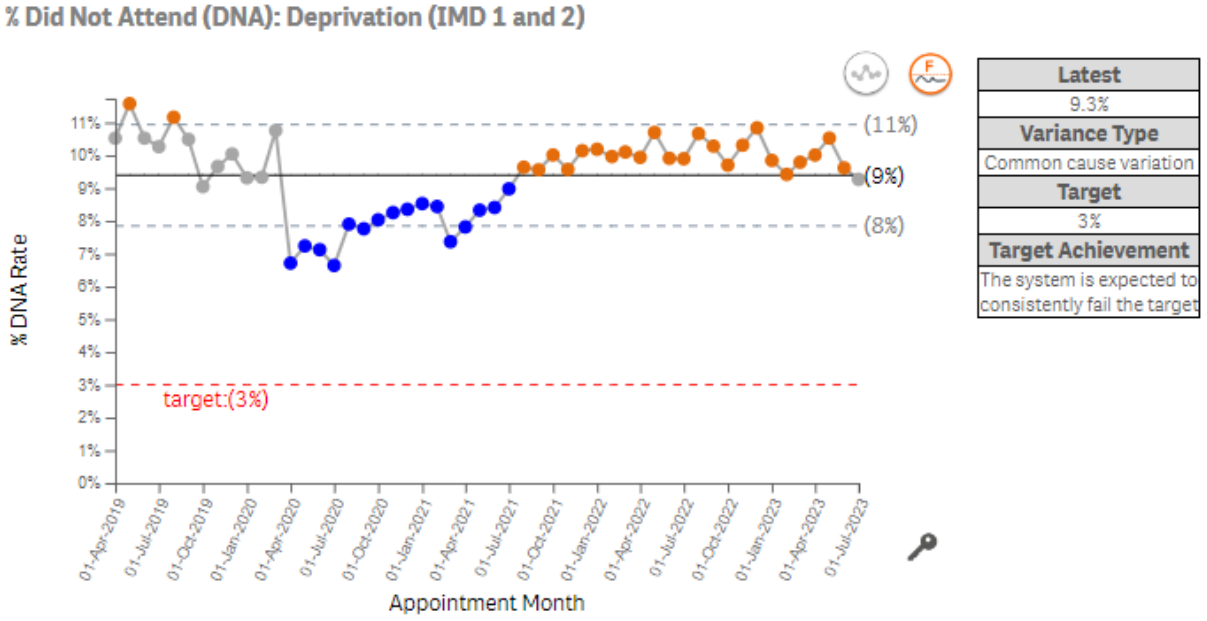
Actions:

% Did Not Attend (DNA): Deprivation (IMD 1 and 2)

Executive Owner: Rob Aitchison Operational Lead: Kim Scholes Business Intelligence Lead: Oliver Hutchinson

Rationale:
To monitor DNA rates at first and follow-up appointments for patients who are in the most deprived areas

Target:
3% - Elective Transformation Workstream target to reduce to 3% by the end of 2023/24.



Source: Cerner EPR Last Updated: 02/08/2023

What does the chart show/context:
The current DNA rate for appointments for patients from the IMD 1 and 2 groups stands at 9.3% for July 2023. This performance has remained within the expected range from April 2019 to date and shows consistent common cause variation throughout that time. This performance does however represent performance that is consistently failing the target of 3%. This sits above the DNA % for the wider population at CHFT for outpatient appointments which currently stands at 6.4% for July 2023.

Underlying issues:
- Need to audit DNAs to understand reasons for high DNA rate for IMD 1 and 2 patients.

Actions:
- Within the newly launched Elective Care Transformation Board, a DNA workstream has been set up specifically to look at reducing the level of DNAs for all outpatient appointment within CHFT for the year 2023/24. This workstream has met and fed back their 'plan on a page' at the latest ECT Board meeting. Their headline target for the year is to reduce the DNA rate for all outpatient appointments to 3% by the end of the financial year.
- Audit of patients to understand reasons for DNA.

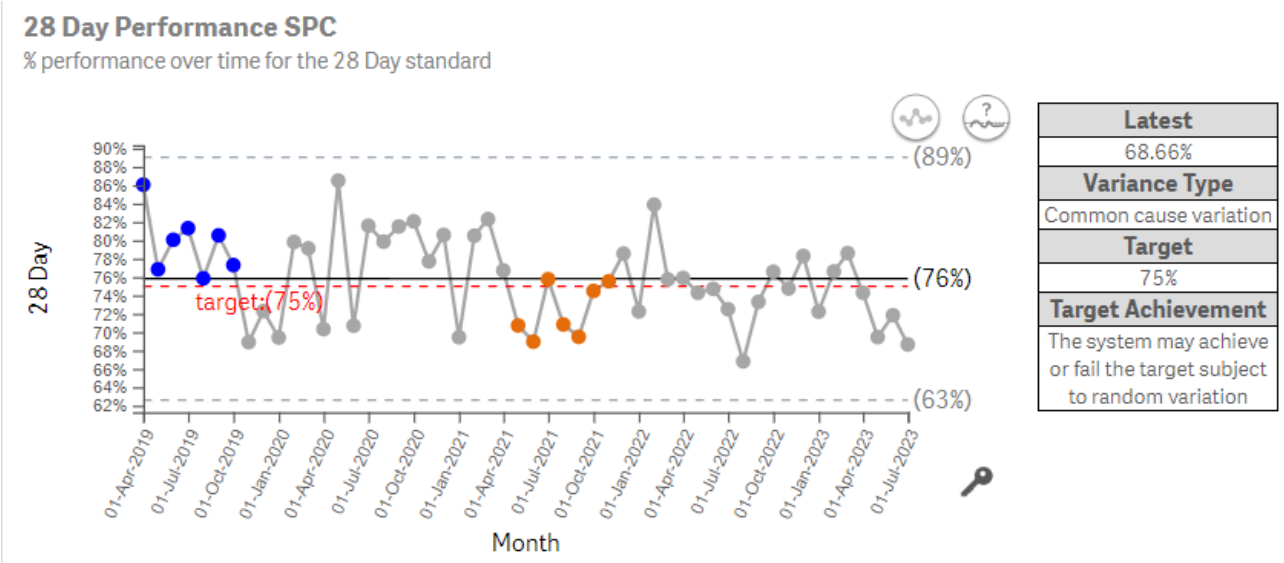
Proportion of patients meeting the faster diagnosis standard: Deprivation (IMD 1 and 2)

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Maureen Overton Business Intelligence Lead: Bethany Todd

Rationale:
Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving.

Target:
Maximum four weeks (28 days) from receipt of referral, to point at which patient is told they have cancer, or cancer is definitely excluded. Target 75%.



Latest
68.66%
Variance Type
Common cause variation
Target
75%
Target Achievement
The system may achieve or fail the target subject to random variation

What does the chart show/context:
- Latest monthly performance stands at 68.6% which is below the NHSE target however currently performing better than the Trust performance overall.
- The Trust is unable to consistently meet the target of 75% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 63% and 89%.

Underlying issues:

Actions:

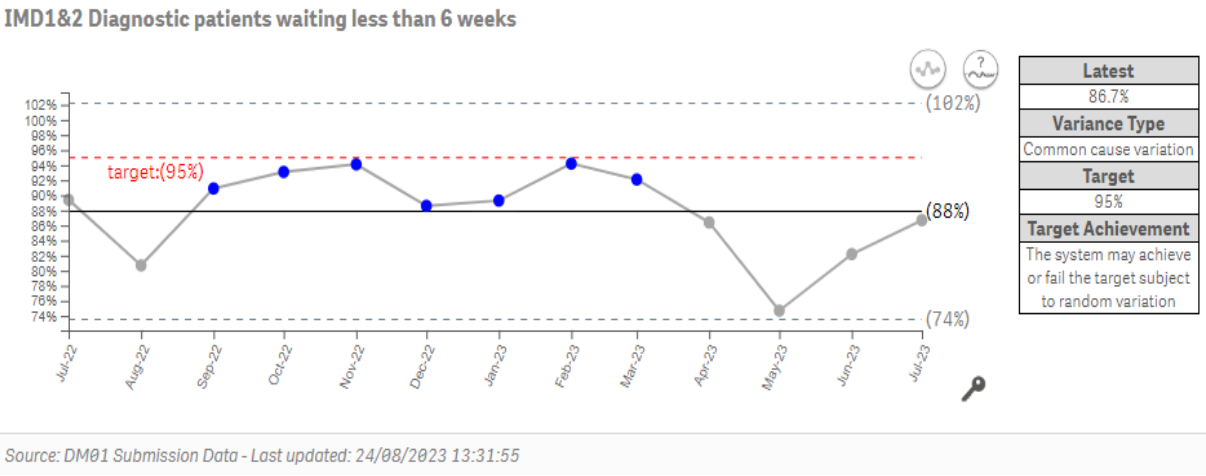
Percentage of patients waiting less than 6 weeks for a diagnostic test: Deprivation (IMD 1 and 2)

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Leads: Thomas Strickland/Stephen Shepley/Helen Rees
Business Intelligence Lead: Fiona Phelan

Rationale:
Maximise diagnostic activity focused on patients of highest clinical priority.

Target:
Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.



Source: DM01 Submission Data - Last updated: 24/08/2023 13:31:55

What does the chart show/context:
- Latest monthly performance stands at 86.7% which is below the NHSE target but reflective of CHFT performance.
- The Trust is unable to consistently meet the target of 95% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 74% and 100%.

Underlying issues:

Actions:

Total Patients waiting more than 40 weeks to start consultant-led treatment: Deprivation (IMD 1 and 2)

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Thomas Strickland Business Intelligence Lead: Fiona Phelan

Rationale:
To measure and encourage compliance with recovery milestones for the RTT waiting list.

Target:
Aim to have 0 patients waiting more than 40 weeks by January 2024.

What does the chart show/context:

Underlying issues:

Actions:

Workforce:

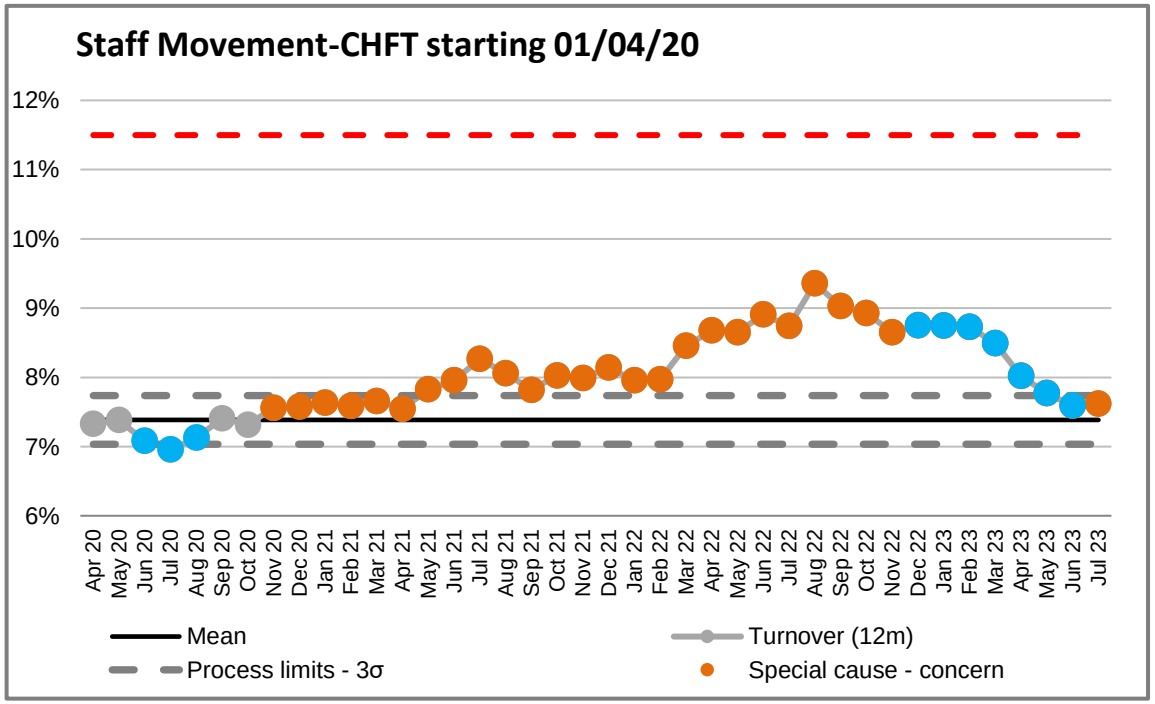
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Staff Movement (Turnover)	July 2023	7.62%	11.5%			7.38%	7.03%	7.74%
Sickness Absence (Non-Covid)	July 2023	4.80%	4.75%			4.84%	5.48%	4.21%
Appraisal Compliance (YTD)	July 2023	38.37%	95.0%	-	-	-	-	-
Core EST Compliance	July 2023	94.99%	90.0%			93.03%	92.02%	94.03%
Bank Spend	July 2023	£3.14M	£1.60M			£3.14M	£1.57M	£4.70M
Agency Spend	July 2023	£0.95M	£0.53M			£0.97M	£0.65M	£1.28M

Staff Movement (Turnover)

Executive Owner: Suzanne Dunkley Lead: Adam Matthews Business Intelligence Lead: Mark Bushby

Rationale:
It is healthy for an organisation to have a reasonable level of staff turnover, there is a balance between losing valuable, knowledgeable staff and bringing in new colleagues with fresh ideas and ways of working.

Target: 11.5% **Current: 7.62%**



What does the chart show/context:
- Total FTE lost due to colleagues leaving all employment with the Trust against the average headcount of the reporting period.
- Turnover is consistently below the Trust target of 11.5%.
- Turnover rates have continued to be above the mean average.
- July 2023 rolling turnover rate has increased to 7.62% from 7.59% in June.

Underlying issues:
Estates and Ancillary, and Additional Science and Technical staff groups have turnover rates above the Trust target of 11.50%

Actions:
HCSW retention review is continuing with a Task and Finish group meeting every 3 weeks. Matrons are completing exit interviews with all HCSW that leave the Trust.

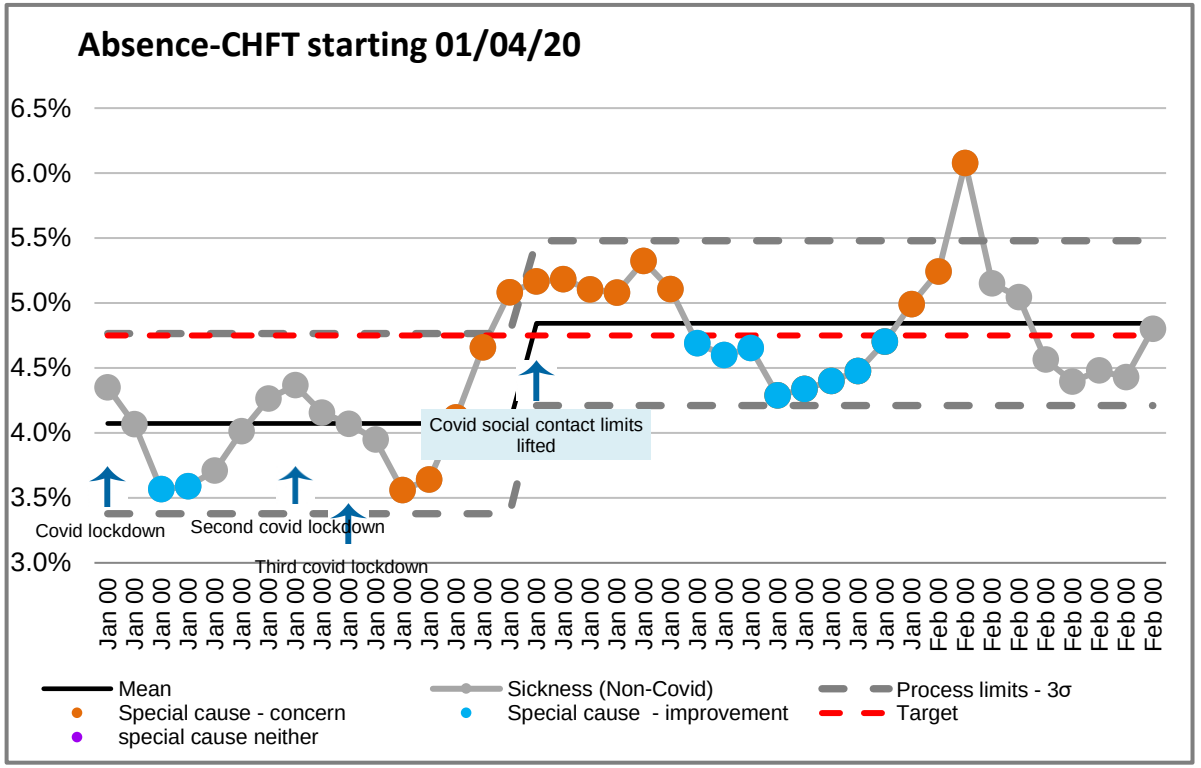
Turnover data is reviewed in the Workforce and OD Directorate bi-monthly Workforce Monitoring meeting. HRBPs will work with any hotspots identified to work through any issues.

Sickness Absence (Non-Covid)

Executive Owner: Suzanne Dunkley Lead: Azizen Khan Business Intelligence Lead: Mark Bushby

Rationale:
It is important for the Trust to monitor sickness absence levels to ensure any trends are investigated to inform future planning around availability.

Target: 4.75% **Current: 4.80%**



What does the chart show/context:

- Absence rate of CHFT colleagues due to non-covid sickness reasons, as recorded in ESR / Allocate. Calculated as a percentage of FTE Days Lost within the reporting month.
- From March 2021 sickness saw an upward trend as Covid restrictions began to be relaxed.
- December 2022 saw unusually high levels of sickness absence due to Cough/Cold/Flu and has since returned to normal seasonal variation as we moved into spring and summer months.
- The mean and target for absence are very similar causing compliance to be hit and miss on a monthly basis.

Underlying issues:
Top 3 reasons for sickness in July 2023 – Anxiety/Stress/Depression, Gastrointestinal problems and Other musculoskeletal problems.

Actions:

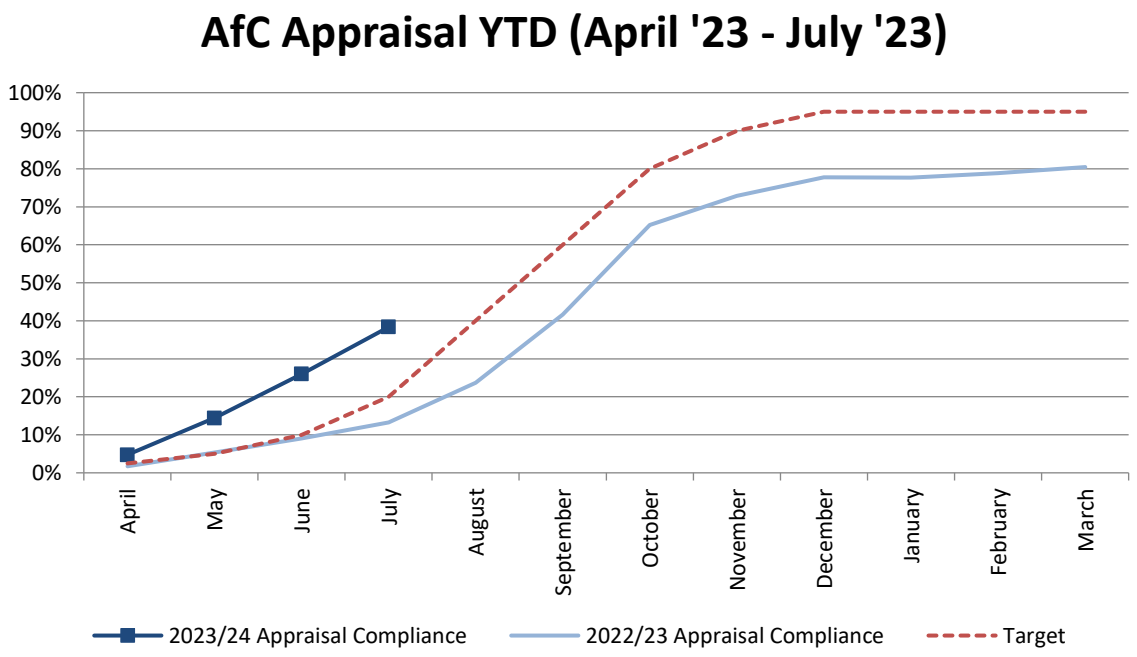
- Identify divisional hotpots for age/gender group and focus on these with line managers to reduce absences, identify and themes or trends and options for supporting colleagues.
- Promotion of physio provision for all MSK absences and reporting on the number of absences prevented because of the MSK intervention and where colleagues have returned to work sooner.
- Roll out of the Menopause policy and support available.
- HRBP's working closely with the Workforce Psychologist to ensure all support on mental health issues are available to colleagues with clear pathways to access services.
- Exploring the possibility of Health MOTs for colleagues given the high level of absences in the 50+ age group of colleagues.
- To support managers the HR team are developing and recording short video clips of `How to' for managers which is accessible 24/7. HRBPs working with divisions to hold appropriate deep dives into hotspot areas. HR Team holding monthly meetings to discuss every long-term absence case and ensure an appropriate management plan is in place.
- Absence data to be presented at Executive Board meeting on a regular basis to ensure focus on reducing the level of absence.
- Management guidance developed to support manager with reasonable adjustments and how to utilise Access to Work for colleagues with underlying health conditions or a disability.

Appraisal

Executive Owner: Suzanne Dunkley Lead: Liam Whitehead Business Intelligence Lead: Mark Bushby

Rationale:
A performance appraisal is a regular assessment of how an individual is performing in their job role. It can have many benefits in practice, being used to identify individual learning needs, identify continuing development needs of employees and demonstrate competency in practice.

Target: 95.0% (Annual), 20.0% (in month) **Current: 38.37% (in month)**



What does the chart show/context:
- Total compliance where Appraisals have been completed in the current appraisal season.
- Appraisal compliance has remained consistently above the in-month planned position
- Appraisal compliance is performing above the rate of the previous year at the same point in time.

Underlying issues:
- Time and availability of colleagues to undertake appraisal.
- Accurate and timely recording of appraisal conversations on ESR.
- Challenge to colleagues around appraisal being a “tick box” exercise.
- Seasonal variance.

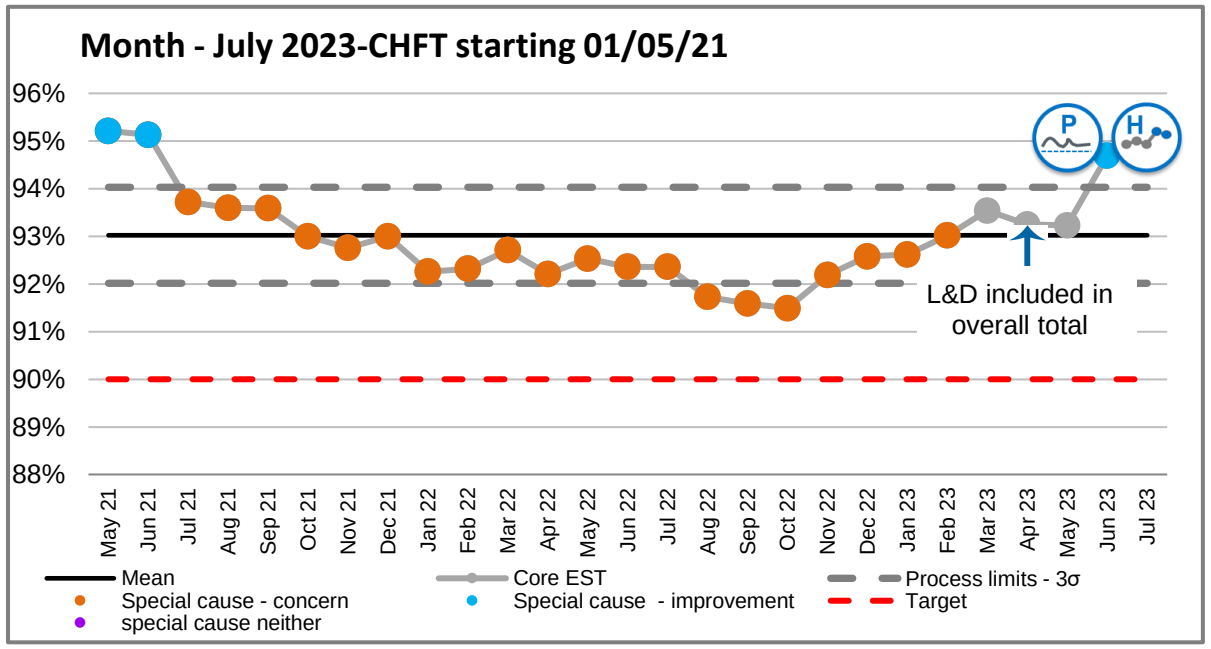
Actions:
- 2023 has seen the development of a ‘how to guide to appraisals’ video as part of our management fundamentals offer to make it a more people centred conversation.
- ESR recording guidance produced to support managers to ensure all activity is captured.
- Targeted approach to support hotspot areas including Connect & Learn sessions (managers’ and appraisees’ guides) to improve the quality of conversations.
- Stakeholder communications plan completed.
- Conduct appraisals in the line with the principles of the recently launched CHFT Leadership framework.
- We go see – areas of good practise for appraisal.

Core EST Compliance

Executive Owner: Suzanne Dunkley Lead: Adam Matthews Business Intelligence Lead: Mark Bushby

Rationale:
Training staff is important in health and social care to ensure the safety of people receiving and giving care and to maintain high standards of care quality. It ensures that colleagues in the Trust are following up-to-date procedures and reduces the risk of errors and prevents accidents. This means they and our patients can be safe in the workplace

Target: 90.0% **Current: 95.0%**



What does the chart show/context:
- Total EST Compliance over the reporting period.
- The Trust is currently achieving the 90% target, and 95% stretch target for EST compliance.
- June and July 2023 are subject to high special cause with compliance rates above the mean and outside the process limits.
- From April 2023 Learning Disability Awareness is now included in the overall EST compliance rate.

Underlying issues:
No current issues. Trust compliant with 95%.

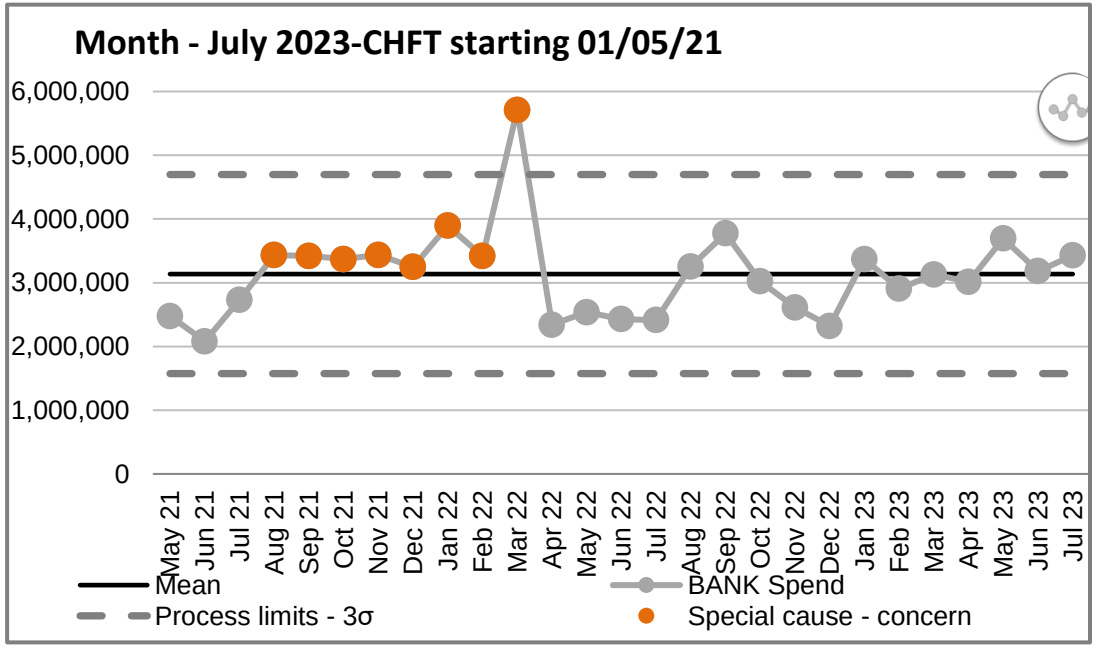
Actions:
- Compliance rates are shared with Directorates on a weekly basis.
- Enhanced Divisional accountability.
- Local campaigns to focus on mandatory learning in Divisions.

Bank Spend

Executive Owner: Suzanne Dunkley Lead: Jackie Robinson Business Intelligence Lead: Mark Bushby

Rationale:
It is important for the Trust to monitor Bank staff spend as it can help to minimise temporary staffing costs ensuring value for money and compliance.

Target: £1.15M **Current: £3.4M**



What does the chart show/context:
- Bank spend over the last 24 months by month.
- The general view is there is a hit and miss result to the target with common cause variation.
- Bank spend has reduced over the last 12 months to the 12 months preceding.
- The spike in March 2022 was due to an accrual of circa £2m for study leave.
- An increase in May 2023 is due to the 5% pay award for April 2023 and May 2023.

Underlying issues:
There is a reliance on bank usage to cover unplanned unavailability and to support the recovery programme. There has been an increase in bank usage during the summer holidays to cover gaps created by annual leave.

Actions:
A deep dive on bank and agency usage was taken to TE on 8th August 2023.

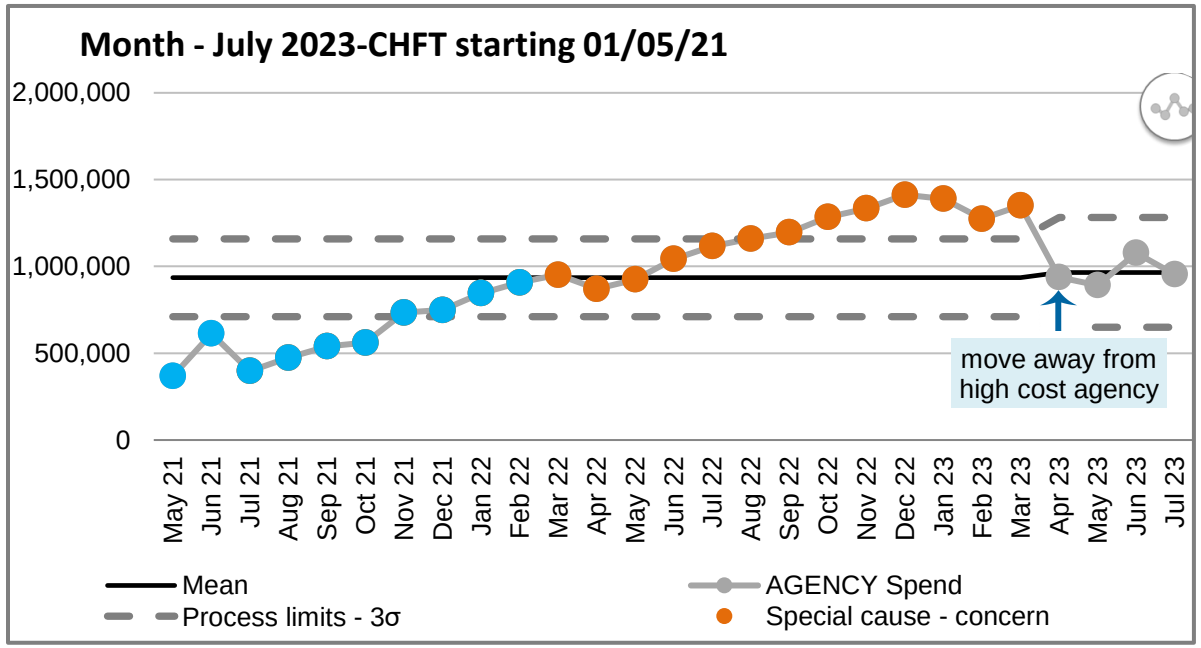
Director approval is required for any variation from agreed bank rates.

Agency Spend

Executive Owner: Suzanne Dunkley Lead: Jackie Robinson Business Intelligence Lead: Mark Bushby

Rationale:
It is important for the Trust to monitor Agency staff spend as it can help to minimise temporary staffing costs ensuring value for money and compliance and can encourage the recruitment and retention of staff.

Target: £0.6M **Current: £0.9M**



What does the chart show/context:
- Agency spend over the last 24 months by month.
- There had been an increasing trend in monthly Agency spend from May 2022 with a peak in December 2022.
- Spend has decreased from April 2023 due to the Trust moving away from high-cost agency.
- Agency spend is now following normal cause variation from April 2023.

Underlying issues:
There is a reliance on agency usage in some areas as a result of vacancies and difficulties in recruiting. There has been an increase in agency usage over the summer holidays to cover gaps created by annual leave.

Actions:
A deep dive into agency and bank usage was taken to TE on 8th August 2023.

Director approval is required for all agency usage.

Undertake an audit of the agency self-billing process to ensure the Trust is not paying for shifts that were not completed.

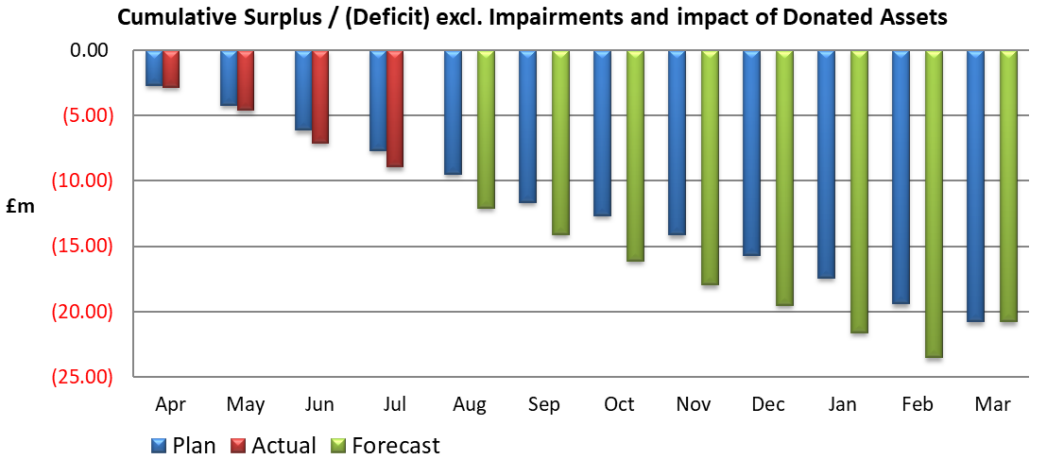
Review of all non-clinical agency usage.

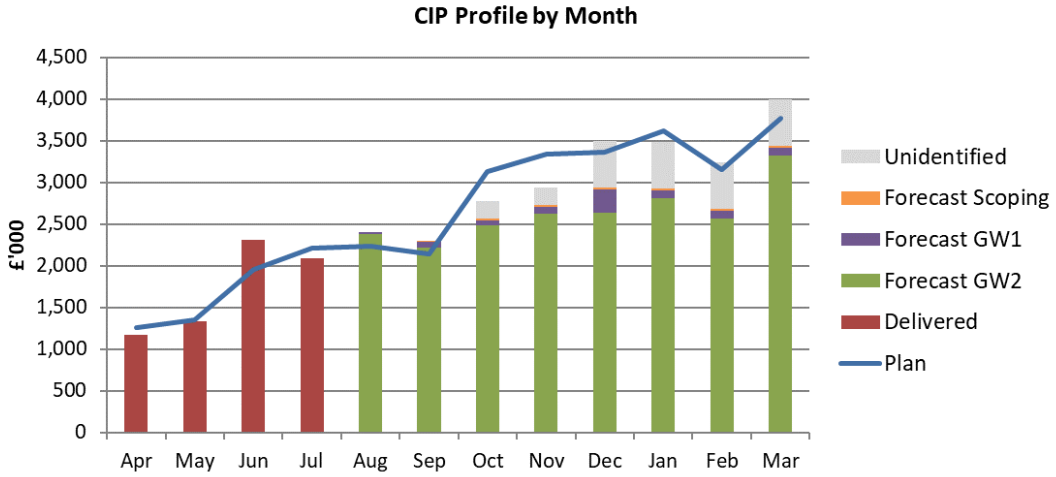
Finance:

- Cumulative Surplus
- CIP Profile
- Capital Spend
- Cash Balance

Financial Performance

Executive Owner: Gary Boothby / Kirsty Archer Finance Lead: Philippa Russell





Rationale:
To monitor year to date and forecast performance against the 2023/24 financial plan and efficiency target

Target:
The financial plan for 2023/24 is a £20.80m deficit and delivery of £31.50m of efficiency savings through the Cost Improvement Programme (CIP).

What do the charts show/context:
The Trust is reporting a YTD deficit of £8.95m, a £1.27m adverse variance from plan. The forecast is to deliver the £20.80m deficit as planned. The Trust has delivered efficiency savings of £6.90m year to date, £0.13m higher than planned.

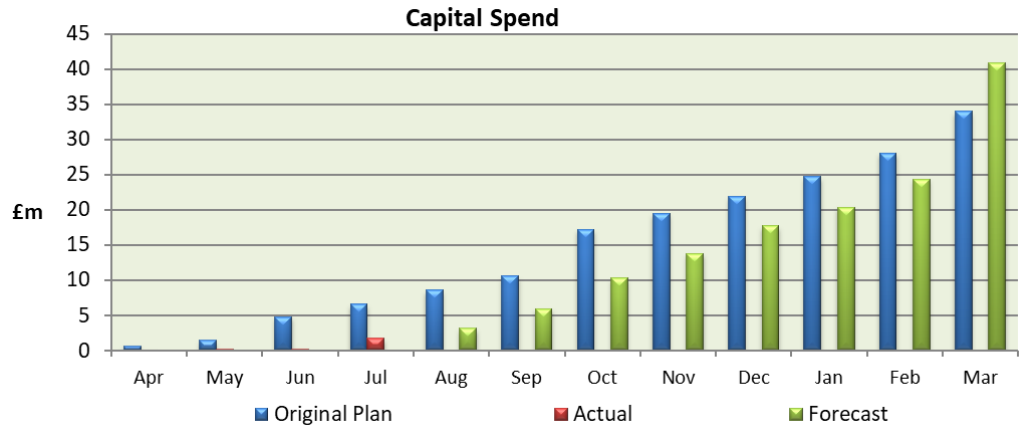
Underlying issues:

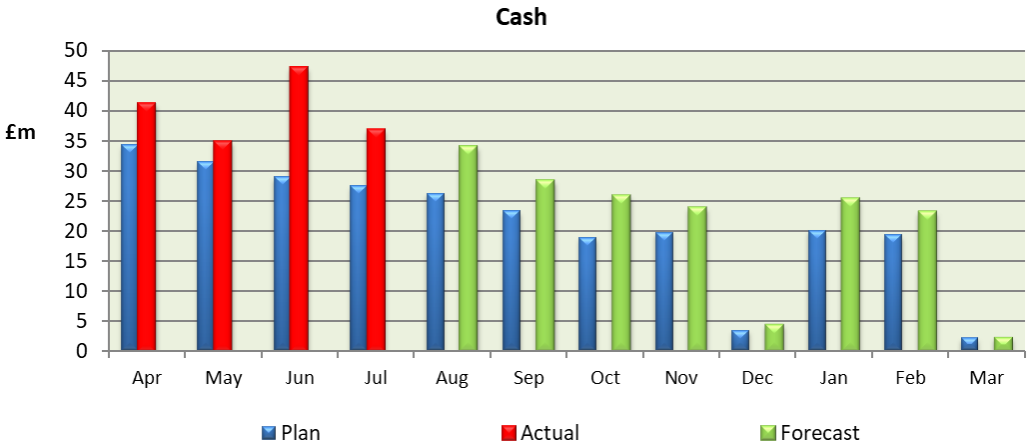
- Key drivers of the adverse variance included: higher than planned bed capacity due to an excess of patients awaiting Transfer of Care (TOC) / higher than planned Length of Stay (LOS), £1.39m pressure due to impact on associated efficiency plans and surge capacity; Strike costs of £0.73m; non-pay inflationary pressures including Utilities; and an unplanned funding top-slice to support nationally procured Microsoft licences. These pressures were offset to some extent by early delivery of other efficiencies and higher than planned commercial income (HPS).
- The Trust is forecasting to deliver the planned £20.80m deficit, but the 'likely case' scenario includes £7.1m of unidentified mitigation required to offset forecast pressures and emerging risks including: unidentified CIP of £2.76m; further slippage on some high-risk efficiency programmes; further strike action (£1.0m for planned Strikes up to the end of August); non-pay inflationary pressures; and challenges delivering the bed plan.

Actions:
To confirm the scale of likely slippage on high-risk CIP schemes and identify mitigations to support this gap, the unidentified CIP and to offset other new cost pressures.

Financial Performance: Capital, Cash and Use of Resources

Executive Owner: Gary Boothby / Kirsty Archer Finance Lead: Philippa Russell





Use of Resources Metric:	Plan (YTD): 3	Actual (YTD): 3
	23/24 Plan: 3	Forecast: 3

Rationale:
To monitor year to date and forecast Capital expenditure, Cash balance and Use of Resources metric against the 2023/24 financial plan.

Target:
The Capital Plan for 2023/24 is to spend £34.01m including £11.89m of externally funded Capital. Cash balance is planned to reduce over the year due to the planned financial deficit and capital expenditure. The Trust will be required to borrow cash in the form of Revenue Public Dividend Capital (PDC). The Use of Resources metric is the financial element of the Single Oversight Framework, with one overall score derived from the average score across 5 separate metrics: Liquidity, Capital Servicing Capacity, Income & Expenditure (I&E) Margin, Variance from I&E plan and Agency expenditure. A score of 1 is the most favourable and 4 the least favourable. Planned UOR for 23/24 is level 3.

What do the charts show/context:
The Trust has spent £1.73m on Capital programmes year to date, £4.87m lower than planned. Capital Forecast is to spend £40.92m, £6.92m more than planned – additional PDC funding has been awarded to support the Community Diagnostic Centre. At the end of July, the Trust had a cash balance of £36.84m, £9.33m higher than planned. Use of Resources (UOR) stands at 3, as planned, but with 1 metric (I&E Margin Variance) away from plan.

Underlying issues:
The Capital underspend is due to delays in the Pharmacy Robot project and HRI Reconfiguration. Cash variance is in part due to a higher than forecast year end cash balance (£2.93m); in addition to a favourable variance in cash flow year to date (£6.39m).

Appendix A – Variation and Assurance Icons

Calderdale and Huddersfield NHS Foundation Trust

Variation Icons:

Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one-off event that you can explain? Or do you need to change something?
	Special cause variation of a CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	**Investigate** to find out what is happening/ happened. Is it a one-off event that you can explain? Or do you need to change something?
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?

Assurance Icons:

Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix B (i) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

Metric	Details
Total Patients waiting >40, 52, 65 weeks to start treatment. Total RTT Waiting List	Waiting times matter to patients. Most patients want to be referred, diagnosed and treated as soon as possible. To measure and encourage compliance with recovery milestones for the RTT waiting list.
Total elective activity undertaken compared with 2023/24 activity plan	A key planning requirement for 2023/24 is to recover elective activity levels to above those seen in the pre-Covid period, to order to address the growing elective care waiting list.
Percentage of patients waiting less than 6 weeks for a diagnostic test	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
Diagnostic Activity undertaken compared with 2019/20 baseline	Maximise diagnostic activity focused on patients of highest clinical priority. Recovery of diagnostic testing is a key NHS objective and critical to wider elective recovery, including RTT performance.
Total Follow-Up activity undertaken compared with 2023/24 activity plan	To measure the relative reduction in follow-up outpatient attendances (consultant and non-consultant led) in 2023/24 compared to 2023/24 activity plan
Total Patients waiting >62 days to begin cancer treatment compared with February 2020 baseline	The NHS Constitution outlines what patients can expect and their rights when they are referred on a cancer diagnosis and treatment pathway. The number of patients seen following an urgent suspected cancer referral has remained at a record high since March 2021. Expectation to return the number of people waiting for longer than 62 days to the level in February 2020.
Proportion of patients meeting the faster diagnosis standard	Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. Expectation is that 75% or more of patients will a maximum four weeks (28 days) from receipt of urgent GP (GMP, GDP or Optometrist) referral for suspected cancer, breast symptomatic referral or urgent screening referral, to point at which patient is told they have cancer, or cancer is definitely excluded.
Non-Site-Specific Cancer Referrals	The non-specific symptoms (NSS) pathway provides a route for patients presenting with vague symptoms who may have a serious illness.

Appendix B (ii) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

Metric	Details
Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028	Cancer is one of the biggest contributors to inequalities in life expectancy with people from the most deprived communities more likely to get cancer, be diagnosed at a late stage for certain types of cancer and to die from the disease. Early presentation, referral, screening and diagnosis are key to addressing this.
Proportion of patients seen within 4 hours	Monitor waiting times in A&E. Longer waits associated with poorer patient outcomes. NHS Objective to improve A&E waiting times so that no less than 76% (80% local target) of patients are seen within 4 hours by March 2024 with further improvement in 2024/25.
Proportion of ambulance arrivals delayed over 30 minutes	Proportion of ambulances which experience a delay (by more than 30 minutes) in transferring the patient over to the care of ED staff. Patients arriving via an ambulance should be transferred over to the care of hospital staff within 15 minutes of arrival at an Emergency Department (ED). Handover delays can be detrimental to the health of the patient and can have a knock-on impact on the ambulance service (crews are unable to attend to other potentially life-threatening calls). Such delays at the front door of ED can also be a sign of potential overcrowding within the ED.
Proportion of patients spending more than 12 hours in an emergency department	To monitor long waits in A&E which could indicate overcrowding in ED and can cause poor patient experience. The number of patients that spend more than 12 hours between arrival and admissions, transfer or discharge, as a proportion of total attendances.
Neonatal deaths per 1,000 total live births	The Long-Term Plan committed the NHS to accelerate action to achieve the national maternity safety ambition of 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025. The number of neonatal deaths is influenced by a number of factors, including the quality of care delivered to the mother and baby and appropriate surveillance for all women. The rate of deaths within 28 days of birth per 1,000 live births. A neonatal death is defined as a live born baby born at 24 weeks gestational age or later, or with a birthweight of 400g or more, who died before 28 completed days after birth.
Stillbirths per 1,000 total births	The focus of this indicator is to measure progress in reducing the rate of stillbirths against the trajectory towards the 2025 ambition. Measures the rate of stillbirths per 1,000 live births and stillbirths. A stillbirth is defined as a baby delivered at or after 24 weeks gestational age showing no signs of life, irrespective of when the death occurred.
Staffing fill rates against funded establishment for maternity staff	Ensure there are sufficient numbers of staff in maternity services to support delivery of the Long-Term Plan. Appropriate staffing levels are also required to implement continuity of care for patients.

Appendix B (iii) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

Metric	Details
Proportion of Urgent Community Response referrals reached within 2 hours	Urgent Community Response services are a commitment in the NHS Long Term Plan to provide urgent care to people in their homes if their health or wellbeing suddenly deteriorates. % of 2-hour UCR referrals subject to the 2-hour response standard (as specified in the UCR technical guidance), with an RTT end date in reporting month, that achieved the 2-hour response standard.
Community Waiting List	Understand resilience amongst providers of community health services and identify specific issues (e.g. changes to activity, the extent of any backlogs). Provide valuable data on waiting times and waiting list information. Data used by national teams and systems to inform recovery plans and reduce waiting lists across community health services.
Virtual Ward	A virtual ward is a safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital, or supporting early discharge out of hospital.
Hospital Discharge Pathway Activity	Monitors discharges from hospital to ensure that patients are discharged safely to the most appropriate place and that they continue to receive the care and support they need after they leave hospital.
Adult G & A acute bed occupancy adjusted for void beds (Type 1 Acutes Only)	Understand the proportion of adult general and acute beds that are occupied. The proportion of adult general and acute beds occupied (adjusted for Covid void beds). Covid void beds are beds that are closed due to Covid, but which are unoccupied. These beds cannot accept new admissions unless the patient is Covid-positive.
% of beds occupied by patients who no longer meet the criteria to reside	Understand the numbers of beds which are not available for patients who do meet the criteria to reside and therefore points to resources which are unavailable due to discharge issues. There is significant interest in discharges and beds due to ongoing pressures which NHS providers face and even more so over the Winter period. This indicator shows the numbers of beds which are not available for patients who do meet the criteria to reside and therefore points to resources which are unavailable due to discharge issues.
Transfers of Care	Counting DTOCs helps whole systems to understand unmet need and identify bottlenecks and ensures that pathways through the system are patient-oriented rather than organisation or service-centred. Helps systems to improve services for patients by reducing situations where people are in hospital longer than they need to be, which can have a detrimental effect on their recovery, rehabilitation and long-term health and well-being.

Appendix B (iv) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

Metric	Details
Care Hours Per Patient Day (CHPPD)	CHPPD is the national benchmark measure for safer staffing and provides a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. It is calculated by totalling the number of hours worked by registered nurses, nursing associates, and in some cases allied health professionals, as well as healthcare support workers on each ward for the 24-hour period, then dividing by the number of patients on the ward each day at midnight. There is no 'correct' number of CHPPD to be achieved. However, variation between the actual and planned CHPPD, should warrant further investigation.
Inpatient Falls per 1000 Bed Days	Inpatient falls are the most frequently reported safety incident in hospital. Not all falls are preventable but 20–30% of falls can be prevented by assessing risks and intervening to reduce these risks.
CHFT Acquired Pressure Ulcer per 1000 Bed Days	Pressure ulcers (PUs) remain a concerning and often avoidable harm for the patients who develop them, and the healthcare professionals involved in their prevention and management. PU are in the 'top ten harms' in the NHS in England. Investigations into the causes of pressure ulcers frequently show that unwarranted variation from evidence-based practice contributes to the development of pressure ulcers.
Summary Hospital-level Mortality Indicator	This is to monitor the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated here. It covers all deaths reported of patients who were admitted to Non-Specialist Acute Trusts in England and died either while in hospital or within 30 days of discharge.
MRSA Bacteraemia Infections	HCAIs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can cause significant morbidity and mortality risk for those infected.
C.Difficile Infections	HCAIs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can cause significant morbidity and mortality risk for those infected.
E.Coli Infections	HCAIs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can cause significant morbidity and mortality risk for those infected.
% of incidents where the level of harm is severe or catastrophic	To identify areas where CHFT can reduce risks and prevent harm, the reporting of all near misses and serious incidents is imperative to ensure we improve safety and learn from these events to prevent recurrence. Promoting a positive reporting culture is essential to CHFT's learning success for all our patients, families and staff.

Appendix B (v) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

Metric	Details
Serious Incidents	To identify areas where CHFT can reduce risks and prevent harm, the reporting of all near misses and serious incidents is imperative to ensure we improve safety and learn from these events to prevent recurrence. Promoting a positive reporting culture is essential to CHFT's learning success for all our patients, families and staff.
Never Events	To identify areas where CHFT can reduce risks and prevent harm, the reporting of all near misses and serious incidents is imperative to ensure we improve safety and learn from these events to prevent recurrence. Promoting a positive reporting culture is essential to CHFT's learning success for all our patients, families and staff.
Complaints	CHFT views any complaint as an extension of our service users' care and the Trust is committed to moving towards a user-centric service. Effective processes and procedures for handling concerns, feedback, stories, compliments, and complaints are pivotal to organisational learning success
Alternatives to Hospital Admissions - Frailty	To enable patients to receive the care and treatment they need in their own home, safely and conveniently rather than being in hospital.
Care of the Acutely Ill Patient	The identification and recording of deterioration, enabling swifter response, which will reduce the rate of preventable deaths. Reducing the need for higher levels of care will free up capacity particularly in ICU by avoiding admissions and reducing lengths of stay, both of which are significant factors in the NHS's recovery efforts.
Nutrition and Hydration	Compliance with completion of MUST to be above 95% across the organisation – this will ensure we have the majority of our patients at risk identified early and referred to the dietitian team.
Emergency Care Standard - LD	To monitor waiting times in A&E for patients with a learning disability to ensure equity across all patient groups
Outpatients DNA's - LD	To monitor DNA rates at first and follow-up appointments for patients with a learning disability to ensure equity across all patient groups
Cancer Faster Diagnosis Standard - LD	Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. Expectation is that 75% or more of patients will a maximum four weeks (28 days) from receipt of urgent GP (GMP, GDP or Optometrist) referral for suspected cancer, breast symptomatic referral or urgent screening referral, to point at which patient is told they have cancer, or cancer is definitely excluded.
Percentage of patients waiting less than 6 weeks for a diagnostic test - LD	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%. Maximise diagnostic activity focused on patients of highest clinical priority.

Appendix B (vi) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

Metric	Details
Patients waiting more than 40 weeks to start treatment - LD	Waiting times matter to patients. Most patients want to be referred, diagnosed and treated as soon as possible. To measure and encourage compliance with recovery milestones for the RTT waiting list for learning disability patients.
Emergency Care Standard - Deprivation	To monitor waiting times in A&E for patients from the most deprived areas (IMD 1 and 2) to ensure equity across all patient groups
Outpatients DNA's - Deprivation	To monitor DNA rates at first and follow-up appointments for patients from most the most deprived areas (IMD 1 and 2) to ensure equity across all patient groups
Cancer Faster Diagnosis Standard - Deprivation	Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. Expectation is that 75% or more of patients will a maximum four weeks (28 days) from receipt of urgent GP (GMP, GDP or Optometrist) referral for suspected cancer, breast symptomatic referral or urgent screening referral, to point at which patient is told they have cancer, or cancer is definitely excluded.
Percentage of patients waiting less than 6 weeks for a diagnostic test - Deprivation	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%. Maximise diagnostic activity focused on patients of highest clinical priority.
Patients waiting more than 40 weeks to start treatment - Deprivation	Waiting times matter to patients. Most patients want to be referred, diagnosed and treated as soon as possible. To measure and encourage compliance with recovery milestones for the RTT waiting list for patients from the most deprived areas (IMD 1 and 2)

9. Feedback from Quality Committee

To Note

Presented by Karen Heaton

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Denise Sterling, Non-Executive Director
Date(s) of meeting:	21st August 2023, 25th September 2023
Date of Board meeting this report is to be presented:	2 November 2023
ACKNOWLEDGE	• Learning from patient story - End of Life Experiences, the key areas identified from the strands of feedback were improving communication, involvement of loved ones and carers in decision making and identifying end of life sooner. The improvement work of the end of life team over the past year was outlined, with the team's approach now is to highlight that end of life care is the responsibility of everyone within the Trust, not just those working within Palliative Care. • An overview was provided of the formation of the National Improvement Board and the NHS improvement approach that will build on the best approaches to organisational quality assurance, planning and improvement and to support increased productivity and enable improved health outcomes. A new Operating Framework is to be introduced and will align with the publication of the new single assessment framework for CQCs. Quarterly progress reports will be provided to the Quality Committee. • Committee noted the proposal for mandating Essentials of Patient Safety (e learning) in response to the Patient Safety Incident Response Framework (PSIRF) preparation.
ASSURE	• Follow up appointment concerns – significant progress has been made on the eight recommendations to reduce the risk of harm to patients that are waiting for follow up outpatient appointments. The task and finish group has been stepped down and further work and oversight will be undertaken through various governance structures. • Patient Experience Annual Report provides a comprehensive overview of the wide range of work undertaken over the year with excellent examples of patient, family and carer engagement. A number of patient surveys have been referenced and the response to these have helped to inform the development of the 3 year patient experience strategy alongside the staff involvement from across all divisions. Key ambitions have been identified to further develop services and enhance the patient experience. • IPC Report – the Trust's Clostridium difficile position has improved from previous years, there has been a limited number of outbreaks associated with norovirus and COVID -19 numbers have been quite low during Q1. The IPC risk on the Board Assurance Framework continues to be revised, the quality improvement audits and front line ownership audits are positive. Committee noted that action plans are in place for the Healthcare Associated Infections to improve on last year's performance, this is challenging and not unique to CHFT. • Maternity and Neonatal Oversight Report- the final report from the

	CQC maternity inspection has been published with the maternity service retaining a good status overall. There were 2 must do findings related to training and workforce. An action plan has been drafted and returned. The maternity service has also completed a reaccreditation assessment for Baby Friendly Initiative (BFI), this has been successful., and the unit has been reaccredited as a BFI Gold service. Quality Committee was also provided with information on the embedded learning event, a report on Avoiding Term Admissions in Neonatal Unit (ATAIN) – April to June 2023, the ATAIN action plan, a Transitional Care report – April to June 2023 and a Perinatal Mortality Review Tool (PMRT) action plan. • Medical Examiner Report - good progress continues to be made with the development of the service and the consistency of high level of performance from the team. A number of GPs have been employed which will enable the service to scrutinise community deaths. A gradual roll out to 13 GP practices has commenced with a plan to cover all 56 practices, local hospices and the Mental Health Trust by April 2024 when statutory legislation comes into effect. • Quality Report received and highlights from the Clinical Outcomes Group discussed, it was reported that there are challenges with attendance at the meetings. Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio are within the expected ranges; In-hospital crude mortality remains the same; there is good progress and work ongoing within sepsis and learning from deaths. • IPR – Impact of strikes on waiting lists increase in 40 weeks wait, concerns regarding ENT and the current position is being actively managed. Cancer performance remains good and support ongoing for Mid Yorkshire. The Safe and High Quality Care metrics is showing an improving position falls, pressure ulcers and infection. • Getting it Right First Time (GIRFT) achievements highlighted, CHFT is one of 25 Trusts chosen to participate in the GIRFT Further Faster Programme for clinical transformation across 15 specialties. The Elective Surgical Unit at HRI is one of eight surgical hubs nationally to be awarded GIRFT accreditation to recognise the unit meeting top clinical and operational standards. Committee noted that the national level approach from GIRFT appears to have changed from specialty deep dives locally and regionally to national programmes. Consideration is being given to CHFTs response to the changes. • Clinical Outcomes Group 6 month report - A number of the workstreams have slipped from significant assurance to limited assurance since the last report into QC. Actions have been outlined to address the workstreams with limited assurance. The newly appointed Deputy Medical Director will be focusing on this group to look at monitoring arrangements, frequency of meetings and agreed priorities and actions. It was noted that the Quality Summit scheduled for October will reset some of this work moving forward. • Under any other business at the August meeting an update was provided on the actions agreed with Directors, regarding the CHFT response to the Lucy Letby case. A 'true for us' report will be completed to test how the Trust fits against the learning from the case. It is important to recognise that a significant amount of time has passed since the crimes were committed and processes in place now were not at that time. The report was submitted to the September Board meeting.

AWARE	• Year 5 Maternity Incentive Scheme launched with a submission date of 1 February 2024 there are concerns regarding compliance with several actions compensatory rest, new saving babies lives bundle and training compliance this has been added to the risk register. • A recurrent theme reported by presenters at Quality Committee is the impact the industrial action is having in many areas.

10. MEMBERSHIP AND ENGAGEMENT

Review Progress with Annual Plan for Membership Strategy, including engagement pledges - Presented by Vanessa Henderson, Membership and Engagement Manager

To Note

<table>
<tr><td>Date of Meeting:</td><td>Thursday 19 October 2023</td></tr>
<tr><td>Meeting:</td><td>Council Of Governors</td></tr>
<tr><td>Title of report:</td><td>Progress with Annual Plan for Membership Strategy, including engagement pledges</td></tr>
<tr><td>Author:</td><td>Vanessa Henderson, Membership and Engagement Manager</td></tr>
<tr><td>Previous Forums:</td><td>N/A</td></tr>
<tr><td>Purpose of the Report</td><td>This report provides a progress report on the work undertaken to achieve the goals from the Membership and Engagement Strategy for 2023-2026.</td></tr>
<tr><td>Key Points to Note</td><td>

The strategy is supported by a full action plan which is shown at Appendix A. The final column gives a progress report as at October 2023. Some of the target dates have been extended due to the reduced resource in the Membership Office over the five-month period June to October 2023.
A development session for governors in September 2023 focused on engagement and what governors could do to help achieve the strategy's goal to have regular, meaningful and two-way engagement with public and staff members. Those governors present made a pledge of how they would contribute (see Appendix B – which also outlines the next steps agreed at the session) and those who were unable to attend have since been asked to do the same.
The Membership and Engagement Working Group (MEWG) meets four times a year and with the Membership Office, has co-created a number of activities and initiatives to enhance membership recruitment and engagement. The next meeting of the MEWG is on 25 October, when progress against the action plan will be reviewed.
In terms of member representation by ethnic group, there has been a slight improvement over the period December 2022 to October 2023, partly as a result of successful member recruitment campaigns at the University of Huddersfield and Calderdale College:
<table>
<tr><th>Ethnicity</th><th>Under/over represented
Dec-22</th><th>Oct-23</th><th></th></tr>
<tr><td>White</td><td>over 7.6%</td><td>over 7.1%</td><td>↓</td></tr>
<tr><td>Mixed</td><td>under 0.6%</td><td>under 0.5%</td><td>↓</td></tr>
<tr><td>Asian/Asian British</td><td>under 7.3%</td><td>under 7.0%</td><td>↓</td></tr>
<tr><td>Black/Black British</td><td>over 1.1%</td><td>over 1.2%</td><td>↑</td></tr>
</table>

The first in a new series of Trust events for members – Health Matters – was held in May 2023 and was well received by members who attended. The second event – 'Behind the scenes in the operating theatre' – is scheduled for Tuesday 14 November. It will be widely publicised in the hope of attracting as diverse an audience as possible including students from local sixth form schools/colleges. As well as giving members an insight into the work of the Trust, the events also provide a good engagement opportunity for governors.

</td></tr>
<tr><td>Recommendation</td><td>The Council of Governors is asked to NOTE the actions taken over the period April to October 2023 to increase and enhance member recruitment and engagement under the Membership and Engagement Strategy.</td></tr>
</table>

APPENDIX A - 333DC6BB-0E39-4764-B284-14A53A90ABCD.docx

GOAL 1 - A diverse and representative public membership community which is active and engaged

1a) Recruiting members from younger sectors of our communities

Action	Responsible	Target date	Status	Update Oct-23
Set up a series of membership recruitment events at local colleges	M&E Manager/ M&E Assistant	First event – May-23	Achieved/ Ongoing	First event at Calderdale College 09-May-23: 13 members recruited from target group
Set up process whereby college students who request work placements are encouraged to join as members	M&E Manager	~~Sep-23~~ Nov-23	Target date extended	Contact: Rebecca Armitage – WOD
Set up a programme of membership recruitment events at the University of Huddersfield	M&E Manager/ M&E Assistant	First event – May-23	Achieved/ Ongoing	1st event 25-Apr-23: 21 members recruited from target group; 2nd event within Health faculty being arranged for Oct/Nov-23
Draft a role description for a “Junior Champion” figurehead and a process for appointing a younger member to the role	M&E Manager	~~Sep-23~~ Jan-23	Ongoing	Initial meeting with Children’s Community Nursing Team Manager to discuss engagement with younger people taking place on 11-Oct-23
Explore possibility of promoting membership with younger patients via Jo Kitchen (Patient Advocate, Children's Diabetes Team/staff governor)	M&E Manager/ M&E Assistant	Jun-23	Achieved/ Ongoing	Leaflet designed and handed out to patients attending Transition Clinic – to be re-visited quarterly
Establish links with Liam Whitehead, Widening Participation Lead, to promote membership amongst his contacts	M&E Manager	Apr-23	Achieved	Initial meeting held Jan-23 and LW agreed to promote widely
Establish whether Youth Forum has been reinstated and if so, explore	M&E Manager	May-23	Achieved	Youth Forum reinstated but members are mainly <16 years old so not eligible to be

ways of linking in with group to connect with younger patients				members; MO exploring with service alternative ways of getting feedback from younger people
Establish links with Youth Carers Groups in Calderdale and Kirklees via Healthwatch to identify recruitment and engagement opportunities	M&E Manager/ Healthwatch Gov	~~Jul-23~~ Nov-23	Target date extended	

1b) Linking with community and voluntary groups to increase membership and identify engagement opportunities

Action	Responsible	Target date	Status	Update Oct-23
Develop a focused plan for member recruitment from Asian/Asian British groups	M&E Manager/ M&E Assistant	~~Jul-23~~ Dec-23	Target date extended	Link made with The Lipstick Project and engagement events with Asian females being planned for late 2023
Explore feasibility of routinely signing up volunteers as members	M&E Manager	May-23	Achieved	Explored but not feasible as CHFT does not have a designated Volunteering Services Department (as per Stevie Cheesman, Widening Participation & Engagement Project Lead)
If feasible, set up process for routinely signing up volunteers as members	M&E Manager	Jun-23	N/A	Explored but not feasible as CHFT does not have a designated Volunteering Services Department (as per Stevie Cheesman, Widening Participation & Engagement Project Lead)
Look into possibility of producing membership poster in other languages	M&E Manager/ M&E Assistant	~~Oct-23~~ Dec-23	Target date extended	

1c) Introducing a programme of member events, "Health Matters"

Action	Responsible	Target date	Status	Update Oct-23
Set up programme of events for 2023/4, with expert speakers and tours of Trust departments where possible	M&E Manager/ M&E Assistant	Apr-23	Achieved	First event held 16-May-23 with 15 members attending; next event scheduled for 14-Nov-23
Develop a communications plan to ensure Health Matters events are publicised widely using a variety of platforms in order to encourage attendance from non-members as well as members	M&E Manager	Apr-23	Achieved	Events publicised widely externally using e-mail, members' newsletter, social media, posters and flyers
Invite students from local secondary schools, colleges and Huddersfield University to events	M&E Manager/ M&E Assistant/ University Gov	Apr-23	Achieved	First event publicised at Huddersfield University; communications plan for future events includes invitations to sixth form students from local schools and colleges

GOAL 2 - Public governors from diverse sectors of our communities who have regular, meaningful, two-way engagement with our membership communities and members of the public

2a) Developing engagement programmes and plans involving public governors

Action	Responsible	Target date	Status	Update Oct-23
Develop a plan to involve governors in Healthwatch engagement events	M&E Manager/ Healthwatch Gov	Jul-23	Ongoing	Conversation started
Develop a programme of engagement activities from opportunities identified through Kirklees Council's Ward Based Partnership meetings	M&E Manager/ M&E Assistant/ Governors	~~Jun-23~~ Dec-23	Target date extended	Activities identified and will be set up when sufficient MO resource available

Identify opportunities to reach community groups in Calderdale through similar arrangements as in Kirklees, ie through Ward Based Partnership meetings	M&E Manager/ Governors	May-23	Ongoing	Contact made with town and parish councils in Calderdale with a view to generating engagement opportunities

2b) Developing a member engagement training offering for governors

Action	Responsible	Target date	Status	Update Oct-23
Develop a member engagement training session for delivery at new governors' induction programme	M&E Manager	May-23	Achieved	Training delivered to new governors on day 2 of induction programme
Expand the member engagement session developed for the induction programme and incorporate it into the governor training programme for the year to open it up to all governors	M&E Manager	Sep-23	Achieved	Session planned for 21-Sep-23 was converted to development session for governors – session to be moved to early 2024

2c) Evaluating whether engagement activities are meaningful and effective

Action	Responsible	Target date	Status	Update Oct-23
Devise system for evaluating effectiveness of engagement activities, eg whether they generated new members; whether any feedback from communities was received etc	M&E Manager/ M&E Assistant	Apr-23	Achieved	Spreadsheet has been created in MO showing outcome of all engagement and recruitment activities – will be updated routinely
Build mechanism into engagement activities to obtain direct feedback from groups/participants	M&E Manager/ M&E Assistant	May-23	Achieved	Evaluation sheet designed for events and will be issued routinely to attendees

2d) Equipping our governors with the skills and knowledge they need to support collaboration between organisations

Action	Responsible	Target date	Status	Update Oct-23
Incorporate an introduction to partnership working/governor duties under the ICS into the new governors' induction programme	Company Secretary	May-23	Achieved	Session on partnership working delivered on day 1 of induction programme
Develop a training session on partnership working/governor duties under the ICS to be offered to governors as part of the governor training programme for the year	M&E Manager/ Deputy CEO, Exec Director of Transformation and Partnerships	Nov-23	Achieved	Topic incorporated into programme for year – first session to take place on 15-Nov-23
Explore local accountability arrangements in the two local places and how governors interact with these to support system working and collaboration	Company Sec/ Lead Governor	Mar-24		

GOAL 3 - Staff governors who are active and take part in regular, meaningful, two-way engagement with colleagues in their staff groups

3a) Co-creating engagement event programmes and plans with staff governors

Action	Responsible	Target date	Status	Update Oct-23
In conjunction with current staff governors, agree a programme of engagement events for the year, based on previous successful events, e.g., e-Meet Your Governor drop-in sessions	M&E Manager/ M&E Assistant/ Staff Governors	~~Jun-23~~ Jan-24	Target date extended	e-Meet your governor sessions ongoing; MO meeting with staff governors to identify other opportunities

Devise new ways of raising the profile of our staff governors	M&E Manager/ M&E Assistant/ Staff Governors	Jun-23	Ongoing	Agreed staff governor role can be promoted through a leaflet which will be handed out at the Trust-wide welcome event for new starters

3b) Working in partnership with our Colleague Engagement Team

Action	Responsible	Target date	Status	Update Oct-23
Re-visit plans for staff governors to attend staff networks meetings with view to more regular involvement of governors	M&E Manager/ Colleague Engagement Advisor	~~Oct-23~~ Nov-23	Target date extended	
Set up mechanism by which staff governors are automatically invited to participate in any events/activities arranged by the Colleague Engagement Team	M&E Manager/ Colleague Engagement Advisor	~~Aug-23~~ Dec-23	Target date extended	

3c) Evaluating the effectiveness of engagement between our staff governors and their staff groups

Action	Responsible	Target date	Status	Update Oct-23
Design and issue a survey to all staff to obtain their views on engagement with their staff governor(s)	M&E Manager/ Comms Manager/MEWG	Nov-23		

GOAL 4 - A membership community that has a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future

4a) Broadening communication channels with members and the public

Action	Responsible	Target date	Status	Update Oct-23
Set up a dedicated page on the trust's website to: - Share information about services and plans; - Share surveys; - Gather members' and the public's views	M&E Manager/ Comms Manager	Nov-23		
Look into using on-line platforms, e.g. Nextdoor, to share information with members and the public and provide opportunities for feedback	M&E Manager/ Comms Manager	Nov-23		
Establish cost of writing to all public members for whom we do not have an e-mail address to encourage them to provide one (budget dependent)	M&E Manager/ M&E Assistant	Jul-23	Achieved	Members without e-mail address were sent A postcard as part of publicity for Health Matters event and AMM which included a request for an e-mail address – limited success in terms of obtaining e-mail addresses
If deemed cost-effective, write to public members to request e-mail addresses	M&E Manager	Aug-23	Achieved	As above.

4b) Creating opportunities for members and the public to meet our governors in person

Action	Responsible	Target date	Status	Update Oct-23
Develop a plan to trial a face-to-face 'Meet Your Governor' event in one of the Trust's public constituencies,	M&E Manager/ MEWG	~~Jun-23~~ Jan-24	Target date extended	To be looked at again when sufficient MO resource available

including a mechanism to evaluate the success of the event				
Host the trial 'Meet Your Governor' event	M&E Manager	~~Aug-23~~ Mar-24	Target date extended	To be looked at again when sufficient MO resource available
Explore possibility of incorporating a 'Meet Your Governor' slot into the Annual Members' Meeting	M&E Manager	~~Jun-23~~ Apr-24	Target date extended	To be looked at again when sufficient MO resource available

4c) Ensuring all our membership and engagement work is supported by accessible and clear information

Action	Responsible	Target date	Status	Update Oct-23
Explore the feasibility of producing membership publicity material in different languages	M&E Manager	~~Jun-23~~ Dec-23	Target date extended	Conversation with other Trusts showed that this is not common practice and is cost prohibitive – to investigate options with E&D Lead
Set up system with Communications Team for evaluating the accessibility of any information shared with members and the public	M&E Manager/ Comms Manager	Apr-23	Achieved	Communications colleagues' advice now sought routinely on any publicity material being produced

COUNCIL OF GOVERNORS DEVELOPMENT SESSION
HELD ON THURSDAY 21 SEPTEMBER 2023

GOVERNOR PLEDGES

Abdirahman Duaale

"As a CHFT Governor I will engage with communities and will hold Non-Executives Accountable".

Sara Eastburn

"As a CHFT Governor, I will Ensure that all areas of the University are asked to share with students the benefits of being a member".

Tony Wilkinson

"I support legal requirements of Trust Membership"

Peter Bamber

"I will create my own member engagement opportunities"

Lorraine Wolfenden

"Learn about my patch and identify at least 3 opportunities for engagement"

Emma Karim

"Pair up with Liam and actively try to raise staff awareness of governor issues"

Jules Williams

"As a CHFT Governor I will:-

- **Investigating joint working with CHFT asnd SWYPT**
- **Share volunteer organisations"**

Pam Robinson

"Liaise with minority groups within Lindley and the Valleys"

Holly Hampshaw

“As a CHFT Governor I will find opportunities in my local community to engage members”

Gina Choy

“Create my own member engagement opportunities”

Jo Lawson

“To raise the members council within the community groups I work with”

Christine Mills

“Listen to views of others”

Brian Moore

“Contribute and support Trust/DRG Engagement Events”.

GOVERNOR SKILLS AND COMPETENCIES

- Communication
- Speaking to the public
- Knowledge of NHS
- Experience as patients
- Influencing
- Staff experience
- Presentation skills
- Networking
- Listening
- Governance experience
- Education
- Community Engagement
- Teamwork
- Leadership
- Analysis
- Measurement of quality
- Regulation experience
- Analysis
- Quality
- Engagement
- Data Pulling
- Investigating things coming up – with solutions
- Patient safety
- Age
- Networking
- Community Champions?

SUGGESTIONS FOR GOVERNOR ENGAGEMENT

- Joint Working with appointed governors/organisations/partnering
- Understanding my ‘patch’
- Temples etc.
- Governors mentoring other governors – ‘buddy’
- Understanding which groups to target/representation (under rep)
- Printed materials? Newsletter? Community Newsletter
- Voluntary sector joint working

11. COMPANY SECRETARY REPORT

1. Register of Council of Governors
2. Register of Interests
3. Future and confirmed Council of Governor Meeting Dates 2023/2024

To Note

Presented by Andrea McCourt

Calderdale and Huddersfield NHS Foundation Trust

COUNCIL OF GOVERNORS

REGISTER

AS AT 17 OCTOBER 2023

Public Elected

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
1 – Calder and Ryburn Valleys	Peter Bamber	28.07.21	3 years	2024
1 – Calder and Ryburn Valleys	Gina Choy	28.07.21	3 years	2024
2 – Huddersfield Central	Christine Mills	19.07.18 28.07.21	3 years 3 years	2021 2024
2 – Huddersfield Central	Robert Markless	28.07.21	3 years	2024
3 – South Huddersfield	Isaac Dziya	28.07.21	3 years	2024
3 – South Huddersfield	John Richardson	25.07.23	3 years	2026
4 – North Kirklees	Hollie Hampshaw	25.07.23	3 years	2026
4 – North Kirklees	**VACANT SEAT**			
5 – Skircoat and Lower Calder Valley	Diane Cothey	25.07.23	3 years	2026
5 - Skircoat and Lower Calder Valley	Lorraine Wolfenden	25.07.23	3 years	2026
6 – East Halifax and Bradford	**VACANT SEAT**			
6 – East Halifax and Bradford	**VACANT SEAT**			
7 – North and Central Halifax	Kathleen Wileman	25.07.23	3 years	2026
7 – North and Central Halifax	Anthony Wilkinson	25.07.23	3 years	2026
8 - Lindley and the Valleys	Brian Moore	28.07.21	3 years	2024
8 – Lindley and the Valleys	Pam Robinson	25.07.23	3 years	2026

KEY:-

Newly elected	
Tenure ceasing	
Vacant seats	

Staff Elected

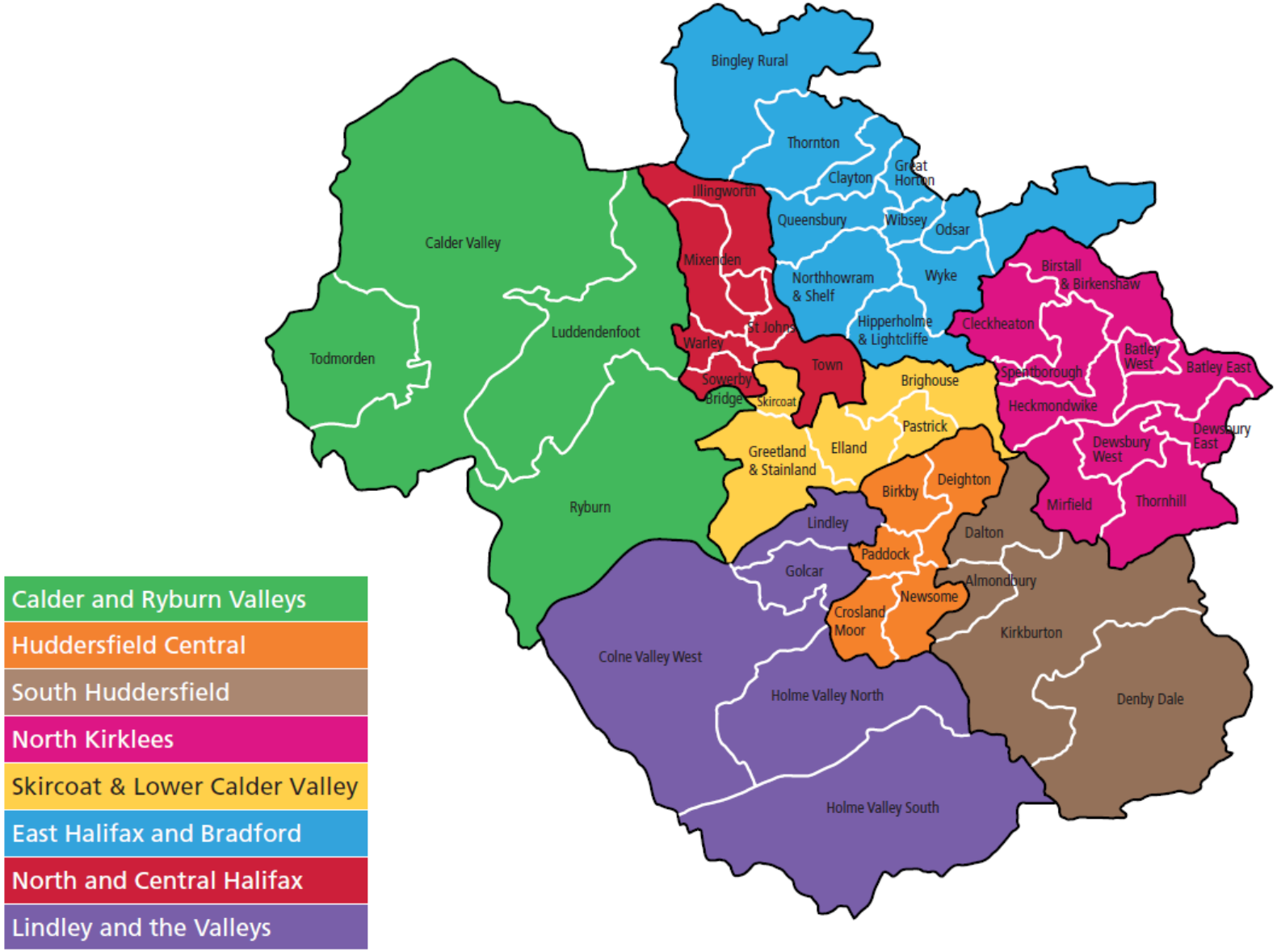
CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
9 - Drs/Dentists	Sandeep Goyal	28.07.21	3 years	2024
10 – AHPs/HCS/Pharmacists	Jonathan Drury	25.07.23	3 years	2026
11 - Mgmt/Admin/ Clerical	VACANT SEAT			
12 – Ancillary	Jo Kitchen	28.07.21	3 years	2024
13 – Nurses/Midwives	Liam Stout	28.07.21	3 years	2024
13 – Nurses/Midwives	Emma Karim	25.07.23	3 years	2026

Appointed Governors

ORGANISATION	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
University of Huddersfield	Dr Sara Eastburn	02.08.22	3 years	2025
Calderdale Metropolitan Council	Cllr Joshua Fenton-Glynn	01.08.23	3 years	2026
Calderdale Huddersfield Solutions Ltd (CHS)	Abdirahman Duaale	31.03.22	3 years	2025
Kirklees Metropolitan Council	Cllr Jo Lawson	01.06.23	3 years	2026
Healthwatch Kirklees and Healthwatch Calderdale	Karen Huntley	20.12.21	3 years	2024
Locala	**TO BE APPOINTED**			
South West Yorkshire Partnership NHS FT	Jules Williams	01.05.23	3 years	2026

KEY:-

Newly elected	
Tenure ceasing	
Vacant seats	


Bingley Rural
Thornton
Clayton
Great Horton
Illingworth
Queensbury
Wibsey
Odsar
Calder Valley
Mixenden
Northhowram & Shelf
Wyke
Birstall & Birkenshaw
Hipperholme & Lightcliffe
Cleckheaton
Luddendenfoot
Warley
St Johns
Todmorden
Town
Batley West
Batley East
Sowerby Bridge
Skircoat
Brighouse
Spenborough
Heckmondwike
Pastrick
Dewsbury East
Greetland & Stainland
Elland
Dewsbury West
Deighton
Birkby
Mirfield
Thornhill
Ryburn
Lindley
Dalton
Paddock
Golcar
Almondbury
Newsome
Crosland Moor
Kirkburton
Colne Valley West
Holme Valley North
Denby Dale
Holme Valley South
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

DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT 17 OCTOBER 2023

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
25.08.21	Peter BAMBER	Public Elected – Calder and Ryburn Valleys	-	-	-	-	-	Self-employed humanist funeral celebrant, accredited by Humanists UK Member of the BMA Member of Anaesthesia UK Registered with the General Medical Council (GMC), without a licence to practice
25.08.21	Gina CHOY	Public Elected – Calder and Ryburn Valleys	-	-	-	-	-	Childline Counsellor (Voluntary)
26.08.21	Isaac DZIYA	Public Elected - South Huddersfield	Isaacs Cons Trading Ltd	Isaacs Cons Trading Ltd	Isaacs Cons Trading Ltd	Board Member Housing Kirklees Council	-	Calderdale Council

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
31.08.21	Robert MARKLESS	Public Elected - Huddersfield Central	-	-	-	-	-	-
15.03.21	Christine MILLS	Public Elected - Huddersfield Central	-	-	-	-	-	-
23.08.21	Brian MOORE	Public Elected – Lindley and the Valleys	-	-	-	-	-	-
26.4.23	Pam ROBINSON	Public Elected - Lindley and the Valleys	Director – Private Company	--	-	-	-	-
10.10.23	Lorraine WOLFENDEN	Public Elected - Skircoat and Lower Calder Valley	-	None – husband is a director of joinery and building contractors ARW joinery contractors LTD - not currently undertaking work with any NHS providers.	-	-	-	Registered Nurse with NMC but not currently practicing. Won't be renewing registration after January 2024.
Awaited	John RICHARDSON	Public Elected - South Huddersfield						

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
Awaited	Holly HAMPSHAW	Public Elected - North Kirklees						
Awaited	Diane COTHEY	Public Elected - Skircoat and Lower Calder Valley						
Awaited	Kathleen WILEMAN	Public Elected - North and Central Halifax						
8.10.23	Anthony WILKINSON	Public Elected - North and Central Halifax	-	-	-	Trustee Healthwatch Kirklees	Trustee Healthwatch Kirklees	Retired Pharmacist

STAFF ELECTED 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
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)

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
12.10.23	Emma KARIM	Staff Elected – Nurses/Midwives	-	-	-	-	-	Registered Nurse with the Nursing and Midwifery Council (NMC)
Awaited	Jonathan DRURY	Staff Elected - AHPs/HCS/Pharmacists						

APPOINTED GOVERNORS

03.05.22	Abdirahman DUAALE	Calderdale and Huddersfield Solutions Ltd.	-	-	-	-	-	-
28.07.22	Sara EASTBURN	University of Huddersfield	-	-	-	-	-	Registered with the Health and Care Professions Council and the Chartered Society of Physiotherapy
15.07.22	Karen HUNTLEY	Healthwatch	-	-	-	Director of Healthwatch Calderdale	-	-
20.9.23	Cllr Jo LAWSON	Kirklees Metropolitan Council	-	-	-		Bank Contract with CHFT	Hold NMC Registration. Councillor – Kirklees Metropolitan Council
Awaited	Cllr Joshua FENTON-GLYNN	Calderdale Metropolitan Council						Councillor – Calderdale MBC
4.10.22	Julie WILLIAMS	South West Yorkshire Partnerships NHS Foundation Trust	Deputy Director of Corporate Governance	-	-	-	-	Deputy Director of Corporate Governance, South West Yorkshire Partnerships NHS FT

Proposed Council of Governors Meetings Dates – 2023-24

Date	Time	Location
Thursday 25 January 2024	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Large Training Room, Learning Centre, CRH
Thursday 25 April 2024	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Forum Rooms 1A + 1B, Learning Centre, HRI
Thursday 25 July 2024	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Large Training Room, Learning Centre, CRH
Thursday 24 October 2024	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Forum Rooms 1A + 1B, Learning Centre, HRI

*Date of the Annual Members Meeting for 2024 to be confirmed in 2024

Council of Governors Development Session Workshops

Date	Time	Location
Thursday 15 February 2024	2:00 – 4:00 pm	Large Training Room, Learning Centre, CRH
Thursday 19 September 2024	2:00 – 4:00 pm	Forum Rooms 1A + 1B, Learning Centre, HRI

Joint Council of Governors and Board of Directors Workshops

Date	Time	Location
Tuesday 14 November 2023	1.00 – 4.00 pm	TBC – Microsoft Teams
Tuesday 14 May 2024	1:00 – 4:00 pm	Large Training Room, Learning Centre, CRH
Tuesday 12 November 2024	1:00 – 4:00 pm	Forum Rooms 1A + 1B, Learning Centre, HRI

Bank Holidays 2024
Monday 1 January 2024 (New Year's Day)
Friday 29 March 2024 (Good Friday)
Monday 1 April 2024 (Easter Monday)
Monday 6 May 2024 (Early May Bank Holiday) – to be confirmed
Monday 27 May 2024 (Spring Bank Holiday)
Monday 26 August 2024 (Summer Bank Holiday)
Wednesday 25 December 2024 (Christmas Day)
Thursday 26 December 2024 (Boxing Day)

12. Review any amendments/additions to Draft Annual Council of Governors Meetings Workplan 2024

To Approve

Presented by Andrea McCourt

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2024

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS	
Under National Health Service Act 2006:	**Under Health and Social Care Act 2012:**
• To appoint and, if appropriate, remove the Chair • To appoint and, if appropriate, remove the other non-executive directors • To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs • To approve the appointment of the Chief Executive • To appoint and, if appropriate, remove the NHS Foundation Trust's external auditor • To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report In preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.	• 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.

	25 Jan 2024	25 Apr 2024	25 July 2024	TBC 2024 AMM	24 Oct 2024	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest	
Minutes of previous meeting	✓	✓	✓		✓	Upload approved minutes to public website

	25 Jan 2024	25 Apr 2024	25 July 2024	TBC 2024 AMM	24 Oct 2024	COMMENTS
Matters arising	✓	✓	✓		✓	
Chair's Report	✓	✓	✓		✓	
Update from Governors	✓	✓	✓		✓	*Opportunity for Governors to feedback on their constituencies.
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - – **Audit and Risk Committee** – **Finance and Performance Committee** – **Quality Committee** – **Workforce Committee** – **Nomination and Remuneration Committee** – **Charitable Funds Committee** – **Organ Donation Committee**	✓ Receive update from Non-Executive Directors ARC TPB F&P – to receive	✓ Receive update from Non-Executive Directors F&P QC WC – to receive	✓ Receive update from Non-Executive Directors		✓ Receive update from Non-Executive Directors	<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 as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report	✓ Receive and approve Annual Accounts	✓ Receive an update as part of Finance and Performance Report	

	25 Jan 2024	25 Apr 2024	25 July 2024	TBC 2024 AMM	24 Oct 2024	COMMENTS
Integrated Performance Report (Quality)	✓ Receive an update as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report		✓ Receive an update as part of Finance and Performance Report	
Quality Account Priorities	✓	✓ Including confirmation of new 22/23 QA detail Year end 21/22 quality accounts - Q4	✓ including quarterly update 3 QA priorities 22/23		✓ including quarterly update 3 QA priorities 22/23	
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 (as required)	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom and Rem Committee Meeting	
Appointment of Chair		✓				
Strategic Plan & Quality Priorities	Receive update: • Notes from BOD/COG Workshop • Quality Accounts	✓ Receive update on progress		✓Receive updated plan and priorities	✓ Workshop	Review as required

	25 Jan 2024	25 Apr 2024	25 July 2024	TBC 2024 AMM	24 Oct 2024	COMMENTS
ANNUAL ITEMS						
Annual Plan Submission	✓ Annual Plan Discussions	✓ 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)
Appointment of Lead Governor		✓ Paper to be presented to discuss election process		✓ Appointment confirmed		
Chair/Non-Executive Director Appraisal		✓ Approve Chair appraisal 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	✓ meeting dates agreed		✓ Draft – meeting dates agreed		✓	
Council of Governors Sub Committees					✓ Review allocation of members on all Committees following elections NB – Chairs to be reviewed annually	

	25 Jan 2024	25 Apr 2024	25 July 2024	TBC 2024 AMM	24 Oct 2024	COMMENTS
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				
Quality Accounts	✓ Receive update on Quality Account Priorities		✓			Approval of local indicator for QA agreed at December COG Workshop
Review details of 2022/23 Annual Members 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	✓		✓			

13. Update on 2023/24 Quality Account Priorities quarter 3 - Presentation by Jo Middleton, Michael Folan and Liz Morley

To Note

Presented by Jo Middleton

14. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

a. Quality Committee held on 21.06.23, 24.07.23

b. Workforce Committee held on 20.06.23

c. Audit and Risk Committee held on 27.06.23, 25.07.23

d. Finance and Performance held on 28.06.23, 01.08.23

e. Charitable Funds Committee held on 09.08.23

For Information

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Wednesday, 21 June 2023

STANDING ITEMS

93/23 WELCOME AND INTRODUCTIONS

Present

Denise Sterling **(DS)**	Non-Executive Director **(Chair)**
Dr David Birkenhead **(DB)**	Medical Director
Gina Choy **(GC)**	Public Elected Governor
Jennifer Clark **(JC)**	Head of Therapies
Lucy Dryden **(LD)**	Quality Manager for Calderdale Integrated Care Board
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Jonathan Hammond **(JH)**	Deputy Chief Operational Officer
Karen Heaton **(KH)**	Non-Executive Director
Joanne Middleton **(JMidd)**	Deputy Chief Nurse
Andy Nelson **(AN)**	Non-Executive Director
Victoria Pickles **(VP)**	Director of Corporate Affairs
Lindsay Rudge **(LR)**	Chief Nurse
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

In attendance

Andrea Dauris **(AD)**	Associate Director of Nursing – Corporate **(item 96/23)**
Alison Edwards **(AE)**	Safeguarding Lead **(item 97/23)**
Diane Tinker **(DT)**	Head of Midwifery **(items 99/23 and 100/23)**

Apologies

Mr Neeraj Bhasin **(NB)**	Deputy Medical Director
Sharon Cundy **(SC)**	Head of Quality and Safety
Elisabeth Street **(ES)**	Clinical Director of Pharmacy

94/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

95/23 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 22 May 2023, circulated at appendix A, were approved as a correct record. The action log can be found at the end of these minutes.

SPECIFIC REPORTS

96/23 SAFER STAFFING ANNUAL REPORT

Andrea Dauris was in attendance to present the report as circulated at appendix B, which has previously been presented to and approved at the Workforce Committee.

AN commented on the improvement in the turnover position for community nursing, and asked if there were any particular actions taken which will be useful learning; and whether the red flags include the reality of the operational pressures faced in the organisation or whether it is improved governance. In relation to improved turnover, **AD** reported that local work within the Community to develop the district nursing qualification will be fed into the retention strategy; and in relation to the red flags, **AD** reported that this is two-fold. Time has been spent revisiting what red flags mean and when they should be used as clear escalation. This is good practice of increased awareness and colleague understanding to identify red flag issues.

DS asked what unmet care needs meant in relation to the red flags. **AD** stated that this may relate to a request for a one-to-one which is not being met, or a general shortfall in the workforce model and delays in delivering care. There may also be an impact on patient experience, and teams are being asked to look at care needs. There is a system within safe care which calculates the care needs based on on-day acuity of patients, and rated as red, amber or green. This will allow areas to see how many hours short they are, and respond to the situation by looking at other areas which have excess hours, rather than looking at the workforce model.

DS also commented on the progress being made with international recruitment, and asked, following concerns raised in reports from the International Council of Nurses about where international nurse recruitment is taking place, and that some countries are being put at risk due to the percentage of nurses travelling abroad, how does the organisation in terms of due diligence, ensure that the countries that international nurses are being recruited from are not struggling in terms of their own healthcare provision. **AD** stated that there is a register that identifies areas which can and cannot be recruited from, and takes into consideration the ethical issues. **JE** also noted that there is an expansion of countries for international recruitment compared to five years ago, and that international recruits are only expected to work in the NHS in England for a limited period of time. It is also expected that those recruits are upskilled and take their learning back to enhance their health service, which will however, leave a gap in the NHS once they return.

DS thanked **AD** for the report, which remains challenging, however, there is evidence of mitigation in place to ensure risks are minimised to patients when staffing levels are not where they should be. Thanks were also conveyed to colleagues involved in the work.

OUTCOME: The Quality Committee noted the report.

SAFE

97/23 SAFEGUARDING COMMITTEE ANNUAL REPORT

Alison Edwards was in attendance to present the report as circulated at appendix C highlighting the work and commitment to safeguarding children and adults by the Safeguarding Team.

AE commented on PREVENT Training and the issue highlighted by the Race Equality Network (REN) about the concerns relating to prevent training have not yet been resolved. The reason was that the training package which CHFT colleagues access is a national package, and there was a delay in the NHS England and the Home Office representative being able to meet to ensure that these views were heard. There has been a proposal to the Education Committee to increase PREVENT training, which was accepted, however, the ask was that Safeguarding meet with the REN, which will take place in September 2023 to further ensure that their voice is being heard in relation to the PREVENT Training.

AN commented on the thorough report and the Deprivation Of Liberty Safeguards (DoLS) increase, and asked if this was worsening due to seeing more mental health issues versus colleague awareness and confidence in the process. **AE** stated that it was a bit of both, as a lot of work has gone into Mental Capacity Act (MCA) / DoLS and there is an increased awareness amongst colleagues, however, there are more complex cases coming through the organisation.

AN stated that safeguarding issues are being identified which are dealt with outside of the organisation, and asked how we measure our success as a safeguard organisation. **AE** stated that outcomes are difficult in safeguarding, however, more could be done to look at outcomes, for example, making safeguarding personal. There is a safeguarding dashboard, which is seeing an increase in referrals in relation to patients seen, and less referrals against the organisation. **LR** reported on several qualitative outcomes around people's lived experiences, which will be included in the next Safeguarding report.

DS also commented on the comprehensive report and was pleased to see the powerful Independent Domestic Violence Advisor (IDVA) success story included. **DS** referred to the Kirklees Joint Targeted Area Inspection (JTAI) which took place in June and July 2022, and asked what the three outstanding actions were in relation to. **AE** reported that work was required with the local authority on a system relating to referrals made into children's social care; the flagging of records of children who live out of the area that are at risk of exploitation and the requirement of notification from other local authorities, and a review of the under 18 and vulnerable adults at risk proforma, following the JTAI inspection, which transpired that a review was needed prior to getting onto the electronic patient record and embedding through the organisation.

DS also asked about the Liberty Protection Safeguards (LPS) which has been delayed beyond the life of this Parliament, and how the organisation is keeping on top of what needs to be done. **AE** stated that the organisation is still working towards the LPS and expecting a significant change at some point, and ensuring that colleagues understand mental capacity and have a good understanding of the current process for DoLS, which will prepare for the transition into LPS once further guidance is available. **LR** stated that LPS is unlikely with the current Parliament, however, it is recognised regionally that the code of practice needs updating.

OUTCOME: **AE** was thanked and the Quality Committee noted the report.

98/23 Q4 INFECTION PREVENTION AND CONTROL REPORT

David Birkenhead presented the report as circulated at appendix D, highlighting concerns with the Clostridium difficile position with a significant breach of the target, with 59 cases through the year. There is a robust plan around Clostridium difficile and its management, which was assessed independently by NHS England/Improvement in February 2023 providing a positive report with some minor recommendations.

Work continues around training, with a different approach to medical induction, moving to a two-day induction programme, on a pilot basis. Within that there will be a requirement for new medical colleagues attending CHFT to complete mandatory training within that two day period, which will hopefully show an increase in medical colleague compliance.

There has been an independent review by internal audit of our approach to the Board Assurance Frameworks, which reported significant assurance, with some minor recommendations.

Acknowledgement was given to Gillian Manojlovic (Lead IPC Nurse) who produced this report and has worked at CHFT for many years, and retired recently. Belinda Russell will be taking over as lead infection control nurse.

AN reported on the positive Aseptic Non-Touch Technique assessments and the national trend in increased Clostridium difficile cases, and asked if there was any learning from this. **DB** stated that this is in part related to COVID-19 and the changes in the hospital population, the number of patients in hospital and length of stay. It is known that there has been an increase in antimicrobial usage following COVID-19 and broad spectrum antibiotics to manage respiratory infections, which has partly driven this increase, however, it is not clear why it is still happening.

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

99/23 MIDWIFERY STAFFING REVISED WORKFORCE MODEL

Diane Tinker presented the above report, circulated at appendix E, which updated on the review of the current birth rate and revised midwifery staffing model.

LR provided assurance to the Committee of the recommendations missing from the report, and now being in a position to commission a full external review by the birth rate plus team.
Action: That a revised paper including the full recommendation is re-circulated.

AN asked about the 90/10 split and whether this could be pushed further; and also queried whether the improving position in recruitment was due to the reduction in vacancies versus turnover. In relation to the 90/10 split, **DT** stated that recommendations state an 80/10 split can be used and decided by individual Trusts, however, the comfortable position for CHFT at this moment in time is the 90/10 split. In relation to recruitment, there were not as many as midwives as expected, however, 35 midwives are being trained in March 2024, who will predominantly, at the moment work between CHFT and Mid-Yorkshire, and there should be a much improved position.

KH was supportive of the new model and asked if there was approval to carry out the additional work. **DT** stated that the birth rate plus work can be decided by the organisation and will be commissioned when necessary.

JE noted concern expressed by midwives in terms of staffing arrangements, and asked if they were involved in the revision to the model. **LR** stated that this will be part of the external review and will be beneficial to colleagues across the service.

DS asked where the service would like to be in a years' time. **LR** stated that by March 2024, the service would like to be in a position of a clear external review, a further internal review, that the trajectory allows the delivery of choice across the services, and that the vacancy position is in line with the Local Maternity and Neonatal Systems (LMNS), and turnover remains low. **LR** also noted that maternity services recognise, are engaged, and have a shared common understanding of the position.

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

100/23 MATERNITY SAFETY AND NEONATAL REPORT

Diane Tinker presented the above report, circulated at appendix F, highlighting the key points and also noting the CQC maternity inspection took place on 7 and 8 June 2023.

DT noted that a responsive model on the birth centre has been carried out, and that during times when staffing has been challenged, the birth centre was relocated to the labour ward, where women could still have a low risk birth. Following a review of processes and guidelines, a responsive model follows women, rather than staffing a building. This resulted in three women giving birth in the Calderdale birth centre in April, and 40 in May, which was a positive for the women and also for colleagues. It is hoped that by trialling this model, there can be a community-based responsive model for the Huddersfield birth centre going forward.

DS commented on the amount of work which can now be archived in relation to the transformation plan.

OUTCOME: **DT** was thanked for the report and the Committee noted the report.

RESPONSIVE

101/23 QUALITY REPORT

Lindsay Rudge presented the report as circulated at appendix G, and stated that a review will take place on how this report going forward, as the two main sub-committees of the Quality Committee (Trust Patient Safety and Quality Board and the Clinical Outcomes Group) broadly focus on the quality report.

AN commented on the challenge of the Malnutrition Universal Screening Tool scores, which **LR** stated that the clinical site matron team are now supporting the clinical oversight, and that the stop before transfer is important and similar to getting it right first time. Some well organised ward (WOW) sessions will be taking place with clinical teams around patient individualised care and ensuring a plan for every patient, a daily ward round and multi-activities. Work has also been taking place to re-organise the workflow of the Electronic Patient Record.

AN and **DS** commented on the style of the report which feels better than the previous lengthy document.

OUTCOME: The Quality Committee noted the report.

102/23 QUALITY DASHBOARD

The Quality Dashboard as circulated at appendix H was to note, as it has already been submitted to the external place-based Quality Boards.

OUTCOME: The Quality Committee noted the report.

103/23 QUALITY ACCOUNT

Lindsay Rudge stated that the current version of the Quality Account has been revised and is now a condensed version of the Account.

OUTCOME: The Quality Committee signed off the Account.

104/23 INTEGRATED PERFORMANCE REPORT

Dr David Birkenhead and Lindsay Rudge presented the report as circulated at appendix J, highlighting the key points of good progress with recovery.

OUTCOME: The Quality Committee noted the report.

CARING

105/23 ANNUAL COMPLAINTS REPORT

Victoria Pickles presented the report as circulated at appendix K, highlighting that current figures for complaints are 99.1% closed within timescale. The next steps are to review the quality of responses and how learning from complaints is more visible.

LD asked if there was any learning which could be shared with other organisations on how CHFT have improved with complaints. **VP** and **LR** stated that this is due to the divisions' collaborative work.

OUTCOME: The Quality Committee noted the report.

SUB-GROUP TERMS OF REFERENCE

106/23 CQC GROUP

Victoria Pickles presented the CQC terms of reference as circulated at appendix L.

OUTCOME: The Quality Committee ratified the terms of reference.

107/23 MEDICINES MANAGEMENT COMMITTEE

The terms of reference were circulated at appendix M.

OUTCOME: The Quality Committee ratified the terms of reference.

ITEMS TO RECEIVE AND NOTE

108/23 CLINICAL OUTCOMES GROUP MINUTES

The minutes were circulated as at appendix N.

OUTCOME: The Quality Committee noted the minutes.

109/23 QUALITY COMMITTEE ANNUAL WORK PLAN

A copy of the above was available at appendix O for information, with work still to simplify the plan.

110/23 ANY OTHER BUSINESS

There was no other business.

111/23 MATTERS FOR ESCALATION TO THE TRUST BOARD

- Positive annual complaints report (item 105/23)
- Maternity Report and Neonatal Workforce model (item 99/23 and 100/23)
- Assurance from the safer staffing report and strong progress and actions, and assurance that the quality metrics have been measured alongside the staffing position (item 96/23)
- Assurance from the safeguarding report and progress and actions (item 97/23)
- New style of quality reporting and actions taking place on long-standing issues (item 101/23)

POST MEETING REVIEW

112/23 REVIEW OF MEETING

This item was not taken

NEXT MEETING

~~Monday, 21 August 2023~~ **(amendment noted at 24 July 2023 meeting)**
Monday, 24 July 2023
2:30 – 5:00 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Wednesday, 21 June 2023

Overdue	New / Ongoing	Closed	Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING / DUE DATE
UPCOMING ACTIONS				
22.05.23 (88/23)	**Clinical Outcomes Group Report**	**Catherine Briggs**	**LR** commented on the business case which was submitted to the Business Case Approval Group for the 24-hour response team and noted that this was approved in principle and hopefully towards the end of the year, this will be completed. This is in relation to deteriorating patients and extending the provision of the HOOP (hospital out of hours programme) service and merging it with critical care outreach, to provide a more comprehensive review of those patients in a more rapid response. It was requested that an update is provided at a future meeting for the Committee's understanding of the purpose and intended outcomes. **Action 22 May 2023**: Update to be provided on business case. **Update June:** Update to be provided at the 24 July meeting	**Update due Monday, 21 August 2023**
24.10.22 (168/22)	**Split Paediatric Service**	**Elena Gelsthorpe-Hill / Venkat Thiyagesh**	**LR** commented on the risk relating to the APNP model at Huddersfield, which is at a score of 16 on the risk register, stating that Simon Riley-Fuller (ADN in FSS) has been asked to review this. It was also noted that the Emergency Department (ED) are also looking at the impact of any incidents or near misses that have occurred as a result of the described risk, the results of which can be returned to a future Quality Committee for oversight and assurance to ensure that the risk is not tolerated. **Action 24.10.22**: For any results of the review of the risk and impact of incidents and near misses to be returned to the Quality Committee **March Update**: Followed-up with **SRF** as to whether the risk reviews have taken place, and also with the Risk Management Team as to whether there have been any reports from ED in relation to the impact of incidents or near misses as a result of the above risk. Awaiting responses on both. Update: Risk 7776 was originally scoring 20, and reduced to a 16 as there are not gaps every day for the PNP cover. Of note, a trainee has handed in their final dissertation and if successful, will be able to add as part of the PNP rota later this year. It is anticipated at this point, that the risk score will reduce further. The Children's Directorate and ED team have collated a paper that has been presented to WEB in terms of plans for urgent care delivery for CYP on both hospital sites. If approved this will cumulate in the APNP's being based on the CRH site. Dr Morris, Tom Ladlow, Fiona Stuttard, Chloe Gough and Julie Mellor are aiming to meet to try to progress this work. **April Update:** Awaiting an executive sponsor. Division escalated to Performance Review Meeting and awaiting response. **Update 17.4.23: LR** stated that Venkat Thiyagesh and Helen Barker presented a paper to the Weekly Executive Board around the staffing model, which was approved. **Action 17.4.23:** Update to be provided at future meeting.	**Update due Monday, 21 August 2023**
24.10.22 (171/22)	Integrated Performance Report **Length of stay update**	**Charlotte Anderson**	**LR** also stated that it would be helpful to bring a presentation on the data to see the broader impact of all the increased activity and that expanded bed base to see what that means in terms of harm and incidence. **Action**: Presentation to be requested for Quality Committee **Update:** Charlotte Anderson (Performance and Intelligence Lead) will attend the April meeting to present. **Update 17.4.23:** See item 58/23 **DS** asked about the current length of stay. **CA** stated that further work with another colleague will be required in order to provide this data. **Update**: Availability of report to be confirmed	**To be confirmed**
CLOSED ACTIONS				
21.06.23 99/23	**Midwifery staffing revised workforce model**	**Diane Tinker**	**LR** provided assurance to the Committee of the recommendations missing from the report, and now being in a position to commission a full external review by the birth rate plus team. **Action 21.06.23**: That a revised paper including the full recommendation is re-circulated. **Update**: See end of action log	**CLOSED**

Date of Meeting:	**June 2023**
Meeting:	**Quality Committee**
Title of report:	**Midwifery Staffing Revised Workforce Model proposal**
Author:	**Diane Tinker, Director of Midwifery and Women's Services**
Sponsor:	**Lindsay Rudge, Chief Nurse, Exec Director Maternity Safety Champion**
Previous Forums:	**None**

Actions Requested
To note the new workforce model for Midwifery staffing.

Purpose of the Report

To provide an update on the review of the current birth rate and revised midwifery staffing model.

Key Points to Note

- The revised maternity staffing model has been calculated using the principles of the Birthrate Plus tool and is based on a 1:24 ratio and birth rate of 4313 (22/23). This is a decrease against the previous birth rate of 4,902 (2020)
- The model reflects a skill mix calculation of 90%/10% split between midwives and non-midwifery support staff as recommended by Birthrate Plus
- In addition to the clinical midwifery workforce model the model also reflects an additional uplift of midwife roles by 8% with the function of supporting non-clinical management and governance.
- The new model **total** midwifery establishment is therefore **174.63wte** which consists of:
    - **161.73wte** clinical midwives following skill mix
    - **12.9wte** non-clinical midwives
- The current **total** midwifery vacancy rate against this revised staffing model is **14.31%** (149.64wte of 174.63wte employed at March 2023) and the current **clinical** midwifery vacancy rate against revised staffing model is **13.70%** (142.24wte of 161.73wte employed at March 2023).

EQIA – Equality Impact Assessment

There is significant evidence which demonstrates that the experiences and outcomes of mothers and babies from BAME groups and those from the areas of highest levels of deprivation are more likely to be poor.

Maternity services have an active Health Inequalities work stream to drive improvement work for those most at risk. CHFT's midwifery reader has produced a cultural survey that has been shared with staff to understand knowledge gaps ahead of developing training opportunities for midwives and obstetricians.

Recommendation

To note the revised workforce model for clinical midwifery staffing

Midwifery establishment

Birthrate plus was completed at CHFT in 2020, when completed the birth rate was 4902.

The clinical midwifery establishment recommended from Birthrate plus for 4902 births was calculated at 206 whole time equivalent (wte) clinical midwives.

Historically, the workforce model was only funded at 186wte for total midwifery establishment and following the publication of the Ockenden report and the associated funding for clinical midwifery staff the establishment funding increased to 198wte.

Since this time, CHFT has since seen a reduction in births at 4313 (as of March 2023).

Due to the decrease in the Birthrate the workforce model has been recalculated using the 1:24 ratio as recommended in the Birthrate Plus report.

Using the 1:24 ratio the new clinical midwifery establishment is 179.7wte (4313 divided by 24=179.7).

Evidence-based skill mix calculation

- Once the clinical midwifery establishment has been calculated a skill mix percentage can be applied.
- The decision to replace midwifery time with maternity support workers, nursery nurses or staff nurses must be a local decision.
- A professional consensus of expert midwifery opinion is that a 90%/10% split between midwives and non-midwifery support staff allows for flexible and sustainable services.
- This skill mix adjustment is based on the support staff replacing midwifery hours only in postnatal services, including transitional care of babies.
- In recent years the role and scope of support staff has been evolving and, in many services, they now play a part in providing direct care to women antenatally, such as in providing parentcraft advice and in delivering public health interventions and even during labour, for example by accompanying an experienced midwife to a home birth. This would suggest that a split of 85:15 or even 80:20 might be appropriate in some services.

At CHFT at **10% skill mix** will be applied, therefore 17.97wte (10% of 179.7=17.97wte) midwifery posts will be replaced with maternity support workers and staff nurses. These posts include maternity support workers working in community, on the transitional care pathways and staff nurses working on both the labour ward and postnatal ward.

Addition of non-clinical midwifery roles

All maternity services require additional roles to manage and provide maternity services, over and above that of clinical care. Such roles include senior midwifery management, governance and risk, practice development and any other role which involve considerable liaison with other services and co-ordinating care plans rather than providing direct clinical care.

Following the calculation of the clinical midwifery establishment and the applied skill mix, Birthrate Plus recommends assessing these roles by adding a percentage of the total clinical midwifery establishment.

For tertiary maternity services it recommends 10% and 8% for all other units. Therefore, for CHFT it would recommend an 8% addition, which would equate to 12.9wte (8% of 161.73 = 12.9). However, it remains a local decision as to the percentage to add into the total clinical establishment.

Workforce model summary

Based upon the historic number of **4902** births, the clinical midwifery establishment recommendation from Birthrate plus in 2020 was 206wte.

The current funded establishment is 198wte based on 4902 births (previous 186wte funded and the Ockenden uplift applied).

The below information summarises the proposed midwifery establishment based upon the current birth rate of **4313.**

Workforce model based on 4313 births	Calculation	Proposed wte
Clinical Midwifery establishment based on 1:24 ratio consisting of:	4313 divided by 24 =179.7wte	**179.7**
Maternity support workers / staff nurse (based on skill mix of 90/10 split	10% of 179.7 = 17.97	**17.97**
Clinical Midwifery establishment following skill mix	179.7–17.97 = 161.73wte	**161.73**
Non-clinical midwifery establishment (additional to clinical establishment)	8% of 161.73 = 12.9wte	**12.9**
Total Midwifery established (clinical and non-clinical)	161.73+12.9 =174.63	**174.63**

The new proposed **total** midwifery establishment is therefore **174.63wte** which consists of:

- **161.73wte** clinical midwives following skill mix
- **12.9wte** non-clinical midwives

Revised vacancy position for midwifery establishment

Following review of above this results in an overall reduction on the midwifery vacancy position as detailed below:

Current clinical midwifery establishment 142.24wte (March 2023)
New **clinical midwifery** vacancy 19.49wte = **13.70%**

Current total midwifery establishment including non-clinical 149.64wte (March 2023)
New **total midwifery** including non-clinical midwifery vacancy 24.99wte = **14.31%**

Planned recruitment

Following a successful regional recruitment process 14wte newly qualified midwives offered posts.

Following successful international recruitment 2 midwives have been offered post and are due to arrival in the end of June, with further interviews planned aimed at recruiting to 3 further posts.

Further action

A full review by Birthrate plus to be commissioned to ensure acuity and continuity models are reflected in the maternity service workforce model.

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Monday, 24 July 2023

STANDING ITEMS

113/23 WELCOME AND INTRODUCTIONS

Present

Denise Sterling **(DS)**	Non-Executive Director **(Chair)**
Mr Neeraj Bhasin **(NB)**	Deputy Medical Director
Dr David Birkenhead **(DB)**	Medical Director
Gina Choy **(GC)**	Public Elected Governor
Jennifer Clark **(JC)**	Head of Therapies
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Karen Heaton **(KH)**	Non-Executive Director
Andy Nelson **(AN)**	Non-Executive Director
Victoria Pickles **(VP)**	Director of Corporate Affairs
Lindsay Rudge **(LR)**	Chief Nurse
Elisabeth Street **(ES)**	Clinical Director of Pharmacy
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

In attendance

Matthew Robinson **(MR)**	Clinical Research Team Leader **(item 123/23)**
Lucy Dryden **(LD)**	Quality Manager for Calderdale Integrated Care Board
Gemma Berriman **(GB)**	Director of Operations
Diane Tinker **(DT)**	Head of Midwifery **(item 118/23)**

Apologies

Sharon Cundy **(SC)**	Head of Quality and Safety
Jonathan Hammond **(JH)**	Chief Operating Officer
Joanne Middleton **(JMidd)**	Deputy Chief Nurse

114/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

115/23 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Wednesday, 21 June 2023, circulated at appendix A, were approved as a correct record, with the exception that the date at the end of the minutes for the next meeting is changed from Monday, 21 August 2023 to Monday, 24 July 2023.

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

116/23 PATIENT STORY

This item was not taken.

SPECIFIC REPORTS

117/23 RECOMMENDED SUMMARY PLAN FOR EMERGENCY CARE AND TREATMENT (ReSPECT) POLICY, TERMS OF REFERENCE AND STANDARD OPERATING PROCEDURE

The reports were circulated at appendix B.

LD stated that the Chair of the ReSPECT Internal Working Group will be contacted in order for a colleague from the Calderdale Quality Team to be involved in the working group, as there will be implications for care homes.

LR asked whether the ReSPECT Internal Working Group would be a direct report into the Quality Committee, or whether it should report into the Clinical Outcomes Group. **LR**, **DB** and **VP** agreed to discuss the reporting of this working group

UPDATE: It was agreed that the ReSPECT Internal Working Group will report into the Clinical Outcomes Group.

SAFE

118/23 MATERNITY SAFETY AND NEONATAL REPORT

Diane Tinker presented the above report, circulated at appendix C1, highlighting the key points.

DT mentioned the Trust's work as part of the LMNS 'Book by 10 weeks' campaign' to improve bookings, and the creation of a poster by public health midwives, which will be translated into five different languages. **LR** stated that this is a regional issue, and can be seen within the system based report to the Calderdale Partnership Group.

DT also described the work from the East Kent report. Themes from the East Kent report related to embedded learning, and two events took place, one in April and one in May, with midwives, obstetricians, members from the Integrated Care Board, the Local Maternity System, service users, Safety Champions (**KH**) and the Legal services team in attendance. Three years' worth of coroners', Healthcare Safety Investigation Branch, Serious Incident (SI) and orange investigation case action plans were reviewed to determine whether learning was truly embedded. It was a positive event, and it was realised that a lot of learning does takes place, and areas to strengthen were also realised. **DT** also provided a presentation at the Transformation Board last month, and will include a full update in next month's maternity and neonatal report.

AN asked if there was a timeline for the review for the birth rate plus model. **DT** stated that the review will take some time, however, the 1 in 24 workforce model will be used, as per calculations.

In relation to the CQC visit, **AN** asked about colleagues' perspectives of the visit. **DT** stated that colleagues responded positively, and feedback from the CQC were that colleagues were very welcoming and interested in communicating with them.

With regard to the maternity dashboard and the key indicator of smoking at delivery (not recorded), **AN** asked if there was any further work to be done to achieve the target. **DT** stated that reminders have been sent to colleagues to ensure that the data is correct.

LR noted that the current report is a revised report, which includes data to become compliant with the Year 5 of the published maternity incentive scheme. It was also noted that **LR** and **KH**, as Board Safety Champions, have completed registration in line with the timescale provided.

In relation to staffing levels, planned versus actual, there may be some concerns regarding the red scores, however, 1:1 labour was maintained, and although the fill rate is against planned staffing, mitigations are put in place on a day-to-day basis against the actual requirements, based on the number of women accessing the service and the acuity across the service. One of the main concerns remains, as extended waits for the induction of labour, which is a regional issue as all maternity units go into escalation, therefore, resources are managed and mitigated.

LR stated that the content and recommendations within the appended report (*Appendix C2 - Calderdale Cares Partnership Quality Group - Maternity and Neonatal Services Update and Overview*) is very useful to observe the broader aspects of maternity services, women's, and child health across the system for the local place, which was the intention of the deep dive. The report will also be provided for the Kirklees Cares Partnership Quality Group.

JE asked whether the maternity and neonatal report is an opportunity for the colleague voice to be heard about maternity and neonatal services, for example, Freedom to Speak Up (FTSU) concerns. **DT** stated that FTSU concerns have not been included on a regular basis, but has been done in the past when there were a number of FTSU concerns. **DT** stated that colleague voices are heard through **LR** and **KH** walk rounds. **LR** stated that this is an evolving and sometimes lengthy report, and that colleague voices, as well as FTSU, Friends and Family Test (FFTs) and actions from the national survey will be included.

GC queried the delays in emergency caesarean sections within the maternity incidents section of the report, which have increased, and whether there were any mitigations in place. **DT** stated that all delays are reported, down to the minute, however, a deep dive can take place if necessary. All delays are reviewed within the weekly governance meeting, and any harm is escalated to the orange panel.

DS noted the responsiveness to the initial CQC feedback, and the work already underway to address recommended areas of improvement.

OUTCOME: **DT** was thanked and the Committee noted the report.

119/23 PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF)

Lindsay Rudge provided a presentation, as circulated at appendix D, highlighting what is changing around the investigation framework.

KH asked whether the specific and targeted learning involves equality and diversity. **LR** stated that incidents are viewed and triangulated from a broad equality, diversity, and inclusive perspective, as well as through the health inequality lens.

AN asked if there was a regulatory aspect for the implementation of PSIRF. **LR** stated that the implementation has shifted, due to a national problem of the Datix incident systems not being fit for purpose to deliver some of the elements of the framework. A date has not been set; however, it is envisaged that most of the framework will be in place in 2024/2025.

DS noted that the change and culture shift from where the Trust is now, to the implementation of the PSIRF principles will be everyone's responsibility, and asked how the Patient Safety Partner role will be developed. **LR** and **VP** are working on this from what has been learned from the national early implementer sites, and work with each Place in developing the role. **VP** stated that lots of different options have been tested nationally, and further understanding is needed on what has worked best before a solution for the Trust is sought. An options appraisal is being developed for submission to Executive Board for an initial discussion.

DS asked if there are currently any dedicated roles for the PSIRF implementation and rollout. **LR** stated the framework has been reviewed and working with available resources across the Quality Directorate in terms of shifting roles, and creating roles for an Associate Medical Director for Patient Safety, and a Lead Nurse. Maternity also requires a resource for PSIRF, and it is ensuring that the structure and portfolios for the Quality Governance Leads, the Governance Team, the Associate Medical Director and Deputy Medical Director for Quality are realigned.

DS noted from the Calderdale Cares Partnership Quality Group minutes that this is on their risk register, but not on the Trust risk register. **LR** stated that one of the pieces of work being done on the back of the orange incidents is to review the CHFT Board Assurance Framework risk on quality and safety, which is considered the risk which needs to be amended. **VP** stated

that for CHFT, it would be part of a broader risk around managing the quality agenda, and the fact that PSIRF is required across multiple providers, not just the Acute Trust, as to why the risk features prominently for the Calderdale Cares Partnership.

OUTCOME: **LR** was thanked and the Committee noted the report.

120/23 Q1 TRUST PSQB REPORT AND TERMS OF REFERENCE

Lindsay Rudge presented the above report, circulated at appendix E1, highlighting the work undertaken in the Trust Patient Safety and Quality Board during April to June 2023.

LR noted one of the observations since taking over as Chair of the Trust Patient Safety and Quality Board is that issues are described and not outcome focused through the divisional reports. The current function of the Trust Patient Safety and Quality Board will require further discussion with **DS** and **DB**, as it is undecided as to whether the divisional quality reports which were previously submitted directly into the Quality Committee should return moving forward.

DS noted a continued increase in prescribing incidents in Community, which have previously been reported to the Quality Committee, and asked what specific actions the Local Medical Committee and the Integrated Care Board are taking to help address the situation. **LR** stated that this is in relation to some of the GP prescribing incidents, and Abbie Thompson (Matron for End of Life Care and CHFT Calderdale Community Specialist Palliative Care Team) has been working on this through the primary care networks, however, more detail can be provided within the next Trust PSQB report on the work undertaken.

LR stated that a proposal on what the Trust PSQB needs to look like going forward will be provided for a future Quality Committee, and that the current terms of reference, as circulated at appendix E2, are how the current Trust PSQB exists. A revised set of terms of reference will be provided over the coming months, as the structure is reviewed.

OUTCOME: The Committee approved the current terms of reference, and noted the report.

121/23 QUALITY SLIDES

Lindsay Rudge presented the above report, circulated at appendix F, highlighting the revised report which now includes key performance from areas including Never Events, Serious Incidents, orange incidents, safety alerts, complaints and Patient Advice Liaison Service (PALS), compliments, legal, Policies and clinical repository, CQC, the Clinical Outcomes Group dashboard, NICE guidance and Quality Priorities.

AN noted that there were some encouraging signs that the STOP process works in relation to assessments, and asked whether a similar process will be used for dementia screening. **LR** stated that there are early positive signs and engaging the Multi-disciplinary Team. Dementia screening has been predominantly moved to nursing, and the aim is for 90% compliance by the end of August 2023.

AN asked if there were any plans on improving the pressure ulcers. **LR** stated that a move to a new tool (Purpose T) has taken place, which is a new assessment tool for pressure ulcers. This has just gone live and the impact will need to be assessed. There has been a slight improvement in the number of pressure ulcers, however, Purpose T should make it clearer around assessing equipment.

AN commented on the consistent work on complaints and asked about the learning. **VP** stated that there is a plan for the next six months and features as part of the Patient Safety Incident Response Framework work. The themes from complaints will form part of the category themes which will be discussed for Patient Safety Incident Response Framework. There is a timeline for an event later in Autumn, which will bring together the broader learning.

LR stated that as part of the slide pack and the move to a different Integrated Performance Report, a monthly performance update will be provided to the Quality Committee to capture progress against issues which need the Committee's attention.

OUTCOME: **LR** was thanked and the Committee noted the update.

CARING

122/23 PATIENT EXPERIENCE AND CARING GROUP REPORT

Lindsay Rudge presented the report as circulated at appendix G, highlighting activity through the Patient Experience Group.

LR noted that the Group have approved the Patient Experience Involvement and Inclusion Strategy, which will be submitted to the next meeting.

OUTCOME: **LR** was thanked and the Committee noted the report.

WELL LED

123/23 RESEARCH AND DEVELOPMENT ANNUAL REPORT

Matthew Robinson was in attendance to present the report as circulated at appendix H, highlighting key notes from the report.

KH conveyed congratulations to the two colleagues who won the 2023 'Research Midwives of the Year' at the Yorkshire and Humber National Institute of Health Research (NIHR) Research Awards.

KH also stated that Research and Development is a good success story, which goes from strength to strength and conveyed thanks to the Team.

AN asked whether the commercial research activity provides any income. **NB** stated that the activity is income generating, and any profit can go back to the division, some can be retained within Research and Development.

In terms of next steps, there are two aspects. A number of Research Nurses are on fixed term contracts and have been for a number of years, and have a stable income from the Research Network has been demonstrated, therefore, those fixed term posts will be turned into substantive posts. The governance structure is another aspect in terms of next steps, and the ceiling has been hit in terms of commercial studies, and by restructuring with some of the return, this should then be able to create more income and studies.

AN asked what the long-term goal ambition for the Research Strategy. **NB** stated that, ultimately, it is for the Research Department to continue being proactive, dynamic, building commercial research, building the research portfolio internally across specialties, getting different roles involved (Pharmacists, Advanced Clinical Practitioners, Physician Associates, Therapists, etc), and increasing external partnership work.

OUTCOME: **MR** and **NB** were thanked and the Committee noted the report.

EFFECTIVE

124/23 Q4 LEARNING FROM DEATH REPORT

David Birkenhead presented the report as circulated at appendix I, highlighting minimal changes since the last report presented in May 2023.

The Chair asked how the Trust benchmarks with peer organisations. **DB** stated that there is no standard approach to structured judgement reviews or learning from deaths. The quality of care review is the approach of the Trust and could be different in other Trusts. There is no national target, and the process has been developed at CHFT in part, from the Care of the Acutely Ill Patient (CAIP) programme.

In relation to poor practice from the structured judgement reviews, **AN** asked whether there was any learning from this in relation to the implementation of the ReSPECT policy. **DB** stated that the function of the ReSPECT policy was not the issue, however, it was in regard to a DNACPR form being in place and correctly completed, albeit resuscitation was started. This will go through an orange panel review in order for the learning to be developed, as well as an action plan.

LR reported that Eilidh Gunson (End of Life Care Clinical Advisor) has shared the learning from the National Audit of Care at the End of Life (NACEL) Audit through the End of Life Care (EoLC) Group, which picks up some of the points from the learning from structured judgement reviews. An update on the work done within the EoLC Group will be incorporated into the next quarterly Learning from Deaths report due in October 2023.

GC asked about the process of the timeline for orange incidents and the expected time to see the implementation of the learning from those incidents. **DB** stated that that there are a number of outstanding orange incidents which are beyond time, and targeted work is to take place on the orange processes within divisions. The orange incident meetings take place on a weekly basis; however, the completion of the action plans are not being met or signed off in a timely manner. The timeline for each incident will vary on how complex they are.

OUTCOME: **DB** was thanked and the Committee noted the report.

RESPONSIVE

125/23 INTEGRATED PERFORMANCE REPORT

The new style report was circulated at appendix J for information, as most of the content of the report has been covered.

LR noted that a risk has been flagged through the Calderdale Cares Partnership around stroke, which is deteriorating. A meeting took place with the medical division's leadership team and the leadership team for Stroke, and a number of plans have asked to be put in place to revise the position.

Further work has been requested to understand the virtual ward performance which has deteriorated. It is understood that there are issues with the data collection, therefore a manual review is taking place.

AN commented on the cross-over of work, due to the deep dive in Stroke which will take place at the Finance and Performance meeting in August.

OUTCOME: The Quality Committee noted the report.

126/23 QUALITY COMMITTEE ANNUAL REPORT

The Chair presented the report as circulated at appendix K, for information, which outlines what has been covered during the year within the Quality Committee. An action plan will be provided at the next meeting.

OUTCOME: The Quality Committee noted the report.

ITEMS TO RECEIVE AND NOTE

127/23 CALDERDALE CARES PARTNERSHIP QUALITY GROUP MINUTES

The minutes were circulated as at appendix L.

LR noted that the issue of stroke was raised at both the Calderdale and Kirklees Care Partnership Quality meetings, and asked for it to be revised on the risk register. An increase of the risk around industrial action for both urgent and emergency care and elected care was requested, with a view of further prolonged industrial action. Both risks were accepted onto the Committees.

OUTCOME: The Quality Committee noted the minutes.

128/23 QUALITY COMMITTEE ANNUAL WORK PLAN

A copy of the above was available at appendix M for information.

129/23 ANY OTHER BUSINESS

There was no other business.

130/23 MATTERS FOR ESCALATION TO THE TRUST BOARD

- ReSPECT Policy and terms of reference (item 117/23)
- Research and Development Annual Report (item 123/23)
- Update on Patient Safety Incident Response Framework (item 119/23)
- Maternity Report and Neonatal Workforce model (item 118/23)
- New elements from the Integrated Performance Report (item 125/23)
- Key improvements from the Quality Report (item 121/23)

POST MEETING REVIEW

131/23 REVIEW OF MEETING

- The Committee got through the agenda in good time
- The receipt of good, detailed reports
- The easier format of the Quality report

NEXT MEETING

Monday, 21 August 2023
2:30 – 5:00 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 24 July 2023

Overdue	New / Ongoing	Closed	Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING / DUE DATE
UPCOMING ACTIONS				
24.10.22 (168/22)	**Split Paediatric Service**	**Venkat Thiyagesh**	**LR** commented on the risk relating to the APNP model at Huddersfield, which is at a score of 16 on the risk register, stating that Simon Riley-Fuller (ADN in FSS) has been asked to review this. It was also noted that the Emergency Department (ED) are also looking at the impact of any incidents or near misses that have occurred as a result of the described risk, the results of which can be returned to a future Quality Committee for oversight and assurance to ensure that the risk is not tolerated. **Action 24.10.22**: For any results of the review of the risk and impact of incidents and near misses to be returned to the Quality Committee **March Update**: Followed-up with **SRF** as to whether the risk reviews have taken place, and also with the Risk Management Team as to whether there have been any reports from ED in relation to the impact of incidents or near misses as a result of the above risk. Awaiting responses on both. Update: Risk 7776 was originally scoring 20, and reduced to a 16 as there are not gaps every day for the PNP cover. Of note, a trainee has handed in their final dissertation and if successful, will be able to add as part of the PNP rota later this year. It is anticipated at this point, that the risk score will reduce further. The Children's Directorate and ED team have collated a paper that has been presented to WEB in terms of plans for urgent care delivery for CYP on both hospital sites. If approved this will cumulate in the APNP's being based on the CRH site. Dr Morris, Tom Ladlow, Fiona Stuttard, Chloe Gough and Julie Mellor are aiming to meet to try to progress this work. **April Update:** Awaiting an executive sponsor. Division escalated to Performance Review Meeting and awaiting response. **Update 17.4.23: LR** stated that Venkat Thiyagesh and Helen Barker presented a paper to the Weekly Executive Board around the staffing model, which was approved. **Action 17.4.23:** Update to be provided at future meeting. **Update**: Pending agreement of Executive Sponsorship and phased approach to delivery (escalated by directorate at February through to June Performance Review Meetings, May Patient Safety and Quality Board and May Weekly Executive Board. Awaiting confirmation on Executive Sponsor, however, Lead Nurse and Consultant supporting Paediatric ED work and progressing plans.	**Update at Quality Committee yet to be confirmed**
24.10.22 (171/22)	Integrated Performance Report **Length of stay update**	**Charlotte Anderson**	**LR** also stated that it would be helpful to bring a presentation on the data to see the broader impact of all the increased activity and that expanded bed base to see what that means in terms of harm and incidence. **Action**: Presentation to be requested for Quality Committee **Update:** Charlotte Anderson (Performance and Intelligence Lead) will attend the April meeting to present. **Update 17.4.23:** See item 58/23 **DS** asked about the current length of stay. **CA** stated that further work with another colleague will be required in order to provide this data. **Update**: Availability of report to be confirmed	**To be confirmed**
CLOSED ACTIONS				
22.05.23 (88/23)	**Clinical Outcomes Group Report**		**Business Case** **LR** commented on the business case which was submitted to the Business Case Approval Group for the 24-hour response team and noted that this was approved in principle and hopefully towards the end of the year, this will be completed. This is in relation to deteriorating patients and extending the provision of the HOOP (hospital out of hours programme) service and merging it with critical care outreach, to provide a more comprehensive review of those patients in a more rapid response. It was requested that an update is provided at a future meeting for the Committee's understanding of the purpose and intended outcomes. **Action 22 May 2023**: Update to be provided on business case. **Update June:** Update to be provided at the 24 July meeting **Update**: To be picked up by the Clinical Outcomes Group as part of operational business	**CLOSED**

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE: ENGAGEMENT CHAPTER

Held on Tuesday 20 June 2023, 2.00pm – 4.30pm
VIA TEAMS

PRESENT:

David Birkenhead	(DB)	Medical Director
Nigel Broadbent	(NB)	Non-Executive Director
Suzanne Dunkley	(SD)	Director of Workforce and OD
Karen Heaton	(KH)	Non-Executive Director (Chair)
Lindsay Rudge	(LR)	Chief Nurse
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Rob Aitchison	(RA)	Deputy Chief Executive
Peter Bamber	(PB)	Governor
Mark Bushby	(MB)	Workforce Business Intelligence Manager (for item 49/23)
Jenny Clark	(JC)	Associate Director of Therapies
Jason Morris	(JM)	Head of Quality, Huddersfield Pharmacy Specials (for item 71/23)
Sarah Eastburn	(SE)	Governor
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Nikki Hosty	(NH)	Assistant Director of HR (for item 68/23)
Azizen Khan	(AK)	Assistant Director of HR (for item 67/23)
Helen Senior	(HS)	Staff Side Chair
Gemma Ellis	(GE)	Radiology Operations Manager (for item 69/23)
EI Tint	(ET)	Pathology Operations and Business Manager (for item 69/23)
Georgina Turner	(GT)	Research Team Leader (for item 72/23)
Beckie Yeates	(BY)	Workforce Psychologist (for items 65/23 66/23)

60/23 **WELCOME AND INTRODUCTIONS**

The Chair welcomed members to the meeting.

61/23 **APOLOGIES FOR ABSENCE**

Jonny Hammond, Chief Operating Officer
Vicky Pickles, Director of Corporate Affairs

62/23 **DECLARATION OF INTERESTS**

There were no declarations of interest.

63/23 **MINUTES OF MEETING HELD ON 3 MAY 2023**

The minutes of the Workforce Committee held on 3 May 2023 were approved as a correct record.

64/23 **ACTION LOG – MAY 2023**

The action log was received.

65/23 **THE PSYCHOLOGY OF ENGAGEMENT**

BY explained the psychology behind colleague engagement.

- Defining characteristics are vigor, absorption and dedication
- Dominant predictors of emotional engagement
  - Conciliation (flexibility, work-life balance)
  - Cultivation (growth and development)
  - Confidence (trust, health and safety)
  - Compensation (feedback, pay, rewards)
  - Communication (honesty, clarity)

- Wellbeing, particularly in emotionally taxing jobs like healthcare, is a key determinant of an employee's ability to be passionate, productive and effective in their work, even when other traditional predictors like compensation and cultivation are present. Optimal wellbeing and optimal engagement ultimately lead to better organisational outcomes.

- Good emotional regulation depends on a balanced three-way system – Drive, Soothing and Threat. The most common source of imbalance is an enlarged threat system and an underactive soothing system.

- To cultivate soothing systems we need to nurture a psychologically safe working environment by recognising that safety is a multi-layered experience. Investment of the six layers of safety should be considered.

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

66/23 **EVOLVING THE WELLBEING OFFER**

BY explained she was appointed as the Trust's Workforce Psychologist in November 2023 on a part-time basis. A part-time Assistant Psychologist is due to commence in the next few weeks. Currently the majority of the psychology service provides one-to-one psychological therapy to colleagues who are experiencing psychological distress linked to workplace experiences. The service also provides peer-support debriefs to teams affected by critical incidents at work and also consultation to leaders across the Trust to help with challenges they are facing. A three-tiered psychological service is being developed with support from funding from the Trust's Charity. A bottom tier of offers that all colleagues are encouraged to engage with when requiring wellbeing support. A middle tier of offers to support colleagues who are feeling the acute impact of workplace incidents. A top tier that provides specialist one-to-one assessment and therapy for colleagues experiencing prolonged distress.

SD gave huge thanks to BY. SD recognises that engaging colleagues is a real challenge and noted this response demonstrates that as an employer we are doing the best we can to engage colleagues and keep them well. KH agreed this is a really strong offering.

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

67/23 **DIRECTORATE HEALTH HEAT MAP**

AK presented the Directorate heatmap. The heatmap presents a rag rated 'ranking' visual of health scores against 9 metrics (NHS staff survey response rate; NHS staff survey engagement score; EST compliance; appraisal completion rate; sickness absence; return to work completions; annual leave; turnover; vacancy rate). AK highlighted the correlation between colleague engagement and those teams that are well managed.

KH said this is a really useful visual. She asked if there is a buddying system across divisions. AK responded the health score ranking highlights lower performing areas provoking a level of

competition. Long-standing low health score positions identify to divisions where action is required to drive improvement. JE advised managers can access the live data via the knowledge portal at any point. In response to NB's query about targets, AK confirmed divisions are working towards Trust targets noting action plans will be specific for each area.

OUTCOME: The Committee **NOTED** the Directorate Heat Map.

68/23 **STAFF SURVEY HIGH IMPACT ACTION PLAN**

NH presented the action plan which focuses on 5 key priority areas:-

- People Centred Leadership & Management Programme
- Evolve Health & Wellbeing Offer
- Development for all
- Togetherness & Belonging
- Staff Survey Hot Spot Focus

NH described the specific actions and confirmed good progress is being made.

KH asked if there was good participation at the events. NH confirmed participation has been great. Guests such as Andy's Man Club and PAT dogs have been amazing in supporting the events giving a next level of engagement. NH added that all events now connect to one culture of care, there is the same consistent messages throughout.

OUTCOME: The Committee **NOTED** the action plan.

69/23 **HOT SPOT PROGRESS**

GE explained in response to the staff survey results a plan on a page was created by service leads. The plan detailed the bottom 5 scores in the Radiology Directorate. The plan on a page was shared with all colleagues at 'hear to listen' sessions. Outputs from the 3 sessions supported the development of the action plan. Response to communication concerns has been immediately addressed by the launch of an employee forum, daily huddles, regular staff meetings, weekly communication and a monthly newsletter. TED training is being rolled out to managers and service leads. The employee forum is concentrating on 3 of the bottom 5 scores – incidents of harassment, bullying, abuse not being reported, staff with disabilities do not feel the organisation made adequate adjustments for them to carry out their work and Radiology staff are not reporting physical violence.

KH asked if there has been any visible progress. GE responded there is more in-depth work to capture the whole of Radiology. The employee forum sessions will be recorded and shared with colleagues. Groups such as the Disability Network will be invited to the forums.

EI presented the actions and progress in response to hot spot areas in the Pathology Directorate. The Directorate had a staff survey engagement score of 6.4. The main focus areas are:-

- E&D
- Senior visibility
- Wellbeing
- Communication
- Career progression

HS noted the involvement of managers and asked about engagement with all colleagues. EI confirmed all colleagues will be involved adding that the change management tool TED has

been implemented to support next steps. As HS had been out of the organisation for a period of time she would welcome a conversation outside of the meeting to catch up on progress.

LR advised she is one of the executive sponsors for Pathology and is looking forward to supporting colleagues.

KH thanked GE and ET for attending the meeting and looks forward to seeing both areas progress well.

OUTCOME: The Committee **NOTED** the progress against action plans.

70/23 **STAFF SURVEY ACTION PLAN CASE STUDY**

Allied Health Professionals

JC explained that recognising a national shortage of regional AHPs, in 2021 a national project funded by HEE was undertaken to draw up where pressures exist and enable response. CHFT's report was quite cutting with significant issues identified. The staff survey results reflected the report findings. Turnover was at 15%. In response, JC recognised that a change in culture was needed and described in detail the programme of initiatives to support recovery.

LR said this is a great piece of work in pulling various strands together and has seen a lot change in a short space of time. JE endorsed that point adding this is a really well led piece of work, it has true visibility. Hard measure regarding turnover is good to see. It will be interesting to see the results from TED results and next year's survey results. These comments capture DS thoughts too. She added this is quality work and is encouraged by grow our own and early engagement with schools. KH echoed these comments congratulating all colleagues involved.

Huddersfield Pharmacy Specials

JM presented a slide that compared the HPS overall engagement scores against the Trust's scores. The HPS score has constantly been below average. To tackle this a number of workshops took place involving all the team. Three key areas for improvement were identified:-

- Communication
- Collaboration
- Career and personal development opportunities

In response, a comprehensive action plan was developed. A back to basics approach was adopted to add value such as the introduction of a monthly newsletter, employee of the month, refresh of job descriptions. JM highlighted long term strategic actions including process mapping and the redefining of the team structure with clear career path and opportunities.

JE liked the focus on the fundamentals and felt it important that HPS builds on that. JE asked how colleagues are feeling now and how is this being tested. JM responded local surveys are being undertaken. RA advised he is the executive sponsor for HPS. He noted HPS engagement score will have flagged previously. RA pointed out there is lots of uniqueness about HPS. He agreed there were basics to get right and felt JM and the team are grabbing this and have made a really great start and is encouraged and confident about the work they are doing. KH agreed and looks forward to receiving a future update.

KH thanked JC and JM for attending the meeting and commended the teams on the excellent work.

OUTCOME: The Committee **NOTED** colleagues for telling their stories.

71/23 **RECOGNISING COLLEAGUE CONTRIBUTION**

Research and Development Team
GT attended the meeting to share how they demonstrate the value of the team. She said the team has a real positive can do attitude that mirrors the environment we encourage. GT presented examples of colleague contribution:-

- Encourage ideas, guidance and involvement of the whole team
- Focus on initiatives and what it means to us as a team
- Opportunities to lead projects to develop skills
- Opportunities to present at internal and external meetings to share our practice/success
- Robust mentoring and buddy system
- Star of the month/appreciation month/REN inclusion/thank you cards

NB commented as Director of R&D he is massively proud and pleased to be part of this team. The team have developed an exceptional external reputation. He thanked the Committee for giving the team opportunity to highlight what they do. KH endorsed NB comments agreeing the team absolutely punches way above their weight.

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

72/22 **MATTERS ARISING**

EST Fire Safety Training

KR and KZ provided a comprehensive update on fire safety training compliance. The Committee noted currently there are 660 non-compliant colleagues. A paper describing how to maximise training is to be presented to the Executive Board.

JE suggested KR and KZ pick up a conversation with the Directors of Operations following discussions held this morning. KH commented 1,000 trained fire wardens is impressive. She recognises the seriousness and importance notwithstanding the challenges. KH requested the Committee receives a compliance summary table is provided to the Committee on a monthly basis. JE advised output from the Education Committee confirms our core training programme is sound and compares favourably with other Trusts. The challenge is more around the role specific EST which has grown significantly.

ACTION: 3 x monthly updates to be provided to the Committee (KR)

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

73/23 **QUALITY AND PERFORMANCE REPORT (WORKFORCE) – MAY 2023**

Summary
Performance on workforce metrics is now back to amber and the Workforce domain has increased to 63.8% in April 2023. This is due to the inclusion of the non-medical colleague appraisal compliance and the improvement in all other EST modules including Learning Disabilities. 7 of the 14 current metrics that make up the Workforce domain score are not achieving target – Non Covid Sickness Absence, Non Covid Long Term Sickness, Data Security Awareness EST compliance, Fire Safety EST Compliance, Safeguarding EST Compliance, and Medical & Non-Medical appraisals.

Workforce – April 2023
The Staff in Post has decreased slightly at 6276 which, is due, in part to 20.57 FTE leavers in April 2023. FTE in the Establishment was 6091.4 and along with student nurses.
Turnover decreased to 7,92% for the rolling 12-month period May 2022 to April 2023. This is a decrease on the figure of 8.07% for March 2023.

Sickness absence – April 2023

Please note, from 1 April 2022 the workforce domain 12-month rolling, and in-month absence target is 4.75%. This relates to non-Covid absence only, albeit a rate inclusive of Covid related absence will continue to be reported. The target for non-Covid long term absence is 3.00% and 1.75% for non-Covid short term absence.

The in-month Non Covid sickness absence decreased to 4.38% in April 2023. However, the rolling 12-month rate for Non Covid sickness also decreased to 4.80% in April 2023

Stress, anxiety, and depression problems were the highest reason for sickness absence, accounting for 32.66% of sickness absence in April 2023, with Chest and respiratory problems second highest at 13.96% in April 2023. The RTW completion rate has been removed as a target metric from November 2022 although will continue to be monitored.

Essential Safety Training – April 2023

Performance has increased in all but 1 out of 10 of the core suite of essential safety training. With 9 out of 11 above the 90% target with 3 achieving the 95% 'stretch' target. Data security awareness target has been amended to fall in line with national guidelines and is now 95%, but has increased to 90.91%

Learning Disabilities Awareness EST commenced from 10 May 2022, however, is now included in Overall EST Compliance score or Domain Score totals

Overall compliance decreased to 93.46% from 93.82% and is the first decrease month on month. It is however also no longer above the stretch target of 95.00%.

Workforce Spend – April 2023

Agency spend decreased for the month to £0.94M, whilst bank spend decreased in month by £0.12M to £3.01M.

Recruitment – April 2023

2 of the 5 recruitment metrics reported reached target in April 2023. The time for Unconditional offer to Acceptance in April 2023 increased to 4.7 days.

MB advised from this date forward the report will be presented in a changed format.

PB noted the 60% medical appraisal figure (rolling data). DB confirmed appraisal was 99% as at 31 March 2023. The recording discrepancy will be discussed at the next Medical Workforce Programme meeting.

KH commented on the high sickness rates in Estates & Ancillary. MB responded this is a small staff group that has some long-term sickness absence.

NB referenced the requirement to fill 100 vacancies to reduce agency to zero and asked if that is before a further 106 fte is added to the establishment. MB stated potentially this would be the case as the 106fte has been added to budget. LR added explanation that extra capacity that has opened across wards has been budgeted for which has increased the vacancy rate.

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

74/23 **QUARTERLY VACANCY DATA**

LW summarised the quarter 4 report.

- Overall Trust position 356 fte
- Medicine and FSS continues to have majority vacancies
- Trust turnover reduced to 7.98%

Hotspot focus

- Deep dive into qualified nurse vacancies. Report to be submitted 21 June 2023 to Nursing Steering Group
- Ongoing recruitment for Band 5 nurses
- ED – Refreshed adverts have generated more interest
- Radiology – good success
- Stroke Medicine – unable to source suitable candidate. Appointment of Specialty Doctor with the intention to support through CESR programme to Consultant position.
- Neurology – Consultant resignation. Post advertised and interview scheduled. Further appointments required to sustain the service.

KH thanked LW for the in-depth report which demonstrates focus to ensure we get good quality candidates into the Trust. KH congratulated colleagues on the progress made.

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

75/23 **DEVELOPING WORKFORCE SAFEGUARDS**

NB and AD provided an update on the 14 key recommendations as set out in the Developing Workforce Safeguards (2018).

- Of the 14 recommendations, 10 recommendations are now fully compliant. This is an improving position since the last update (recommendation 5 now compliant)
- 4 recommendations remain partially compliant, with recommendation 8 progressing to green for nursing and midwifery.
- Effective workforce planning has a positive impact on quality of care and patient, service user and staff experience, while ensuring financial resources are used efficiently.
- Accurate plans will help predict the numbers of healthcare workers required to meet future demand and supply and help with improvements in safe and effective care delivery.

NB explained in planning for the industrial action each directorate determined safe staffing levels for their areas which can be translated through the Medical Workforce Programme group formalise as local benchmarking. A wider piece of work around Royal College of Physicians standards and GIRFT benchmarking measures can also be used as proxy measures for safe staffing. NB commented on the recruitment focus in ED and the WYAAT led work to address some of the fragile specialties.

AD confirmed the position has been maintained since last reporting into the Committee and confirmed recommendation 8 has now been completed. Good progress has been made. KH was pleased to see the improving position. The Committee agreed it no longer required to receive a regular report and confirmed an exception report should be received regarding any escalated issues. LR confirmed an annual statement is required.

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

76/23 **NURSING AND MIDWIFERY SAFER STAFFING REPORT**

AD presented the key points of the report.

- Based on the current Nursing and Midwifery recruitment strategies, May's vacancy position sits at 201.28 FTE, a deteriorating position since the last report. This position does not include the planning assumptions associated with the bed retraction plans.
- Whilst noticeable peaks in sickness absence are reported during the 12-month reporting period, there is a positive reduction in sickness absence for Month 12 across both workforce groups

- Staffing fill rates continued to fluctuate between 82% - 90% during the day. A position reflective of ongoing sickness/absence, additional capacity areas and enhanced service delivery in some areas
- The CHPPD at Trust level has remained stable demonstrating where safely possible the workforce is being flexed in line to meet patient activity and patient needs. Benchmarking from the Model Hospital suggests at a Trust level CHFT sits in the upper part of quartile 2, positioned between peers. This is reflective of the ongoing fill rate position.
- During the reporting period 284 Nursing and Midwifery staffing related incidents were reported through the Datix reporting system. Two hundred and eighty-two (282) of these incidents were reported as no harm and 2 as minor harm. There was appropriate escalation when the incidents occurred.
- The Trust's International Registered Nurse recruitment campaign continues at pace with ongoing success, expanding into both Midwifery and AHP services
- The Trust remains committed to reviewing the roles and function within teams, demonstrated through approval in providing ongoing investment for a further 19 registered nurse degree apprenticeships.
- The retention initiatives that have been identified
- The continued focused leadership to support this agenda.
- The impact upon patient experience and the quality agenda if the Trust fails to provide safe staffing numbers across all clinical areas.
- Risk 6345 describes the current risk associated with insufficient Nursing, Midwifery and Health Care Support workers and is reported at level 20

LR added for assurance there is an additional recommendation that will be added to the Maternity appendix to commission a full review by birth rate to ensure acuity and continuity models are reflected in the service.

KH thanked AD for a thorough and comprehensive report.

OUTCOME: The Committee **NOTED** for assurance and **APPROVED** the content of the report prior to presentation at the Board of Directors.

77/23 **TRADE UNION FACILITY TIME**

JE presented a report that set out reporting requirements for public sector organisations in relation to paid trade union facility time and the Trust's data for the period 1 April 2022 to 31 March 2023.

- The Regulations require public sector employers (including NHS Foundation Trusts) to publish the cost of paid facility time taken by employees acting as staff side representatives
- Employers must report the required information for each 12-month period from 1 April to 31 March on public websites, in annual reports and via gov.uk
- The Trust introduced a Recognition and Facilities Agreement in January 2019 which sets out clear procedures on time off for trade union duties
- For 2022/2023 the Trust is reporting 1312.5 hours for 20 representatives with an estimated cost of £44,339.12
- According to NHS Employers the unofficial benchmark set by Government is 0.06% of the paybill. This year the Trust's percentage is 0.012%

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

78/23 **FREEDOM TO SPEAK UP ANNUAL REPORT**

JE presented the report which outlined FTSU activity in the Trust from 1 April 2022 to 31 March 2023.

- The number of concerns raised in 2022/2023 and the number of concerns raised as per the National Guardian's Office (NGO) submission categories and by staff groups.
- The themes of concerns.
- The ethnicity of the colleagues that have raised their concerns via FTSU at CHFT.
- The work being undertaken to create a culture where staff feel safe to speak up and make FTSU business as usual at CHFT.

The subjects of the concerns raised are extremely varied however there are some common themes. Attitudes and behaviours of colleagues remains one such theme. This reporting period has also seen an increase in concerns related to patient safety and the quality of care being delivered. The increase correlates with the high operational activity experienced by the organisation. An NGO FTSU e-learning package has been developed in collaboration with Health Education England. A communication was produced to inform colleagues of its existence on ESR and details of the training has been added to the FTSU pages and training pages on the intranet.

NB noted the common theme of attitudes and behavours in colleagues and asked if a reduction in the number of concerns expressed as we embed one culture of care across the organisation. JE feels more people are coming forward as a consequence of one culture of care and expectations of behaviour. In addition, demands on people inside and outside the workplace appear to have an effect on people's behaviours. We need to use the information available to further inform the importance of one culture of care. AG supports colleagues and underpins their concerns and focuses on demonstrating a full response to the concerns. As Board Safety Champion for Maternity services, LR is positive about the colleagues speaking up as it is important they do have a voice and feel listened to.

OUTCOME: The Committee **NOTED** the contents of the report, the number of concerns raised in 2022/2023 and the work of the FTSU Guardian and Ambassadors.

79/23 **BAF DEEP DIVE 12/19 COLLEAGUE ENGAGEMENT**

SD presented the deep dive. Key controls have been examined and a summary of progress was provided. Hot House events, walkarounds, appreciation and wellbeing events and surveys will ensure that the activity that we are focussing on is the right intervention to support colleagues at the appropriate time. One Culture of Care charters have been developed and adopted by all service teams across the Trust. A structured leadership visibility programme that aligns to the inclusion and engagement event calendar is in place. A Leadership Framework has been developed with input from colleagues.

Gaps in Control - Colleagues work in a busy, challenging environment. Colleagues' mental health has been impacted post pandemic. Cost of living challenges have also had a huge impact on colleague sense of wellbeing.

Gaps in Assurance - Staff Survey results identified that a number of hot spot service areas require intensive support. High impact action plans have been developed. One high impact action is to ensure colleagues are supported to work on their people priorities, have a robust action plan in place to improve employee engagement, appoint a local engagement lead who is accountable to implement change and an executive buddy to guide, coach and connect them to areas of good practice. The Team Engagement and Development (TED) diagnostic tool will be deployed to drive/support conversation and improvement.

The risk rating has been reviewed and remains the same.

KH noted the updated actions and the positive progress made.

OUTCOME: The Committee **NOTED** the deep dive.

80/23 **WORKFORCE COMMITTEE ANNUAL REPORT**

JE presented the report for consideration and approval prior to submission to the Board of Directors in July 2023. An associated action plan will be developed and brought to the next Committee meeting.

ACTION: Develop Workforce Committee Action Plan (JE/TR)

OUTCOME: The Committee **AGREED** the content of the Annual Report.

81/23 **WORKFORCE COMMITTEE WORKPLAN**

KH referenced the themed approach at the Committee.

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

82/23 **ONE CULTURE OF CARE – MEETING REVIEW**

JE noted the excellent time keeping of a compact agenda.

One culture of care has been woven in through every aspect of every agenda item.

83/23 **ANY OTHER BUSINESS**

No other business was discussed.

84/23 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

KH will present the highlight report to the Board capturing the key engagement themes along with the staffing reports, FTSU, BAF and the Committee's annual report.

85/23 **DATE AND TIME OF NEXT MEETING:**

Workforce Committee Hot House:
13 July 2023, 2.00pm – 4.00pm
Theme: Colleague Engagement/Recognition/ Appreciation/Staff Survey

Workforce Committee:
23 August 2023, 2.00pm – 4.00pm
Chapter: Talent Management

Minutes of the Extra-Ordinary Audit and Risk Committee Meeting held on Tuesday 27 June 2023 commencing at 2:00 pm via Microsoft Teams

PRESENT

Nigel Broadbent **(NB)**	Non-Executive Director **(Chair)**
Denise Sterling **(DS)**	Non-Executive Director
Peter Wilkinson **(PW)**	Non-Executive Director

IN ATTENDANCE

Helen Hirst	Chair
Brendan Brown	Chief Executive
Andrea McCourt	Company Secretary (minutes)
Kirsty Archer	Executive Director of Finance
Helen Higgs	Head of Internal Audit, Audit Yorkshire
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Ric Lee	Audit Director, KPMG
Matthew Moore	Senior Manager, KPMG
Victoria Pickles	Director of Corporate Affairs
Zoe Quarmby	Assistant Director of Finance
Liam Stout	Staff Governor

36/23 APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the extra-ordinary Audit and Risk Committee meeting to sign off the Annual Report and Accounts for 2022/23 which has been delegated to this Committee by the Board of Directors.

37/23 DECLARATIONS OF INTEREST

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

38/23 MINUTES OF THE MEETING HELD ON 25 APRIL 2023

The minutes of the meeting held on 25 April 2023 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 25 April 2023.

39/23 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updates were noted.

Item 26/23 Internal Audit revised template for reports – it was noted that we would continue with current reporting and review during the year.

OUTCOME: The Committee **NOTED** the updates to the action log.

40/23 ANNUAL REPORT AND ACCOUNTS

a) Going Concern Report

The Director of Finance presented the Going Concern report which refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. The Director of Finance confirmed it remains appropriate to prepare the accounts on a going concern basis.

OUTCOME: The Committee **APPROVED** the Going Concern Report.

b) Audited Annual Accounts and Financial Statements

The Director of Finance presented the Audited Annual Accounts and Financial Statements for the year ended 31 March 2023. KPMG colleagues have had the opportunity to review and comment on the accounts and statements.

The Director of Finance highlighted the difference in the financial information presented to the Board and the Finance and Performance Committee as a regulatory position, compared to the year-end accounts position, with the key material difference being the impact of net impairments at £7.4m, which are excluded from regulatory reporting performance to NHS England (NHSE).

The Director of Finance celebrated achievement of the final position in line with the financial plan during a challenging year, but noted this had largely been achieved by non-recurrent solutions which poses a financial challenge for 2023/24. It was also noted that some technical changes to the accounts have been made since the draft submission to NHSE; these are detailed in KPMG's ISA 260 report but do not change the revenue position reported at the end of month 12.

PW asked what the big shift and changes in non-current assets had been between 2021/22 and 2022/23. The Director of Finance responded that a significant change related to the implementation of IFRS 16 which changes the accounting of lease transactions, which previously were an annual revenue charge (income and expenditure) and are now treated as an asset, akin to a capital purchase with depreciation and interest. Other reasons noted by the Director of Finance were capital in-year purchases and year end revaluations. The Assistant Director of Finance commented the revaluation of buildings had increased the building values in year.

It was noted that national guidance was awaited on the impact of IFRS 16 on PFI accounting.

The Chair had undertaken a detailed review of the accounts and financial statements with the Director of Finance prior to the meeting. The Director of Finance shared further details on the £7.4m impairment in response to a question from the Chair. The Assistant Director of Finance confirmed, in response to a question from the Chair, that following a review of the potential impact of IFRS17 on insurance contracts we were not expecting a material change in 2023/24. The Chair queried whether there was any concerns relating to recovery given the increase in receivables in 2022/23. The Director of Finance responded that this related to timing at the year end, with the material change being the Agenda for Change pay award which was in flux at the year end.

OUTCOME: The Committee **APPROVED** the Audited Annual Accounts and Financial Statements for the year ended 31 March 2023.

c) Letter of Representation

The Director of Finance presented the letter of representation that the Trust is required to submit and includes standard wording on how the accounts have been prepared and on what basis. The Letter of Representation will be signed off by the Chief Executive.

AM advised of two changes required to the final Letter of Representation post-meeting, the first being that the letter was tabled at an Extra-Ordinary meeting of the Audit and Risk Committee (rather than the Board), the second being the addition of the Chief Executive's name as signatory.

Matthew Moore, KPMG highlighted that Appendix 1 regarding unadjusted mis-statements referred to in the letter needed to be copied across from the draft letter.

Action: Company Secretary to amend the Letter of Representation

OUTCOME: The Committee **APPROVED** the Letter of Representation as amended.

d) Annual Governance Statement (AGS)

The Company Secretary reported that the 2022/23 Annual Governance Statement (AGS) was reviewed and approved by the Audit and Risk Committee on 25 April 2023. The Annual Governance Statement has been developed in line with NHS England guidance.

The statement described the Trust's system of internal control that has been in place during 2022/23. It has been reviewed at various stages by the Chief Executive, Executive Directors, Internal and External Audit as well as the Audit and Risk Committee.

The Annual Governance Statement confirmed the Trust had no significant control issues in the financial year 2022/23, a position consistent with the Head of Internal Audit Opinion and KPMG Year End Report detailed in the papers. The statement references the six internal audit reports with a limited assurance opinion as advised by Internal Audit. Subject to approval the statement will be uploaded to NHS England by Friday 30 June 2023.

A discussion took place about whether to include work underway on the Risk Management Strategy and it was agreed that this was ongoing and would be reflected in the 2023/24 Annual Governance Statement.

In response to a question from the Chair regarding collaborative procurements by groups or a number of Trusts, the Director of Finance advised that governance arrangements were followed by individual Trusts in parallel to the collaborative arrangements to ensure all parties had approved decisions prior to procurement.

The Chair and Chief Executive thanked colleagues for the work on the year end statements on their behalf.

OUTCOME: The Committee **APPROVED** the Annual Governance Statement.

Liam Stout left the meeting.

e) Annual Report 2022/23

The Company Secretary presented the Annual Report for 2022/23 which has been developed in line with the NHSE Foundation Trust Annual Reporting Manual.

There were three changed requirements from national guidance that have been included in the annual report which were:

- addition of reference to joint forward plans and capital resource plans of the system
- information on the Trust's approach to tackling health inequalities
- fair pay disclosures - addition of prior year comparatives

The final annual report and accounts include a Performance report, Accountability report, annual accounts and auditor's report that will be added subject to approval today.

A detailed review has taken place by NB, DS and PW and their feedback is incorporated which has been helpful in ensuring the information is understandable for the public.

External Audit has completed their audit review of the annual report. Queries and changes arising from this review have been incorporated. The Company Secretary advised that, following advice from Information colleagues received after the papers were issued, there was one final change to the quality account priority section in relation to one of the targets for treatment of sepsis (p 170 Convene) which changed from being partially met to not being met. This was as follows:

The target of 80% for the administration of antibiotics within an hour of clinical assessment in the Emergency Department (ED) was not achieved with average compliance at 49.1%.

A minor addition to the Remuneration report within the annual report was noted, with information on benefits in kind in relation to salary sacrifice to be included.

The Company Secretary confirmed an annual report summary is being developed which it is intended to publish on the Trust website at the same time as the annual report. This was welcomed by members.

External audit has confirmed the content of the annual report meets all requirements and, subject to approval, the plan was to submit this to NHSE by Friday 30 June 2023.

The Company Secretary confirmed the Annual Members Meeting where the accounts are formally shared will be held on Thursday 25 July 2023, subject to the annual report and accounts being laid before Parliament by 14 July 2023.

PW advised he had had the opportunity to comment on the draft annual report and felt it was a great document, with the visuals enhancing the readability of the document. DS confirmed that Non-Executive Director comments on the draft report had been incorporated into the report and she was pleased with the final version. The Company Secretary acknowledged and thanked the finance, workforce and quality and safety team and Directors for their contributions to the report. The Chair confirmed he had also commented on the draft and reviewed national guidance, which explained the length of the report, and echoed the thanks to all involved.

OUTCOME: The Committee **APPROVED** the Annual Report 2022/23 with the amendments noted.

f) Head of Internal Audit Opinion and Annual Report

The Internal Audit Manager presented the Internal Audit Annual Report and highlighted the following key points:

- original audit plan included provision for 365 internal audit days for 2022/23 with eight days carried forward from 2021/22, giving a total of 373 days
- delivered 366 out of 373 days and the remaining seven days have been carried over to 2023/24
- 31 audit reports were finalised during the year (four high assurance reports, 19 significant assurance reports, six limited assurance reports)
- complied with the public sector internal audit standards throughout the year
- all three Internal Audit targets for 2022/23 were achieved
- the 90% target KPI in respect of receiving management responses within 15 working days of a draft report being issued was not met, at 84% - it was noted this was difficult to achieve, particularly for limited assurance reports with numerous staff to liaise with about recommendations. Actions had been taken in year at draft report stage which had improved compliance (no Audit Yorkshire clients had achieved 100%)
- positive progress with follow up of recommendations and tracking updates with support from the Chief Executive which meant no recommendations overdue at the year end, twenty with revised target dates, eleven of which are now implemented and nine on track

It was confirmed that six limited assurance reports was an acceptable number and confirmed that the selection of audit topics was appropriate.

Helen Higgs presented the Head of Internal Audit Opinion for 2022/23 which concluded an overall opinion of significant assurance for 2022/23 based on three criteria: assessment of the effectiveness of Board Assurance Framework and risk management systems, results of individual

reviews within the audit risk-based plan and Internal Audit's assessment of the Trust's response to recommendations.

PW queried the no opinion Financial Sustainability Report and Helen Higgs confirmed that this was an advisory piece of work across all clients. Leanne Sobratee confirmed NHSE had given advice not to give an opinion. The Director of Finance gave context for the NHSE's request post pandemic when different funding regimes had been in place and advised that the report confirmed CHFT's self-assessment. In response to a query from DS it was confirmed that the self-assessment had been reviewed by Directors at the Turnaround Executive meeting and the Financial Sustainability Report (CH/11/2023) was shared at the 31 January 2023 Audit and Risk Committee.

It was noted that achieving a higher rated Head of Internal Audit Opinion (high assurance) was virtually impossible and a significant assurance opinion was a positive outcome.

OUTCOME: The Committee **NOTED** the Head of internal Audit Opinion with a significant assurance overall opinion and **NOTED** the Internal Audit Annual Report.

g) Year End Audit Report 2022/23 – ISA 260

Ric Lee, Audit Director KPMG and Matthew Moore, Senior Manager, presented the key findings within the ISA 260 Year End Audit Report for 2022/23.

The Finance team, particularly Zoe Quarmby and Kirsty Archer were thanked their co-operation during the audit process.

Ric Lee and Matthew Moore advised:

- audit work was substantially complete, with a number of final matters to be signed off, and an unqualified opinion on the accounts was anticipated as well as a clean commentary on value for money
- materiality level remains £13.6m
- outstanding areas noted in the paper were financial statements audit, final manager and Director review and agreement of the final approved financial statements
- the main area to conclude was floor area on the valuation and this was not expected to be an issue
- in terms of significant audit risks there were no issues in terms of fraud risk (expenditure) and management override of controls
- one mis-statement has been clarified
- mandatory communications were positive
- confirmation of audit independence given
- outstanding matters were not material and should be concluded by the submission deadline of noon on 30 June 2023
- recommendations were given in Appendix two, no issues re: fraud risk, recommendations included management review of journal entries and related parties and management review of the land and building valuation which had a control weakness relating to floor space inputs
- audit differences were noted in Appendix three, with two unadjusted differences that were not material and referenced in the Letter of Representation – a projected sampling error (capital creditors) and a historic difference related to the EPR system and an adjusted difference relating to HRI as an asset.

The Chair noted a past due date on the recommendation relating to land and buildings and KPMG advised that this would be corrected.
The Director of Finance was asked whether there were any other data sources that might have a material impact on the accounts that the Trust should review pro-actively in advance of next year's audit, given the Trust use of systems for data and the new standard this year, which had led to extra scrutiny and highlighted issues. She noted the contrast between areas where information was only

available once a year (eg land and buildings) compared to other systems where more regular data allowed for continuous improvement work and cross checking. The Chair agreed we should return to this in a few months and the Director of Finance requested that Internal Audit focus on those systems we place reliance on as part of routine audits, such as the management account audit. Ric Lee supported this approach given the wider scope of the new standards to enhance the system of internal control. The Director of Finance commented that even when the action re: land and buildings re inputs is complete it will provide assurance but is unlikely to remove the recommendation.

The Chair clarified the capital creditors unadjusted difference and Matthew Moore confirmed this related to the sampling technique and advised there may be a better way to test this in future.

The Company Secretary confirmed that as these were group accounts, CHS had met earlier that morning and their 2022/23 accounts had been signed off, with some final statements to be issued. Given the ongoing queries by external audit, the Company Secretary requested that KPMG be mindful of the need to meet the noon deadline on 30 June 2023 and the work involved at the Trust formatting documents prior to submission.

The Director of Corporate Affairs left the meeting during this item.

Action: KPMG to amend due date for recommendation relating to land and buildings.

OUTCOME: The Committee **NOTED** the External Auditor's Year-End Report ISA 260.

h) Auditor's Annual Report 2022/23

Ric Lee, Director KPMG presented the draft Auditor's Annual Report which summarised the conclusion of the value for money work undertaken, noting this is a public document to be added to the Trust website by September 2023. He confirmed the report does not highlight any issues of concern to be reported to the public and was a positive report.

Ric Lee noted the purpose of the report is to provide a high level commentary on the accounts process and detailed three significant risk areas, financial sustainability, governance and improving economy, efficiency and effectiveness. He assured the Committee that no significant risks or weaknesses against these domains had been found. He highlighted a change to the paper originally presented to the Committee on 25 April 2023, relating to financial sustainability which now reflected the full year position and balanced 2023/24 financial position of the Integrated Care System, with a Trust deficit plan of £21M and challenging efficiency savings, of which £4M is yet to be identified.

OUTCOME: The Committee **NOTED** the External Auditor's Annual Audit Report.

41/23 ANY OTHER BUSINESS

The Chair formally thanked the finance team and everyone involved in the financial statements, accounts and annual report for all their hard work in preparing and completing this work. He also thanked Audit Yorkshire and KPMG and colleagues for their work in getting us to this position. This was endorsed by DS and PW.

The Director of Finance noted that with final checks outstanding, it would be prudent to advise the Chair of changes made post meeting. It was agreed that a copy of the final documents would be sent to him with the changes highlighted and, should there be anything significant, he would circulate to other members of the Committee.

42/23 MATTERS TO CASCADE TO BOARD OF DIRECTORS

The Board of Directors will be updated in due course via the Chair's highlight report of the approval of the financial statements, clean audit opinion from Audit Yorkshire and KPMG.

43/23 DATE AND TIME OF THE NEXT MEETING

Date: Tuesday 25 July 2023
Time: 10.00 am
Via: Microsoft Teams

Draft minutes of the Audit and Risk Committee Meeting held on Tuesday 25 July 2023, at 10am via Microsoft Teams

PRESENT

Nigel Broadbent (NB)	Chair, Non-Executive Director
Denise Sterling (DS)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director

IN ATTENDANCE

Kirsty Archer (KA)	Director of Finance
Rob Birkett (RB)	Chief Digital and Information Officer
Victoria Pickles (VP)	Director of Corporate Affairs (minutes)
Richard Dalton (RD)	Head of Risk and Compliance
Steven Moss (SM)	Local Counter Fraud Specialist, Audit Yorkshire
Leanne Sobratee (LS)	Internal Audit Manager, Audit Yorkshire
Richard Lee (RL)	Senior Manager, KPMG
Philippa Russell (PR)	Deputy Director of Finance
Keith Redmond (KR)	Chief Technology Officer, The Health Informatics Service (for item 6)
Julian Bates (JB)	Assistant Director, Information, The Health Informatics Service (for item 6)
Peter Keogh (PK)	Assistant Director, Performance (for item 6)
Liam Stout (LS)	Staff Governor

44/23 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the Audit and Risk Committee.

45/23 APOLOGIES FOR ABSENCE

Apologies were received from Shaun Fleming, Local Counter Fraud Specialist and Andrea McCourt, Company Secretary.

46/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

47/23 MINUTES OF THE EXTRA-ORDINARY MEETING HELD ON 27 JUNE 2023

The minutes of the extra-ordinary meeting held on 27 June 2023 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 27 June 2023.

48/23 MATTERS ARISING AND ACTION LOG

The action log was reviewed and updated accordingly. There were no other matters arising.

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

49/23 DEEP DIVES

DATA QUALITY

JB gave a presentation on the annual review of the Data Quality Board (DQB). He highlighted that the Board meets every six weeks and has several standing agenda items including audit of key performance indicators, exception reports on mandatory notices, clinical quality audits, areas of data quality concern from the chief clinical information officer and chief nursing information officer, clinical coding, and information standard notices.

JB set out the key successes achieved through the work of the DQB including upkeep of external mandatory returns and a robust audit process of these; the implementation of the new Integrated Performance Report (IPR); a road show of the work of data quality and the policy which had good attendance and engagement; and specifics relating to completion of activity data by the clinicians working on the acute floor. He added that the DQB continues to be well attended and there is good engagement in its work.

JB described the future priorities of supporting timely discharges using the capacity management functionality in the Electronic Patient Record (EPR) and improving the process that links the EPR to the national spine.

PK referenced the positive impact that data quality has had on the Trust's recovery position and the significant progress the Trust has made in addressing health inequalities in access to elective care.

DS commended the work of the DQB and the improvement that has been made in activity capture and asked about the benefits of the new benchmarking package. PK responded that the package is easily searchable and clearly broken down into topics that can then be compared using Statistical Process Control (SPC) charts against a variety of groupings such as regional organisations, all acute trusts, or outstanding organisations. PW commented on the new IPR and the impact that this has had on focusing board discussions.

It was agreed that further discussions were needed to consider the financial information reviewed through the DQB and how this could be broadened. JB highlighted that the new sources of financial information were being considered by the DQB including the Private Health Information Network data and best practice tariff.

NB asked how the DQB determines its priorities. JB responded that there was a plan on a page setting out the key objectives to be addressed, alongside issues identified through inquiries and other sources. PK added that the data quality policy also identifies areas for focus.

CYBER SECURITY

KR gave a presentation on how the Trust approaches cyber security. He set out the range of activity to identify, manage and mitigate the Trust's vulnerability to cyber activity. He explained that The Health Informatics Service (THIS) is credited to ISO27001, the national standard, and that there is a range of work associated to maintain compliance with this and other standards.

KR set out the key threats to the Trust including malware emails, and more recently supply chain attacks, and explained the external and internal security arrangements in place. The Committee noted the volume of potential cyber threats that take please each month, including over 240,000 emails which are blocked. He highlighted the risks and in particular the human factors involved.

KR explained that an external review had been undertaken of the Trust's cyber security arrangements which demonstrated that the Trust has all but one control area above the average score for the NHS. This relates to supplier control management and significant progress has been made to ensure that contract management has been strengthened as a result.

PW asked about the external review timescales. KR responded that the external review was an annual one but that internal reviews are done regularly, and there are further reviews in line with the Data Security and Protection Toolkit (DSPT), which identify opportunities for improvement.

NB asked about other suppliers. KR responded that nationally there is a set of standards and criteria for suppliers. NB also asked about resources to respond to and manage the threats. RB explained that there has been significant investment in the team and tools to support this work. Areas to be strengthened include work to protect clinical systems further and recruitment is underway for a Clinical Systems Officer.

PW asked about the risks associated with being part of the wider NHS. KR replied that the communication with the wider network is tightly controlled and there are several fire walls in place.

OUTCOME: The Committee **NOTED** the deep dive information on data quality and cyber security and the progress made in both areas.

50/23 APPROVAL OF STRATEGY AND POLICIES

Risk Management Strategy
RD presented the revised Risk Management Strategy, which had been updated to include the revised information flows, roles, and risk appetite.

NB asked about how the effectiveness of risk management processes are monitored and assurance received. RD replied that there is a dashboard being developed in KP+ which will set out some indicators to demonstrate compliance with the policy. He added that dedicated risk management resource had been put in place and that revised training was being rolled out widely across the Trust. VP added that the Committee assurance on compliance with risk management processes would be through data to demonstrate that risks are being regularly reviewed, risk scores adjusted, new risks being identified, and risks closed.

OUTCOME: The Committee **APPROVED** the Risk Management Strategy.

51/23 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments
The Director of Finance noted that the largest sum related to pharmacy wastage, which is closely monitored, and that there would be a special focus on this at Cash Committee. She highlighted the small increase in loss of personal affects and that there is work to implement measures to reduce these losses. Further information has been sought on the IT losses relating to a flood, however this is not a significant sum.

NB asked about the losses relating to personal affects and requested that further information to be brought back on the actions to mitigate these losses. NB also asked for a previous year comparator to be included in future reports relating to both the number and the value.

ACTION: KA

OUTCOME: The Committee **NOTED** the review of Losses and Special Payments report

2. Waivers of Standing Orders Report

The Director of Finance presented the waivers of standing orders report and highlighted that the contract management systems had supported the reduction in single sources over the threshold. She explained that the single sources below threshold related to GP contracts for contraceptive services which were call off orders and therefore not of concern.

OUTCOME: The Committee **NOTED** the waivers of standing orders.

3. Revisions to Standing Financial Instructions

The Deputy Director of Finance set out the revisions to the Standing Financial Instructions in relation to authorisation of expenditure. She explained that these have been split out into new expenditure and authorisation of transactions within budget. In addition, any reference to Estatecode has been removed and updated with the relevant current terminology. She referenced that there would be an update to the Scheme of Delegation because of these changes to be included on the work plan for October.

ACTION: VP

NB asked a question in relation to asset disposals and the requirements around best value. KA responded that the exceptional nature of agreeing anything other than best value would require committee approval. A typo was also noted in appendix 2 to be amended from £50,000 to £500,000.

ACTION: PR

OUTCOME: Subject to this small amendment, the Committee **APPROVED** the revisions to Standing Financial Instructions.

52/23 INTERNAL AUDIT

1. Review Internal Audit Follow-up Report

LS presented the report and commented on the significant progress made on updating recommendations – 143 (83%) had been completed; 10 were past the original target date, many of which related to policy or strategy approval which has since taken place and only one was overdue. NB commented that it was good to see the positive movement in recommendation compliance.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow-up Report

2. Internal Audit Progress Report

LS explained that the audit plan was on track, with 10% of the audit days being used to date in line with the phasing of the plan. Two reports had been completed relating to vehicle and compliance with an ISO standard, both of which had achieved high assurance. LS noted that key performance indicators were good.

OUTCOME: The Committee **RECEIVED** the Internal Audit Progress Report

3. Limited assurance report

LS explained that there were five internal audit reports not previously seen by the Audit and Risk Committee, but which had been included in the Head of Internal Audit Opinion. One report had received limited assurance in relation to systems and processes for people undergoing invasive procedures. The audit had identified several actions including

updating of the handbook, training, completion of checklists and audit. LS referenced similar audits in other Trusts which had also received limited assurance.
It was agreed that, as many of the actions were due in October, the executive lead for this audit would be invited to attend the next meeting to provide an update on progress.

ACTION: AMc

OUTCOME: The Committee **NOTED** the Limited Assurance Report

4. Internal Audit Monthly Insight Report 2023

The Monthly Insight Reports were provided for information. NB highlighted that there may be areas that the Committee would like to consider and include on future workplans, for example around sustainability reporting.

53/23 BOARD ASSURANCE FRAMEWORK

VP highlighted that, due to timing of meetings, the current Board Assurance Framework had been signed off by the Board of Directors in July, except for new risk 04/23 relating to compliance with national performance standards. NB added that the Board had also asked for the scoring of risks 03/23 Partnership Governance and 10/19 Nurse Staffing to be reviewed ahead of the next meeting in October.

NB asked whether a strategic risk relating to cyber security should be added. It was agreed to consider this particularly in relation to the Trust being a digitally mature organisation and present this for review at the October meeting.

ACTION: RB / VP

OUTCOME: The Committee **RECEIVED** the Board Assurance Framework

54/23 COMPANY SECRETARY BUSINESS

1. Terms of reference

NB confirmed that the terms of reference had been updated to reflect partnership arrangements and working with other committees, alongside other minor changes.

OUTCOME: The Committee **APPROVED** the Terms of Reference

2. Audit Chair Job Description and Role Specification

The job description had been updated to include working with the Quality Committee Chair and responsibilities in relation to leadership.

OUTCOME: The Committee **APPROVED** the Audit Chair job description and role specification

3. Audit and Risk Committee meeting dates

OUTCOME: Subject to an amendment to the July date, the Committee **NOTED** the future meeting dates

4. Work plan

It was noted that some of the dates needed to be adjusted on the work plan, that the date of review of Standing Orders, Standing Financial Instructions and Scheme of Delegation should be moved to 2025, and that a series of deep dive topics should be added.

OUTCOME: The Committee **AGREED** that an updated work plan should be circulated.

55/23 LOCAL COUNTER FRAUD

1. COUNTER FRAUD ANNUAL REPORT 2022/23

SM presented the annual report setting out the Trust's compliance with the 13 standards and progress against these over the last three years. He explained that the Trust is fully compliant with 12 of the requirements. Partial compliance related to embedding the prescribed fraud risk assessment. It was noted that the assessment had been signed off by the Director of Finance and Chair of the Audit and Risk Committee.

OUTCOME: The Committee **RECEIVED** the Counter Fraud Annual Report 2022/23.

2. LOCAL COUNTER FRAUD PROGRESS REPORT

SM reported that work in the first quarter of the year has focused on awareness and referenced issues that are identified across Audit Yorkshire. He referenced that cyber crime has arisen as a risk and there is a range of activity being undertaken in relation to highlighting awareness of cybercrime.

PW asked for clarification on secondary working. SM responded that this is in relation to working for other organisations while at home or on sick leave.

NB asked about the masterclass programme and the outcomes in relation to referrals and reports of fraud. KA confirmed that these are promoted specifically to teams and more generally to the wider organisation, however given that the Trust has a relatively stable workforce, there needs to be consideration of how frequently people should undertake this training, alongside the essential safety training. SM agreed that more information would be included on who has completed this training and who has attended more specific meetings or briefings.

ACTION: SF

OUTCOME: The Committee **RECEIVED** the local Counter Fraud progress report.

56/23 EXTERNAL AUDIT

RL confirmed that KPMG had completed the report, with no change in the final opinion, no significant issues, and a clean audit, in line with the deadline.

OUTCOME: The Committee **NOTED** that the external audit had been completed with no change to the opinion.

57/23 SUMMARY REPORTS

A summary report of work undertaken since April 2023 for the following groups and minutes of these meetings were made available in the review room:

1. Information Governance and Risk Strategy Group
2. Health and Safety Committee
3. Data Quality Board

It was noted that reports from the CQC Group, Compliance Group and Risk Group had not been received and would be requested for the next meeting.

OUTCOME: The Committee **NOTED** the summary reports for the above groups.

58/23 ANY OTHER BUSINESS

There were no other items of business

59/23 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- Work of the data quality board and cyber security and successes achieved.
- Approved the Risk Management Strategy
- Approved the revisions to the Standing Financial Instructions
- Reviewed the BAF and consideration of a risk in relation to cyber security.
- Approved the TORs and Chair's job description.
- Approved the Counter Fraud annual report.
- Process on clinical audit to be reviewed at Audit and Risk Committee
- Progress on internal audit recommendations compliance

60/23 REVIEW OF MEETING

Attendees of the committee commented on the good work demonstrated through the deep dives. It was agreed to build more of these into the work plan. VP suggested that these be mapped against the strategic risks on the Board Assurance Framework. It was noted that the timing of the meeting meant that the agenda would be lighter given the point in the year.

DATE AND TIME OF THE NEXT MEETING

Tuesday 24 October 2023 10.00 – 12.30 pm – MS Teams

The meeting closed at approximately 11:55.

Attendance log 2023/24

	April	June (ARA)	July	Oct	Jan	Total
Member						
Nigel Broadbent (Chair)	x	x	x			
Denise Sterling	x	x	x			
Peter Wilkinson	x	x	x			
Attendee						
Kirsty Archer	x	x	x			
Rob Birkett	x	-	x			
Gary Boothby	-	-	-			
Richard Dalton	x	-	x			
Andrea McCourt	x	x	-			
Victoria Pickles	x	x	x			
Leanne Sobratee (Audit Yorkshire)	x	x	x			
Richard Lee (KPMG)	x	x	x			
Shaun Fleming (Counter Fraud)	x	-	Steven Moss			
Liam Stout (Governor)	-	x	x			

Minutes of the Finance & Performance Committee held on Wednesday 28th June 2023, 10.30am – 12.30pm Via Microsoft Teams

PRESENT

Andy Nelson (AN)	Non-Executive Director (Chair)
Nigel Broadbent (NB)	Non-Executive Director
Kirsty Archer (KA)	Director of Finance

IN ATTENDANCE

Philippa Russell (PR)	Deputy Director of Finance
Andrea McCourt (AM)	Company Secretary
Rochelle Scargill (RS)	PA to Director of Finance (Minutes)
Peter Keogh (PK)	Assistant Director of Performance
Vicky Pickles (VP)	Director of Corporate Affairs
Karen Heaton (KH)	Non-Executive Director
Adam Matthews (AM)	HR Business Partner
Jonathan Hammond (JH)	Chief Operating Officer
Stephen Shepley (SS)	Director of Operations - FSS
Kimberley Scholes (KS)	General Manager Planned Access and Data Quality
Rob Aitchison (RA)	Deputy Chief Executive
Robert Birkett (RB)	Managing Director of THIS
Brian Moore (BM)	Public Elected Governor

APOLOGIES

Gary Boothby (GB)	Director of Finance
Stuart Baron (SB)	Associate Director of Finance
Robert Markless (RM)	Public Elected Governor
Anna Basford (AB)	Director of Transformation and Partnerships

104/23 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

105/23 DECLARATIONS OF INTEREST

106/23 MINUTES OF THE MEETING HELD 30th May 2023

The minutes were approved as an accurate record.

107/23 MATTERS ARISING

108/23 ACTION LOG

The Action Log was reviewed as follows:

096/23 – Finance risks - leave risk description as is for cash flow but add more to narrative. This has been updated. Action complete.

099/23 – New BAF risk 1.23 to be updated to a score of 20 from 16. This risk has been amended and is due to be presented at Trust Board in July. Action complete.

109/23 OUTPATIENT FOLLOW-UPS

The Director of Operations for FSS and General Manager Planned Access and Data Quality gave a presentation on Outpatient Follow-Ups.

There is no external target for Outpatient Follow-Ups however the planning guidance contained a line around reducing the number of overdue follow-ups by 25%. This would be a difficult target to achieve from the current position. Overdue can range from a patient who is one week overdue to two years overdue. There are different workstreams tasked with reducing the number of overdue appointments and an internal target created to reduce the number from 26000 to 21740 by the end of March 2024. Patients on a Referral to Treatment pathway are treated separately from those awaiting outpatient follow-up so the backlog on outpatient follow-ups should not impact waiting times for treatment and our 40-week target.

Pre-covid patients waited up to 12 weeks for an outpatient follow-up. 55% of the current patients waiting have been waiting less than 12 weeks.

The three workstreams to tackle the number of follow ups are

- Admin validation – removal of duplicate/superseded appointments etc. Some extra training around EPR appointment creation has been put in place as a result of this validation work.
- Transformation – implementing new ways of working e.g., PIFU and benchmarking against other trusts.
- Booking process – New patient portal.

There is a need to set a realistic waiting target which can be achieved using existing resource and is considerate of the weariness of existing staff. They need to feel supported. The focus is on changing the mindset of colleagues to create a sustainable plan rather than providing a target that must be met.

Plans are not inclusive of strike action which will have an accumulative impact going forward.

The committee welcomed the update and discussed some points of learning from the work to date. A request from the committee for a 2-3 slide update to be included in the monthly Elective Recovery pack. SS and KS to return in the second half of the year with a progress update against these plans.

FINANCE & PERFORMANCE

110/23 INTEGRATED PERFORMANCE REVIEW (IPR) – MAY 2023

Producing papers in the timescale for this meeting has been difficult this month due to the timing.

The Assistant Director of Performance (PK) gave an update using the new format IPR report.

Key points highlighted:

- Elective recovery is doing well.
- Cancer performance is still strong however we missed the faster diagnosis target in May.
- ED has seen an increase in attendances with over 600 some days. The performance for May was 71.22% against a target of 76%.
- Looking at separate targets for length of stay for admitted and non-admitted patients.
- Acuity of patients continues to have a significant impact and is showing no sign of reducing.
- Community – 3 indicators are measured currently but the team are considering several new ones to include in the IPR moving forward.
- Currently there is further work being carried out around the data for Proportion of Urgent Community Response referrals reached within two hours. A manual audit is being completed to examine the different elements of the 2-hour response and this has identified joint improvement work needed with LCD.
- For the Quality metrics the number of metrics has been increased.
- SHMI - we are slightly above the national position but still within the expected range. We are moving to the national average.
- The has been an improvement in sepsis performance which is now below 100.
- Complaints closed within timescale continues to perform well following matrix working between the corporate team and divisions.
- There is a quality target where 95% of adult patients should receive a malnutrition universal screening tool (MUST) assessment within 24hours of admission and transfer. Following a task and finish group and a change to the policy in place, all assessments will take place before the patient leaves the assessment area from September.
- Workforce - further metrics have been included around training, appraisals and bank and agency spend.

There have been some notable changes in some areas on the summary chart. This is due to them being new metrics and nothing to previously mark them against. Going forward any notable changes will be highlighted as part of the narrative. There was some discussion of the challenges of reducing the Delayed Transfer of Care list which still typically stands at over 100 patients.

The committee **RECEIVED** the Integrated Performance Report for May.

111/23 RECOVERY UPDATE

The Assistant Director of Performance presented the recovery update. This included the usual slides and highlighted the following:

- CHFT is still performing well across WYATT.
- Activity – in terms of elective recovery monitoring against the activity plan

108.6% of plan was delivered in month 2 and 107% of plan YTD.

- Elective recovery position against 2019/20 – 111.2% for planned inpatient against the baseline of 106.5% and 113.9% for outpatient against a baseline of 104.8%.
- RTT 65 weeks – Only one patient has an open pathway of over 65weeks.
- RTT 52 weeks – There are a small number waiting over 52 weeks with a plan to clear these by the end of July 2023. The majority are in ENT.
- RTT 40 weeks are slightly ahead of the planned trajectory. The plan remains to reach zero by January 2024.
- Outpatients New – ASI's. There is no external target and no requirement to report centrally. However, CHFT have set an internal target to reach pre-covid levels. Current ASI's had reduced but increasing again mainly in ENT.
- Outpatients New more than 18 weeks This was previously 22weeks. ENT have 1173 and is worsening which accounts for 65% of ASIs over 18 weeks.

Going forward the recovery actions will include some of the detail mentioned in the earlier deep dive.
Diagnostics – ECHO and Neurophysiology are still a problem. New trajectories are to be created taking into consideration the challenges being experienced by both.

Different ERF funding agreed for West Yorkshire related more to performance. For months 1 and 2 it has been agreed not to reclaim ERF funding due to strike action.

ENT – The service is being supported by Leeds and we have recently recruited an additional locum. KS is working closely with Surgery. ASI issues need to be addressed. A separate group has been created to focus on ENT. CHFT continue to talk through possible solutions with other Trusts who are having the same challenges.

The Committee **RECEIVED** the Recovery Update.

112/23 MONTH 2 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

The Deputy Director of Finance presented the Month 2 Finance Report.

Key points-

- £4.6m deficit position YTD and a £0.39m adverse variance from plan
- Additional bed capacity, slippage in the Length of Stay scheme, doctors strike and higher than expected utility costs key contributors to the deficit.
- Deficit offset by higher than planned vacancy rate and efficiency savings
- Agency spend positive YTD £1.8m lower than planned. Challenging target in future months. Price down and volume down.
- Bank expenditure higher than planned with some at premium rate. Strike action impacted bank spend.
- New overseas recruits passing through the exams is now coming through

- ERF above plan in recovery costs in first two months but ahead of plan in activity. Not expecting an overspend.
- Forecast to deliver planned £20.8m deficit. Risk from latest divisional forecast of a 'likely case' £6.3m gap. Bed capacity pressures and high-risk CIP schemes underpin this case alongside risks of further strike action.
-
- Capital spend £22k in first two months which is £1.2m lower than planned. Slippage on Pharmacy robot and HRI reconfiguration.
- CASH £34.8m in the bank at end of May £3m; higher than planned carried over from last year but this is just phasing and still expect to borrow money near the year end as per the financial plan.
- Aged debt just over £4m which is an improvement on month 12 last year. Nitespharma invoice still a problem. SBS had a problem with the process for invoices which is now resolved, and we should see a reduction in the debt.
- Use of Resources measure is currently at level 3 as per the plan.

The overall system position in the West Yorkshire ICB as at month two is a £14m adverse variance to plan in the year to date, and the forecast variance for the full year is £25m.

We have been flagged as one of 15 ICS's which are under further national and regulatory scrutiny based on their year-to-date position. There are a set of actions to be addressed which have been shared with the executives in the first instance.

There was a discussion around non-recurrent CIP.

The Committee **RECEIVED** the Month 2 financial report.

113/23 TURNAROUND EXECUTIVE

The Deputy Chief Executive gave a quick update with the key messages included in the papers. Compared to other trusts, CHFT has a really strong CIP programme with a high level of detail.
Since several of the schemes are non-recurrent it is expected there will be a challenge again next year. The big risks have been identified around the Length of Stay and ED schemes. Some slippage and mitigation are expected.
There have been some ED consultants recruited over the last few weeks which will help deliver the ED savings target.

The Committee **RECEIVED** the Turnaround Executive update.

114/23 SELF ASSESSMENT

The responses from the annual self-assessment had been collated and shared with the committee, along with any points of note. These will be considered for future committee meetings.

One of the notes refers to future planning and a request that more time is spent on this as part of the workplan. More projecting forward and looking into future challenges and opportunities.

The question that all committee feedback has struggled with is “Can I give two examples of where this committee has made a difference?” A suggestion that towards year end a period of reflection takes place to look back on what has been achieved before moving into a new financial year.

VP will look at the feedback from all the committees to see if there any lessons to be learnt.

Obtaining the papers from the sub-committee meetings is improving but needs on on-going monitoring.

ACTION – to schedule some time at future meetings for future planning. The work plan should be amended accordingly.

The **COMMITTEE** received the self-assessment and agreed more time should be given to future planning.

115/23 BAF RISKS – Possibly under action log

At the last committee meeting the decision was made to close risk 8/19 around the risk of achieving local and national performance targets.

Following a review outside of the meeting it was questioned if this should have been left on the BAF risk register as a strategic risk in relation to current plans and challenges particularly around the ED target, length of stay and transfer of care.

ACTION: A revised strategic risk around performance to be drafted and returned to this committee.

The **COMMITTEE** agreed to have a newly written risk to return to this meeting.

116/23 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Access Delivery Group
- Business Case Approvals Group
- Capital Management Group – A regional workshop has been planned. Feedback at the next meeting.
- CHFT / CHS Joint Liaison
- CHFT / PFI Meeting
- THIS Executive Group
- Urgent and Emergency Care – Nothing received**.**

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

117/23 WORKPLAN – 2023/24

The workplan for 2023/24 has been brought to this meeting for review.

HPS Annual Plan postponed to next month due to the number of items on the agenda this month.

Committee **APPROVED** the work plan for 2023/24.

118/23 ANY OTHER BUSINESS
None.

119/23 MATTERS TO CASCADE TO BOARD inc. ONE CULTURE OF CARE

- Deep dive key points.
- General performance and challenges.
- Financial plans getting external scrutiny.

DATE AND TIME OF NEXT MEETING:
Tuesday 1st August 09:30 – 12:00 MS Teams

Minutes of the Finance & Performance Committee held on Tuesday 1st August 2023, 09.30am – 12noon Via Microsoft Teams

PRESENT

Andy Nelson (AN)	Non-Executive Director (Chair)
Nigel Broadbent (NB)	Non-Executive Director
Kirsty Archer (KA)	Director of Finance
Vicky Pickles (VP)	Director of Corporate Affairs
Karen Heaton (KH)	Non-Executive Director
Anna Basford (AB)	Director of Transformation and Partnerships

IN ATTENDANCE

Philippa Russell (PR)	Deputy Director of Finance
Rochelle Scargill (RLS)	PA to Director of Finance (Minutes)
Peter Keogh (PK)	Assistant Director of Performance
Adam Matthews (AM)	HR Business Partner
Robert Birkett (RB)	Managing Director of THIS
Andrea McCourt (AM)	Company Secretary
Chris Roberts (CR)	Deputy Director of Operations – Medicine
Helen Rees (HR)	Director of Operations – Medicine
Dominic Bryan (DB)	General Manager - Medicine

OBSERVERS

Brian Moore (BM)	Public Elected Governor
Robert Markless (RM)	Public Elected Governor

APOLOGIES

Gary Boothby (GB)	Director of Finance
Stuart Baron (SB)	Associate Director of Finance
Jonathan Hammond (JH)	Chief Operating Officer
Rob Aitchison (RA)	Deputy Chief Executive

120/23 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

121/23 DECLARATIONS OF INTEREST

122/23 MINUTES OF THE MEETING HELD 28th June 2023

The minutes were approved as an accurate record.

123/23 MATTERS ARISING

124/23 ACTION LOG

The Action Log was reviewed as follows:

115/23 – BAF risks – A revised strategic risk has been drafted between VP and JH. To be circulated outside of the meeting.

ACTION: Comments to be sent to VP in preparation for submission to the September board meeting.

114/23 – Self Assessment – The self- assessment highlighted the need for more future planning at this meeting. The committee discussed the items that need to be looked at as part of this.

- what next year's position might look like – This is normally reported in January, but the ICB medium term plan can be shared around September or October. Some of the non-recurrent CIP is expected to create a pressure next year if everything stays the same.
- Performance – More clarity on how achievement or not of our current performance targets, such as the TOC target, affect future performance.
- Transformation – The terms of reference for the Transformation Programme Board (TPB) are being updated to reflect the scope of the transformation work it looks at - it does not solely look at reconfiguration. A broad overview of the benefits over the next three to five years will also be reviewed at TPB.

Looking at all these together would be a useful exercise later this year.

125/23 DIAGNOSTIC DEEP DIVE

The Director of Operations, Deputy Director of Operations and the General Manager of Medicine presented a review of some of the challenging diagnostic services.

RADIOLOGY – The current position is very good with all scan types performing above 99%. MRI performance has improved dramatically after the installation of two new scanners.

ECHOCARDIOGRAM (Echo) – There are currently 974 patients awaiting a transthoracic echocardiogram (TTE) giving a 6-week diagnostic performance of 54%. There was a 5-year plan within Echo to train our own physiologists and accredited staff. Three years into this plan there are 6 trainees in post. This had led to a slight reduction in capacity as the BSE guidance advises trainees require 60 minutes slots to perform the scan as opposed to the 45minutes for accredited staff. The installation of an electronic system to replace the existing paperwork systems led to bookings being placed on hold for two weeks.
There are approximately 200 referrals to TTE per week and a new rota template is to be put in place from w/c 4th September when there will be 210 slots per week to slowly reduce the backlog. WYAAT are unable to provide any support as they are having the same challenges. There are two different options being explored to provide additional resource. Both options would have financial implications and consideration is being given to divert the ERF funding. There are pros and cons to both options. If one of these options is approved, then the trajectory for reducing the backlog would be reviewed to give a more positive position.

Fortunately strikes are not currently affecting this service.

Further discussion took place around Option 1 – enhanced pay – and the requirement to not set a precedent. There will be a time limit on the enhanced

pay, but it may also have an added benefit in that colleagues from WYAAT may do weekend bank shifts to help with recovery.

NEUROPHYSIOLOGY – The service is now back to a position where existing capacity meets demand. Previous challenges were around vacancies and not being able to achieve certain levels of insourcing or outsourcing. There is still a gap with vacancies for a physiologist and a consultant, both of which are planned to be filled later in the year. Performance has increased from 48% to 55% against the six-week diagnostic target. There are currently 369 patients wating longer than six weeks which has reduced from 392 the month before. Once the vacancies are filled this is expected to improve further.
The team are now contacting each patient prior to their appointment to confirm their attendance and to maximise capacity. The trajectory has been updated and the team are now on track to have cleared the backlog by November 2023. This is being monitored on a weekly basis at the departmental performance review meeting.

FINANCE & PERFORMANCE

126/23 INTEGRATED PERFORMANCE REVIEW (IPR) – JUNE 2023

The Assistant Director of Performance (PK) gave an update on performance:

Following a request from the last meeting the performance matrix month on month metrics changes have been highlighted. Some of the indicators have moved but there has not been any dramatic change. At the last meeting, there was a presentation on outpatient follow-ups and the work that has been in put in place in that area which has reduced the backlog by 4500 and further reductions are expected.
There is still a strong performance against cancer targets however, the faster diagnosis target was missed in June. The nationally challenged pathways are reflected at CHFT in Upper and Lower GI and Urology; however, a pathway navigator was recruited to post in June, so improvement is expected.
ED performance in June was 72% with the average daily attendances resembling more winter numbers at 502. CHFT is still performing within the top 10 acute trusts nationally for type 1 activity.
Several additional metrics for Community are currently under consideration for inclusion in the next IPR. The two-hour target for community response referrals has been audited and performance is better than it appears, but further work is required with Local Care Direct whose triage process takes up a large part of the two hours.
The Summary Hospital level Mortality Indicator (SHMI) is showing a consistent improvement with the current 12 month rolling figure standing at 101.01 and the most recent figure for March 2023 at 95.41. Work on more detailed coding around sepsis has meant a significant improvement in performance.
Complaints continue to perform well though is still slightly below target.
The target of 95% of adult patients to receive a **MUST** assessment within 24 hours of admission/transfer to the ward is a particularly difficult challenge for the Trust. Policies and a task and finish group are in place, but a key piece of work is the request for stop moments before any patient is transferred off the

assessment units to ensure that all assessments have been completed and that work is ongoing to reconfigure the admission workflow on EPR to support documentation and the nursing process during admission. This is expected to Go Live in with September and engagement work with teams has started in preparation.

Learning disabilities has been reintroduced to the IPR and highlights the differences in performance in comparison to the trust figures. More metrics will be included next month.

Bank spend is above target due to a reliance to cover unplanned unavailability and to support recovery.

The committee asked PK to consider adding a bullet point where appropriate against each metric stating we are aiming for " **% by ****** date". i.e. showing how much improvement is expected by when.

PK asked to find out if any investigation work has been carried out as to why the number of attendances at ED is so high. It was noted that the rate of admittance to beds is not increasing.

The did not attend (DNA) target was highlighted as a challenge. The target is 3% but is currently at 12%. Kim Scholes is leading some work to try and understand why people DNA. This has involved calling the patients for feedback using some of the volunteers. The Trust has been awarded some funding for a new patient portal which is more user friendly and is expected to be in operation by November.

The staff turnover target has been set at 11% for the last few years but we have been significantly below this for a couple of years. The committee asked that this considered for reduction to match more closely current performance.

Bank and agency spend is above target and a deep dive on this is due to go to TE next week. Strikes and surge capacity are driving this.

There is a plan to review and refresh the IPR if required in October.

The committee **RECEIVED** the Integrated Performance Report for June.

127/23 RECOVERY UPDATE

The Assistant Director of Performance presented the recovery update. This included the usual slides and highlighted the following:

- CHFT is still performing well across WYATT.
- There are now 24 patients who have been waiting for 52 weeks or more.
- Activity is down slightly in comparison to April and May which had a very positive performance. But there is nothing of concern. This is being monitored at the Access Delivery Group.

- Performance against the 2019/20 baseline is included for comparison though not a measure that is being monitored this year.
- Patients waiting 65 weeks is now at 2 and 4 more in the 63-64 week category.
-
- Patients waiting over 40 weeks is currently below trajectory but ENT has the bigger numbers which a task and finish group are looking at. Access Delivery Group monitors this work.
- Outpatients – New ASI's over 18 weeks. ASI's the plan is to reduce to 18 weeks from the current 22 weeks. Almost half of these are in ENT.

Work is ongoing to reduce the number of people waiting for follow up appointments. Initiatives such as PIFU have been put in place and CHFT is one of the Trusts selected nationally to see if we can go "further faster". Guidance has been issued around what good looks like and we do benchmark well.
ACTION: PK to add a page covering initiatives such as PIFU.

Consultant strikes are expected to impact activity.

There is an expected update on the actions being taken around ENT next month.

The Committee **RECEIVED** the Recovery Update.

128/23 MONTH 3 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

The Deputy Director of Finance presented the Month 3 Finance Report.

Key points –
Year to date we are reporting a £7.1m deficit which is 0.98m adverse variance from plan. Key drivers of the variance include higher than planned bed capacity/length of stay, strikes and non-pay inflationary pressures.
CIP is slightly ahead on plan but some of the schemes are non-recurrent.
Agency spend is higher than planned but below the ceiling at around £80k year to date and bank costs are also higher than planned. Several CIP schemes are linked to bank and agency spend which is linked in turn to bed capacity.
Officially reporting the achievement of the planned £20.8m deficit in the forecast.

The ICB is still forecasting a £25m adverse variance which reflects the additional system risk that they were required to plan for. This translates as a £6.4m adverse variance for Calderdale and Kirklees Places. The ICB as a whole will be expected to find the £25m which could impact CHFT.

Capital – Year to date only 180k has been spent against plan of £4.8m. There have been delays on the pharmacy robot, CDC and reconfiguration project costs. There is a timing issue with the renewal of some leases. Due to additional funding that we have been awarded for the Halifax CDC, the forecast for capital spend is now £40.9m.
The Cash position is better than expected with £18m more in the bank which is also as a result of the funding for the Halifax CDC and the unconsolidated pay award going through month 3 as well as the pay arrears for 2023/24.

Aged debt – If the Nitespharma debt was not included then we are on target with £3m of aged debt. HPS and THIS aged debt has reduced slightly except for Nitespharma. We are trying to mitigate this by clearing debt in other areas.
There has been no requirement to borrow at this point and we are at 95.4% against the better payment practice code target.
The use of resources metric is at level 3 as planned, with just the year date variance being off plan.

NHSE required all organisations to complete a control checklist which looked at elements of Finance and Workforce particularly around the governance. The first requirements have been reported back at the ICS forum after being RAG rated. All the CHFT returns had been rated as green as all the correct controls are in place. A summary will be shared at a future meeting once all the returns have been reported back by the ICB.

FORECAST SCENARIOS

The forecast scenarios now have to be submitted to the ICB on a monthly basis showing our Best, Mid and Worst-case scenarios. We are currently assuming that the Mid case point is our likely case. The categories shown on the paper are specified by the ICB. The impact of industrial action costs only take account of strikes up to July.

Possible mitigations include:
Educations and Training income
Depreciation
PDC Dividend
Vacancies / further reduction in Agency spend.

Even with the mitigations there is a challenge of £7m which is a significant risk and due, in part to events beyond our control such as system action around length of stay.

The mid or likely case for all organisations across the West Yorkshire ICB is £93.7m adverse variance from plan. The in-year challenge is more provider based.
Where the biggest risks to our CIP are highlighted, they are progressing through the CIP governance processes with escalation if there is a problem with the delivery of the forecast. The first one of these escalations took place with length of stay and the next scheme to go through the escalation process is the ED one. There is a second program of reviews in place around budget holder accountability which are also escalated through TE. Thresholds are monitored and go into an escalation process. The medicine division are the first to go through this process. The discussion was split into two halves of overspend on wards and medical staffing and other issues.

The Committee **RECEIVED** the Month 2 financial report.

129/23 TURNAROUND EXECUTIVE

A number of points have been raised earlier in the meeting notably that the escalations processes are now being enacted for some high-risk CIP schemes and involving the Chief Executive.
There is still a £1.8m gap in the current program which has yet to be filled alongside £9.1m of high-risk schemes.
The ideal would be to create replacement recurrent schemes rather than non-recurrent mitigations.

The Committee **RECEIVED** the Turnaround Executive update

130/23 HPS ANNUAL REPORT

There had been a reduction in contribution year on year following changes to the business. This year a contribution target was set based on the last year's performance and so far HPS are surpassing that target.
Looking forward there is a focus to develop some core areas of the business and we are currently exploring the possibility of funding from NHSE for capital investment subject to a business case demonstrating the required return on investment.
NB is no longer a member of the HPS board since April. The commercial strategy was presented to this committee earlier this year which had an emphasis on business-as-usual growth. Wholesaling has now ended but the plan is to grow the clinical trials and product licensing sides of the business.

The Committee **RECEIVED** the HPS Annual Report

131/23 F&P ANNUAL REVIEW

This report will go the September board.
There is an error on the attendance list, which shows RM as blank, but apologies were received. RLS has updated the attendance list.
To be consistent with other committees the governors are to be listed as observers rather than attendees.

The Committee **NOTED** the Annual Review.

132/23 DRAFT MINUTES FROM SUB-COMMITTEES
The following minutes and summaries thereof were received by the Committee:

- Access Delivery Group
- Business Case Approvals Group -
  Are business cases reviewed to see if there is any potential for mitigation. Need to consider splitting the cases into internally and externally funded. Look at which ones would provide a bottom-line benefit.

The conversation is still ongoing around the replacement for Datix. The case did not articulate the benefits and was not clear on the time of implementation. The two parties who would use the new system need to work together on the business case.

- Capital Management Group –
  Underspent in plan. This follows the same pattern each year. It would be useful if operational colleagues could bring some of the capital plans towards the beginning of the year.
- CHFT / CHS Joint Liaison
- HPS Board
- THIS Executive Group
- Urgent and Emergency Care.

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

133/23 WORKPLAN – 2023/24

The workplan for 2023/24 has been brought to this meeting for review.
ICB midterm update to be added to the workplan.
Next deep dive on stroke and neck of femur.
JH and AN to speak to around deep dives for 2nd half of year.
Changes to the CHFT / CHS meeting schedule now bi-monthly so workplan updated accordingly.

Committee **APPROVED** the work plan for 2023/24.

134/23 ANY OTHER BUSINESS
Next meeting NB possibly chairing as AN will be travelling.

BM apologies for the next meeting as on leave.

135/23 MATTERS TO CASCADE TO BOARD inc. ONE CULTURE OF CARE

- Deep dive on Diagnostics
- Operational Performance and recovery a strong story.
- Finance - highlight risk around forecast and current likely case.

DATE AND TIME OF NEXT MEETING:
Wednesday 30th August 09:30 – 12:00 MS Teams

Minutes of the Charitable Funds Committee meeting held on Wednesday 10 May 2023, 11.00 – 12.30pm via Microsoft Teams

Present

Helen Hirst (HH)	Chair
David Birkenhead (DB)	Medical Director
Nigel Broadbent (NB)	Non-Executive Director
Lindsay Rudge (LR)	Chief Nurse

In attendance

Vicky Pickles (VP)	Director of Corporate Affairs (Minutes)
Emma Kovaleski (EK)	Charity Manager
Zoe Quarmby (ZQ)	Asst Director of Finance – Financial Control
Carol Harrison (CH)	Charitable Funds Manager

13/23 **Welcome and apologies for absence**

The Chair welcomed everyone to the meeting. Apologies were received from Kirsty Archer and Adele Roach.

14/23 **Declarations of interest and independence**

All present declared their independence and there were no declarations of interest.

15/23 **Minutes of the meeting held on 10 May 2023**

Outcome: The Committee **APPROVED** the minutes of the last meeting.

16/23 **Action log and matters arising**

The following items from the action log were discussed:

- 15.02.23 – 6 Steering Group: Awaiting names to finalise the Steering Group invitations.
- 15.02.23 – 10 Hospital Radio: The original request had been rejected. This action was therefore closed. Further discussions would take place with Hospital Radio colleagues about any future support. This action was closed.
- 10.05.23 – 3 Bereavement support service: CH confirmed that the approval had been set up for a further six months to March 24. This action was closed.
- 10.05.23 – 4 Terms of reference: these had been included with the papers for the meeting. This action was closed.

17/23 **Terms of reference**

VP highlighted that, subject to the terms of reference being approved, the Chief Operating Officer would be invited to join the Committee. It was agreed to amend the reference to Operational sub group to Steering Group. The Steering Group terms of reference would be updated to reflect the equality network groups.

ACTION: VP / EK

Outcome: Subject to these amendments, the Committee **APPROVED** the terms of reference.

18/23 **Charity Manager's Report**

EK presented the report and highlighted the overview against the action plan which demonstrated progress against the brand identity, fundraising, grant operations and collaboration during quarter one. She explained that quarter two will look at diversifying income, donor acquisition and continuing internal and external collaboration.

EK highlighted the proposed brand refreshed and that this had been developed using a consultative approach with internal and external stakeholders. The new brand provides an opportunity to reset post covid and uses 'amazing' and 'positivity' as the key hooks.

EK referred to the draft Strategy which sets the goals and purpose of the Charity EK pointed out that the brand is more than a logo and is part of a whole new approach to the management and impact of the Charity that will also demonstrate case studies as to how the Charity has impacted on improvements in patient care and cost efficiencies. She referenced the new kit funded by the Charity in the MRI department at Calderdale providing distraction which had resulted in a general anaesthetic not being required for 27 patients.

It was noted that the Strategy will support conversations with community partners going forward.

VP reinforced the message that the brand provided an opportunity to reset the Charity and its purpose moving forward. LR added that she liked the simplicity of the message of the brand and that it sets the context for the Charity.

HH asked a question about the implementation of the branding and the need to ensure that there is not waste of existing branded information. VP responded that the Trust does not carry significant levels of stock and there is a plan to implement from January which means that there is six months to phase out the new brand. EK there is an implementation plan that considers all the resources that will be phased out and that focuses on internal and external communication.

ACTION: EK

The Committee discussed the draft Strategy. HH asked about the read across to the Trust strategy in relation to the four pillars. EK responded that it was purposefully different to the Trust Strategy but that we would include reference to the Charity's position within the Trust. She explained that a feasibility study had been commissioned from Gifted Philanthropy as part of the development grant from NHS Charities Together which would also provide feedback on and input to the Strategy.

Other comments included:

- Rewording in relation to being lucky to have the NHS.
- Review of wording relating to going above and beyond and comment about others within the organisation
- Ensuring the imagery and photography is representative of the Trust and its communities.
- Clarity on four or five priorities.

Overall, the Committee were supportive of the Strategy and liked its clarity and purpose.

EK provided an overview of the fundraising activity during the previous quarter including the Big Walk which had doubled in participants over the previous year and commented that there had been a good start to the year. She also set out the planned events over

the remainder of the year. HH recognised the importance of these events for profile raising and the inclusive nature for colleagues.

EK highlighted the work to formalise the new governance arrangements and that a new suite of documents, guides and forms will be launched. She added that budget is monitored as to where donations are coming from to learn from and focus future efforts, for example in memoriam giving is one of the biggest sources of funding and there will be a legacy campaign later in the month. Further work is required to develop impact reporting.

It was noted that the Charity works well with NHS Charities Together, which is supporting NHS Charities with support and development. EK reported that, along with VP, she would be presenting at the Leadership Conference on 28 September on collaboration in smaller charities. EK pointed out that a stage three grant had been received for a wellbeing garden at Huddersfield Royal Infirmary and that this was progressing. A further green space grant was being sought for the spaces at Calderdale Royal Hospital.

NB asked about grant funding in NHS Charities together and their monitoring of grants. EK confirmed that they ask for updates and evidence against the allocated funding but are also helpful in terms of repurposing grants and supporting the Trust to spend the money.

OUTCOME: The Committee **RECEIVED** the report and **APPROVED** the proposed brand. The Committee **COMMENTED** on the Strategy and noted that it would come to the November meeting prior to presentation to the Board.

19/23 **Finance Report**

CH presented the finance report which showed £50k received in donations and that there had been an investment gain. She highlighted that the overall movement is a decrease of £30,774, which is positive as it demonstrates that the funds are being used.

Discussion took place on the outstanding commitments report which showed the commitments made, when these had been approved and whether these had been spent. NB asked what happens when there is no movement in a fund after an approval has been made. CH confirmed that these are all followed up and if there is no response after contact has been made three times, the funds are repurposed.

HH suggested that approvals included a timeline for approval. CH explained that the new guidance has a time limit around the spend of 12 months. EK commented that new grants arrangements will be more of a managed process with clear monitoring and approval. HH commented that in future reports running costs and salary costs should be pulled out separately.

ACTION: CH

NB highlighted the need to take a longer-term view of the financial plan. EK responded that this would be picked up as part of the development work commissioned for the Charity as referenced in the Charity Manager's report.

VP raised the issue of inactive funds. CH responded that she used to do an inactive fund review every two years, but that EK had now picked this up in conversation with individual fund advisors. CH highlighted the need to consider what is an active fund. HH commented that there is a need to ensure that funds are being spent appropriately and are working for the Trust.

LR commented on the funds and the need to look at a more strategic view across the Trust and develop spend plans so that there is greater equity across specialties. CH responded that the new scheme of delegation and approvals process should help in managing this. EK suggested that the next report include an example spending plan.

ACTION: EK

LR asked a question about the ethics of the investments. NB commented that it is for the Committee to set the ethical investment approach and ensure that the reports reflect this strategy. ZQ responded that there had been a decision by the Committee to invest in the ethical fund, recognising that this gave a lower return. The Committee agreed that it wished to continue with the investment in the ethical fund.

OUTCOME: The Committee **NOTED** the finance report and **APPROVED** continued investment in the ethical fund.

20/23 **Minutes of the staff lottery committee held on 13th June 2023**

The Committee **NOTED** the minutes.

21/23 **Any other business**

There were no other items of business.

Date and time of the next meeting

Wednesday 1 November 2023 at 11am via Microsoft Teams

Attendance Log 2023/24

	10 May	9 August	1 Nov	Feb	Total
Member					
Helen Hirst (chair)	✔	✔			/4
Nigel Broadbent	✔	✔			/4
Kirsty Archer	✔	x			/4
Gary Boothby	-	-			/4
David Birkenhead	x	✔			/4
Lindsay Rudge	x	✔			/4
Adele Roach	✔	x			/4
Jo Kitchen	x	x			/4
Attendance					
Carol Harrison	✔	✔			/4
Emma Kovaleski	✔	✔			/4
Victoria Pickles	✔	✔			/4
Zoe Quarmby	✔	✔			/4

15. INFORMATION TO RECEIVE

1. Highlight Report from Audit and Risk Committee
2. Highlight Report from Workforce Committee

For Information

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT

Committee Name:	Audit and Risk Committee (ARC)
Committee Chair:	Nigel Broadbent, Non-Executive Director
Date(s) of meeting:	25 July 2023
Date of Board meeting this report is to be presented:	7 September 2023

ACKNOWLEDGE

- The Committee noted the good progress which has been made in terms of the implementation of recommendations from internal audit reports. 83% of all recommendations (143 in total) over the last 12 months have been completed, a further 9 recommendations have revised target dates (many of which have now been completed) and only one recommendation was overdue.
- The Committee also thanked colleagues for the successes highlighted during the Committee's deep dives into data quality and cyber security.

ASSURE

- The Committee undertook a deep dive into the work of the Data Quality Board. Improvements were noted on the number of patients admitted under the incorrect consultants, the review of the IPR, the data supporting elective recovery and work on health inequalities. Future plans included improvements to the data around timely discharges and A&E spine synchronisation.
- The Committee also undertook a deep dive into the Trust's cyber security arrangements and received a presentation on the monitoring, responses and management of cyber attacks in order to protect the Trust's against these threats. ARC also received assurance from an external review undertaken of our arrangements which assessed our arrangements as being above average in all areas except one on supplier management. Improved arrangements have been implemented since the review was undertaken. Assurance was also gained from the ISO27001 accreditation and the DSPT toolkit.
- The Committee approved the updated risk management strategy for recommendation to the Trust board which clarifies the current roles and responsibilities around risk management and documents the processes in place. ARC was also assured of the training and awareness raising in place around the updated strategy.
- The updated Standing Financial Instructions were approved by the Committee which incorporate and clarify the authorisation limits for expenditure and disposal of assets. There will need to be a read across to the Scheme of Delegation to understand whether any revisions are required

to this and it was agreed that any revisions to the Scheme of Delegation would be brought to the October meeting.

- Internal Audit have completed two reports in the 2023/24 audit plan in relation to vehicle safety and ISO standards in health informatics which have high assurance. Five reports were also highlighted which had been taken into account in the Head of Internal Audit's opinion on the Trust's financial statements. Only one of these reports had limited assurance and this was in relation to the national and local standards on invasive procedures. Although actions have been agreed in response to the recommendations it was agreed that the executive lead for this area would be invited to the October meeting of ARC to provide an update on progress.
- The Committee received a progress report on counter fraud and also the annual report on local counter fraud for 2022/23. It was agreed that the next counter fraud progress report would provide an update on the number of colleagues attending the masterclass awareness programme and specific training around counter fraud.

AWARE

- The Committee approved the losses and special payments and waivers of standing orders for quarter one of the financial year. An update was requested to the next meeting on further work being done to review the processes for reducing the number of losses of patients' personal effects.
- The Board Assurance Framework (BAF) had previously been agreed by the Trust Board at its July meeting but was reviewed by ARC. As previously discussed, the scoring of the risks on nursing staffing and partnership arrangements would be reviewed prior to the update in October but the Chair also asked for the addition of a risk around cyber security to be considered, particularly due to the digital maturity of the organisation.
- The Committee approved the updated terms of reference to reflect changes in partnership arrangements and closer working with other committees, and to the Chair of Audit and Risk Committee job description and personal specification.
- It was agreed that the opportunity to undertake further deep dives would be considered and a mapping exercise of the strategic risks on the BAF be carried out to help identify these.

ONE CULTURE OF CARE

- The Committee thanked colleagues in relation to successes on the deep dives.

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	**Workforce and OD Committee**
Committee Chair:	Karen Heaton.
Date(s) of meeting:	23 August 2023
Date of Board meeting this report is to be presented:	7 September 2023

ACKNOWLEDGE

The following points are to be noted by the Board following the meeting of the Committee on 23 August 2023 where the strategic theme was Talent Management.

- The Committee received a presentation on progress against the Recruitment Strategy and noted that international recruitment is expanding to cover more staff groups, recruitment event calendar agreed with key partners and there are four Trustwide events arranged for 2023/24. A "Positive Futures" workshop has been designed and delivered to local students on health- related pathways. This offer has been extended to internal CHFT colleagues.
- The delivery of the Apprenticeship Strategy (grow our own talent) continues to strengthen with 302 apprentices. The trust utilises over 80% of its apprenticeship levy.
- Development for All demonstrated the positive growth in our learning offering and increased usage of "Management Fundamentals." The latter will be analysed to inform the need for additional targeted areas of learning.
- IPR- a revised format was presented to the Committee. Concerns remain over the level of sickness absence particularly at this time of year. Industrial action is impacting on agency and bank spend and turnover has reduced to just under 8%.
- The Quarterly Vacancy data was presented, and it was noted that the turnover rate had decreased. However, the challenge still remains to move closer to the overall planned level of 349.62FTE against an actual of 479 FTE.

ASSURE

- The Committee received an analysis of the Trusts People Strategy against the NHS Long Term Workforce Plan. There is still some more detailed work required at a national level and funding at a national level will need to be provided. Whilst the plan covers a 15-year span there are not yet identified milestones for review. The plan covers key areas – Train, Retain, Reform. The Trust has re-evaluated its plans and strengthened these against the national strategy.
- The Committee received Trust data on the gender pay gap for March 2023 which will be submitted in March 2024. Actions required will form part of the Trust's Equality, Diversity, and Inclusion action plan.
- The Board Assurance Framework covering Colleague Engagement was discussed and it was noted and supported by the Committee that the score remains unchanged. The reports on WRES and WDES were presented with the Committee expressing concerns over the numbers of staff alleging bullying and harassment against the public and staff colleagues. The areas identified for action were agreed.
- Minutes were received from the Education Committee and the Inclusion Group.

AWARE

- The Committee will continue to keep a close watch on the number of colleagues taking up Fire Safety Training
- The Trust's People Strategy has been adjusted to take on board the focus of the NHS Long Term Workforce Plan which will continue to require Partnership working.

ONE CULTURE OF CARE

- One Culture of Care considered as part of the workforce reports and in discussions.

16. Any Other Business

17. DATE AND TIME OF NEXT MEETING:

Date: Thursday 25 January 2024

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

Venue: Large Training Room, Learning Centre, CRH

To Note

Presented by Helen Hirst