Council of Governors

Schedule Thursday 25 April 2024, 14:00 — 16:00 BST

Venue Forum Rooms 1A/1B, Sub-Basement, Learning Centre, Huddersfield Royal Infirmary

Organiser Amber Fox

Agenda

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Vanessa Perrott
Vanessa Henderson, Membership and Engagement Manager
Lis Street, Clinical Director for Pharmacy
To Note - Presented by Helen Hirst

14:01 2. Apologies for absence: 2
Isaac Dziya
Kate Wileman
Liam Stout
Jo Kitchen
Tim Busby
Peter Wilkinson
To Note - Presented by Helen Hirst

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b. Lead Governor and Deputy Lead Governor Process
c. Committee Chair arrangements and allocations – Governor Observer Vacancies
d. Review Attendance Register for Council of Governors – Annual Report and Accounts
e. Register of Council of Governors
f. Council of Governors Register of Interests
g. Nominations and Remuneration Committee (CoG) Terms of Reference
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THANK YOU LUNCH FOR ALL COUNCIL OF GOVERNORS (INSTEAD OF PRIVATE MEETING)
Time: 1:00 – 1:45 pm
Venue: Boardroom, Learning Centre, Huddersfield Royal Infirmary

Council of Governors Meeting
Date: Thursday 17 July 2024
Time: 2:00 – 4:00 pm
Venue: Boardroom, Learning Centre, Huddersfield Royal Infirmary

Annual Members Meeting (AMM)
Date: Thursday 17 July 2024
Time: 5:00 – 6:30 pm
Venue: Rooms 3 & 4, Acre Mills Outpatients
To Note - Presented by Helen Hirst

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1. Welcome and Introductions:

Jo Wass, Non-Executive Director

Vanessa Perrott

Vanessa Henderson, Membership and Engagement Manager

Lis Street, Clinical Director for Pharmacy

To Note

Presented by Helen Hirst

2. Apologies for absence:

Isaac Dziya

Kate Wileman

Liam Stout

Jo Kitchen

Tim Busby

Peter Wilkinson

To Note

Presented by Helen Hirst

3. Declaration of Interests

To Note

4. Minutes of the last meetings held on 25 January 2024 and 6 March 2024

To Approve

Presented by Helen Hirst

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON THURSDAY 25 JANUARY 2024 IN THE LARGE TRAINING ROOM, LEARNING CENTRE, CALDERDALE ROYAL HOSPITAL

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PRESENT:	
Helen Hirst	Chair
PUBLIC ELECTED GOVERNORS	
Brian Moore	Public Elected – Lindley and the Valleys (Lead Governor)
Gina Choy	Public Elected - Calder and Ryburn Valleys
Robert Markless	Public Elected – Huddersfield Central
Christine Mills	Public Elected – Huddersfield Central
Tony Wilkinson	Public Elected – North and Central Halifax
Lorraine Wolfenden	Public Elected – Skircoat and Lower Calder Valley
Kate Wileman	Public Elected – North and Central Halifax
STAFF GOVERNORS	
Emma Karim	Staff Elected – Nurses/Midwives
Liam Stout	Staff Elected – Nurses/Midwives
APPOINTED GOVERNORS	
Cllr Joshua Fenton-Glynn	Calderdale Metropolitan Council
Cllr Jo Lawson	Kirklees Metropolitan Council
IN ATTENDANCE:	
Denise Sterling (DS)	Non-Executive Director
Anna Basford	Deputy Chief Executive / Director of Transformation and Partnerships
Andrea McCourt	Company Secretary
Victoria Pickles	Director of Corporate Affairs
Gary Boothby	Director of Finance
Lindsay Rudge	Chief Nurse
Catherine Briggs	Senior Nurse Corporate Nursing
Renee Comerford	Associate Director of Nursing for Resilience, Acute Flow and Transformation (RAFT)
Amber Fox	Corporate Governance Manager
OBSERVERS	
Keith Hatzer	Outpatient Receptionist (Shadowing the Chief Nurse)

01/24 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and introductions were made.

02/24 APOLOGIES FOR ABSENCE

Jo Kitchen, Staff Elected, Ancillary
Peter Wilkinson, Non-Executive Director
Brendan Brown, Chief Executive
Nigel Broadbent, Non-Executive Director
Pam Robinson, Public Elected Governor, Lindley and the Valleys

Andy Nelson, Non-Executive Director
Dr Sara Eastburn, University of Huddersfield
Julie Williams, South West Yorkshire NHS Partnership Foundation Trust
Tim Busby, Non-Executive Director
Abdirahman Duaale, Calderdale and Huddersfield Solutions Ltd.
Peter Bamber, Public Elected, Calder and Ryburn Valleys
John Richardson, Public Elected, South Huddersfield
Diane Cothey, Public Elected, Skircoat and Lower Calder Valley

The Chair noted there were several apologies of Non-Executive Directors due to a number of conflicting commitments; however, it was confirmed the meeting was quorate.

03/24 DECLARATIONS OF INTEREST

The Chair reminded governors to declare anything over and above items already declared and explained the declaration of interest form was shared for governors to complete.

04/24 MINUTES OF THE LAST MEETING HELD ON 19 OCTOBER 2023

The minutes of the previous meeting were approved as a correct record subject to updating the public constituency for Robert Markless to Huddersfield Central.

OUTCOME: The minutes of the previous meeting held on 19 October 2023 were **APPROVED** as a correct record subject to the amendment above.

05/24 ACTION LOG AND MATTERS ARISING

There was one action on the action log which was closed.

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

06/24 Quality and Length of Stay Presentation

The previous presentation circulated was the incorrect version and the presentation shared at the meeting was to be circulated to Governors after the meeting.

Renee Comerford, Associate Director of Nursing for Resilience, Acute Flow and Transformation shared a presentation focused on quality, length of stay and patient experience. Gina Choy suggested this item was brought to the Council of Governors meeting following hearing the presentation at Quality Committee and highlighted it was positive that the patient was at the centre of this.

The presentation shared a few patient stories and covered the following:

- Why reducing length of stay is important for patient experience, impact and outcomes.
- The impact of longer length of stay.
- The importance of starting to plan for discharge from admission.
- Social care delays can be avoided with better early planning.
- A quote from the Emergency Medical Journal 2022 on the mortality risk for patients with a delay in being admitted from the Emergency Department (ED) was shared, which stated one extra death occurs for every 82 patients who are delayed for more than 6 to 8 hours.
- Top 4 Emergency Department (ED) admission diagnosis with 30-day mortality were: sepsis/infection, pressure ulcers, injuries and kidney injury / failure.

- The Four Must Do's are Board Rounds, Plan for Every Patient, Estimated Date of Discharge (EDD) and Coordinator Role Encompassing Multi-Disciplinary Team (MDT) Approach.

A 5-minute video on the Well Organised Ward was embedded in the presentation and will be circulated for governors to view.

Cllr Josh Fenton-Glynn asked if the Trust have a grip on the most common reasons for delayed discharges and asked what these were. Renee responded a significant amount of work on failed discharges has taken place at the Length of Stay Quality Group and the main reason is not planning early enough, such as ensuring take home medications were ready, part of the Well Organised Ward (WOW) work. The Chief Nurse pointed out that patients cannot be transferred at the weekend (transfers of care) which can cause delays over the weekend and Renee added that care home patients need to be at the home by a certain time and the importance of working together as a system.

Cllr Jo Lawson stated she was pleased to see deconditioning being recognised at the Trust and Renee responded they are aiming to develop a digital tool to identify deconditioning, which had been a focus area but halted by Covid.

Tony Wilkinson asked who was responsible for taking decisions at ward rounds to progress patient onto social care if there were differing views on patient care and Renee responded it was a whole MDT approach looking at different options i.e., rehabilitation, reablement at home with a collective decision made including the patient in the decision making process.

Lorraine Wolfenden asked if the Trust continue to measure patients' experience of care. Renee confirmed this was done with patient consent.

Brian Moore asked if every patient aged 75 and above are assessed in the Emergency Department by a frailty nurse. Renee responded frailty is not age defined and the team look at patient history.

OUTCOME: The Council of Governors **NOTED** the Quality and Length of Stay Presentation.

07/24 Presentation on 2023/24 Quality Account Priorities

The Chief Nurse provided an update on the quality account priorities which focus on the following metrics:

- Alternatives to Hospital Admission – Number of referrals into the Frailty Service
- Percentage of episodes scoring NEWS of 5 or more going on to score higher
- Percentage of adult patients that receive a MUST assessment within 24 hours of admission/transfer to the ward.

The Chief Nurse explained the Trust are falling slightly short on the MUST score within 24 hours target, currently at 81% against a target of 95% and varies across wards, and this was a significant improvement on the start of the year.

Catherine Briggs was invited to share an update on the Care of the Acutely Ill Patient quality account priority. The key points to note were:

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- Focus on patients with a NEWS (deterioration) score of 5 or more and going on to score higher to look at what actions need to take place
- Score given for each measure which provides an indication how unwell patient is.
- Score for November was 34.4% against a target of 30% (31.5% in December).
- Deteriorating Patient Collaborative focus on improving clinical outcomes for patients that deteriorate.
- Looking to identify through the collaborative what a deteriorating patient is – there is no definition by linking with partner organisations and national advisor for deteriorating patients.
- Focused work on two wards at HRI to complete observations on time had led to a 10% improvement - continued working with Divisional leads to roll this out.
- CQUIN 7 for the deteriorating patient (recording of and response to NEWS" score for unplanned critical care admissions), 45.1% compliant against target of 30%, with analysis themes and trends.
- Review of the core work of the critical care outreach and hospital at night team support deteriorating patient in a 24 hour period (critical care outreach team respond to patients scoring 7 of above and hospital at night team will respond to a score of 3 during the night or 5 and above).
- Working Together to Get Results approach to review both teams.
- Developing an acute response team of expert nurses who recognise early deterioration of patients go live from 1st April 2024 – experienced nurses recruited.
- Providing education and supporting the ward staff to identify early recognition.
- Working with Louise Croxall, Chief Nurse Information Officer (CNIO) to identify acute kidney injury early.
- Developing a Business Intelligence dashboard to ensure information is easily available.
- Rapid review of all patients who have a cardiac arrest – looking at the last 48 hours of care scores on NEWS to understand if this could have been prevented.

OUTCOME: The Council of Governors **NOTED** the update on the 2023/24 quality account priorities.

08/24 Proposals for Quality Account Priorities 2024/25

The Chief Nurse informed governors they will receive a selection of suggested quality account priorities in the coming weeks and will be asked to select their preferences.

The suggested quality account priorities will include some data and intelligence as to why these have been selected.

The Chief Nurse suggested there was benefit in continuing with the care of the acutely ill patient quality account priority to make sure it delivers the objectives for patient outcomes and mortality.

The Chief Nurse explained there is a national requirement to introduce Martha's law (right to a second opinion) and this would be included as a suggested quality account priority.

The Chief Nurse also advise that

- performance against people attending ED that are septic would be a proposed indicator as currently only half of patients receive antibiotic treatment within 60 minutes and there was a need to focus on this critical point when these patients come into ED as the impact on mortality is significant. Work with the Yorkshire Ambulance Service (YAS) to

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develop a different approach i.e. alerting before arrival or administering antibiotics in the ambulance etc. was also ongoing.

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- Other suggestions included improving dementia screening, end of life care and the Patient Safety Incident Response Framework (PSIRF).

The Chief Nurse advised that those proposed quality account priorities that were not selected would continue to be progressed, with reporting via the Integrated Performance Report. Governors would be provided with updates on the selected 2024/25 quality account priorities throughout the year.

Brian Moore highlighted that the three priorities chosen for 2024/25 will be reported in the 2024/25 Annual Members Meeting and included in the quality account.

An update on the selected quality account priorities for 2024/25 will be provided to the Council of Governors in April 2024.

OUTCOME: The Council of Governors **NOTED** the update on the selection of quality account priorities for 2024/45 and will be asked to make their selection in February 2024.

09/24 CHAIR'S REPORT

a. Update from the Chair

The Chair's report for January 2024 Board of Directors was shared with governors for information.

b. Governor Visibility

The Chair informed the governors that now the Divisional Reference Groups (DRGs) have ceased the Trust are seeking to partner up governors with Non-Executive Directors from April 2024 and will be looking at how this takes place with initiatives e.g., Observe and Act, Place visits etc. The decision to stand down DRGs will be kept under review and the benefit governors gained from these could be facilitated through the agenda for the Council of Governors meeting.

c. Associate Youth Governor

The Chair informed the governors that two young people have been appointed for a year as associate youth governors and the Trust will be working with them to get their ideas to understand how to get value and benefit from these roles. The Chair thanked Vanessa Henderson, Membership and Engagement Manager who has been putting lots of support into this and highlighted Gina Choy and Lorraine Wolfenden have been supporting this.

OUTCOME: The Council of Governors **NOTED** the update from the Chair, governor visibility and the Associate Youth Governor.

GOVERNANCE

10/24 1. Update from Governors

Car Parking Automatic Number Plate Recognition (ANPR) technology

Brian Moore highlighted concern in the length of time for permits to be issued to staff. The Director of Finance responded 83% of permits requested have been issued and the plan is to issue the remaining within the next 10 days. Brian Moore asked how it will be recognised staff

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have a permit to ensure they don't receive a car parking fine. The Director of Finance confirmed additional signage is going up and engagement is taking place with staff, patients and visitors. He confirmed there will be no fines until it is clear the new rules are in place and data will be available from next week to understand how many are not paying for parking. Brian Moore asked if this data can be shared when it is available.

Brian Moore raised concern that the Trust will receive complaints when fines are received with no physical barriers. The Director of Finance explained the Trust removed barriers on the advice from external companies to remove the backlog in the car parks. The Director of Finance will feedback.

Christine Mills shared her poor experience of finding a car parking space at HRI. The Director of Finance apologised for her experience with difficulty parking and explained there will be people abusing the current system during the installation period.

The Director of Finance added there is a staff car parking area at the back of the Acre Mills car park and the Trust can look at this for patients if demand is still high as patient and visitor car parking is priority.

Other
Brian Moore expressed his disappointment in the turnout at meetings of public governors and stated they should be attending meetings.

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

11/24 Membership and Engagement Working Group Meeting Notes of meeting held on 10 January 2024
The Membership and Engagement Working Group meeting notes were presented by Brian Moore, the key points to note were:
- Two new associate youth governors. Brian is meeting them on Teams next week.
- There are some very active members and continuing to work hard to get new members.
- Vanessa Henderson, Membership and Engagement Manager has done lots of work on this.
- Guidance on how to use the Next Door App has been shared.

The Chair shared that she had received great feedback from a Trust member for the efforts of Gina Choy and Peter Bamber in their area.

Cllr Josh Fenton-Glynn highlighted broader engagement needs to take place as the make up of Council of Governors is not strictly reflective of all the communities we represent. He suggested looking at how to address the underrepresented areas to maximise the patient voice. Cllr Josh Fenton-Glynn offered to share some contacts with Gina Choy as part of this engagement.

OUTCOME: The Council of Governors **NOTED** the Membership and Engagement Working Group notes of the meeting held on 10 January 2024.

12/24 Review of the Trust Constitution and Standing Orders of the Council of Governors
The Company Secretary presented updates to the Trust Constitution for approval. She also presented for approval an updated Standing Orders of the Council of Governors following a routine review.

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It was proposed that the Standing Orders of the Council of Governors and the Standing Orders of the Board of Directors becomes a separate document to the Trust Constitution, rather than annexes as currently as these are updated at different periods to the Constitution.

If approved, the updated Constitution will be considered by the Board of Directors on 7 March 2024 for approval.

The main material changes highlighted were:

- Quorum (section 3.1) - a proposed reduction in the quorum has been included in the revised Standing Orders based on the discussions at the Council of Governors meeting on 19 October 2023. The new quorum proposed is for seven governors, comprising:

    - five publicly elected governors
    - one staff elected governor
    - one appointed governor

  (This is a reduction from ten governors: six publicly elected, two staff and two appointed governors).

- Proposal for addition of written resolution – currently amendments to the Standing Orders of the Council of Governors require two thirds of governors to be present (Section 25.1 c). This follows a proposed variation to quoracy to the meeting of the Council of Governors on 19 October 2023, which could not be progressed as there were not sufficient governors present to vote on this matter. It was agreed that a proposal to allow for written resolutions be added to the Standing Orders and this has been added at paragraph 10 and is presented for approval

OUTCOME: The Council of Governors **APPROVED** the updates to the Trust Constitution, the Standing Orders of the Council of Governors and agreed that the Standing Orders of the Council of Governors and the Standing Orders of the Board of Directors will be stand alone documents going forwards rather than form part of the Trust Constitution.

13/24 Arrangements for Senior Independent Non-Executive Director (SINED) and Deputy Chair

Denise Sterling left the room for this item due to a conflict of interest.

Karen Heaton, Non-Executive Director (NED), current Senior Independent Non-Executive Director (SINED) and Deputy Chair, ends her tenure with the Trust on 27 February 2024. Karen Heaton was thanked for her contribution to the Trust as both NED, SINED and Deputy Chair.

The Trust has therefore considered the future arrangements and approved the appointments below at its Board meeting on 11 January 2024 that will take effect from 28 February 2024.

Deputy Chair – Peter Wilkinson

SINED – Denise Sterling

Remuneration related to the two roles of £1K each was noted which was in line with NHS England remuneration guidance, subject to approval by the Nominations and Remuneration Committee of the Council of Governors.

OUTCOME: The Council of Governors is **RATIFIED** the proposed appointments for the Deputy Chair to Peter Wilkinson and Senior Independent Non-Executive Director to Denise Sterling with effect from 28 February 2024.

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14/24 Annual Planning 2024/25

The Director of Finance informed the governors the 2024/25 national planning guidance has not yet been received and could take a further month based on a call with the national teams that took place yesterday. The key points to note were:

- Lots of work taking place internally looking at the bed base next year, number of referrals etc.
- £21m deficit last year
- Launching efficiency Cost Improvement Programme (CIP) to work out what the Trust can deliver next year; however, it won't be enough to get the Trust back into balance and some of the savings last year were non-recurrent.
- Asked to consider what services the Trust will no longer provide if there is no money or staff to deliver the services, what could the Trust do differently as a system – forming a group across Calderdale, Kirklees and Wakefield to understand the impact on quality and what these services may be.

Comparatively CHFT performance has been better than other areas across West Yorkshire and we may need to discuss slowing down the amount of activity given the financial situation. Tony Wilkinson sought clarification as to whether this was for Trust services or NHS services. The Director of Finance responded it could be both, commissioners are discussing what they may choose to do differently. He added the local authority also have financial challenges. They will need to review how this has implications for other partners and decisions should be made collectively.

Robert Markless asked if treating patients from other areas would slow down Kirklees and Calderdale access to services and asked if this is funded by other organisations as additional activity. The Director of Finance responded the Trust are reluctant to slow down activity for patients and if we were to do activity for other areas we would need to receive funding for the activity.

The Chair suggested there was opportunity for a further update at the joint Council of Governors and Non-Executive Directors informal workshop scheduled on Thursday 15 February focused on Strategy and Plans.

OUTCOME: The Council of Governors **NOTED** the Annual Planning update for 2024/25.

15/24 Feedback from Quality Committee

DS shared feedback from the Quality Committee meetings that took place between October – December 2023 which focused on quality, patient safety and patient experience. The key points highlighted were the 20/22 adult inpatient survey benchmark report which was positive and the Trust benchmarked well against peer Trusts and came out on top for five of the indicators. An action plan will be developed with oversight by the Patient Experience Group.

Robert Markless highlighted a significant increase in never events, five in the past eight months and asked if there are any underlying issues in terms of pressure in the system that has caused more mistakes being made. DS responded that other than the cluster of NG tubes never events, the others were not connected. The Director of Corporate Affairs confirmed the Committee will keep monitoring never events closely in case there were any trends.

The Chair suggested never events be added to a future Council of Governors agenda for a better understanding of these in general terms.

Action: Never Events to be scheduled on a future Council of Governors agenda.

OUTCOME: The Council of Governors **NOTED** the feedback from the Quality Committee.

16/24 Feedback from Transformation Programme Board

The Chair reported there have been two meetings since the last Council of Governors meeting. The Deputy Chief Executive/Director of Transformation and Partnerships provided a great update on social value and the impact and benefit of the work on reconfiguration for West Yorkshire economy (circa £6.5m).

A Transformation Programme Board meeting took place yesterday which provided an update on the building works and water testing results were awaited as all the remedial works have been done.

OUTCOME: The Council of Governors **NOTED** the feedback from the Transformation Programme Board.

17/24 COMPANY SECRETARY REPORT

The following papers were received:

1. **Register of Council of Governors**
   The updated Register of Council of Governors was received for information.

   The Company Secretary informed the governors of a recent resignation from the South Huddersfield constituency. This leaves two vacancies for this constituency.

2. **Register of Interests**
   The Council of Governors declarations of interest register was circulated for review.

3. **Declaration of Interest Register and Form**
   The Council of Governors received the current declaration of interest register and the form to complete to submit a new declaration or update their current one.

OUTCOME: The Council of Governors **RECEIVED** and **NOTED** the updated Register of Council of Governors, the current Council of Governors Declaration of Interests Register and asked to complete a declaration of interest form that was circulated with the papers and **SUBMIT** to Amber Fox by 31 January 2024.

15/24 High Level Risk Register

The Director of Corporate Affairs explained the High Level Risk Register, which related to operational risks, was included in the papers for information.

As this High Level Risk Register is routinely presented to the Board and Board papers are available to governors, it was noted that, going forwards, this paper would not be presented to the Council of Governors.

OUTCOME: The Council of Governors **NOTED** the High Level Risk Register.

18/24 RECEIPT OF MINUTES FROM BOARD COMMITTEES

The minutes of the following meetings were received:

a. Quality Committee held on 21.08.23, 25.09.23, 23.10.23, 20.11.23
b. Workforce Committee held on 23.08.23, 17.10.23
c. Audit and Risk Committee held on 24.10.23
d. Finance and Performance held on 26.09.23, 25.10.23, 28.11.23

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

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19/24 INFORMATION TO RECEIVE

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

- Highlight report from the Audit and Risk Committee
- Highlight report from the Finance and Performance Committee
- Finance Report for information
- Performance Report (IPR) for information
- Highlight report from the Workforce Committee
- Council of Governors Workplan 2024
- Council of Governors Meeting Dates 2024

OUTCOME: The Council of Governors **NOTED** the items circulated for information.

20/24 ANY OTHER BUSINESS

The Director of Corporate Affairs shared a positive story from the local press which announced the bus between Calderdale Royal Hospital and Huddersfield Royal Infirmary will start on 18th February 2024. The bus will run every 15 minutes during most of the day (Halifax - Calderdale Royal Hospital - West Vale – Lindley – Huddersfield). The Trust are working with First Bus to arrange the details and timetables. Brian Moore asked if the shuttle bus will still be running. The Director of Corporate Affairs confirmed the shuttle bus will still run for staff.

Gina Choy thanked the Director of Corporate Affairs for the stakeholder briefings which she finds really open and honest.

The Chair formally closed the meeting at approximately 16:05 pm.

Date and time of next meeting
Date: Thursday 25 April 2024
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Forum Rooms 1A/1B, Learning Centre, Huddersfield Royal Infirmary

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DRAFT MINUTES OF THE FOUNDATION TRUST EXTRA-ORDINARY COUNCIL OF GOVERNORS MEETING HELD AT 2:30 PM ON WEDNESDAY 6 MARCH 2024 VIA MICROSOFT TEAMS

PRESENT:

Helen Hirst	Chair

PUBLIC ELECTED GOVERNORS

Brian Moore	Public Elected – Lindley and the Valleys (Lead Governor)
Gina Choy	Public Elected - Calder and Ryburn Valleys
Robert Markless	Public Elected – Huddersfield Central
Christine Mills	Public Elected – North and Central Halifax
Lorraine Wolfenden	Public Elected – Skircoat and Lower Calder Valley
Kate Wileman	Public Elected – North and Central Halifax
Diane Cothey	Public Elected - Skircoat and Lower Calder Valley

STAFF GOVERNORS

Emma Karim	Staff Elected – Nurses/Midwives
Liam Stout	Staff Elected – Nurses/Midwives

APPOINTED GOVERNORS

Abdirahman Duaale	Calderdale and Huddersfield Solutions Ltd.
Karen Huntley	Healthwatch Calderdale
Julie Williams	South West Yorkshire NHS Foundation Trust

IN ATTENDANCE:

Suzanne Dunkley	Director of Workforce and OD
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager

21/24 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and introductions were made.

22/24 APOLOGIES FOR ABSENCE

Dr Sara Eastburn, University of Huddersfield
Cllr Josh Fenton-Glynn, Calderdale Metropolitan Council
Isaac Dziya, Public Elected, South Huddersfield
Jonathan Drury, Staff Elected, AHPs/HCS/Pharmacists
Peter Bamber, Public Elected, Calder and Ryburn Valleys
Tony Wilkinson, Public Elected, North and Central Halifax
Victoria Pickles, Director of Corporate Affairs
Pam Robinson, Public Elected, Lindley and the Valleys

23/24 DECLARATIONS OF INTEREST

The Chair reminded governors to declare anything over and above items already declared. No declarations were made.

24/24 Recommended Appointment – Non-Executive Director Post

A paper on the recommended Non-Executive Director appointment had been circulated.

The Director of Workforce and Organisational Development confirmed all the requirements for Fit and Proper Persons checks had been completed for Jo-Anne Wass and all references have been secured. A Fit and Proper Persons test checklist was included at Appendix 1.

The Director of Workforce and OD explained there is a lack of guidance on undertaking social media checks however, main social networks have been checked and a google search carried out which were satisfactory. The Company Secretary has taken the Chair through the candidates fit and proper person checks line by line and in detail.
The Director of Workforce and OD confirmed following the checks there is nothing of concern that would prevent the Trust from making a Non-Executive Director appointment.

Brian Moore confirmed he was on the interview panel and the candidate was very competent and reliable looking at their previous job experience and was suitable for this position.

The Chair agreed the applicant was a strong candidate and it was a unanimous decision.

A further meeting to appoint a further Non-Executive Director to the second Non-Executive Director role will be required. Brian Moore suggested this could take place at the next Council of Governors meeting in April rather than an extra-ordinary meeting.

OUTCOME: The Council of Governors **APPROVED** the appointment of Jo-Anne Wass to the role of Non-Executive Director.

20/24 ANY OTHER BUSINESS

The Chair highlighted to governors that the Trust are exploring a change of date to the next meeting in April 2024 as it clashes with the publishing of the Board papers and suggested Thursday 18 April 2024.

A poll will be issued to check availability in April 2024.

Action: Corporate Governance Manager to issue a poll looking at alternative dates for the Council of Governors meeting in April 2024.

Date and time of next meeting
Date: Thursday 25 April 2024
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Forum Rooms 1A/1B, Learning Centre, Huddersfield Royal Infirmary

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5. Action Log and Matters Arising

To Note

Presented by Helen Hirst

ACTION LOG FOR COUNCIL OF GOVERNORS

Position as at 21.03.24

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
06.03.24 20/24	Corporate Governance Manager to issue a poll looking at alternative dates for the Council of Governors meeting in April 2024.	AF	A re-arranged date in April was explored and not feasible. Original date of 25 April 2024 was agreed.	March 2024		21.03.24

6. Approval of Appointment - Non-Executive Director Post

To Approve

Presented by Helen Hirst and Victoria Pickles

Council of Governors

25 April 2024

Non-Executive Director Post: Recommended appointment

Victoria Pickles, Director of Corporate Affairs

1. Introduction

1.1. At its meeting on 10 January 2024, the Nominations and Remuneration Committee – Council of Governors (NRC COG) approved the shortlist for the recruitment of two non-executive directors to replace Karen Heaton and Andy Nelson when they complete their terms in February and April 2024.

1.2. The Committee recognised that the approach to advertising the roles had created a high and diverse number of applications:

- 39 applications;
- 32.5% male, 62.5% female, 5% did not wish to disclose.
- 57.5% white British,35% BAME, 2.5% did not wish to disclose.
- 20% stated they had a disability.

and there was a robust shortlist for the two roles. Equality data is shown at Appendix 2.

1.3. At that meeting the Committee also agreed the process for selection of the preferred candidates as being:

- A stakeholder panel, chaired by a Non-Executive Director consisting of governors and members.
- An interview panel with the Chair, Lead Governor, Chief Executive, a non-executive director, and external Chair of a Foundation Trust.

1.4. The stakeholder panel took place on Wednesday 24 January, with the interviews taking place on Friday 26 January.

1.5. Following the interviews, a recommendation was made to the Nominations and Remuneration Committee regarding the preferred candidates which were approved.

1.6. Since that time we have been undertaking various checks in line with the new Fit and Proper Persons Policy including the usual employment checks, appraisal information, references, social media search and employment tribunal searches.

2. Outcome of the Process

2.1. Four candidates were interviewed for the clinical role and at interview it was a strong field. The preferred candidate recommended to the Council of Governors for appointment is Dr Vanessa Perrott. Vanessa is a GP working in the Wakefield area on a sessional basis. Vanessa also works for NHS England as an Associate Director providing GP training across the North East and as an accreditation assessor for the Royal College of GPs.

2.2. Assessment against the new fit and proper person checks are completed and have not shown any issues (Appendix 1).

3. Recommendation

3.1. It is recommended that the Council of Governors approve the appointment of Vanessa Perrott to the role of Non-Executive Director.

Appendix 1
Non-Executive Director FPPT checklist – Vanessa Perrott

DRAFT

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	NED	Source	Notes	Recruitment Team – Comments
First Name					Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / InterAuthority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.	Data obtained from application form/ESR – to be entered in ESR once offer of employment confirmed.
Second Name/Surname							
Organisation (ie current employer)		x					
Staff Group		x					
Job Title Current Job Description							
Occupation Code		x					
Position Title		x					

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	NED	Source	Notes	Recruitment Team Comments
Employment History Including: • job titles • organisation/ departments • dates and role descriptions • gaps in employment		x			Application and recruitment process, CV, etc.	Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained. The period for which information should be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly.	Data obtained from application form. Employment history for minimum of 6 years has been validated through references and IAT (Inter-Authority Transfer). Confirmed by Chair to progress with information received.
Training and Development				*	Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification.	* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration. At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role. For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role.	Application form identifies training and development undertaken. Job description and person specification do not require specific qualifications. Person spec states "clinical qualification and experience at a senior level in a clinical environment". Evidence established from employment history, references and professional registration check.

NED

						It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be. Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.	
References Available references from previous employers					Recruitment process	Including references where the individual resigned or retired from a previous role	Board Reference Template has been used to seek references for 6 years. 5 references to be obtained (excluding University of Cape Town as advised by AMc to HH). GMC reference September 2019 to current day. Reference received and nothing of note. Two references received from NHS England. Reference received from GP Practice. 2 references still outstanding – Royal College of GPs and MPS.
Last Appraisal and Date				*	Recruitment process and annual update following appraisal	* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.	Last appraisal date identified on self-attestation form as September 2023 in GP role.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	NED	Source	Notes	Recruitment Team Comments
Disciplinary Findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement					Reference request (question on the new Board Member Reference). ESR record (high level)/ local case management system as appropriate.	The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.	Nothing of concern identified on Board Member Reference.
Grievance against the board member							
Whistleblowing claim(s) against the board member							
Behaviour not in accordance with organisational values and behaviours or related local policies							

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	NED	Source	Notes	Recruitment Team Comments
Type of DBS Disclosed					ESR and DBS response.	Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. 3 year check Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.	Candidate already holds Enhanced DBS check and is registered with DBS Update Service. DBS Update Service checked on 14 February 2024 – nothing of concern.
Date DBS Received States 3 yearly but keep annually					ESR From self-attestation form		14 February 2024.
Date of Medical Clearance* (including confirmation of OHA)		x			Local arrangements		13 February 2024 – fit with no restrictions.
Date of Professional Register Check (eg membership of professional bodies)		x		x	Eg NMC, GMC, accountancy bodies.	Relevant professional registrations held – from self -attestation form. Check of register to then be completed.	GMC professional registration check 14 February 2024.
Settlement Agreements					Board member reference at recruitment and **any other information that comes to light on an ongoing basis**.	Chair guidance describes this in more detail. It is acknowledged that details may not be known/disclosed where there are confidentiality clauses.	To confirm nothing of concern identified on Board Member Reference.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	NED	Source	Notes	Recruitment Team Comments
Insolvency Check					[Bankruptcy and Insolvency register]	Keep a screenshot of check as local evidence of check completed.	Insolvency Check completed on 13 February 2024. Nothing of concern.
Disqualified Directors Register Check					[Companies House]		Disqualified Directors Check completed on 13 February 2024. Nothing of concern. Charity Trustee Disqualification Check completed on 13 February 2024. Removed Trustees check completed on 28 March 2024 Employment Tribunal Judgement completed on 15 March 2024 Social Media Check completed on 19 February 2024. Nothing of concern.
Disqualification from being a Charity Trustee Check					[Charities Commission]		
Employment Tribunal Judgement Check					[Employment Tribunal Decisions]		
Social Media Check					Various – Google, Facebook, Instagram, etc.		
Self-Attestation Form Signed					Template self-attestation form	Appendix 3 in Framework	Self-Attestation Form signed by candidate and chair

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	NED	Source	Notes	Recruitment Team Comments
Sign-off by Chair/CEO		x			ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.	To action on completion of above checks
Board Member Reference (BMR)			x		Template BMR Board member references will apply as part of the FPPT assessment when there are new board member appointments, either internal to a particular NHS organisation, internal to the NHS, or external to the NHS	To be completed as per template in FPP Policy. Reference to be stored so it's available for future checks and supports full FPPT assessment on initial appointment. Appendix 2 in Framework for more info – WOD developed own in house BMR NHS England » Guidance for chairs on implementation of the Fit and Proper Person Test for board members	See above – references obtained.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	NED	Source	Notes	Recruitment Team Comments
Letter of Confirmation	x				Template	For joint appointments only - Appendix 4 in Framework.	To action following sign off by Chair
Annual Submission Form	x				Template	Annual summary to Regional Director - Appendix 5 in Framework.	N/A to NED recruitment process.
Privacy Notice	x		x		Template	Board members should be made aware of the proposed use of their data for FPPT – Example in Appendix 6. Record date privacy notice issued on appointment	Privacy Notice to be sent with unconditional offer letter.

Source: Appendix 7, NHS England, Guidance for chairs on implementation of the FPPT for Board members.

DRA

Appendix 2 - Equality Data

Gender	All applications	All applications (%)
Male	13	32.5
Female	25	62.5
I do not wish to disclose	2	5
Not stated	0	0
Total	40	100

Age	All applications	All applications (%)
Under 20	0	0
20 - 24	0	0
25 - 29	1	2.5
30 - 34	1	2.5
35 - 39	4	10
40 - 44	3	7.5
45 - 49	6	15
50 - 54	5	12.5
55 - 59	13	32.5
60 - 64	6	15
65+	1	2.5
Not stated	0	0
Total	40	100

Ethnic Origin	All applications	All applications (%)
WHITE - British	23	57.5
WHITE - Irish	0	0
WHITE - Any other white background	3	7.5
ASIAN or ASIAN BRITISH - Indian	2	5
ASIAN or ASIAN BRITISH - Pakistani	3	7.5
ASIAN or ASIAN BRITISH - Bangladeshi	1	2.5
ASIAN or ASIAN BRITISH - Any other Asian background	1	2.5
BLACK or BLACK BRITISH - Caribbean	2	5
BLACK or BLACK BRITISH - African	3	7.5
BLACK or BLACK BRITISH - Any other black background	0	0
MIXED - White & Black Caribbean	0	0
MIXED - White & Black African	0	0
MIXED - White & Asian	1	2.5
MIXED - any other mixed background	0	0
OTHER ETHNIC GROUP - Chinese	0	0
OTHER ETHNIC GROUP - Any other ethnic group	0	0
I do not wish to disclose my ethnic origin	1	2.5
Not stated	0	0
Total	40	100

Disability	All applications	All applications (%)
No	31	77.5
Yes	8	20
I do not wish to disclose whether or not I have a disability	1	2.5
Not stated	0	0
Total	40	100

Appendix 2 - Equality Data

Guaranteed interview scheme	All applications	All applications (%)
No	35	87.5
Yes	5	12.5
Not stated	0	0
Total	40	100

Disability Description	All applications	All applications (%)
None / Not Applicable	0	0
Physical impairment	1	2.5
Sensory impairment	1	2.5
Mental health condition	1	2.5
Learning disability/difficulty	1	2.5
Long-standing illness	2	5
Other	2	5
Not stated	32	80
Total	40	100

Sexual Orientation	All applications	All applications (%)
Heterosexual or Straight	31	77.5
Gay or Lesbian	2	5
Bisexual	2	5
Other sexual orientation not listed	0	0
Undecided	0	0
I do not wish to disclose my sexual orientation	5	12.5
Not stated	0	0
Total	40	100

Marital Status	All applications	All applications (%)
Single	7	17.5
Married	25	62.5
Civil partnership	2	5
Legally separated	0	0
Divorced	4	10
Widowed	0	0
Other	0	0
I do not wish to disclose this	2	5
Not stated	0	0
Total	40	100

Religion	All applications	All applications (%)
Atheism	8	20
Buddhism	0	0
Christianity	16	40
Hinduism	0	0
Islam	6	15
Jainism	0	0
Judaism	2	5
Sikhism	1	2.5
Other	0	0
I do not wish to disclose my religion/belief	7	17.5
Not stated	0	0
Total	40	100

Appendix 2 - Equality Data

Convictions	All applications	All applications (%)
Applicant has indicated that they may have convictions etc which should be	0	0
Applicant has indicated that they DO NOT have convictions which should b	40	100
Not stated	0	0
Total	40	100

Source	All applications	All applications (%)
Bio Medical Journal / Gazette	1	2.5
Calderdale and Huddersfield NHS Foundation Trust Website or intranet	2	5
Employer vacancy bulletin	1	2.5
Facebook	1	2.5
Friend or work colleague told me	4	10
Google	2	5
Guardian Newspaper	3	7.5
Guardian Website	3	7.5
HealthJobsUK.com / NursingNetUK.com	2	5
Indeed	1	2.5
Job Centre Website	1	2.5
LinkedIn	11	27.5
NHS Jobs - nhsjobs.com or nhsjobs.net	8	20
Total	40	100

NED – Background Information / Biographies

Vanessa Perrott – Clinical Non-Executive Director Role

Vanessa is an experienced primary care clinician with additional experience of working as an associate specialist level in secondary care. Her passion is doctor-patient communication (especially cross cultural communication).

Vanessa's passion for both clinical care and a variety of education-related work has led her to develop a portfolio career where she not only works clinically as a local "jobbing GP" but also works with the RCGP, GMC and NHS England in a number of different roles all focussed on improving patient care through education.

Vanessa's current role is as an Associate Director for the School of Primary care (northeast and north Cumbria) means that she had an excellent grasp of postgraduate medical education and the current political landscape; and a comprehensive understanding of the NHS. In this senior role Vanessa is used to chairing and running a wide range of internal and stakeholder meetings. Because she has worked in both primary and secondary care, Vanessa has a very good grasp of the interface challenges between primary and secondary care and would be keen to reduce patient risk by particularly considering transitions of care and mitigating risks to patients at these points.

Vanessa lives locally in Wakefield and works in local practices, the importance of local hospitals providing quality care to the population, is very close to her heart and aligns with the Trust's mission statement of delivering "outstanding compassionate care to the communities we serve."

Jo-Anne Wass – Human Resources Non-Executive Director Role - Appointment: March 2024

Jo is Director of Health Partnerships at the University of Leeds, and was formerly the Chief Operating Officer of the Leeds Academic Health Partnership.

Prior to this, Jo had a long career in the NHS. She was NHS Chief of Staff at the Department of Health, reporting directly to the NHS Chief Executive, and also the National Director for Human Resources and Organisational Development at NHS England. She has held a number of senior operational and strategic management posts in the NHS, broadly in the areas of human resources management, organisational development, public relations and communications.

She is a graduate of the University of Liverpool and holds a masters degree in Strategic Human Resources Management from Durham University, and a Post-Graduate Diploma in Public Relations from Leeds Metropolitan University. She is a Fellow of the Chartered Institute of Personnel and Development.

Jo is Chair of the Workforce Committee at the Trust. She is also a member of the Trust's Quality Committee and Nominations and Remuneration Committee of the Board of Directors.

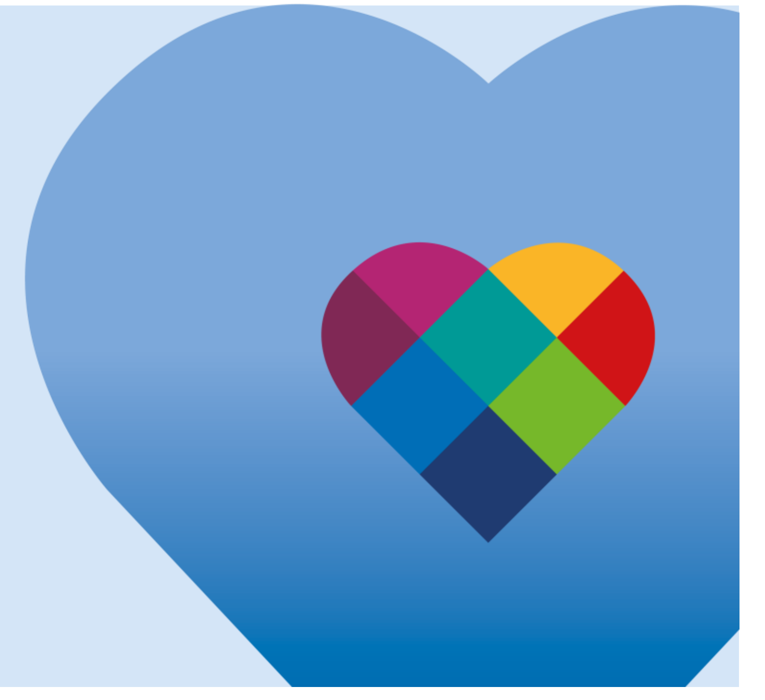
7. New CRH Pharmacy Robot

Presented by Lis Street, Clinical Director, Pharmacy

To Note

Pharmacy Robot – Automating dispensary and pharmacy stores services

Elisabeth Street
Clinical Director of Pharmacy



Life in pharmacy before ……

Stores: picking of ward boxes

Usman and Austin; Pharmacy assistants

1. Manual unpacking delivery boxes
2. Book stock into pharmacy computer
3. Put stock away on stores shelf
4. Receive top up order from ward (raised by ward staff counting stock or pharmacy staff completing top up)
5. Select items for ward top up
6. Place in tote box

The Dispensary

Chelsea: Pharmacy Technician

- Transfer stock from stores to dispensary (located in separate areas)
- Picked from stores shelf
- Trolley to transfer stock
- Stock put away on dispensary shelves
- Pharmacy technician produces label for medication (books medicine out of EMIS stock system)
- Pharmacy Technician goes to collect medicines (s) for each prescription from dispensary shelf

*** risk of human error***

- Attaches label to medication container

Now for the robot …

- Scans the box bar code
- Robot puts stock away

or

- Stock unloaded from delivery box onto conveyor belt
- Conveyor belt can be loaded overnight and fill robot after pharmacy closing
- No risk re health and safety due to high shelving etc.

Robot and new dispensary at CRH

Out of hours - what’s new?

Pigeon Holes:

- Wards have their own key
- Can collect any meds ordered late in day

Out of hours dispensing

- On call pharmacist
- Dispense urgently required medicine from home
- EMIS / Cerner on laptop
- Robot selects med
- Conveyor belt
- Delivers to out of hours room for site commander to collect
- Pharmacist can go back to sleep!

Cost and key steps

- Business case first approved by Business Case Approvals Group (BCAG) in Nov 2021
- Successful bid for Scan 4 Safety funding which paid for robot and Omnicell CD automated cabinet (£411k). Total cost £1.15m.
- Procurement of robot - BD
- Redesign of new dispensary
- Move to interim dispensary (the cupboard!)
- Move out of hour meds – install Omnicell automated cabinet
- 20+ weeks in interim / new Standard Operating Procedures for ED and outpatient dispensing
- EMIS merging of stock locations
- Staff training
- Loading of robot
- Overnight move to get new dispensary ready for 8.30 am start
- Go live in new dispensary 23rd April 2024

Improve patient safety	Picking errors will be reduced, meaning there will be a significant reduction in dispensing errors to the wrong patient or wrong medication
Improve quality	Picking ward stocks is fully automatic and is delivered to a ward box from the machine. The box is then sealed and dispatched
Improve patient safety	As there is less movement of staff within the dispensary when manually picking drugs from shelves, there will be a “calmer” atmosphere which will be more conducive to concentration and a reduction in the risk of errors
Improve health and safety of staff	Reduce shelving and floor space relieving pressure on an overcrowded environment enabling better utilisation of space available
Time to Care	Release of staff to support direct patient care
Improve patient safety	Reduction in errors in compliance/audit
	A full audit trail of all drug issues as per CQC requirements. All stock stored within the machine will be completely secure and input or output of stock will require a login
Increase Information Governance Compliance	Ensures the right prescription is given to the right patient
Positive Environment Impact	Allows end to end delivery monitoring helping to eliminate waste and improves security of medicines
Non-Releasing Cash/ Efficiency Benefit	Reassignment of duties amongst the staff to allow an improvement of our ward pharmacy technician service

Robot naming competition

Massive thanks to Tom, Chris, Eleanor, Jill and Amy

Special thank you: Nigel Watson, Joanna Gadd, Eleanor Nastini, Jill Mobbs, Liam Sharp, Phil Clarkson, Sarah Peckett

8. Presentation on Year End Position on 2023/24 Quality Account Priorities Presented by Liz Morley, Assistant Director of Patient Safety

To Note

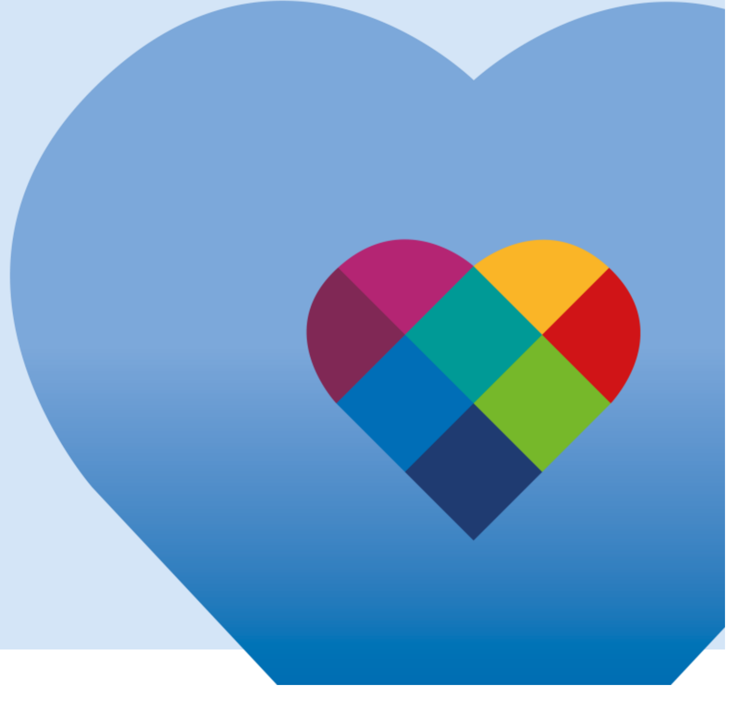
9. 2024/25 Quality Account Priorities Presented by Liz Morley, Assistant Director of Patient Safety and the Director of Corporate Affairs

To Approve

Presented by Victoria Pickles

Proposed Quality Priorities 2024/25

March 2024



Safe / Effective

1. Care of the acutely ill patient

Focus:

Timely recognition and response to deteriorating patients.

Evidence

- data from 23/24 performance,
- Serious incidents
- complaints
- Long length of stay data in ED

Outcomes:

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

- Number if observations recorded on time
- To ensure patients are escalated within the agreed response timeframe
- Reduction in late referral to critical care
- Implementation of the acute response team
- Implementation of Martha's rule

Rationale:
Linked to CQUIN CCG07 – Recording of NEWS2 score for unplanned critical care admissions (2023/24).

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.

Investment supported in 23/24 to a 24-hour acute response team.

Compliance with recording of observations on time below standard

National steer for acute providers to implement Martha's Rule being passed into Law

How this will be monitored
Executive Lead - Medical Director
Oversight Group - Clinical Outcomes Group
Assurance – Quality Committee

Safe / Effective

1. Care of the acutely ill patient

Focus:

Sepsis in the Emergency Department

Evidence

- CAIP dashboard
- Serious Incident data
- Complaints
- National evidence of poor outcomes

Outcomes:

- To ensure 90% of patients receive treatment in line with national guidance.

Rationale:

Quality Priority for 2023-24

National CQUIN 7 – Responding of and response to NEWS2 score for unplanned critical care admissions

How this will be monitored

Executive Lead - Chief Nurse

Oversight Group - Clinical Outcomes Group

Assurance - Quality Committee

Safe / Effective

2. Patient Safety Incident Response Framework

Focus:

Implement levels of training required for all relevant colleagues

Evidence:

PSII Investigation Team and Patient Safety Specialists: 2 x day systems approach to learning

Patient Safety Specialists and those in an oversight role: 1 x day/6 x hours - oversight of learning from patient safety incidents

PSII Investigation Team and Patient Safety Specialists: 1 x day/6 x hours - involving those affected by patient safety incidents in the learning process

All Trust Staff: Level 1 – Essentials for Patient Safety

Quality & Safety Team – Level 1 & 2 – Essentials for Patient Safety

Board members – Level 1 & 2 Essentials of Patient Safety for Board members

Patient Safety Specialists – Level 3 & 4 – Loughborough University

Outcomes:

All Quality & Safety Team – Compliant with Level 1 & 2 – Essentials for Patient Safety

Currently 70% of Trust staff compliant with Level 1 – Essentials for Patient Safety

Board Members – 80% compliant

Patient Safety Specialist – 1 PSS currently on the Loughborough University Course

Systems Process Course – booked 27th and 28th March 2024 – to be delivered by external company – InPractice

Human Factors Training – Currently being delivered through Airedale Hospital – 10 x staff currently trained, further 10 x Feb and 10 x March

Thematic Analysis Review Training – Will be delivered by the Improvement Academy to 25 x staff on 19th February 2024

Qi Training – currently being reviewed

Rationale:

NHS England mandated training for PSIRF implementation

Safe / Effective
3. Medicines

Focus:

Improve medicines management on discharge – audit of timeliness and appropriate medicines on discharge.

Evidence:

- Incidents
- Complaints
- Poor discharges

Outcomes:

- Patients will receive the correct medication and information on discharge to enable them to use their medication effectively.
- Medicines reconciliation is completed for all patients discharged from hospital.
- Increase participation with patients in their decision making around their medicines for discharge.

Rationale:

Linked to CQUIN CG06 – Timely communication of changes to medicines to community pharmacists via the discharge medicines service

How this is monitored:

Executive Lead - Medical Director

Oversight Group - Clinical Outcomes Group

Assurance - Quality Committee

Caring / Responsive
4. Personalisation of care

Focus:

Dementia Screening

Evidence

- IPR data
- Complaints/audit
- Ward assurance data
- Journey to outstanding reviews
- NICE guidance

Outcomes:

- To ensure 90% of admitted patients receive screening as per guidance.
- To ensure the correct care plan is in place.
- To ensure referral to services if indicated by initial screening.

Rationale:

To support early diagnosis, access to treatment, information and support for patients ,families and carers.

To improve better quality of care to patients from the moment of admission to hospital until discharge and onward management and treatment in primary care.

How this is monitored

Executive Lead - Chief Nurse

Oversight Group - Clinical Outcomes Group

Caring / Responsive

5. End of life care – in patient and community

Focus:

EOLC strategy
Implement RESPECT process across the organisation

Evidence:

- Incidents
- Complaints
- EOLC ambitions

Outcomes:

EOLC Strategy Plan 2023/24 – linked to NICE quality standard 13

Linked to NACEL report

RESPECT compliance

Rationale:

Shaping and developing EOLC across Calderdale and Huddersfield to reduce inequality and deliver better outcomes for people approaching end of life.

How this is monitored

Executive Lead - Medical Director

Oversight Group - Clinical Outcomes Group

Assurance - Quality Committee

Caring / Responsive
6. Stroke

Focus:

Improve performance across stroke pathway (Sentinel Stroke National Audit Programme (SSNAP) data scores).

Evidence:

- Complaints
- Poor discharges

Outcomes:

- Patients presenting with acute stroke will be treated as high priority medical emergency patients in line with emergency protocols.
- Patients to be admitted to the stroke unit to enable effective rehabilitation and assessment of ongoing care needs.
- Thrombolysis will be given as required to all appropriate patients to enable better recovery.

Rationale:
Linked to the Sentinel Stroke National Audit Programme to improve better outcomes.

How this is monitored:
The SSNAP score is included on the Integrated Performance Report. There have been deep dives into stroke performance and quality of care at both Finance and Performance Committee and Quality Committee which will be followed up.

How this is monitored
Executive Lead - Medical Director
Oversight Group – Divisional Management Board
Assurance - Finance and Performance Committee

10. CHAIR’S REPORT

a. Update from Chair

To Note

Presented by Helen Hirst

Date of Meeting:	Thursday 7 March 2024
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 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**

Council of Governors

Along with its usual business, the Council of Governors in January received two interesting presentations one on quality and length of stay from Renee Comerford which gave governors great insight into why reducing length of stay is important for quality of care and patient experience. The second accompanied the discussion on quality priorities where Catherine Briggs updated on care of the acutely ill patient.

The Council of Governors and Non-Executive Directors held an informal workshop in February. The main purpose was to engage governors in the refresh of the strategic plan for 2024/25. There was also a discussion about future development time and how to improve attendance at Council of Governors meetings. The conclusion of the discussion was to hold two joint Board and Council of Governors development sessions each year and one for Governors only and to seek maximum attendance at fewer sessions. For the Council of Governors, a hybrid option would be used this year to enable online attendance. This will be kept under review.

I enjoyed meeting the two new associate youth governors and it will be interesting to see what we can learn from this new development in terms of engagement of younger people and hearing their perspectives on the care we deliver.

Board business

Recruitment of Board members has been a feature of the start of this year with two new non-executives recruited to replace Karen Heaton who finished her term with us on 28 February and Andy Nelson who is with us until April. We should be able to announce their names once all fit and proper persons processes have been completed. We have also started the recruitment for a new medical director to replace David Birkenhead when he retires later in the year. It is always a pleasure to talk to interested applicants and hear their motivation for wanting to join the Trust which nearly always includes something about One Culture of Care.

The Board held the first of its 2024 development sessions with a focus on our partnerships. Colleagues from Kirklees, Calderdale and West Yorkshire joined us to

consider the potential opportunities and challenges. Our next Board development session in April will be a reflection on what we heard and how we need to respond strategically as a Trust to the partnership operating environment.

I try and drop into all our Board Committees at some point during the year and this month I have been to workforce and finance and performance. Both report to this board but I did want to give a shout out to the teams who presented at the workforce committee about a wide range of improvement activity. It was really uplifting to hear about the progress, what's gone well and the challenges including our QI approach - working together to get results, critical event support, headlines from the staff survey, recruitment, apprentices and medical staffing.

Other

This last month I chaired the Organ and Tissue Donation Group and the Charitable Funds Committee. A report on the latter is appended to this report. In the Organ and Tissue Donation Group we discussed our activity and performance along with the campaigns planned over the coming months. In the first six months of the year the Trust had 5 consenting donors, facilitated 3 donations impacting on 7 people receiving a transplant. In addition, four corneas were received from the Trust via the eye bank. We benchmark in line with national averages for referral of potential donors and exceptional for specialist nurse presence.

2. **Health and Care System**

West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common met at the end of January where the strategic focus for the meeting was Workforce. We approved the final draft of the WYAAT strategy which will now go to each member board for sign off. We discussed the challenging financial situation and how WYAAT works together to share good practice.

The West Yorkshire Community Provider collaborative also met in January and along with a presentation from Yorkshire Ambulance Service about their 5-year strategy discussed how to better support left shift. The area of shared best practice presented came from Bradford Pro-active Care Team.

Yorkshire and Humber Chairs meeting this quarter included speakers from NHS Providers, NHSE Board and the North East and Yorkshire Regional Director. It was an excellent session sharing useful intelligence from national bodies about workforce, financial situation and board governance.

West Yorkshire Chairs and Leaders exchange this time discussed the vision for mental health, learning disabilities and autism for children and young people along with the usual exchange of what places were doing across the partnership.

West Yorkshire Partnership hosted a visit from the NHS England Chair Richard Meddings. He spent time in Leeds and Kirklees including a visit to our new A&E. I

attended dinner with him where we discussed amongst other things the demands on the NHS along with the financial challenges.

National/other

I attended a national meeting of ICB and Trust Chairs in London last week. This was hosted by the Board of NHS England, most of whom were present and a number of them spoke about issues ranging from transformation, patient safety, financial climate, performance priorities and workforce.

My role of interim Chair at Bradford Teaching Hospital NHSFT is coming to an end. The new Chair, Sarah Jones, former chair of Sheffield Children's Hospital NHSFT, will take up her appointment on 4 March 2024.

Helen Hirst
Chair
28 February 2024

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Charitable Funds Committee
Committee Chair:	Helen Hirst
Date of meeting:	6 February 2024
Date of Board meeting this report is to be presented:	7 March 2024
ACKNOWLEDGE	The Committee received a thorough report from the Charity Manager about the progress of the strategy and the different fundraising initiatives including £35k for orthopaedic outpatients, £15k to enhance in patient experience for patients within child and adolescent mental health services and £2k for dementia support in A&E at Calderdale. The Committee heard about the Childrens' Diabetic Nursing Fund, fundraising methods and areas of spend.
ASSURE	The Committee considered funding request processes and the expectations of the Committee to ensure evidence of impact was included in the decision making. The Committee discussed and invited further consideration of the bidding process ensuring this went beyond 'first come first served'. The Committee continues to review former approvals that have not been fully utilised. The Committee agreed to ensure that where posts are funded that an exit plan is in place.
AWARE	The Charity is going to develop a different finance and activity report going forward working to an agreed budget. The Committee is expecting to receive the outputs from the review of the charity from the company called Gifted Philanthropy. The League of Friends at CRH are working with the Charity to transfer their charitable funds subject to appropriate governance and approvals with regard to draw down. The Trust is considering future arrangements for the annual audit of the charity's annual report and accounts.

11. GOVERNANCE

Feedback from Governors

12. Feedback from Finance and Performance Committee including update on Annual Plan 2024/25

To Note

Presented by Andy Nelson and Gary Boothby

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:	30th January and 27th February 2024
Date of Board meeting this report is to be presented:	Thursday 7 March 2024
ACKNOWLEDGE	• Continued strong performance in Cancer with all key targets being met • Recovery performance also remains strong and continues to be the best in the West Yorkshire ICS (see table below). We have seen an increase in 52-week waiters to 89 but 77 of these are in ENT. There is increased focus in ENT to get this number as close to zero as possible by year end. In terms of our target for 40-week waiters we expect all specialties to meet this bar ENT • Quality indicators showing quality of care holding up well despite significant operational pressures in December and January • We are still forecasting to deliver the financial plan for this year. Our cash position is favourable, aged debt stable and better payment practice is above target
ASSURE	• At our January meeting we: o We reviewed the National Cost Submission Report and were assured it had been submitted in line with expectations o Had a deep dive into Elective Recovery which examined the key reasons behind the success we have had. These included theatre staffing, theatre utilisation and an ongoing focus on theatre productivity; use of a cost per case system for surgical lists at weekends; improved tracking of patients and culture and teamwork • At our February meeting we: o Approved the updated Terms of Reference for the committee o Approved the 2024/25 Capital Plan o Reviewed the cash position and the need for a £20m PDC funding request for Q1 of the 2024/25 financial year o Undertook a follow-up deep dive into ED performance and plans. This showed performance has unfortunately declined since our last deep dive into ED in May 2023 although we still rank 15th out of 122 Type 1 ED departments. This has primarily been driven by greater demand and high levels of bed occupancy. However, great progress has been made in staffing resulting in £2.4m savings and ED consultant staffing now meeting

	the levels set in the Royal College of Emergency Medicine guidance. The team explained the actions planned to meet the 76% target for treatment within 4 hours in which greater use of SDEC is key
AWARE	• Although some improvement in performance has been seen ENT is the main area for concern for elective recovery and high numbers of Appointment Slot Issues. The committee will be taking another look at progress against the agreed action plan for ENT • Operational pressures are significant, and these continue to play through into our financial position particularly, length of stay, high levels of bed occupancy, high attendance rates at ED, non-pay inflationary pressures and the costs of strike action (although we expect these to be fully funded) • At month 10 we are reporting a £21.05m deficit which is a £3.62m adverse variance to plan. • Current expectation is that a gap of circa £4m will remain in the 2023/24 CIP programme and attention is now being given to developing the £25m 2024/25 programme • The adverse variance to plan across the ICS was £23m YTD at month • The initial draft of the 2024/25 financial plan shows a very challenging position of a worsening deficit position compared to this year even assuming a £25m CIP programme. These plans have been developed absent formal national planning guidance and are subject to continuing scrutiny and review both internally and with the ICB
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.

Elective Recovery Position as of 16/2/24

Provider	40 Week Waits	52 Week Waits	65 Week Waits	78 Week Waits	104 Week Waits
Airedale	1,632	652	201	13	0
Bradford	1,961	510	68	2	0
Calderdale and Huddersfield	1,073	89	0	0	0
Leeds	10,859	3,936	1,173	242	4
Harrogate	1,786	541	113	0	0
Mid Yorks	5,606	1,977	591	69	0

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 March 2024
Date of Board meeting this report is to be presented:	2nd May 2024
ACKNOWLEDGE	• Continued strong performance in Cancer with all key targets being met • Recovery performance also remains strong and continues to be the best in the West Yorkshire ICS (see table below). We have 45 52-week waiters and 39 of these are in ENT. However, we expect this number to be lower by the end of March. In terms of our target for 40-week waiters we currently expect all specialties to meet this bar ENT • Quality indicators showing quality of care holding up well despite significant operational pressures • Thanks to some focussed work our ED performance has improved in March and we are now exceeding the national target of 76% for 4-hour waits We are still forecasting to deliver the financial plan for this year. Our cash position is favourable, aged debt stable and capital spend on track to meet the plan
ASSURE	• At our March meeting we: o did a follow-up deep dive into the work on Unplanned Care Transformation with a particular focus on Length Of Stay (LOS) and Transfer Of Care (TOC). Although we have seen a reduction in LOS in the last 3 months our TOC numbers remain consistently above 100. There are clear plans to reduce unnecessary admissions, re-energise the Well Organised Ward programme and work with councils on the Home First initiative. 2024/5 should hopefully see a positive impact from these initiatives on our LOS and TOC performance o given the challenges in ENT we also reviewed progress against the ENT action plan. The key challenge is the number of Appointment Slot Issues which currently stands at over 5000 with some patients wating 45 weeks for an initial appointment. However, the ENT team have done an excellent job of mitigating the risk of patients exceeding 52 weeks. There were almost 700 patients at risk of exceeding 52 weeks at the beginning of January and as of 25th March that number was just 29 – the best performance in West Yorkshire. Better triage, improved referral

	quality and extra staffing all helping but much more still to do
AWARE	• Operational pressures are significant, and these continue to play through into our financial position particularly, length of stay, high levels of bed occupancy, high attendance rates at ED, non-pay inflationary pressures and the costs of strike action (although we expect these will be fully funded) • At month 11 we are reporting a £23m deficit which is a £3.6m adverse variance to plan. However, due to additional monies provided by the ICB we are now forecasting an end-of-year position of a £13.5m deficit which is £7.3m ahead of our £20.8m deficit plan • Current expectation is that a gap of circa £4m will remain in the 2023/24 CIP programme. Attention is now being given to developing the £25m 2024/25 programme which as of 25th March showed 25% of schemes were at Gateway 2, 50% at Gateway 1 and 25% were unidentified. • The adverse variance to plan across the ICS was £23.5m YTD but forecasting to deliver a balanced budget at year end • The initial draft of the 2024/25 financial plan shows a worsening deficit position compared to this year even assuming a £25m CIP programme. These plans have currently been developed absent formal national planning guidance and are subject to continuing scrutiny and review both internally and with the ICB
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.

Elective Recovery Position as of 21/3/24

Provider	40 Week Waits	52 Week Waits	65 Week Waits	78 Week Waits	104 Week Waits
Airedale	1,511	528	90	10	0
Bradford	1,895	472	60	4	0
Calderdale and Huddersfield	874	45	0	0	0
Leeds	10,805	3,719	949	176	3
Mid Yorks	5,636	1,930	477	42	0

13. Feedback from Audit and Risk Committee

To Note

Presented by Nigel Broadbent

CHAIR'S HIGHLIGHT REPORT
to the Council of Governors

Committee Name:	Audit and Risk Committee (ARC)
Committee Chair:	Nigel Broadbent, Non-Executive Director
Date of meeting:	31 January 2024
Date of Board meeting this report is to be presented:	7 March 2024
ACKNOWLEDGE	• The Committee noted that 6 audit reports had been completed since the previous ARC meeting and all were significant or high assurance. • All 14 recommendations from the internal audit report on CHFT's Quality Structure have been completed and resulted in a high assurance opinion on the follow up audit. • Benchmarking information provided by Audit Yorkshire across their clients reflected positively on CHFT in terms of the proportion of recommendations completed.
ASSURE	• The Committee received a presentation on the implementation of the recommendations arising from the audit of the processes around Naso Gastric tubes and received assurances that most of these had been completed. An external review is planned and a follow up audit will be undertaken to provide additional assurance that the revised processes have been embedded. • The Committee reviewed the position more generally on audit report recommendations over the past 12 months. 85% of the recommendations have been completed, with 3 recommendations overdue, 6 recommendations overdue with revised target dates and 13 recommendations not yet due based on their original target dates. Colleagues were reminded of the need to ensure that there are no overdue recommendations at year end, if possible, and to be realistic about the deadlines set for completing recommendations, particularly those before 31 March. • The Committee received a presentation on a deep dive into the BAF risk in relation to the impact of the new partnership arrangements on decision making and capacity. ARC was assured that the experience over the first 12-18 months of the new ICS arrangements was sufficient to reduce the risk to a

	score of 8 but recommended that the risk should remain on the BAF until the system financial position for 2024/25 and the ICB response to the need to identify 30% efficiencies, became clearer. • The latest update of the Board Assurance Framework was considered by ARC prior to it being presented to the Trust board. ARC agreed the contents of the BAF and a reduction in the risk scores for partnership arrangements and nurse staffing, and a new risk in relation to midwifery staffing. The top three risks continue to be hospital reconfiguration, demand and capacity and financial sustainability. It had been agreed at Finance & Performance Committee that the risk score around financial sustainability would be reviewed further into the financial planning process for 2024/25. The BAF was also reviewed and triangulated against a benchmarking report of the key BAF risks in other trusts. It was agreed that the risks around business continuity would be considered in light of the EPRR report to ARC in April and the Audit Yorkshire thematic review. • The Committee agreed to undertake its annual self-assessment survey on effectiveness having reviewed how this is carried out in other trusts. • The Local Counter Fraud Specialist provided an update on progress against the annual counter fraud plan and highlighted the CHFT events which he had been invited to speak at. It was agreed that further consideration would be given to how awareness of fraud would be raised within Community services. • KPMG, the Trust's external auditors, presented their draft audit plan for the 2023/24 financial statements highlighting the main change which relates to the audit requirements around the introduction of IFRS16 on accounting for PFI contracts. Although the audit fees for 2023/24 will be increased in line with inflation, fees for the subsequent year (subject to contract extension) will need to be discussed at the April ARC meeting. In the meantime, discussions are taking place about how the Trust could help make the audit process more efficient and reduce the amount of time required from KPMG. A significant increase in the

	audit fee for the Trust Charity had been proposed but the Charity Committee will be asked to consider alternative proposals.
AWARE	• A deep dive into the work on Information Governance and priorities over the next 12 months was undertaken. This identified that in addition to improvements to the processes for DSPT compliancy, data security awareness and embedding the use of Corestream, further awareness will be targeted at reducing incidents of inappropriate access to information. • The Committee noted the annual accounts timetable and the need for an additional meeting to sign off the accounts at the end of June. • The Committee considered the terms of reference of the Resilience and Safety Group and requested additions to the functions and scope of the Group. • The Committee discussed the scheduled deep dives in the work plan but also the potential to add further deep dives as risks emerged. It was agreed that ARC would undertake a deep dive (to be scheduled) into the risks around procurement e.g. around supply side vulnerability for key equipment/materials, changes in the legislative framework, the significant investment in reconfiguration and increasing collaborative procurement.
ONE CULTURE OF CARE	• Positive feedback from the meeting on the presentation of the Board Assurance Framework and the informative discussion around partnership arrangements.

14. Chair’s Appraisal Process

Non-Executive Director Appraisal Process

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 25 April 2024
Meeting:	Council of Governors
Title of report:	Chair Appraisal Process 2023/24
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	The purpose of this paper is to outline the annual appraisal process for the Chair for 2023/24. Appendix 1 details statements from the NHS England Leadership Competency Framework that are included within the appraisal process.
Key Points to Note	The Trust is required to ensure a formal and transparent procedure is in place to monitor the performance and undertake the appraisal of the Chair and other Non-Executive Directors and report the outcome of these reviews, initially to the Nominations and Remuneration Committee of the Council of Governors with a summary of the appraisal and outcome to the Council of Governors on an annual basis. The enclosed paper sets out the proposed appraisal process for the Chair relating to the financial year 2023/24, which follows the national guidance issued by NHS England on 28 February 2024 NHS England » Framework for conducting annual appraisals of NHS chairs (CAF), This includes seeking feedback from governors. The timetable is detailed in the paper and the appraisal is scheduled for completion by 30 June 2024, with the outcome reported initially to the Nominations and Remuneration Committee of the Council of Governors and then the Council of Governors on 17 July 2024.
Equality Impact Assessment	The attached paper is for information only. Where this information is used to inform changes to services, policies or procedures, an Equality Impact Assessment will first be completed to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.
Recommendation	The Council of Governors is asked to **APPROVE** the Chair's appraisal process for 2023/24 as outlined in the paper.

Chair's Appraisal Process 2023/24

An NHS Trust Chair has a pivotal role in creating the conditions for the Board's effectiveness in maintaining a focus on strategy, performance, behaviour and values, stakeholders and accountability and in fostering effective relationships between Non-Executive Directors and the Executive team and between the Board and its internal and external partners. The Trust will undertake the Chair's appraisal for 2023/24 in line with the NHS England guidance on conducting chair's appraisal.

Annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of a chair's impact and effectiveness. It ensures continuous and supportive dialogue and objective feedback, relating to personal impact and effectiveness and enabling potential support and development needs to be recognised and fully considered. The framework is aligned with the NHS Leadership Competency Framework and informed by multi-source feedback.

The Trust process is based on the NHS England 2024 Chair Appraisal Framework for conducting annual appraisal of NHS provider chairs based on an NHS Leadership Competency Framework, which contains six domains and supports the Fit and Proper Person assessment for individual Board members. The six domains are:

1. Driving high-quality, and sustainable outcomes
2. Setting strategy and delivering long-term transformation
3. Promoting for equality and inclusion, and reducing health inequalities
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building a trusted relationship with partners and communities

Further detail on these competencies can be found in Appendix 1.

The Chair's appraisal takes place annually, is a face to face discussion and will be informed by self-evaluation and stakeholder feedback using an Microsoft Teams survey using the questions in the Leadership Competency Framework. It will enable identification of a Chair's strengths and any opportunities to increase impact and effectiveness. Governors, Executive Directors, Non-Executive Directors and stakeholders will be invited to contribute to the Chair's appraisal.

The Chair's appraisal process will be undertaken by the Senior Independent Non-Executive Director, referred to as the appraisal facilitator in the NHS England documentation. As a key stakeholder the lead governor will be asked to undertake assessment of the Chair.

The key stages of the appraisal process are similar to the process used for the 2022/23 appraisal process and includes the following four stages:

1. Appraisal Preparation
2. Gathering information – assessment of Chair's effectiveness by a range of stakeholders and completion of self-assessment by Chair

3. Appraisal evaluation of collated stakeholder assessments by Senior Independent Non-Executive Director
4. Appraisal output – appraisal discussion, recording, agreement and submission Following the completion of all four stages there will be a formal reporting of the appraisal outcome to the Nominations and Remuneration Committee of the Council of Governors and a summary of the outcome to the Council of Governors.

The flowchart below summarises the key steps and proposed timetable.

Chair's Appraisal Proposed Timeline – 2023/2024

Step 1 Appraisal Preparation 2 May 2024	Chair and Senior Independent Non-Executive Director meet with Company Secretary and Corporate Governance Manager to discuss assessment area, areas of focus, stakeholder input and timetable.
Stage 2 Gathering Information May 2024	Survey to seek stakeholder input sent (MS Forms). Chair undertakes self-assessment.
Stage 3 Evaluation Early June 2024	Senior Independent Non-Executive Director (SINED) evaluates stakeholder information, seeks any further information and reviews alongside Chair self-assessment.
Stage 4 Appraisal Meeting Mid-June 2024	Appraisal meeting SINED and Trust Chair. 2024/25 objectives and areas for personal development agreed. Appraisal documentation completed and signed by appraiser and appraisee
Stage 5 – Communicating the results externally 30 June 2024	Completed appraisal paperwork submitted to NHS England
Stage 6 - Communicating the results to Nominations and Remuneration Committee (Council of Governors) Early July 2024	SINED provides feedback to governors on outcome of appraisal at the meeting.
Stage 6 - Communicating the results to Governors 17 July 2024	SINED provides verbal feedback to governors on outcome of appraisal at Council of Governors meeting on 17 July 2024.

Appendix H2

Appendix 1: Statements relating to the NHS Leadership Competency Frameworks

The following themed statements relate to the chair's impact and effectiveness in their role.

Domain 1: Driving high quality, sustainable outcomes
Competencies
I contribute as a leader:
to ensure that my organisation delivers the best possible care for patients
to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation
I assess and understand:
the performance of my organisation and ensure that, where required, actions are taken to improve
the importance of efficient use of limited resources and seek to maximise: i. productivity and value for money **ii.** delivery of high quality and safe services at population level
the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements
I recognise and champion the importance of:
attracting, developing and retaining an excellent and motivated workforce
building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles
retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate
I personally:
seek out and act on performance feedback and review, and continually build my own skills and capability
model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training

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Domain 2: Setting strategy and delivering long term transformation

	Competencies
1	**I contribute as a leader to:**
1a	the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities
1b	ensure there is a long-term strategic focus while delivering short-term objectives
1c	ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates
1d	ensure effective prioritisation within the resources available when setting strategy and help others to do the same
2	**I assess and understand:**
2a	the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments
2b	the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy
2c	clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans
3	**I recognise and champion the importance of long-term transformation that:**
3a	benefits the whole system
3b	promotes workforce reform
3c	incorporates the adoption of proven improvement and safety approaches
3d	takes data and digital innovation and other technology developments into account
4	**I personally:**
4a	listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same
4b	seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies

Appendix H2

Domain 3: Promoting equality and inclusion, and reducing health inequalities

1	**I contribute as a leader to:**
1a	improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care
1b	ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes
1c	reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups
2	**I assess and understand:**
2a	the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)
3	**I recognise and champion:**
3a	the need for the board to consider population health risks as well as organisational and system risks
4	**I personally:**
4a	demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds
4b	encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities

Domain 4: Providing robust governance and assurance

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Competencies
I contribute as a leader by:
working collaboratively on the implementation of agreed strategies
participating in robust and respectful debate and constructive challenge to other board members
being bound by collective decisions based on objective evaluation of research, evidence, risks and options
contributing to effective governance and risk management arrangements
contributing to evaluation and development of board effectiveness
I understand board member responsibilities and my individual contribution in relation to:
financial performance
establishing and maintaining arrangements to meet statutory duties, national and local system priorities
delivery of high quality and safe care
continuous, measurable improvement
I assess and understand:
the level and quality of assurance from the board's committees and other sources
where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making
how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements
the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks
I recognise and champion:
the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders
working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement
I personally:
understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same

Appendix H2

Domain 5: Creating a compassionate, just and positive culture

	Competencies
1	**I contribute as a leader:**
1a	to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues
1b	to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement
1c	to improve staff engagement, experience and wellbeing in line with our NHS People Promise
1d	to ensure there is a safe culture of speaking up for our workforce
2	**I assess and understand:**
2a	my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture
3	**I recognise and champion:**
3a	being respectful and I promote diversity and inclusion in my work
3b	the ability to respond effectively in times of crisis or uncertainty
4	**I personally:**
4a	demonstrate visible, compassionate and inclusive leadership
4b	speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice
4c	challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe; or staff or people being excluded in any way or treated unfairly
4d	promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention

Domain 6: Building trusted relationships with partners and communities

Competencies

Appendix H2

I contribute as a leader by:
fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners
identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest
I assess and understand:
the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems
the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners
I recognise and champion:
management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues
open and constructive communication with all system partners to share a common purpose, vision and strategy

Date of Meeting:	Thursday 25 April 2024
Meeting:	Council of Governors
Title of report:	Annual Appraisal Process of the Non-Executive Directors 2023/24
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	The purpose of this paper is to: • Set out a process for the annual appraisal of the Non-Executive Directors (NEDs) for approval by the Council of Governors; • Confirm the timeline for the 2023/24 appraisal of the NEDs. The paper includes the following appendices: • Appendix 1 - Strategic Objectives 2023/24 • Appendix 2 - NED team appraisal summary 2023/24 template NHS England The Leadership Competency Framework from NHS England is included within the previous Chair's appraisal paper and is also relevant for Non-Executive Directors.
Key Points to Note	The enclosed paper, Appendix G2, details the appraisal arrangements proposed for Non-Executive Directors for the period 1 April 2023 to 31 March 2024. The paper details the background to this, the principles of the appraisal process and the proposed timeline which runs from April to July 2024. Governors will be invited to feed into the appraisal process for Non-Executive Directors via the lead governor.
Recommendation	The Council of Governors is asked to **APPROVE** the appraisal process for the Non-Executive Directors as outlined in the paper.

ANNUAL APPRAISAL PROCESS OF THE NON-EXECUTIVE DIRECTORS 2023/24

1. PURPOSE OF THIS PAPER

The purpose of this paper is to:

- Set out a process for the annual appraisal of the Non-Executive Directors (NEDs) for approval by the Council of Governors;
- Confirm the timeline for the 2023/24 appraisal of the NEDs.

The paper includes the following appendices:

- Appendix 1 - Appraisal template (2023/24)
- Appendix 2 - Strategic Objectives 2023/24
- Appendix 3 - NED team appraisal summary 2023/24 template NHS England
- NHSE Leadership Competency Framework

2. INTRODUCTION

Appraisal is an important cornerstone of continuous and supportive dialogue and objective informal feedback, relating to personal impact, contribution and effectiveness. Governors of the Trust have a duty to agree the process for evaluating / appraising Non-Executive Directors (NEDs).

The NHS England Code of Governance for NHS Providers, Section C: Composition, Succession and Evaluation states that, for NHS foundation trusts, the Council of Governors should take the lead on agreeing a process for the evaluation of the Chair and Non-Executive Directors (NED). The outcome of the appraisals is shared with the Council of Governors.

The Trust appraisal season for 2023/24 takes place between 1 April and 31 December 2024 reflecting on the previous 12 months, financial year 2023/24. Within the Trust's annual report confirmation is given that NED appraisals have been conducted.

The appraisal of the NEDs is undertaken by the Trust Chair with the assistance of the Company Secretary and input from the Lead Governor. Governors and Executive Directors will be asked to contribute to the appraisal process.

NHS England has requested that NHS Foundation Trusts share the summary outcome of these appraisals with their appointments team to support learning and development of Non-Executive Directors regionally and nationally.

Principles: The appraisal process will be guided by the following principles:

- the appraisal process and documentation should be clear, simple and straightforward to administer;

- The appraisal should be based on reliable evidence about performance since the last appraisal;

- where a NED has been in post for more than 6 months but less than 12 months at the time of the appraisal process, in place of the full appraisal process, the Chair will undertake a general review of progress within the first six months of the NED appointment;

- the performance of Non-Executives should be appraised against:
  - their role as a member of the Board
  - specific roles that they occupy, eg serving on a Committee of the Board
  - attendance record
  - specific objectives that have been agreed for the year in question.
  - the principles of the Leadership Competency Framework for Board members (issued 28 February 2024) will also be taken into account when undertaking NED appraisals.

- the appraisal process will set new objectives, taking into account the future strategic organisational needs;

- appraisees will receive constructive feedback on their performance, build on strengths, identify any areas for learning and development relevant to their role and agree any support required for improvement;

- where there is not agreement regarding the appraisal or aspects of the appraisal the Trust Chair will discuss the outcome with the Lead Governor and where appropriate the Chair's assessment will stand with the Non-Executive Director's disagreement noted.

3. NON-EXECUTIVE DIRECTOR'S (NED) APPRAISAL PROPOSED TIMELINE – 2023/2024

Step 1 NED Appraisal Process 25 April 2024	Council of Governors agree Non-Executive Director appraisal process.
Step 2 Gathering Information From lead governor and Executives by mid-June 2024	NEDs to self-assess against the core and individual 2022/23 objectives in preparation for discussion with the Trust Chair.

	Chair seeks input from governors via the lead governor and Executive Directors.
Step 3 Appraisal Meetings June 2024	Individual appraisal meetings with Trust Chair and each NED. Review 2023/24 objectives Agree 2024/25 objectives and personal development plan agreed for each NED Chair and Lead Governor to send letter to NED following appraisal conversation Confirmation in annual report that Board member appraisal is undertaken
Step 4 – Completion 30 June 2024	Completion of appraisal paperwork and feedback to lead governor
Step 5 Communicating the results July 2024	Summary feedback to the Nominations and Remuneration Committee of the Council of Governors Chair to confirm completion of appraisal to Council of Governors 24 October 2024

4. RECOMMENDATION

The recommendation is that the Council of Governors approve the appraisal process for the Non-Executive Directors as outlined in the paper.

Andrea McCourt
Company Secretary

10 April 2024

DRAFT

NED appraisal summary

Name	
Organisation	
Year	**2023/24**

1. Overall assessment of performance
The performance of the individual has been assessed as *(indicate with an 'x')*

2.

Strong performance	Fully competent	Needs development	Poor performance

Assessment of performance against agreed objectives

3. Specific strengths and aspirations (including LCF)

4. Learning and development needs (including LCF)

5. Any further comments, including any actions agreed to improve performance

6. Suitability for appointment
The appraisee has confirmed they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment.

YES/NO – If NO please provide details.

Appraiser	
Signed	
Name	
Date	

Appraisee	
Signed	
Name	
Date	

This form should be completed annually and copies provided to keely.howard1@nhs.net.

Strategic Objectives (November 2021 – March 2023)

Our Vision	*Together we will deliver outstanding compassionate care to the communities we serve*			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	**Sustainability**
	Implement a programme of transformation based on learning from the COVID-19 pandemic to deliver 'Business Better than Usual' demonstrating benefits delivered.(AB)	Stabilise the delivery of services in response to the COVID19 pandemic to minimise the loss of life and protect colleagues safety. (EA)	Develop and implement flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for clinical roles, thus retaining turnover below 10%. (SD)	Deliver the regulator approved financial plan. (GB)
	Approval of business cases for HRI and CRH to enable construction of new A&E to commence at HRI and the development of a Full Business Case for CRH. (AB)	Maintain the Trust CQC overall rating of 'good' and increase the number of services achieving an out standing' rating. (EA)	Develop an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions. (SD)	Demonstrate improved performance against Use of Resources key metrics. (GB)
	Progress implementation of the Trust's Clinical Strategy working with partner organisations across West Yorkshire. (DB)	Involve patients and the public to influence decisions about their personal care and improve patient experience by: • responding to the needs of people from protected characteristics groups • implementing "Time to Care". • achieving patient safety metrics (EA)	Revise our Leading One Culture of Care and Management Essentials programme to support managers to successful lead their teams through Recovery and beyond. (SD)	Implement the Trust Board approved Green Plan demonstrating progress against the agreed action plan that will support reduction in the Trust's carbon footprint. (SS)
	Implement the Trust Board approved 5 year digital strategy with an agreed programme of work and milestones. (JR)	Work with system partners to achieve key performance metrics for urgent and emergency care and elective recovery. (BW/JF)	Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of our local communities. (SD)	Collaborate with partners across West Yorkshire and in place to deliver resilient system plans. (AB)
	Use population health data to inform and implement actions to address health inequalities in the communities we serve. (EA)	Deliver the actions in the Trust's Health and Safety Plan. (SD)	Develop health and wellbeing support plans for all Departments to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey. (SD)	

15. Review progress with Membership Strategy Annual Plan

Presented by Vanessa Henderson, Membership and Engagement Manager

To Note

Date of Meeting:	Thursday 25 April 2024
Meeting:	Council of Governors
Title of report:	Progress with the Membership and Engagement Strategy Action Plan
Author:	Vanessa Henderson, Membership and Engagement Manager
Previous Forums	Membership and Engagement Working Group – April 2024
Purpose of the Report	This report outlines the progress that has been made against the action plan for Year One (2023-2024) of the Trust's Membership and Engagement Strategy for 2023-2026. It also describes the priorities for the Year Two action plan for 2024-2025.
Key Points to Note	Good progress has been made against the plan for Year One, with 74% of actions being either fully or partially completed. Significant progress was made in the areas of youth involvement with the Council of Governors and younger member recruitment/representation, and also with the programme of member events, 'Health Matters', which were opened up to college and sixth form students. Of the actions that were not competed, five will be rolled forward to the plan for Year Two, which will be shared with the Membership and Engagement Working Group by the end of April 2024 and then with the Council of Governors.
Recommendation	The Council of Governors is asked to **NOTE** the progress made against the action plan for Year One, and the proposed areas of focus for the action plan for Year Two.

Introduction

This report outlines the progress that has been made against the action plan for Year One (2023-2024) of the Trust's Membership and Engagement Strategy for the period 2023-2026. The strategy on a page is attached at Appendix A.

The report also describes the priorities for Year Two that will be included in a full action plan for 2024-2025.

Progress against Year One (2023-2024) action plan

The action plan for Year One contained 39 actions. Of these 29 (74%) were either fully or partially completed, with significant progress in the following areas:

Youth involvement
Two Associate Youth Governors started with the Trust in January 2024. We are working closely with them to develop ways for them to obtain the views of younger service users which can then be shared with the Council of Governors. This is a very positive step for the Trust.
Two publicly elected governors have forged a link with the Trust's Youth Forum and now routinely attend the Forum meetings to engage with younger service users.

Younger member recruitment/representation
We had some real success with the recruitment of younger people as members of the Trust over the year, with 85 new younger members signing up.
This resulted in an improvement in member representation for this demographic.

Member events – 'Health Matters'
Over the year we extended the invitation to our members' events, Health Matters, to local sixth form schools and colleges. This had several benefits in that the number of attendees at the events increased, students signed up as members of the Trust and governors had the opportunity to engage with a more diverse audience at the events. This approach will continue going forward, with the next event planned for April 2024.

Nine actions from the Year One action plan were not completed, four of them due to a lack of input from other departments or partners. One action, relating to staff engagement with staff groups via 'e-meet your governor' sessions, was not completed as staff governor and colleagues' availability for the sessions was significantly impacted by operational pressures and industrial action during the year.

This action, together with the remaining four actions that were not completed due mainly to resource issues in the Membership and Engagement Team, will be rolled forward to the action plan for Year Two.

The three actions that were partially completed related to the creation of a programme of staff engagement events, recruitment and engagement within the Asian/Asian British communities and reaching community groups through work with Calderdale Council.

The first two of these will be rolled forward to the action plan for Year Two. Success with reaching community groups via Calderdale Council was limited despite the best efforts of governors and the Membership and Engagement Team, so this action will not be rolled forward.

The remaining action, relating to governors supporting system working and collaboration, is no longer relevant because national guidance confirmed that the governors' role in supporting systems was through fulfilling their governor duties in their Trust.

Priorities for Year Two (2024-2025) action plan

The action plan for Year Two is currently being drafted and will be circulated to the Membership and Engagement Working Group (MEWG) by the end of April 2024. Once approved by the MEWG, the plan will be brought to the Council of Governors.

The plan will have a particular focus on the following areas:

<u>BAME recruitment/engagement</u>
During 2023-2024 new contacts from within our local BAME communities have been made and these will be developed further in Year Two to create member recruitment and engagement opportunities.

<u>Staff governor profiles/engagement</u>
Efforts to raise the staff governor profile and promote engagement between governors and staff members will continue in Year Two.
There will be a 'go see' of other Trusts' activities around staff engagement to identify potential opportunities and the programme of 'e-meet your governor' sessions that had to be postponed in Year One will be reinstated at an appropriate point in the year.
Colleagues across the Trust will be surveyed on the effectiveness of the engagement with their staff governors later in the year.

<u>Youth involvement/engagement</u>
We will build on our success around engagement with younger people in Year Two, with particular focus on supporting the work of the Associate Youth Governors.

<u>Face-to-face 'meet your governor' sessions (public/staff)</u>
Priority will be given in Year Two to face-to-face 'meet your governor' sessions, with a focus on sessions for publicly elected governors.

The CoG is asked to note the progress made against the Year One action plan, and the priorities for the action plan for Year Two (2024-2025).

Vanessa Henderson
Membership and Engagement Manager
April 2024

APPENDIX A

2023-2026 Membership and Engagement Strategy on a page

Our vision:

Together with partners we will deliver outstanding compassionate care to the communities we serve

Our values and behaviours:

- We put patients and people first
- We 'go see'
- We work together to get results
- We do the 'must dos'
- We care for ourselves and each other in the same way we care for our patients through 'one culture of care'

Our goals and results:

We will be directly accountable to local people and colleagues by making the best use of our membership communities

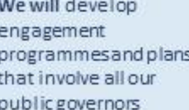
Diverse, active and engaged public membership community

We will recruit members from younger sectors of our communities and introduce a "Junior Champion" figurehead to promote youth membership

We will link with community and voluntary groups to increase membership from diverse sectors of our communities and identify engagement opportunities with those groups

We will introduce a programme of member events which will be widely publicised in order to encourage attendance from within our existing membership and also to attract new members

Public governor engagement: regular, meaningful and two-way



We will develop engagement programmes and plans that involve all our public governors

We will develop a member engagement training offering for governors, to ensure engagement with our communities is meaningful and effective

We will develop additional methods of evaluating whether governor engagement is meaningful and effective

We will equip our public governors with the skills and knowledge required to enable them to support system working and collaboration

Staff governor engagement: regular, meaningful and two-way

We will co-create engagement programmes and plans with our staff governors

We will work in partnership with our Colleague Engagement team to create opportunities for staff governors to engage with staff groups

We will introduce ways of evaluating engagement between staff governors and their staff groups to ensure it is meaningful and effective

Membership community with a voice, involved in services and plans

We will broaden our communication channels with members and the public in order to provide more opportunities for them to feed back on our services and plans

We will create opportunities for members and the public to meet our governors in person

We will ensure that all our membership and engagement work is supported by accessible and clear information

16. COMPANY SECRETARY REPORT

a. Governor Election Arrangements 2024

b. Lead Governor and Deputy Lead Governor Process

c. Committee Chair arrangements and allocations – Governor Observer Vacancies

d. Review Attendance Register for Council of Governors – Annual Report and Accounts

e. Register of Council of Governors

f. Council of Governors Register of Interests

g. Nominations and Remuneration Committee (CoG) Terms of Reference

h. Details of the 2024 Annual Members Meeting

i. Council of Governors Meeting Dates 2024

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 25 April 2024
Meeting:	Council of Governors
Title of report:	Company Secretary's Report – Governance
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	This report brings together the following items for receipt, noting and approval by the Council of Governors in April 2024: a) Governor election arrangements 2024 b) Procedure for appointment of governor and lead governor - further information can be found in Appendix J2 Procedure for the appointment of lead governor and deputy lead governor of the Council of Governors c) Non-Executive Director Committee Chair arrangements and Governor Committee Allocations observer vacancies – Appendix J3. d) Review Council of Governors Attendance Register for the Annual Report and Accounts 2023/24 – Appendix J4 e) Review Council of Governors Register for the Annual Report and Accounts 2023/24 – Appendix J5 f) Review of Council of Governors Declarations of Interest Register – Appendix J6 g) Nominations and Remuneration Committee (CoG) Terms of Reference – Appendix J7 h) Date of the 2024 Annual Members Meeting i) Council of Governor Meeting Dates 2024 – Appendix J8
Key Points to Note	**Governor Elections 2024** **Introduction** Governor elections will be taking place in 2024 over the period April to July 2024, with the results being reported/announced at the Council of Governors (CoG)/Annual Members Meeting on 17 July 2024. Any governor who is coming to the end of their first three-year term is eligible to re-stand for election for a second three-year term. **Timetable** The governor election timetable below has been agreed with the Trust's elections provider, Mi-Voice.

The elections process is the same for public and staff governors. Nominations can be submitted on-line or by post and where there is more than one nomination for a vacancy, a ballot will take place.

Event	2024
Publication of Notice of Election	Wednesday 24 April
Deadline for Receipt of Nominations	Wednesday 22 May
Publication of Statement of Nominations	Thursday 23 May
Deadline for Candidate Withdrawals	Tuesday 28 May
Notice of Poll/Issue of Ballot Packs	Friday 7 June
Close of Poll	Tuesday 2 July
Declaration of Result	Wednesday 3 July
Reporting of Result at Council of Governors meeting/Announcement of Result at Annual Members Meeting	Wednesday 17 July

Vacancies

There are 16 governor vacancies in total.
The 12 vacancies in the public constituencies are:

Public Constituency	Vacancies	End of term/existing vacancy
Calder and Ryburn Valleys	2	End of term (Gina Choy) * End of term (Peter Bamber) *
Huddersfield Central	2	End of term (Christine Mills) End of term (Robert Markless) *
South Huddersfield	2	End of term (Isaac Dziya) * 1 Existing vacancy
North Kirklees	2	2 Existing vacancies
Skircoat and Lower Calder Valley	1	1 Existing vacancy
East Halifax and Bradford	2	2 Existing vacancies
Lindley and the Valleys	1	End of term (Brian Moore)
Total	12	

**Coming to end of first three-year term so eligible to re-stand for election*

The four vacancies in the staff governor group are below:

Staff group	Vacancies	End of term/existing vacancy
Doctors/dentists	1	End of term (Sandeep Goyal) *
Nurses/midwives	1	End of term (Liam Stout) *
Admin/managerial/clerical	1	Existing vacancy
Ancillary	1	End of term (Jo Kitchen) *

Communications and Publicity

The Membership and Engagement Manager has agreed a comprehensive communications plan with the Communications Manager to encourage people to stand for election.
The plan includes a variety of activities such as:
Postcard to all members
Promotional videos
Articles in CHFT News (staff newsletter)
Regular screensavers
Promotion at Chief Executive's weekly CHFT Live
Regular e-mails from Membership and Engagement Team
Promotion in Chief Executive's weekly brief
Information sessions hosted by the Chair in May
Press Release
Announcements on the Trust's website
Announcements on the Trust's intranet
Social media (Facebook and X) posts
Promotion through partner organisations
Promotion at Trust meetings of relevant staff
Distribution of flyers/posters

Information sessions for anyone interested in the role
As in previous years, the Chair will be hosting information sessions for anyone interested in the role. The Lead Governor and Company Secretary will also be attending.

The sessions will be taking place as follows:

Wed 8 May 2024	12:00 pm – 1:00 pm 5:00 pm – 6:00 pm	Learning Centre, CRH MS Teams
Thu 9 May 2024	12:30 pm – 1:30 pm 5:00 pm – 6:00 pm	MS Teams Board Room, HRI

Anyone who expresses an interest can contact the Membership and Engagement Team for more details (membership@cht.nhs.uk or 01484 347342) or visit our website www.cht.nhs.uk

The Council of Governors is asked to **NOTE** the arrangements for the 2024 Governor Elections, and to publicise the details as widely as possible to encourage nominations.

b) Process for Appointment of Lead Governor and Deputy Lead Governor 2024/25

The Council of Governors is asked to approve the process for the appointment of the lead governor and deputy lead governor.

Appendix J2 attached details:

- Process for the appointment of lead governor and deputy lead governor
- Role of lead governor and deputy lead governor
- Proposed timeline for 2024

	Subject to approval, the process will begin after the Council of Governors' meeting on 25 April 2024. Assuming more than one nomination is received, the voting period will begin on 18 June and end on 28 June 2024 and a formal announcement will be made at the Annual Members Meeting to be held on 17 July 2024, the date from which the appointment will become effective. This process is detailed at Appendix J2. The Council of Governors is asked to **APPROVE** the procedure for the appointment of the lead governor and deputy lead governor role and process for this and an amendment to section 18.3 of the Constitution to align with the Code of Governance for NHS Provider Trusts which means that any governor is eligible to be lead or deputy lead governor. **c) Non-Executive Director Committee Chair arrangements and Governor Committee Allocations observer vacancies** A review of Board Committee attendance and Chair arrangements has been undertaken given changes to Non-Executive Directors. Enclosed at Appendix J3 is a table of the new Committee chair arrangements which will be reported to the Board of Directors on 2 May 2024, together with details of governor observers. There are currently vacancies for the following: - Governor member of the Charitable Funds Committee - four meetings a year - Governor observer for the Organ and Tissue Donation Committee – two meetings a year To note there will be at least one, and potentially two vacancies for the Nominations and Remuneration Committee of the Council of Governors from July 2024. Expressions of interest for all of the above vacancies should be made to the Corporate Governance Manager by **9 May 2024.** **d) Review Council of Governors Attendance Register for the Annual Report and Accounts 2023/24** The Council of Governors is asked to check the record of attendance at Council of Governor meetings and advise of any discrepancies before 30 April 2024, following which they will be published in the Annual Report in June / July 2024. This is detailed at Appendix J4. The Council of Governors is asked to **APPROVE** the Register of Council of Governors as of 31 March 2024. **e) Receive Register of Council of Governors** The current Register of Council of Governors as of 31 March 2024 is attached at Appendix J5 for information. The Council of Governors is asked to **RECEIVE** and **NOTE** the Register of Council of Governors as of 31 March 2024.

f) Review of Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached at Appendix J6 for review. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager by 30 April 2024, including request form to submit a declaration. A link to the Council of Governors Declarations of Interest Register is included in the 2023/24 Annual Report.

The Council of Governors is asked to **RECEIVE** and **NOTE** the current Council of Governors Declarations of Interest.

g) Nominations and Remuneration Committee (CoG) Terms of Reference

The Nominations and Remuneration Committee (CoG) terms of reference have been revised and are attached at Appendix J7 for approval.

The main changes include the addition of references to Fit and Proper Persons Policy, removal of Associate Non-Executive Director, additional section regarding confidentiality and an updated Appendix 1, membership.

The Council of Governors is asked to **APPROVE** the updated Nominations and Remuneration Committee (CoG) Terms of Reference.

h) Date of the 2024 Annual Members Meeting

The Council of Governors is advised that the joint Board of Directors/Council of Governors' Annual Members Meeting will be held in person on Wednesday 17 July 2024. The event will take place at Acre Mills Outpatients, Huddersfield Royal Infirmary from 5:00 pm - 7:00 pm.

i) Council of Governors meeting dates 2024

Dates of the upcoming Council of Governors meeting for the remainder of 2024 are attached at Appendix J8 for information. The workshop currently scheduled on Thursday 19 September will become a joint Council of Governors and Board of Directors workshop and the workshop on 12 November will become a Council of Governors only session which is timed well after the 2024 Governor Elections. It is therefore proposed the workshop currently scheduled on Tuesday 14 May is cancelled.

During 2025 there will be **two** joint Council of Governors and Board of Directors workshops and **one** Council of Governors only session, dates to be confirmed at the next Council of Governors meeting.

Recommendations	The Council of Governors is asked to **APPROVE** the: • Process for appointment of lead governor and deputy lead governor for 2024/25 and the update to section 18.3 of the Constitution to align with the Code of Governance for NHS Provider Trusts • Council of Governors Attendance Register for the Annual Report and Accounts 2023/24 • Council of Governors Nominations and Remuneration Committee Terms of Reference The Council of Governors is asked to **NOTE** the: • Arrangements for the 2024 Governor Elections • Committee Chair arrangements and express interest in governor vacancies • Register of Council of Governors as of 31 March 2024 • Council of Governors Declarations of Interest Register • Date of the 2024 Annual Members Meeting • Council of Governors 2024 Meetings and Workshops

PROCEDURE FOR THE APPOINTMENT OF LEAD GOVERNOR and DEPUTY LEAD GOVERNOR OF THE COUNCIL OF GOVERNORS – 2024-25

1. Purpose

1.1 A new election for the role of Lead Governor by the Council of Governors is due to take place. The outcome will be ratified at the Council of Governors meeting on 17 July 2024 and the new appointment will be announced at the Annual Members Meeting also on 17 July 2024.

1.2 An election will also take place for the role of deputy lead governor using the same process.

1.3 To provide the Council of Governors with the timetable (Appendix A), appointment criteria and process for election to the post of lead governor which will be effective from the Annual Members Meeting on 17 July 2024 for a period of 12 months and also the deputy lead governor.

1.4 The lead governor's current term expires when the governor elections for 2024 are concluded and an election process will take place as outlined below.

1.5 The current lead governor will be asked to attend the Annual Members Meeting (AMM) of the Trust on 17 July 2024 and provide an annual account of governor activities during 2023/24.

2. Constitutional Context

2.1 Under the Constitution and the Code of Governance for NHS Provider Trusts, the Council of Governors is required to nominate a lead governor to facilitate direct communication between NHS England, the regulator, and the Council of Governors in limited circumstances where it may not be appropriate to communicate through the normal channels. Further information on this is provided in Appendix B.

2.2 In accordance with the Constitution, the lead governor will act as Deputy Chair of the Council of Governors' when the Chair and the Deputy Chair of the Board of Directors are not available or have a declaration of interest in an agenda item.

2.3 Any of the governors are eligible to fill the lead governor role, this includes public, staff or appointed governors. This is in line with the Code of Governance for NHS Provider Trusts, Appendix B, section 4.2, Council of Governors and role of the nominated lead governor, which states:

"The lead governor may be any of the governors."

The relevant section of the Trust Constitution, section 18 Council of Governors – duties of Governors, will be amended to reflect the Code of Governance as follows:

18.3 *The Council of Governors shall appoint at a general meeting ~~one of its public members~~ any governor to be Lead Governor of the Council of Governors*.

2.4 The lead governor is accountable to the Council of Governors as a collective and the Trust Chair. Other than the specified and proposed additional responsibilities, the role does not hold any extended responsibility or powers beyond those of an individual governor.

2.5 The new lead governor will start their office from the Annual Members Meeting on 17 July 2024 for a period of 12 months, or until the expiry of their Council of Governor tenure, whichever is the sooner. The usual length of tenure of a lead governor is 12 months.

2.6 The Council of Governors re-elects the lead governor on an annual basis. Any governor can serve as lead governor for three terms i.e. three years, linked to their Council of Governor tenure.

3 Responsibilities of the Lead Governor

An indicative outline of the responsibilities of the lead governor is provided below, with further information provided at Appendix B.

3.6 To act as the point of contact between NHS England and the Council of Governors where it is decided by the governors or NHS England that the usual channel, which in most cases will be through the Chair or Company Secretary, is not warranted.

3.7 To act as a point of contact for the Governors with the Care Quality Commission (CQC).

3.8 To chair any parts of Council of Governors meetings in circumstances where it may not be considered appropriate for the Chair, Deputy Chair or another one of the Non-Executive Directors to lead (e.g. chairing a meeting to discuss the appointment of a new Chair or a conflict of interest in relation to the business being discussed).

3.9 To assist the Chair in facilitating the flow of information between the Trust Board and the Council of Governors.

3.10 To liaise with the Trust / Council of Governors Chair and/or the Senior Independent Non-Executive Director.

3.11 To be involved in the appraisal of the performance of the Chair and Non-Executive Director's performance.

3.12 To promote the Trust's values and foster an inclusive culture amongst governors.

3.13 To provide support dealing with governor conduct issues.

3.14 To contribute to the agenda setting of the Council of Governors meetings.

3.15 To be a member of the Nomination and Remuneration Committee of the Council of Governors and involved in the process for appointing the Chair and Non-Executive Directors.

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

Time Commitment of Lead Governor

In addition to attendance at Council of Governors meetings, held quarterly, the lead governor will be required to:

- Attend one-to-one meetings with the Chair of the Trust
- Act as Chair for items at Council of Governors meetings where the Chair of the Trust has a conflict of interest
- Attend Council of Governors agenda setting meetings with the Chair and Company Secretary
- Ask Governors for any additional items for the Council of Governors agenda
- Co-ordinate responses from Governors to questions from the Board
- Be a member of the Nomination and Remuneration Committee of the Council of Governors
- Take part in any Chair or Non-Executive Director recruitment processes
- Attend and represent the governors at the Annual Members Meeting (AMM) held annually
- Be actively involved in governor engagement activities

4 Responsibilities of the Deputy Lead Governor

The primary role of the deputy lead governor, selected by the Council of Governors, is to deputise for the lead governor and to provide the Trust with a point of contact for the Council of Governors in the event that the lead governor is unavailable for a period of time, has a conflict of interest or for any other reason is unable to discharge his or her duties (i.e. out of the country, ill health).

The deputy lead governor will encourage a Council of Governors that is engaged with the Board of Directors and the constituencies from which governors are elected.

The deputy lead governor is accountable to the Council of Governors as a collective and the Trust Chair. Other than the specified additional responsibilities, the role does not hold any additional responsibility or powers beyond those of an individual governor.

The process for the selection of the deputy lead governor shall be as described for the lead governor below.

Time served as lead governor does not count towards a governor's subsequent terms of office in the position of deputy lead governor.

5 Criteria for Lead Governor and Deputy Lead Governor

5.6 Governors wishing to undertake the role of lead governor should be confident they can undertake the duties outlined above to undertake this role. They should also:

- have the confidence of the governors and Trust Board;
- be able to commit the time necessary for the role, to attend meetings and for any other matters should the need arise, which may be at short notice;
- have excellent communication skills, including the ability to influence and negotiate;
- be committed to the values and behaviours of the Foundation Trust and support its goals and objectives;
- be able to act as an ambassador for the Council of Governors and the Trust;
- be able to work with others as a team and encourage participation from less-experienced governors;
- have effective time management skills;
- demonstrate an understanding of the Trust's Constitution.

5.7 Desirable personal qualities for a lead governor include:

- Previous experience of chairing meetings within a formal setting i.e. local authority, education, independent sector businesses, preferably involving participants from a variety of backgrounds;
- the ability to deal with potential conflicts;
- the ability to command the respect, confidence and support of their governor colleagues;
- the ability to represent the views of governor colleagues.

6 Process for the appointment to the role of lead governor and deputy lead governor

6.6 The lead governor and deputy lead governor will be selected by the Council of Governors.

6.7 An election for the role of Lead Governor is now due to take place which will be ratified at the Council of Governors meeting and Annual Members Meeting on 17 July 2024.

6.8 Any governor will need to demonstrate, by way of written expression of interest, experience in all areas of the person specification. In the event that there is no evidence of experience in two or more categories, the expression of interest will

not be able to proceed to voting stage. Nominees will provide a short nomination statement describing their reasons for standing Governors can nominate a governor to be the lead governor and should ideally discuss this with the proposed nominated governor before making a nomination.

6.9 Where more than one nomination is received, the names of all the nominated candidates shall be distributed to all governors and a confidential ballot shall be conducted. Votes will be counted on a “first past the post” basis.

6.10 Where there is one or more nominee the candidate with the second highest number of votes will be confirmed as the deputy lead governor.

6.11 The Trust Secretary, or his/her nominee, shall act as returning officer and shall announce the results of the election by reporting this to the next Council of Governors meeting. The results will be made available for scrutiny by Governors as required.

6.12 Where there is only one nomination, the Council of Governors shall be asked to ratify the appointment.

6.13 Candidates or governors submitting a nomination will need to provide a paragraph by way of a supporting statement which can be circulated to the Council of Governors as part of the lead governor voting paper.

6.14 Governors may **not** vote for more than one candidate.

6.15 In the event of a tie the Chair will have casting vote.

6.16 The timescale for the process is detailed in Appendix A.

6.17 The appointment of the lead governor will take place at a meeting of the Council of Governors on 17 July 2024.

Recommendation:
The Council of Governors is asked to:

- **APPROVE** the process for the election of the lead governor and deputy lead governor
- **APPROVE** the wording change to paragraph 18.3 of the Trust Constitution to align with the Code of Governance for NHS Provider Trusts.

Enclosed:
Appendix A - Timeline for the Appointment of Lead Governor and Deputy Lead Governor
Appendix B - The role of the nominated lead governor with NHS England

References:
Constitution of Calderdale and Huddersfield NHS Foundation Trust
Code of Governance for NHS Provider Trusts
Standing Orders – Council of Governors’

Appendix A

DRAFT TIMELINE FOR THE APPOINTMENT OF LEAD GOVERNOR and DEPUTY LEAD GOVENROR 2024/25

DATE	ACTION
Thursday 25 April 2024	Procedure for appointment of lead governor and deputy lead governor approved at the Council of Governors meeting on 20 April 2023.
Friday 17 May 2024	Deadline for governors to email their expressions of interest or nominations for the role of lead governor to the Corporate Governance Manager (amber.fox@cht.nhs.uk)
Friday 31 May 2024	Deadline for receipt of Candidate Supporting Statements (up to 250 words max) to Amber Fox on their suitability for the post of lead governor or deputy lead governor ~~with letters of support from four governors.~~
Monday 17 June 2024	Candidate Supporting Statements and voting papers for the lead governor role will be issued to all governors.
18 June 2024	Voting **OPEN** for the lead governor appointment – only **1** vote per governor.
Friday 28 June 2024	Voting **CLOSED** for the lead governor appointment and votes are counted.
Thursday 10 July 2024	Declaration of Result shared with the Council of Governors papers for the meeting on 17 July 2024.
Thursday 17 July 2024	Council of Governors to ratify the results of the lead governor appointment which will be effective for a period of 12 months and announced at the Annual Members Meeting on 17 July 2024.

Appendix B

The role of the nominated lead governor with NHS England

The lead governor has a role to play in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the Trust Secretary.

It is not anticipated that there will be regular direct contact between NHS England and the Council of Governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated, and contact details provided to NHS England, and then updated as required.

The main circumstances where NHS England will contact a lead governor are where they have concerns about the Board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by NHS England of their formal powers to remove the chair and non-executive directors. The Council of Governors appoints the chairperson and non-executive directors, and it will usually be the case that NHS England will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the Trust, and to rectify successfully any issues, and also for the governors to understand NHS England's concerns.

NHS England does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of Board leadership, NHS England will often wish to have direct contact with the NHS Foundation Trust's governors, but at speed and through one established point of contact, the Trust's nominated lead governor. The lead governor should take steps to understand NHS England's role and the available guidance and the basis on which NHS England may take regulatory action. The lead governor will then be able to communicate more widely with other governors. Similarly, where individual governors wish to contact NHS England, this would be expected to be through the lead governor.

The other circumstance where NHS England may wish to contact a lead governor is where, as the regulator, they have been made aware that the process for the appointment of the chair or other members of the Board, or elections for governors, or other material decisions, may not have complied with the NHS Foundation Trust's constitution, or alternatively, whilst complying with the Trust's constitution, may be inappropriate. In such circumstances, where the chair or other members of the Board of directors or the Trust Secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for NHS England.

Governor Observers By Board Committee

Appendix J3

BOARD OF DIRECTORS

Charitable Trustees

Charitable Funds Committee
Helen Hirst (Chair), Nigel Broadbent / Frequency: Quarterly

Governor Member: Vacancy

Audit and Risk Committee

Nigel Broadbent (Chair)
Jo Wass
Tim Busby

Governor Observer:
Isaac Dzyia
Liam Stout

Deputy: Tony Wilkinson, Jonathan Drury

Frequency: Quarterly

Transformation Programme Board

Peter Wilkinson (Chair)
Helen Hirst

Governor Observer
Lead Governor
Brian Moore

Frequency: 10 per annum

Finance & Performance Committee

Vanessa Perrot
Nigel Broadbent
Denise Sterling or Tim Busby

Governor Observer
Robert Markless
Pam Robinson

Deputy: Isaac Dzyia, Brian Moore

Frequency: 10 per

Workforce Committee

Jo Wass (Chair)
Peter Wilkinson
Denise Sterling

Governor Observer
Kate Wileman
Dr Sara Eastburn

Deputy: Lorraine Wolfenden

Frequency: Bi-Monthly

Quality Committee

Denise Sterling (Chair)
Jo Wass
Vanessa Perrot

Governor Observer
Gina Choy
Lorraine Wolfenden

Deputy: Kate Wileman

Frequency: 10 per annum

Organ & Tissue Donation Committee

Chair: Helen Hirst

Governor Observer

Jonathan Drury

Frequency: Bi-annual

COUNCIL OF GOVERNORS

Nominations & Remuneration Committee of the Council of Governors

Chair: Helen Hirst
Senior Independent Non-Executive Director: Denise Sterling

Lead Governor: Brian Moore
Tony Wilkinson
Peter Bamber
Isaac Dzyia
Pam Robinson
Jules Williams

1 or 2 vacancies from July 2024

Summary of Vacancies for Governors

Charitable Funds Committee Member (4 meetings p/a)
Observer Organ and Tissue Donation Committee (2 meetings per annum)

From July 2024 1 or 2 vacancies for the Nominations and Remuneration Committee

Attendance	✓	Apologies	×	Not elected/in post	
				Did not attend	

APPENDIX J4
COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS ATTENDANCE AT COUNCIL OF GOVERNOR MEETINGS – 1 APRIL 2023 – 31 MARCH 2024

MEETING DATES		20.04.23	20.07.23	AMM 25.07.23	19.10.23	25.01.24	06.03.24 Extra-ordinary	TOTAL
1 – Calder & Ryburn Valleys	Peter Bamber	×	✓	✓	✓	×	×	3/6
	Gina Choy	✓	✓	✓	✓	✓	✓	6/6
2 – Huddersfield Central	Christine Mills	✓	×		✓	✓	✓	4/6
	Robert Markless	✓	✓	✓	✓	✓	✓	6/6
3 – South Huddersfield	Isaac Dziya	✓	×			×	×	1/6
	John Richardson **(from 25.07.23 – 25.01.24)**				×			0/2
4 – North Kirklees	Veronica Woollin **(tenure ended 25.07.23)**	✓	×	✓				2/3
5 – Skircoat & Lower Calder Valley	Stephen Baines **(tenure ended 25.07.23)**	✓	✓	✓				3/3
	Diane Cothey **(from 25.07.23)**				✓	×	✓	2/4
	Lorraine Wolfenden **(from 25.07.23)**			✓	✓	✓	✓	4/4
6 – East Halifax & Bradford	Peter Bell **(tenure ended 21.02.23)**	×						0/1
7 – North and Central Halifax	Kate Wileman **(from 25.07.23)**			✓	×	✓	✓	3/3
	Tony Wilkinson **(from 25.07.23)**			✓	✓	✓	×	3/4
8 - Lindley & The Valleys	John Gledhill **(tenure ended 25.07.23)**	✓	×					1/2
	Brian Moore	×	✓	✓	✓	✓	✓	5/6
	Pam Robinson **(from 25.07.23)**			✓	×	×	×	1/4

9 – Staff – Drs/Dentists		Sandeep Goyal	×	×					0/6
10 – Staff - AHPs/HCS/Pharmacists		Sally Robertshaw (tenure ended 25.07.23)	✓	×	✓				2/3
		Jonathan Drury (from 25.07.23)			✓	×		×	1/4
11 – Staff – Management / Admin		Emma Kovaleski (tenure ended 14.09.23)	×	×					0/3
12 – Ancillary		Jo Kitchen	✓	×		✓	×		2/6
13 – Staff – Nurses / Midwives		Liam Stout	✓	×		×	✓	✓	3/6
		Emma Karim (from 25.07.23)				✓	✓	✓	3/4
Stakeholder Governors (Appointed)	University of Huddersfield	Dr Sara Eastburn	×			×	×	×	0/6
	Calderdale Metropolitan Council	Cllr Megan Swift (tenure ended 25.07.23)	×						0/2
		Cllr Josh Fenton-Glynn (from 01.08.23)				✓	✓	×	2/3
	Calderdale and Huddersfield Solutions Ltd.	Abdirahman Duaale	✓			×	×	✓	2/6
	Kirklees Metropolitan Council	Cllr Lesley Warner	✓						1/1
		Cllr Jo Lawson				×	✓		1/2
	Healthwatch Kirklees / Calderdale	Karen Huntley	×					✓	1/6
	Locala	Chris Reeve (tenure ended 25.07.23)	×	×					0/2
	South West Yorkshire Partnership NHS Foundation Trust	Salma Yasmeen (tenure ended 25.04.23)	×						0/2
		Julie Williams (from 01.05.23)				✓	×	✓	2/4

APPENDIX J5

COUNCIL OF GOVERNORS

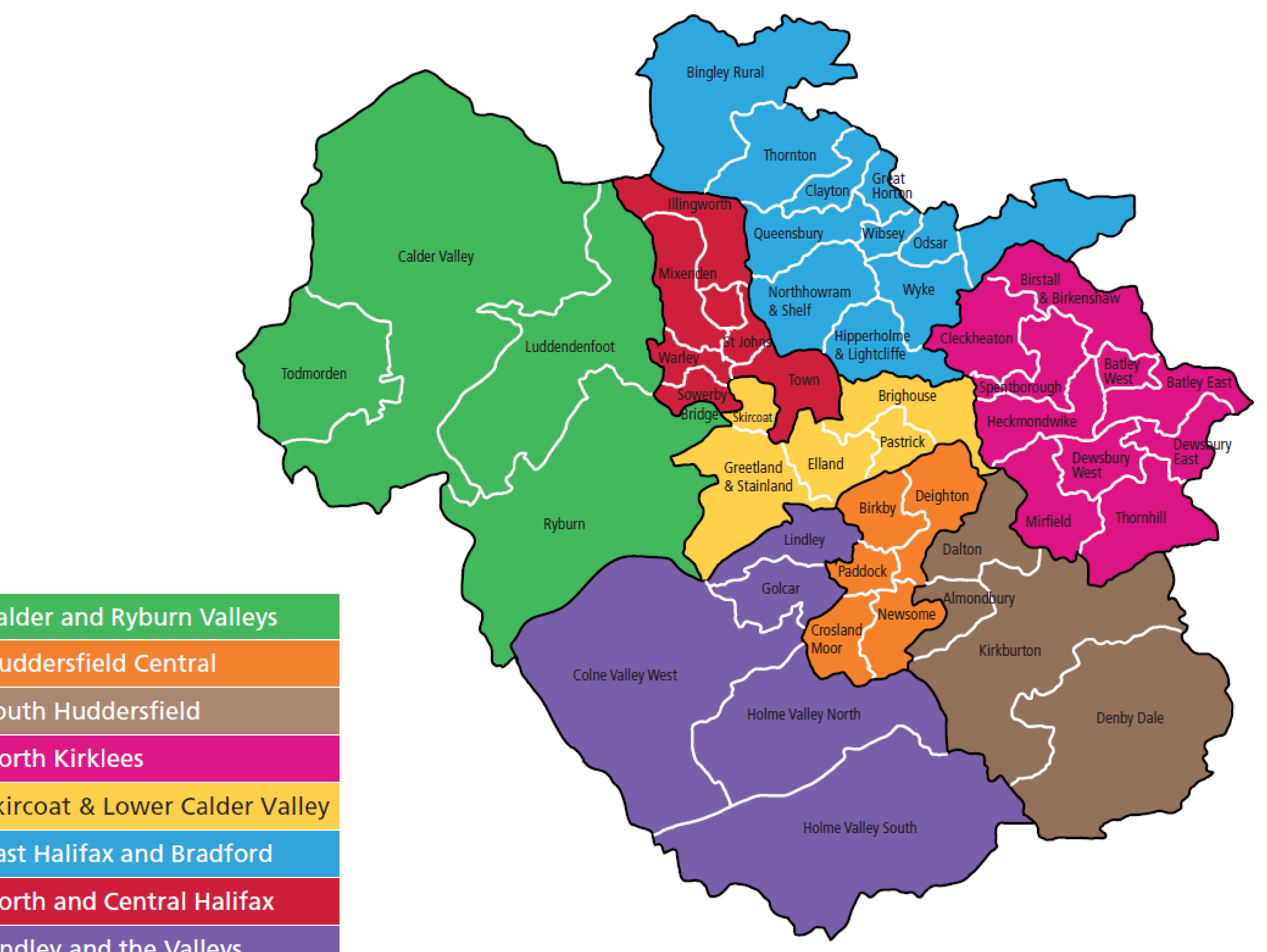
REGISTER

AS AT 31 MARCH 2024

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
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	**VACANT SEAT**			
4 – North Kirklees	**VACANT SEAT**			
4 – North Kirklees	**VACANT SEAT**			
5 – Skircoat and Lower Calder Valley	Diane Cothey (End of tenure 17.07.24)	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	Kate Wileman	25.07.23	3 years	2026
7 – North and Central Halifax	Tony 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
STAFF – ELECTED				
9 - Drs/Dentists	Sandeep Goyal	28.07.21	3 years	2024
10 – AHPs/HCS/Pharmacists	Jonathan Drury	25.07.23	3 years	2026

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
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				
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	**TO BE APPOINTED**			
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:-
Green – Newly elected
Red – Tenure ceasing
Blue – Vacant posts


Bingley Rural
Thornton
Clayton
Great Horton
Queensbury
Wibsey
Odsar
Illingworth
Mixenden
Northowram & Shelf
Wyke
Hipperholme & Lightcliffe
St Johns
Warley
Town
Sowerby Bridge
Skircoat
Brighouse
Pastrick
Elland
Greetland & Stainland
Calder Valley
Luddendenfoot
Todmorden
Ryburn
Birstall & Birkenshaw
Cleckheaton
Batley West
Batley East
Spenborough
Heckmondwike
Dewsbury West
Dewsbury East
Mirfield
Thornhill
Birkby
Deighton
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

APPENDIX J6

DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT 29 JANUARY 2024

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.

PUBLIC ELECTED GOVERNORS

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
19.10.23	Peter BAMBER	Public Elected – Calder and Ryburn Valleys	-	-	-	-	-	• Member of the British Medical Association • Member of the Anaesthesia UK (formerly known as the Association of Anaesthetists of Great Britain & Ireland)
18.01.24	Gina CHOY	Public Elected – Calder and Ryburn Valleys	-	-	-	-	-	Counsellor with ChildLine (non-paid) Qualified Nurse/ Midwife/ Midwife Teacher but no longer registered as practising
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
19.01.24	**Robert MARKLESS**	**Public Elected - Huddersfield Central**	**-**	**-**	**-**	**-**	**-**	**-**
25.01.24	**Christine MILLS**	**Public Elected - Huddersfield Central**	**-**	**-**	**-**	**-**	**-**	**-**
18.01.24	**Brian MOORE**	**Public Elected – Lindley and the Valleys**	**-**	**-**	**-**	**-**	**-**	**-**
26.4.23	**Pam ROBINSON**	**Public Elected - Lindley and the Valleys**	**Director – Private Company**	**-**	**-**	**-**	**-**	**-**
25.01.24	**Lorraine WOLFENDEN**	**Public Elected - Skircoat and Lower Calder Valley**	**-**	**-**	**-**	**-**	**-**	**Registered Nurse with NMC but not currently practicing. Won't be renewing registration after 31 January 2024.** **Befriender Calderdale Local Authority**
Awaited	**Diane COTHEY**	**Public Elected - Skircoat and Lower Calder Valley**	**-**	**-**	**-**	**-**	**-**	**-**
20.01.24	**Kate WILEMAN**	**Public Elected - North and Central Halifax**	**-**	**-**	**-**	**-**	**-**	**-**

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
8.10.23	Tony WILKINSON	Public Elected - North and Central Halifax	-	-	-	Trustee Healthwatch Kirklees	Trustee Healthwatch Kirklees	Retired Pharmacist

STAFF ELECTED GOVERNORS

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
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
24.01.24	Liam STOUT	Staff Elected – Nurses/Midwives (Advanced Clinical Practitioner)	-	-	-	-	-	1: Professional registration with the Nursing Midwifery Council. 2: Member of the Association for Perioperative Practice. 3: Member of the Faculty of Perioperative Care (RCS Edinburgh). 4: Doctoral candidate: University of Salford.
25.01.24	Emma KARIM	Staff Elected – Nurses/Midwives	-	-	-	-	-	Registered Nurse with the Nursing and Midwifery Council (NMC) Royal College of Nursing.

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
13.10.23	Jonathan DRURY	Staff Elected - AHPs/HCS/Pharmacists	-	-	-	-	-	-

APPOINTED GOVERNORS

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
03.05.22	Abdirahman DUAALE	Calderdale and Huddersfield Solutions Ltd.	-	-	-	-	-	-
18.01.24	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	-	-
25.01.24	Cllr Joshua FENTON-GLYNN	Calderdale Metropolitan Council	-	-	-	-	Cabinet member Adults Service, Calderdale Council.	Councillor – Calderdale MBC. General Medical Council (GMC) part time employment.
22.01.24	Julie WILLIAMS	South West Yorkshire Partnerships NHS Foundation Trust	Deputy Director of Corporate Governance	-	-	-	-	South West Yorkshire Partnerships NHS Foundation Trust

APPENDIX J7

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS

TERMS OF REFERENCE

Version:	V5 addition of references to Fit and Proper Persons Policy, removal of Associate Non-Executive Director, additional section re confidentiality, updated Appendix 1, membership V4: Addition of: -reference to Associate Non-Executive Director - procedures for one year extension for NED and for Governors to join the Committee - option to co-opt stakeholders for interview panels to ensure diversity
Approved by:	Council of Governors
Date approved:	~~27 January 2022 Council of Governors~~ To 25 April 2024 subject to approval 31 January 2024 Nominations and Remuneration Committee
Date issued:	To update once approved – 25 April 2024
Review date:	~~January 2023~~ February 2025

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

1. Constitution

1.1 In line with the Constitution the Trust hereby resolves to establish a Committee to be known as the Nominations and Remuneration Committee of the Council of Governors hereafter referred to as the Committee. The Committee has no executive powers other than those specifically delegated in these terms of reference.

1.2 All references in these terms of reference to Non-Executive Directors are to be taken to include the Chair, unless specifically indicated otherwise.

1.3 All procedural matters in respect of conduct of meetings shall follow the Constitution and Standing Orders of the Council of Governors.

2. Purpose

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

2.1 Carrying out the duties of Governors with respect to the appointment, re-appointment and removal of the Chair and other Non-Executive Directors.

2.2 Setting the remuneration of the Chair and other Non-Executive Directors.

2.3 Receiving reports from the Trust Chair on issues of Governor conduct, eligibility and removal.

3. Authority

3.1 The Nominations and Remuneration Committee of the Council of Governors is constituted as a standing Committee of the Council of Governors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Council of Governors meetings.

3.2 The Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Nominations and Remuneration Committee.

3.3 The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

3.4 The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

4. Conflicts of Interest

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

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

5. Nominations role

The Committee will:

5.1 Recommend to the Council of Governors potential candidates for appointment as Chair and / or Non-Executive Director.

5.2 Periodically, and as a minimum annually, review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and, having regard to the view of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review. The tenure of Non-Executive Directors is detailed in the Trust Constitution. In exceptional circumstances, where the maximum tenure of a Non-Executive Director has been reached, extensions of a Non-Executive Director may be considered for one year at a time in line with the procedure at Appendix 2. Section 2 of this procedure defines what constitutes exceptional circumstances.

5.3 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills, diversity, knowledge and expertise needed on the Board of Directors in the future, having regard to any relevant legislation and requirements of the independent regulator.

5.4 Review annually the time commitment requirement for Non-Executive Directors.

5.5 For each appointment of a Non-Executive Director ~~and Associate Non-Executive Director~~, prepare a description of the role and capabilities and expected time commitment required and review the job description and person specification for the role of the Chair and Non-Executive Directors. The Committee should consider appropriate and diverse representation at appointments and recruitment panels and the Committee may co-opt additional governors or other stakeholders for this specific purpose.

5.6 Make recommendations to the Council of Governors concerning plans for succession, particularly for the key role of Chair.

5.7 Keep the Non-Executive leadership needs under review to ensure the continued ability of the Trust to operate effectively in the health economy.

5.8 Keep up-to-date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

5.9 Recommend to the Council of Governors the selection and nomination of candidates for the office or Chair and Non-Executive Director of the Trust, taking into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

5.10 To establish an appointments panel for the purposes of managing the process for the appointment of a Chair and / or Non-Executive Director and ensure that governor members on the appointments panel adhere to the Trust Fit and Proper persons Policy.

5.11 To ensure Committee members are informed of the outcome of ‘Fit and Proper Persons Test’ checks for nominated candidates to fill vacant posts within the Committees remit and make a recommendation for approval of the appointment to the Council of Governors. Ideally the Fit and Proper Persons Tests will be completed in advance of the recommendation to the Council of Governors, however where this is not possible due to time constraints, any ratification decision is subject to satisfactory completion of these checks undertaken in line with the Fit and Proper Persons Policy. The Council of Governors should be informed of a satisfactory initial assessment for new Chair /Non-Executive Director appointments.

5.12 Ensure that a proposed Non-Executive Director’s other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

5.13 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest as well as with compliance with ‘Fit and Proper Person’ requirements are reported.

5.14 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review and be subject to annual re-appointment.

5.15 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director, including the Chair.

6. Remuneration role

The Committee will:

6.1 Recommend to the Council of Governors remuneration packages and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of his own remuneration and terms of service), the Chief Executive, and any external advisers.

6.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms of office, of the Non-Executive Directors ~~and Associate Non-Executive Directors~~ after taking into account the views of the Board of Directors.

6.3 Receive and evaluate reports about the collective performance of Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.

6.4 In adhering to all relevant laws and regulations establish levels of remuneration which:

6.4.1 are sufficient to attract, retain and motivate Non-Executive Directors and Associate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust;

6.4.2 reflect the time commitment and responsibilities of the roles;

6.4.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and

6.4.4 are sensitive to pay and employment conditions elsewhere in the Trust.

7. Oversee other related arrangements for Non-Executive Directors and Associate Non-Executive Directors.

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

7.2 To receive, within the report of the Chair's appraisal, a summary of the outcome of the annual fit and person tests for the Chair and other Non-Executive Directors, in line with the Trust Fit and Proper Persons Policy.

8. Governor Conduct Matters

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

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

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

8.3.1 Governor conduct, eligibility and removal;

8.3.2 Process for dealing with any reports of breaches of the Code of Conduct or Trust Constitution.

9. Membership and attendance

9.1 The membership of the committee shall consist of:

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

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

The following will attend in a professional advisory capacity:

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

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

10.1 The Committee will be chaired by the Trust Chair.

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

11. Terms of Office of Committee Members

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

12. Quorum

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

13. Secretary

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

14. Training

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

15. Attendance

15.1 Only members of the Committee have the right to attend Committee meetings.

15.2 At the invitation of the Committee, meetings shall normally be attended by the Chief Executive and Director of Workforce and Organisational Development.

15.3 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

16. Frequency of Meetings

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

17. Minutes and Reporting

17.1 Formal minutes shall be taken of all Committee meetings and once approved by the Committee, circulated to all members of the Council of Governors unless a conflict of interest, or matter of confidentiality exists.

17.2 The Committee will report to the Council of Governors after each meeting.

17.3 The Committee shall receive and agree a description of the work of this Committee, its policies and all Non-Executive Director remuneration in order that these are accurately reported in the required format in the Trust's Annual Report.

17.4 Members of the Committee will be required to attend the Annual General meeting to answer questions from the Foundation Trust members and the wider public.

18. Confidentiality

By its nature, the Committee deals with issues of a confidential nature. The membership is therefore expected to observe the highest degree of confidentiality and integrity in this regard. Any breaches in this regard will result in membership of the Committee being terminated.

19. Performance Evaluation

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

20. Review

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

Appendix 1 Updated 1.2.24

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS w.e.f. 1.2.24

Membership	Member / Attendee	Role	Date Commenced on the Committee	Governor Tenure*
Trust Chair **(Chair)**	Helen Hirst	Member Chair		
Senior Independent Non-Executive Director	Karen Heaton Denise Sterling w.e.f 28.2.24.	Chair if Trust Chair has conflict of interest or is not available		
Lead Governor	Brian Moore	Member	N/A	Term ends July 2024
Public Governor	Tony Wilkinson	Member	2023.	First term ends July 2026
Public Governor	Peter Bamber	Member	1.11.21.	To finish July 2024
Public Governor	Isaac Dziya	Member	1.11.21.	First term ends July 2024
Public Governor	Pam Robinson	Member	2023	First term ends July 2026
Appointed Governor	Julie Williams	Member	2023.	First term ends July 2026
Director of Corporate Affairs	Vicky Pickles	Attendee		
Company Secretary	Andrea McCourt	Attendee		
Director of Workforce and Organisational Development	Suzanne Dunkley	Attendee		

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

February 2024

Appendix 2

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

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

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

2. **Criteria for approving an Annual Re-appointment**
Circumstances may be deemed exceptional if a re-appointment of tenure would maintain stability when the:

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

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

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

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

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

   - the issue of eligibility under the exception criteria outlined in Section 2

   - matters normally considered in the re-appointment the Non-Executive Director i.e. assessing the existing candidate against the current updated job description and person specification

   - additional relevant issues, such as

     - the Non-Executive Director's past annual performance appraisal(s)
     - any changes in the Non-Executive Director's commitments that may have a bearing on the time required to undertake the role
     - any change in the Non-Executive Director's independence, particularly their

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

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

Appendix 3

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

1. Context

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

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

2. Appointment Process

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

3. Process following Selection

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

APPENDIX J8

Council of Governors Meetings Dates – 2024

Public Council of Governors

Date	Time	Location
Thursday 25 April 2024	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Forum Rooms 1A + 1B, Learning Centre, HRI *(Hybrid)*
Wednesday 17 July 2024	1:00 – 1:45 pm (Thank You Lunch – instead of Private meeting) 2:00 – 4:0 pm (Public)	Boardroom, Learning Centre, Huddersfield Royal Infirmary
Annual Members Meeting Wednesday 17 July 2024	5:00 – 7:00 pm	Rooms 3 & 4, Acre Mills Outpatients
Thursday 24 October 2024	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Forum Rooms 1A + 1B, Learning Centre, HRI

Joint Council of Governors and Board of Directors Workshops

Date	Time	Location
~~**Tuesday 14 May 2024**~~ **CANCELLED**	~~1:00 – 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

Council of Governors Only Workshop Session

Date	Time	Location
Tuesday 12 November 2024	1:00 – 4:00 pm	Forum Rooms 1A + 1B, Learning Centre, HRI

Informal Governors' Meetings 2024

Date	Time	Location
Thursday 30 May 2024	10:00 – 11:00 am	Microsoft Teams
Wednesday 31 July 2024	2:30 – 3:30 pm	Microsoft Teams
Tuesday 24 September 2024	10:00 – 11:00 am	Microsoft Teams
Wednesday 27 November 2024	2:00 – 3:00 pm	Microsoft Teams

Governor Training Sessions (Open to all governors to attend)

Topic	Date	Time	Location
An Introduction to NHS Finance	Thursday 23 May 2024	1:30 – 3:30 pm	Large Training Room, Learning Centre, CRH

17. INFORMATION TO RECEIVE

1. Highlight Report from Workforce Committee
2. Performance Report (IPR) for information
3. Finance Report for information
4. Highlight Report from Quality Committee
5. Council of Governors Workplan 2024
6. Council of Governors Meeting Dates 2024

To Receive

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Workforce and OD Committee
Committee Chair:	Karen Heaton
Date(s) of meeting:	19 February 2024
Date of Board meeting this report is to be presented:	7 March 2024
ACKNOWLEDGE	The following points are to be noted by the Board following the meeting of the Committee on 19 February 2024 where the strategic theme was Improvement. • The Committee received presentations on the process of Work Together Get Results. The presentation was informative highlighting an example of where the process had not worked, the learning from this event and how this was then applied to the next situation to ensure success. The aim is to continue to roll out the programme with increasing numbers of staff being trained to apply the process across their own areas of activity and the Trust. • A presentation was given on the soon to be piloted Critical Event Support Debriefing Service. The Committee supported the pilot and agreed that defining a "critical event" could be challenging. However, The Committee would welcome feedback on the pilot and any learning at a future meeting. • The annual Staff Survey results are currently embargoed, and a verbal presentation was provided on the headline results. Overall, these are positive with some areas gaining positive percentage points in feedback from colleagues. A more detailed presentation will be provided as soon as the results are available. • The Committee received a presentation summarising the progress made with CHFT's recruitment strategy. Whilst there are challenging areas nationally in the recruitment of clinicians, nurses and midwives, CHFT continues to make good progress in filling vacancies with applicants stating that One Culture of Care is a unique attraction. • The Committee reviewed the progress being made against the Apprenticeship Strategy which it was agreed isa success story demonstrating how CHFT grows its own talent. Utilisation of the apprenticeship levy is high at 82% and further use

	of the levy is planned for this year. The approach to apprenticeships is multi-faceted and goes from strength to strength. The Government plans further changes to the scheme in April. • The BAF deep dive and the Medical Staffing Report both highlighted that recruitment has improved overall but this remains a challenging area both nationally and locally. The Committee supported the approaches taken and the commitment to ensure the base remains safe and agreed that the overall score of 16 should remain unchanged. • A further deep dive on Recruitment/Retention and Inclusive Leadership was presented and again The Committee agreed that the score of 12 should remain unchanged. • The Quality and Performance Report was presented, and The Committee agreed this is now much improved. There was concern expressed at the number of appraisals completed and supported the need for completion levels to be improved over the year but not at the expense of quality. It was confirmed that areas are being targeted for more intervention by the HR partners.
ASSURE	• The Committee were assured that all was being done to manage the medical workforce staffing levels to ensure the base remains safe. • The ESR annual assessment was presented highlighting two areas where the Trust was not complaint and two areas of partial compliance. These are not significant in that the Trust collects the data through other means. However, the Trust will work toward compliance which is being encouraged ahead of the introduction of a new ESR system in 2030.
AWARE	• The Committee also received the annual Gender Pay Gap report with results showing no real change on the previous year. The Trust will be preparing a report covering the Ethnicity Pay Gap and the Disability Pay Gap. The Committee approved publication of the Gender Pay Gap Report.
ONE CULTURE OF CARE	• One Culture of Care is considered as part of the workforce reports and in discussions.

Integrated Performance Report February2024

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Performance Matrix Summary:

Note:
Improvement in matrix position
Deterioration in matrix position

Matrix Key
High Improvement
Improvement
Neutral
Concern
High Concern

ASSURANCE

VARIANCE	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT	• Staff Movement (Turnover) • Core EST Compliance	• Total Patients waiting > 62 days for cancer treatment compared with February 2020 • Proportion of patients meeting the faster diagnosis standard • Non-site-specific cancer referrals • Total Patients waiting >40 weeks (IMD 1 and 2)	• No KPIs
COMMON CAUSE/NATURAL VARIATION	• E. Coli Infection Rate • % of incidents where the level of harm is severe or catastrophic • Total Patients waiting >52 weeks • Total Patients waiting >65 weeks • Patients dying within their preferred place of death	• Summary Hospital-level Mortality Indicator • Falls per 1,000 Bed Days • CHFT Acquired Pressure Ulcers per 1,000 Bed Days • MRSA Bacteraemia Infection Rate • C. Difficile Infection Rate • Number of Serious Incidents • % of complaints within agreed timescale • Diagnostic activity undertaken against activity plan • Capped Theatre utilisation • Proportion of patients spending more than 12 hours in ED • Stillbirths per 1,000 total births • Virtual Ward • Proportion of patients meeting the faster diagnosis standard (Learning Disability) • 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) • Sickness Absence (Non-Covid)	• % of patients with a NEWS2 of 5+ that do not go on to have a higher score • % of adult patients that receive a MUST assessment within 24 hours of admission/transfer to the ward. • % of patients that receive a diagnostic test within 6 weeks • Day Case Rates • Early Cancer Diagnosis • ED Proportion of patients seen within 4 hours • Bed Occupancy • % of beds occupied by patients who no longer meet the criteria to reside • % Outpatient DNAs (Learning Disability) • Total Patients waiting >40 weeks (Learning Disability) • % Outpatient DNAs (IMD 1 and 2)
SPECIAL CAUSE CONCERN	• No KPIs	• Total Patients waiting >40 weeks • Total RTT Waiting List • ED Proportion of patients seen within 4 hours (IMD 1 and 2) • % of patients that receive a diagnostic test within 6 weeks (Learning Disability) • Hospital Discharge Pathway Activity • Proportion of Urgent Community Response referrals reached < 2 hours	• Proportion of ambulance arrivals delayed over 30 minutes • Transfers of Care • ED Proportion of patients seen within 4 hours (Learning Disability)

Not included in table – Finance, elective activity, follow-up activity, Community WL, Admission avoidance, neonatal deaths. Maternity workforce, Number of Never Events, Care Hours per Patient Day (CHPPD), Appraisal Compliance, Bank and Agency Spend

Safe, High Quality Care

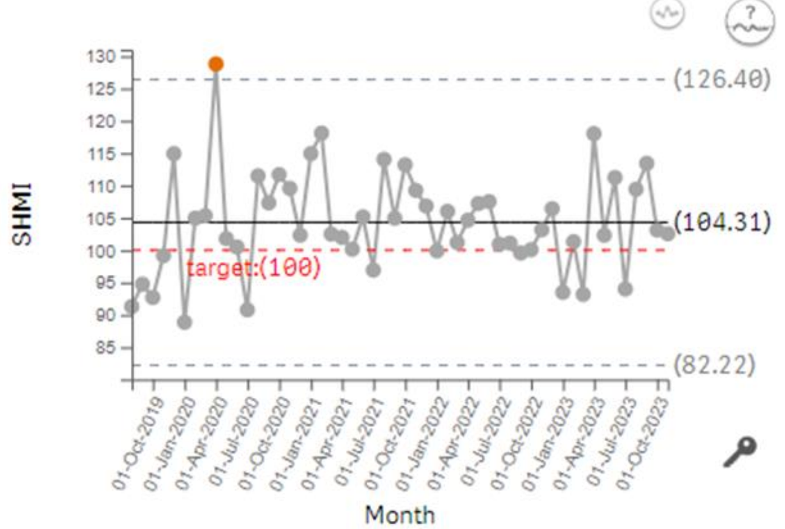
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Summary Hospital-level Mortality Indicator	November 2023	103.78	100			104.31	82.22	126.40
Care Hours Per Patient Day (CHPPD)	February 2024	8.9/7.9	-	-	-	-	-	-
Falls per 1000 Bed Days	February 2024	8	7.02			7.78	5.65	9.91
CHFT Acquired Pressure Ulcers per 1000 Bed Days	January 2024	1.75	1.58			1.67	0.83	2.51
MRSA Bacteraemia Infection	February 2024	0	0			-	-	-
C.Difficile Infection	February 2024	4	3.1			2.86	0	8.41
E.Coli Infection	February 2024	0	5.6			2.20	0.30	4.10
Number of Never Events	February 2024	1	0	-	-	-	-	-
Number of Serious Incidents	February 2024	4	0			3.13	0	8.69
% of incidents where the level of harm is severe or catastrophic	February 2024	1.16%	2%			0.81%	0%	1.93%
% of complaints within agreed timescale	February 2024	91%	95%			90.48%	74.01%	100%

Summary Hospital-level Mortality Indicator

Executive Owner: David Birkenhead Clinical Lead: Nikhil Bhuskute 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:

- SHMI performance has seen an increase for the latest 12-month rolling release and shows performance of 103.78 and has risen back over the 100 mark.
- Month on month performance has improved in November with performance standing at 102.54.
- Performance remains within the expected range in the latest release.
- The latest national SHMI position stands at 99.34 and CHFT now sits above this national position however remains comfortably within the expected range nationally.

Underlying issues:

- This declining position in performance seen in August and September 2023 is largely being driven by performance within the 122 – Pneumonia CCS group.
- A review was undertaken and 2 of the 10 cases reviewed were returned with a ‘poor care’ score.
- Both were sent for second opinions and they both confirmed the ‘poor care’ score.
- These records have been datixed for further investigation.

Actions:

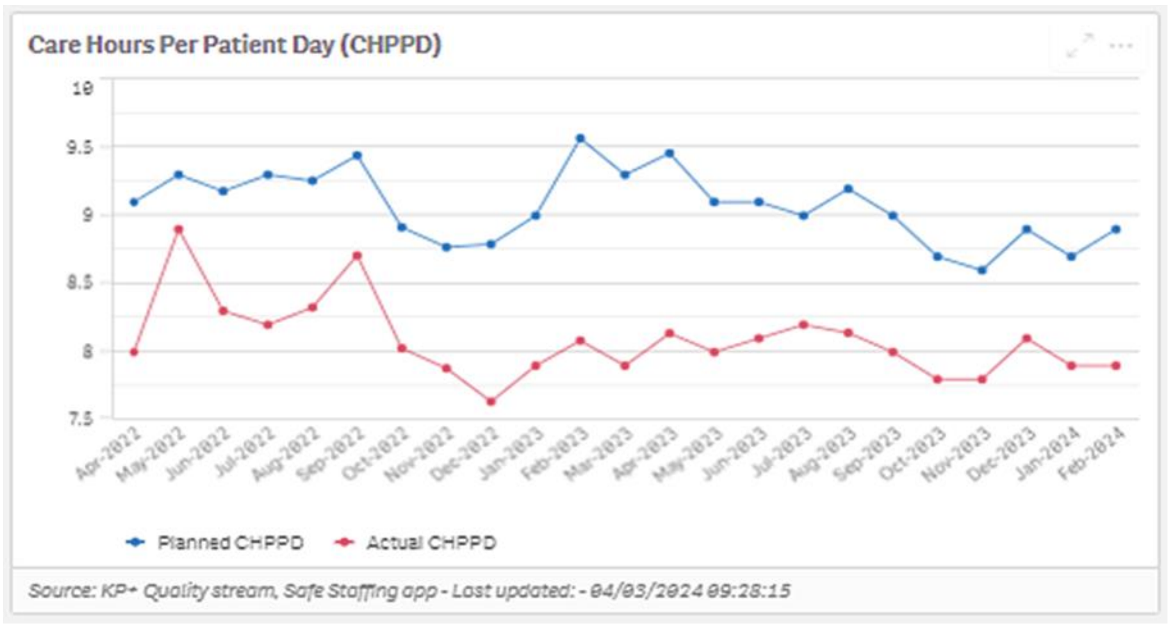
- Clinical Lead has contacted all mortality leads in all specialties to communicate the need to increase the level of mortality reviews being carried out on a monthly basis and the timeliness of these reviews being improved.
- The Trust target is for 50% of deaths to be reviewed using the initial screening review methodology, currently performance is not meeting these levels.
- A further clinical review of another 10 cases within the Pneumonia CCS group being undertaken to establish any potential quality of care issues from the August and September 2023 datasets.
- The results will be presented at an upcoming Quality Committee meeting.

Care Hours Per Patient Day

Executive Owner: Lindsay Rudge | Clinical Lead: Andrea Dauris | Business Intelligence Lead: Kelley Wilcock

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 by a deficit of 1.0 care hour per patient day.
- The latest data in Model Hospital reports CHFT providing 8.1 CHPPD against a peer median 8.5 and national median 8.4.

Underlying issues:
- The CHPPD deficit reflects unfilled shifts of both the registered and unregistered workforce. It is also aligned to bed occupancy at midnight. Fewer patients increases planned CHPPD.
- When staffing is reduced due to the requirement to staff extra capacity areas, CHPPD in substantive areas is affected.
- Reducing the CHPPD deficit is dependent on having the right workforce to meet the patient requirements.

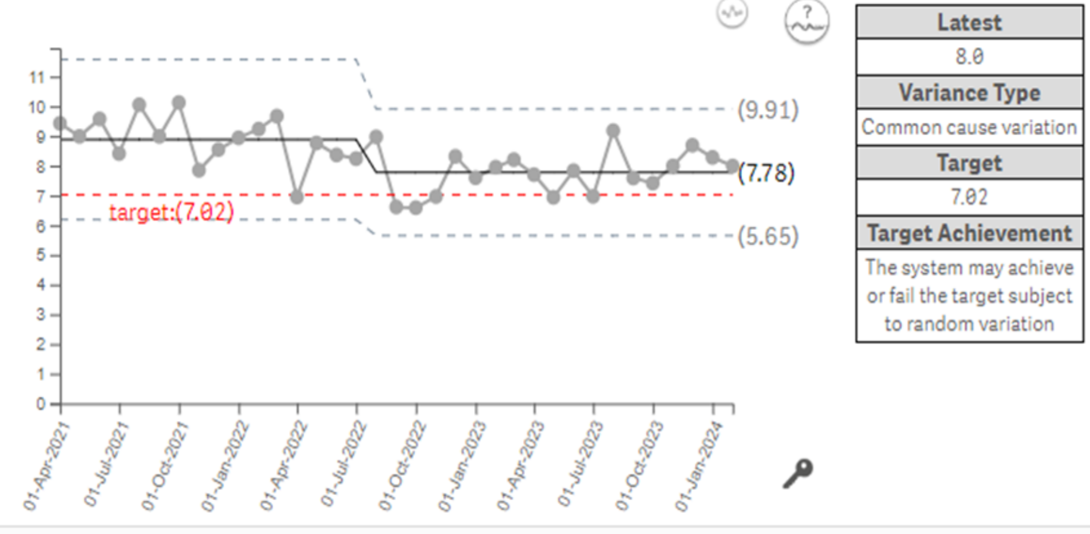
Actions:
- Undertake bi-annual Safer Staffing review. This process provides assurance of the correct workforce models based on an evidence-based methodology. The next bi-annual review is scheduled for March 2024.
- Ongoing monthly reviews of recruitment strategies, including employment of new graduates, internationally educated nurses, midwives, Allied Healthcare Professionals (AHPs) and apprenticeships by the Nursing, Midwifery and AHP Workforce Steering Group (NMAHPWSG).
- Review and refresh of the retention strategy by the NMAHPWSG.
- Strong roster management maximises efficiency of the available workforce. Continue monthly roster scrutiny.
- Ongoing work to reduce the need for extra capacity beds.
- Ongoing twice-daily staffing meetings chaired by Divisional Matrons to 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: Keziah Bentley

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:
- The rate of inpatient falls for February was 8.
- Currently performance can be expected to vary from 5.65 to 9.91.
- The chart shows that the rate of falls has continued to perform within common cause variation.

Underlying issues:
- Enhanced care team issues with 1-1 cover for areas inconsistent.
- Use of high visibility/bay tagging practice inconsistent across areas.

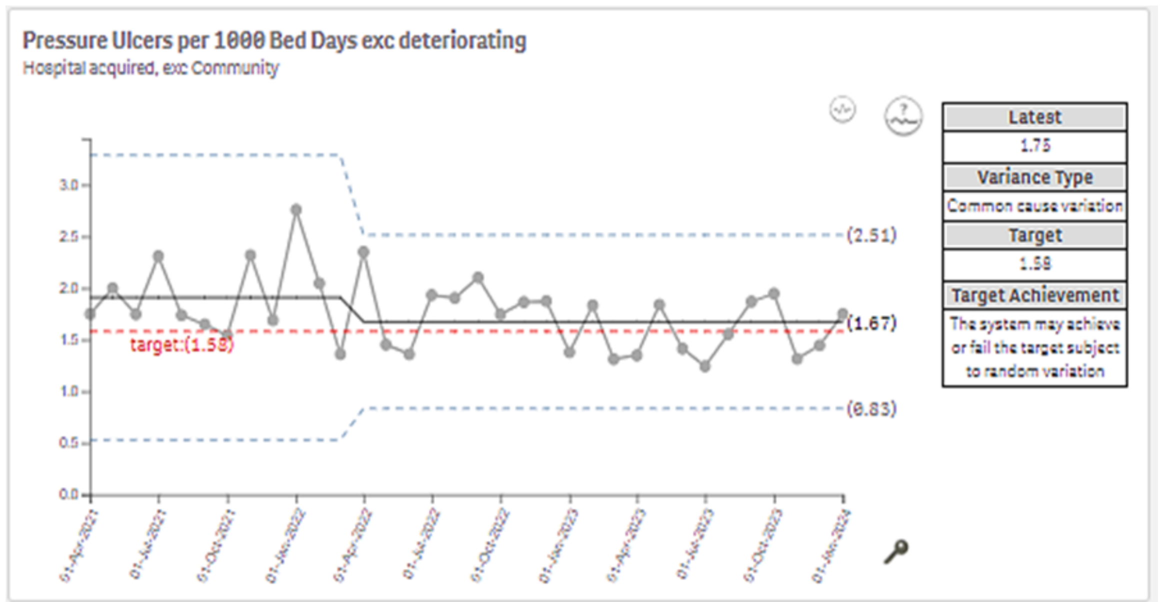
Actions:
- Continuing with reconfiguration plan around the Enhanced Care Team, update expected and a Work Together Get Results session. Outputs will be shared in due course
- Education as part of the revamped Enhanced Care team processes and assessments including area matron to review all referrals.
- Bed rails assessment is being reviewed due to concerns it is not reflective of what we need for safe practice, work is continuing with Bradford and Airedale Hospitals - completion date April 2024.
- The Falls policy is in the process of being reviewed to update and make easier to access/read. A temporary extension has been agreed with the Head of Quality and this will be completed by July 2024.
- Commencement of LSBP improvement project on Acute Floor, this is ongoing and there has been an in-month increase in compliance - Ongoing (mark as complete after 3 months of sustained improvement).
- Agree performance targets and KPI measures for 2024/25 with the falls collaborative- March 2024.
- New dashboard format to be rolled out for falls in 2024/25 once KPI measures have been agreed by the Falls collaborative - March 2024.

Hospital Acquired Pressure Ulcers per 1,000 Bed Days

Executive Owner: Lindsay Rudge Clinical Lead: Alison Ward Business Intelligence Lead: Kelley Wilcock

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:
- The data continues to exclude deteriorating pressure ulcers to ensure data accurately reflects current position.
- The incidence of Hospital Acquired PU excluding deteriorating PU for January was 1.75 Currently performance can be expected to vary from 0.83 to 2.51.

Underlying issues:
- PU risk assessment within 6 hours of admission/ward transfer requires improvement (52% in January 2024 as per Ward Assurance data).
- Performance with PU weekly reassessment requires improvement (44% in January 2024 as per Ward Assurance data).

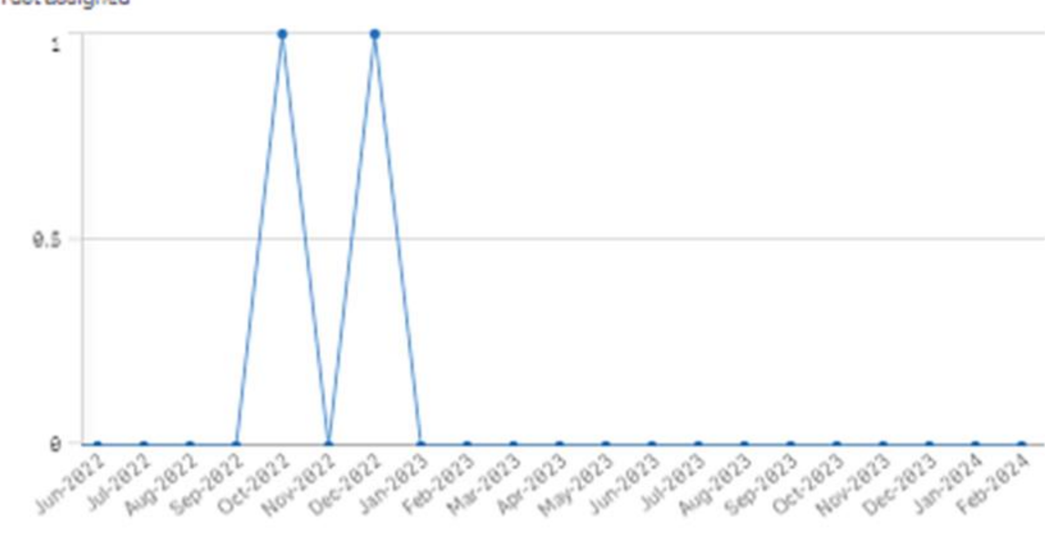
Actions:
- Pressure Ulcer risk assessment within 6 hours of admission/ward transfer is now captured on Live Assessment data within KP+.
- Targeted improvement continues for the low performing wards via the Pressure Ulcer Collaborative
- Audit of Pressure Ulcer risk assessments commenced in January 2024.
- SSKIN bundle review completed, and changes submitted to the EPR clinical analyst in collaboration with BTHFT and Airedale.
- Processes for Pressure Ulcer investigations and learning continue to be reviewed as part of Patient Safety Incident Response Framework.
- Feedback regarding the Pressure Ulcer After Action Review (AAR) template has been requested following roll out across Medical and Surgical division.
- Formulate Pressure Ulcer AAR template for Community Division.
- Attend upcoming regional meeting regarding proposed changes to Pressure Ulcer categorisation/surveillance and feedback to CHFT Task & Finish Group.

MRSA Bacteraemia Infections

Executive Owner: David Birkenhead Clinical Lead: Belinda Russell Business Intelligence Lead: Kelley Wilcock

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 0 MRSA Bacteraemia case infections in February.
- YTD 2023/24 – 0.

Underlying issues:
- Admission/pre-admission MRSA screening data inaccuracies.
- Colonisation suppression prescribing is via a POWERPLAN in EPR.
- ANTT and IPC level2 training is mandated for clinical staff and both require improvement.

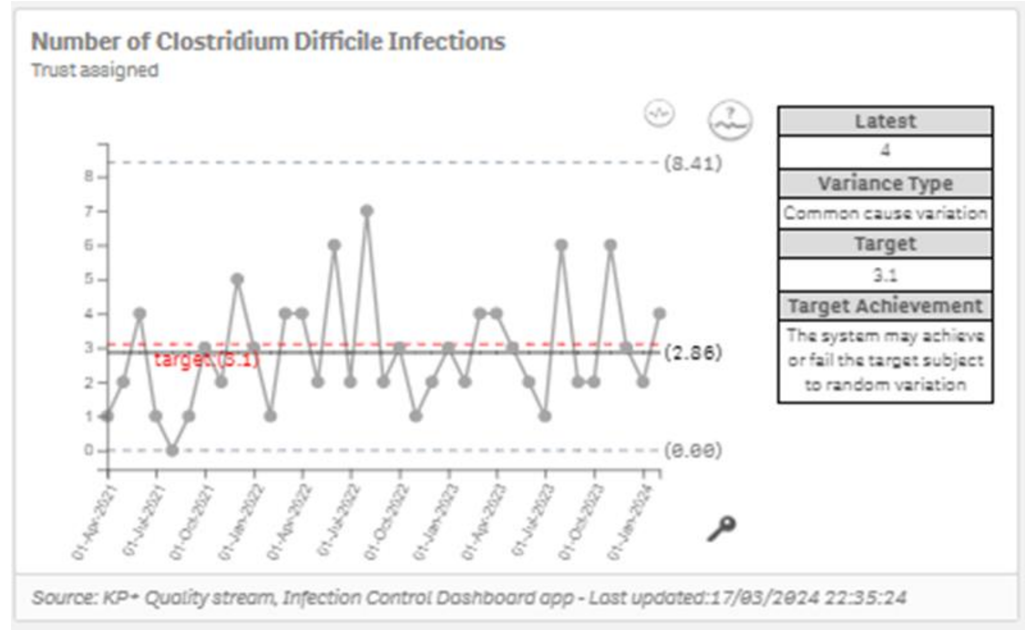
Actions:
- MRSA screening data cleanse has been completed and improvements seen.
- Colonisation suppression visual user guides have been provided to patients to ensure correct application.
- Mandatory training to be monitored through IPC Performance Board on a monthly basis.
- Any infections are investigated and discussed at panel. All learning is shared.

C.Difficile Infections

Executive Owner: David Birkenhead Clinical Lead: Belinda Russell Business Intelligence Lead: Kelley Wilcock

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 were 4 C.Difficile infections in February.
- Currently performance can be expected to vary from 0 to 8.41.
- YTD 2023/24 – 35 against a ceiling of 37.

Underlying issues:
- 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.

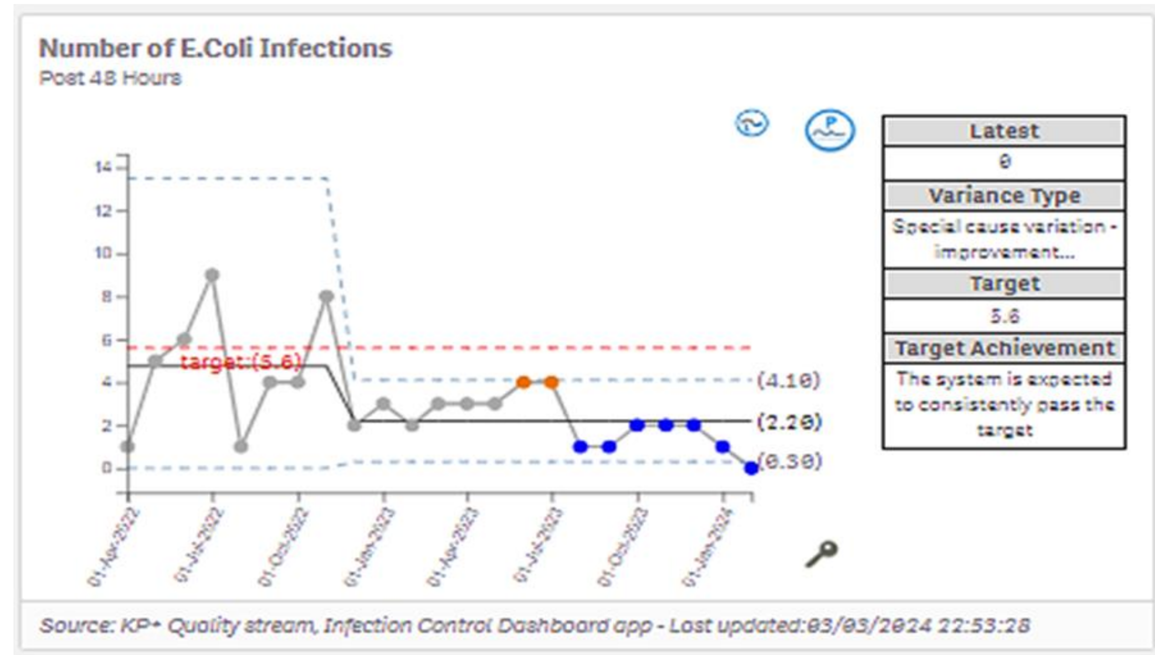
Actions:
- The Trust has implemented an improvement plan including a programme of HPV deep cleaning (to be agreed).
- C.Diff ward rounds, antimicrobial ward rounds and a review of the investigation process for cases.
- NHSEI carried out a support visit in March, with positive feedback. Their recommendations will further inform the improvement plan. The improvement plan is monitored at IPC Performance Board.
- The PSIRF for investigating C.Difficile cases has now gone live and this moves it back to divisions to take ownership of cases within their areas. Themes will be pulled on a 6-monthly basis and will form part of the planning for future IPC workstreams.

E.Coli Bacteraemia Infections

Executive Owner: David Birkenhead   Clinical Lead: Belinda Russell   Business Intelligence Lead: Kelley Wilcock

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 0 E.Coli infections in February.
- There have been 21 infections against a ceiling of 67, therefore we are likely to meet the target overall.
- Currently performance can be expected to vary from 0.30 to 4.10.
- YTD 2023/24 – 21.

Underlying issues:
- 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.

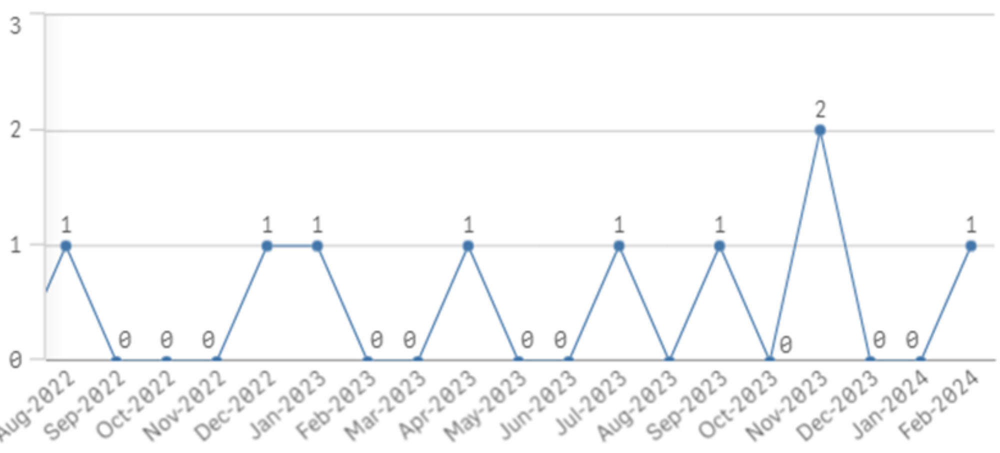
Actions:
- Extended surveillance of all the cases is conducted and uploaded to the UKHSA DCS system for national analysis.
- As part of the workplan of the IPCT, an annual audit of catheter management has been completed and recommendations shared with the divisions for implementation.
- A regional working 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:
- There was 1 never event incident reported in January and subsequently declared as an SI and reported to StEIS in February 2024.
- The Trust is unable to consistently meet the target and may achieve or fail subject to random variation month to month.

Underlying issues:
- Lack of standardisation of equipment used in the procedure – now under review.

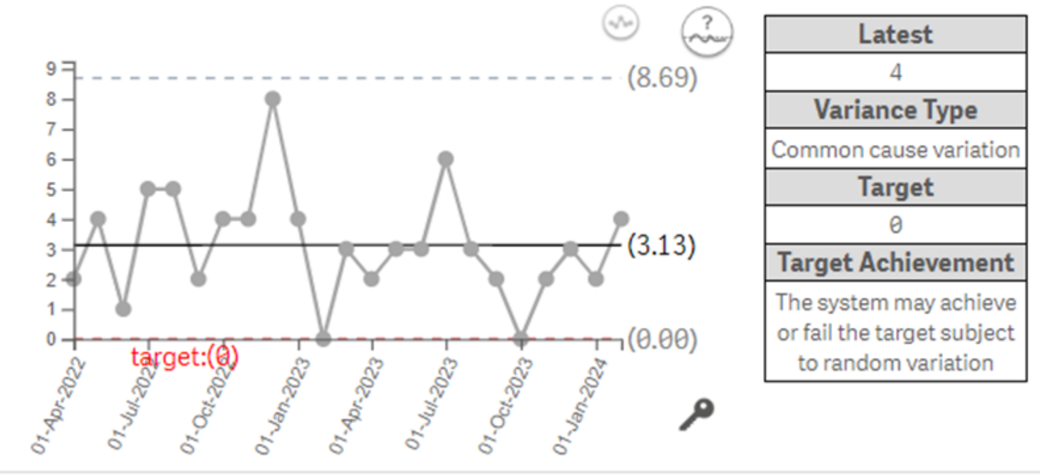
Actions:
- Initial actions completed and SI investigation ongoing.
- The Trust will continue to hold SWARM huddles as required to ensure learning is identified to keep our patients and staff safe.
- Two additional SI investigations are currently ongoing.

Number of Serious Incidents

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 serious incidents



What does the chart show/context:
- There were 6 serious incidents reported in February 2024, 4 of which have been validated and reported to StEIS.
- Currently performance is subject to common cause variation and can be expected to vary from 0 to 8.69.

Underlying issues:
- All 4 incidents reported in this period are currently under investigation, 1 of which is the Never Event demonstrated on the previous page within the Safe, high quality care category. 2 of the incidents occurred in the FSS division, 1 was classed as moderate harm with the other being classed catastrophic and the second 2 incidents occurred in the Medicine division, and both were classed as catastrophic.
- The 4 incidents reported were reported under different categories:
  1. Treatment/Care Delivery
  2. Possible delay or failure to monitor
  3. Complication of treatment (expected/unexpected)
  4. Intra Uterine Death (IUD)

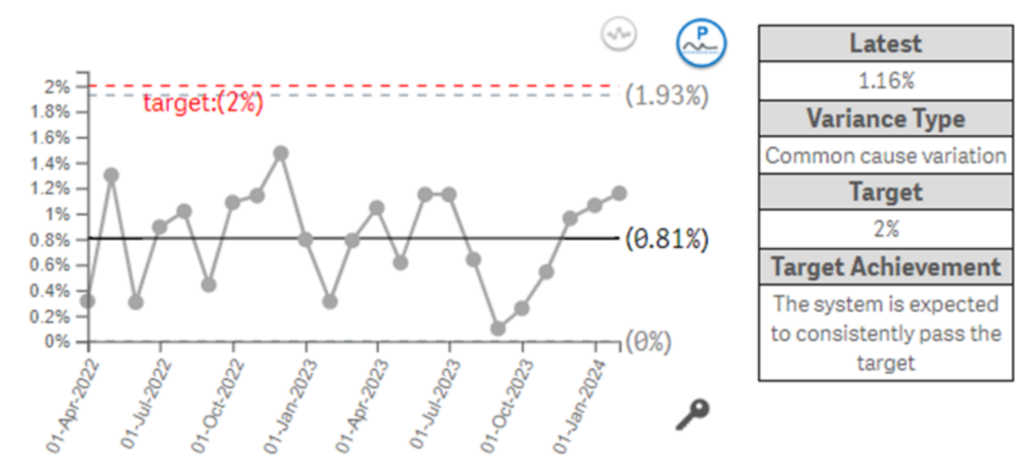
Actions:
- SWARMs held to identify learning and immediate actions.
- Themes initially identified were in relation to assessment, treatment and diagnosis.
- The Risk management Team and the Quality Governance Leads continue to support the Divisions to triangulate and review data for learning.

% 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



What does the chart show/context:
- The percentage of incidents where the level of harm was severe or catastrophic was 1.16% in February 2024.
- Currently performance is subject to common cause variation and can be expected to vary from 0% to 1.93%.

Underlying issues:
- The 3 incidents reported in this period are currently under investigation and have been reported to StEIS.

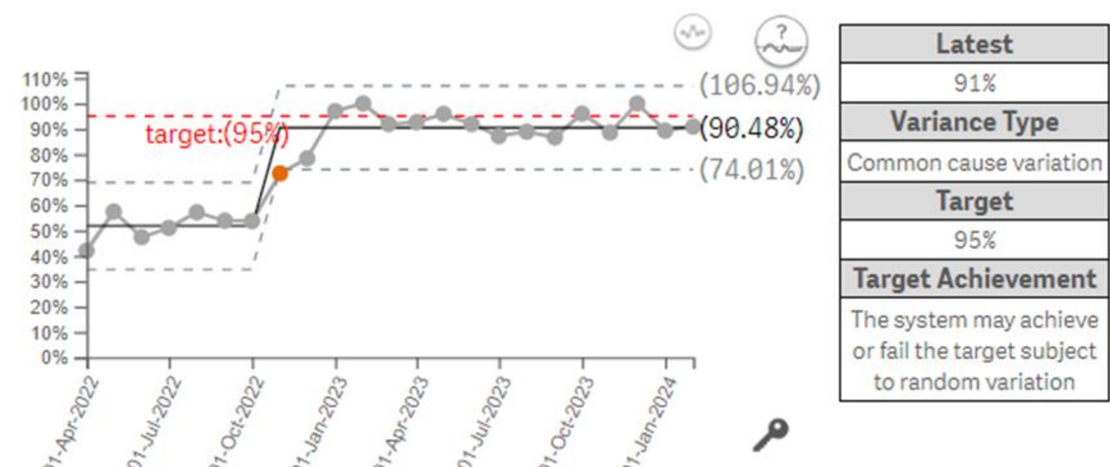
Actions:
- The Risk Management Team and the Quality governance Leads continue to work with clinical teams/departments to identify and triangulate themes and trends for implementation of quality improvement initiatives and shared learning Trust wide.
- To continue to monitor the trend within the upper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

- In February 2024 91% of complaints were closed within the agreed timescale
- Currently performance can be expected to vary from 74.01% to 100%.

Underlying issues:

- There have been some issues with the quality of responses which unfortunately have had to be returned for further information, impacting on performance – causing a delay in the response being sent.

Actions:

- A meeting has been requested with Divisional leads (medicine) to discuss quality of responses.
- An audit is scheduled to understand more where the delays are and why the quality of responses has declined – will also audit the standard of communication with complainants and the number of extensions requested
- Escalated to Divisional Leads for complaints to ensure everything is being done to respond to complainants within agreed timeframes and if not extensions agreed before the due date.
- 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	February 2024	307	TBC		-	323.5	218	429
% of episodes scoring NEWS of 5 or more not going on to score higher	February 2024	62.3%	70%			58.77%	53.47%	64.08%
% of adult patients that receive a MUST assessment within 24 hours of admission/transfer to the ward.	February 2024	88.59%	95%			83.81%	77.73%	89.9%

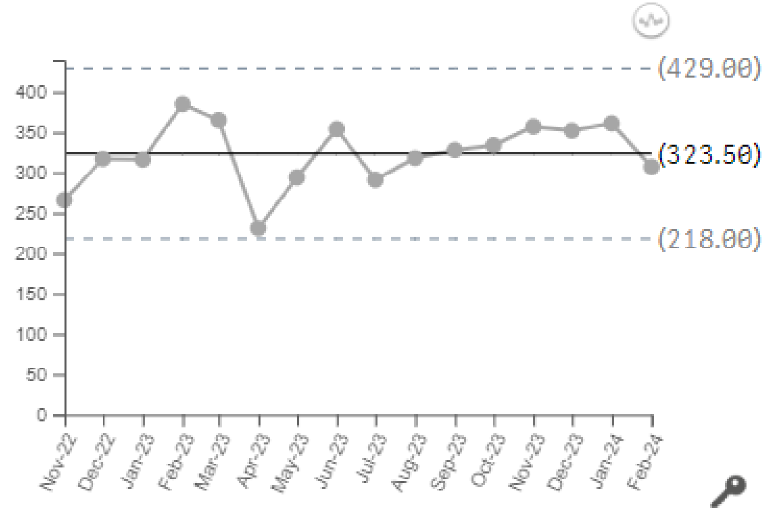
Alternatives to Hospital Admission – Frailty Service

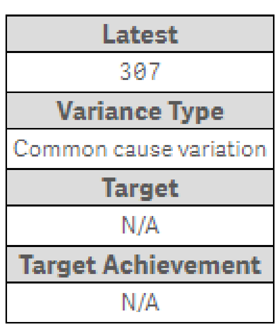
Executive Owner: Lindsay Rudge   Clinical Lead: Charlotte Bowdell/ Hannah Wood   Business Intelligence Lead: Gary Senior

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:
Target to be confirmed on the number of referrals per month by the end of March 2024.

UCR/Frailty Virtual Ward New Referrals into Service





Latest
307
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Source: SR Data. Last updated 13/03/2024 16:12:56

What does the chart show/context:
- New referrals into service for the whole Urgent Community Response / Frailty Virtual Ward service.
- Average of 324 per month for all - 307 for February 2024.

Underlying issues:
- CHFT Pharmacists are referring in Locala patients as an interim measure until access to Locala SystmOne units is configured.
- 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.

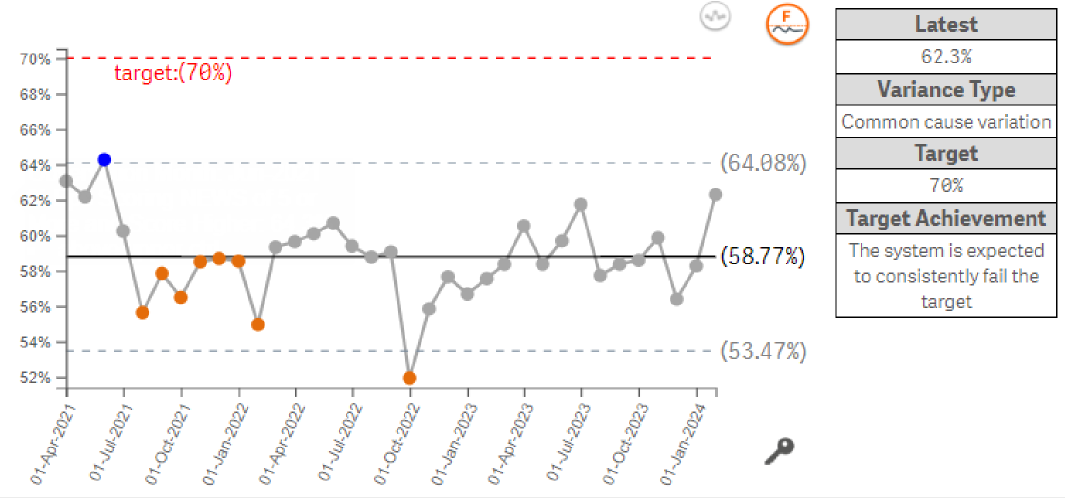
Actions:
- Medical division reviewing medical cover to support a 7-day Multi Discipline Team meeting for Frailty virtual ward. Other organisations have not all been able to recruit consultants but backfilled with a registrar.
- Advanced Clinical Practitioner working on Frailty Same Day Emergency Care on a weekend is supporting Kirklees virtual Frailty service with advice and guidance.
- Workforce model review to support activity and demand occurring in Calderdale frailty VW.
- 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 Urgent Community Response Service.
- Respiratory - criteria now changed to include patients requiring oxygen weaning.
- Team attend safety huddles each day.

Care of the Acutely Ill Patient

Executive Owner: David Birkenhead 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:
70% of patients with a NEWS2 of 5+ will not have a higher score during their episode of care



What does the chart show/context:
- Performance was 62.3% in February 2024.
- The Trust is unable to meet the target of 70% and will consistently fail the target.
- Currently performance is subject to common cause variation
- Performance can be expected to vary from 53.47% to 64.08%.

Underlying Issues:
- Doctors do not carry NerveCenter devices "in hours" which may result in delays in escalating for review, as well as delays in requesting a senior review by a registrar or consultant in line with NEWS2 policy.
- Out of hours the HOOP team have a wide scope of practice which can hinder their ability to review unwell patients within the required timeframe.
- Some of the patients with NEWS 5 or more who go on to score higher will include end of life care patients who are appropriately managed.

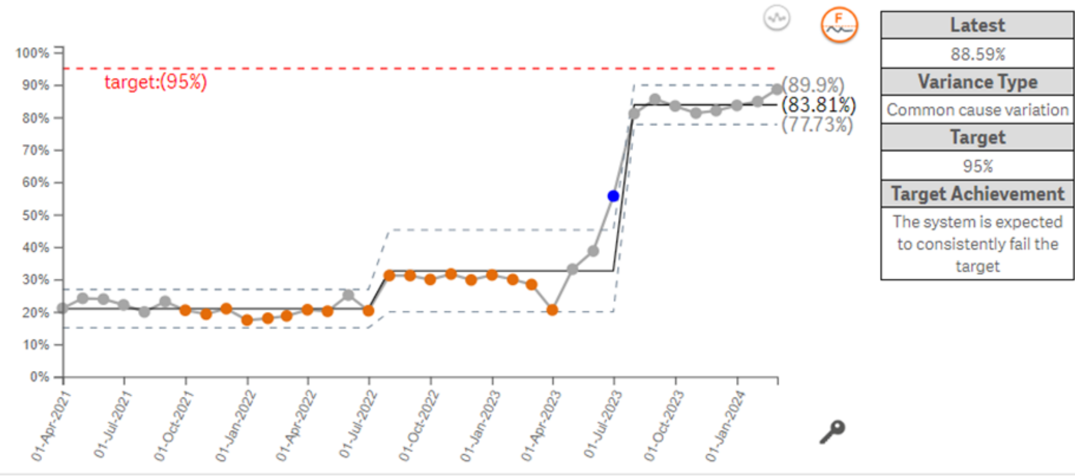
Actions:
- A new KP+ dashboard has been developed for an overview of ward areas with the highest NEWS scores. This will be used to target higher acuity wards when trialling interventions and visits have taken place to further understand existing ward pressures.
- A retrospective audit of patients with NEWS 5 or 6 who score higher is underway to identify learning opportunities for quality improvement. Data from the January audit (14 cases) suggests that 92.9% of patients were reviewed within an hour of NEWS 5 or more, but only 64.5% were reviewed by a registrar or consultant within an hour of NEWS 7 or more. A QIP is underway to trial the impact of medical registrars carrying NerveCenter devices 24 hours a day.
- The Acute Response Team (ART) will be introduced from April 2024 and the impact of this service on the response to patients with NEWS 5 or more will be reviewed.

Nutrition and Hydration

Executive Owner: Lindsay Rudge   Operational Lead: Vanessa Dickinson   Business Intelligence Lead: Charlotte Anderson

Rationale:
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.

Target: 95% of adult patients to receive a MUST assessment within 24 hours of admission/transfer to the ward.



What does the chart show/context:
- In February 2024 performance was 88.59%.
- Performance is in common cause variation and improvements are being sustained.
- Currently performance can be expected to be between 77.73% and 89.9% and therefore is expected to consistently fail the target.

Underlying Issues
- MUST assessment training compliance has improved and has now moved from 80.6% to 85%.

Actions:
- MUST assessment, completion and training continues to be monitored through the Nutrition & Hydration Group.
- The Nurse in Charge within each ward continues to monitor and ensure their staff complete the MUST training.
- MUST posters will be displayed on every ward area with instructions on how to complete as a visual aid
- The operational group are looking at charitable funds to buy small pocket tape measure for all staff to aid compliance.

Elective Care:

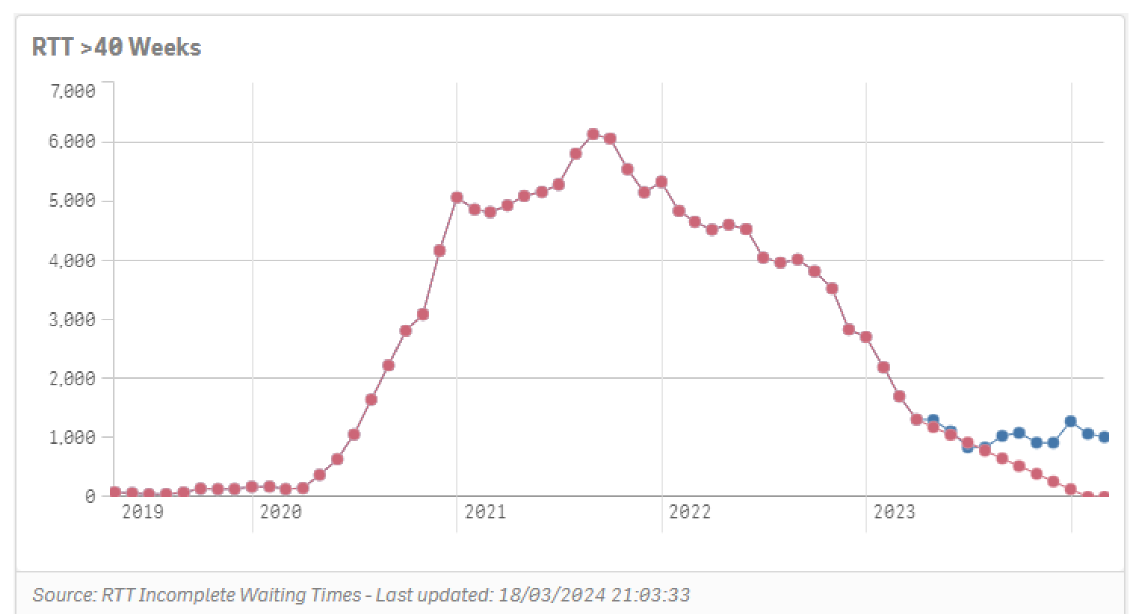
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Total Patients waiting >40 weeks to start treatment	February 2024	1,010	0			-	-	-
Total Patients waiting >52 weeks to start treatment	February 2024	60	0			-	-	-
Total Patients waiting >65 weeks to start treatment	February 2024	2	0			-	-	-
Total RTT Waiting List	February 2024	35,314	31,586			32,545	30,196	34,895
Total elective activity undertaken compared with 2023/24 activity plan	February 2024	105.0%	100%	-	-	-	-	-
Percentage of patients waiting less than 6 weeks for a diagnostic test	February 2024	89.1%	95%			86.3%	79.2%	93.3%
Diagnostic Activity undertaken against activity plan	February 2024	14,463	14,547			13,385	11,233	15,377
Total Follow-Up activity undertaken compared with 2023/24 activity plan	February 2024	96.8%	100%	-	-	-	-	-
Day Case Rates	November 2023	78.1%	85%			76.9%	74.79%	79.01%
Capped Theatre Utilisation	February 2024	81.5%	85%			81.45%	72.01%	90.9%

Total Patients waiting more than 40 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 40 weeks by January 2024.



What does the chart show/context:

- Our 40-week position stands at 1,010 at the end of February against the target trajectory of 0.
- Most of our remaining patients who are waiting over 40 weeks are in ENT (753), General Surgery (74), Max Fax (27), Gynaecology (27), Cardiology (24), Urology (20) and T&O (20). Of the specialties listed, all have improved in February, except for ENT.

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 have resulted in a delay in reducing the 40-week position.
- Whilst ENT will have 40-week waits at the end of March the focus is on ensuring 52-week compliance by the end of March within the specialty.

Actions:

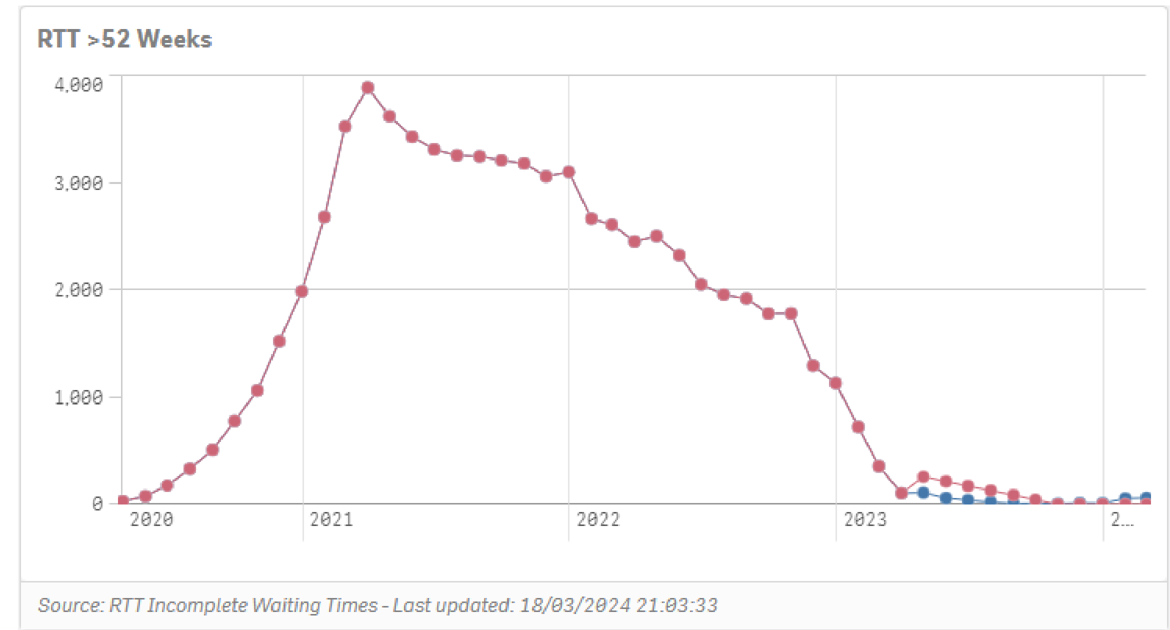
- Operational teams to be tracking patients to at least 40 weeks.
- KP+ writeback model being used by all operational teams to ensure that tracking actions are transparent and cannot be overwritten by Validation teams.
- ENT Task and Finish Group concluded with actions in place.
- Actions have been identified in 3 cohort areas:
  - Demand management
  - Increasing internal capacity
  - Increasing external capacity
- Number of >40 week waits impacted by Industrial action is being tracked.
- To support 40-week delivery additional Access Oversight meetings have been put in for Cardiology, Gynaecology, and Max Fax specialties.

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:

- Our 52-week position now stands at 60 (52 in ENT and 5 in T&O).
- There are 181 patients waiting between 46 and 52 weeks, including ENT (129 – down from 205), Urology (8), and Cardiology (10).
- All other specialties have 5 or fewer patients waiting between 46 and 52 weeks.

Underlying issues:

- The longer-term risk to the 52-week position is specifically from ENT ASIs.
- The non-ENT patients have treatment plans in place for the end of March 2024.

Actions:

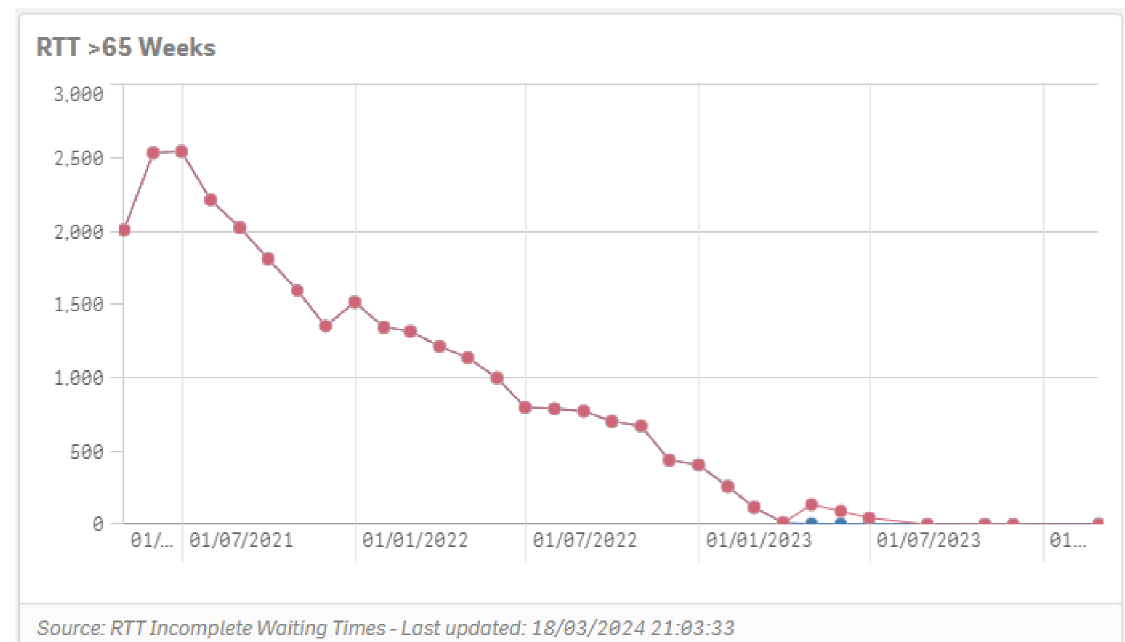
- Operational teams to be tracking patients to at least 40 weeks and are attempting to track down to 30 weeks.
- To support 52-week delivery by the end of March - and maintain delivery from April onwards - S&A have restructured A&C resource to enable greater tracking of ENT's RTT position.
- KP+ writeback 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 concluded with actions in place and are working to 52-week compliance by the end of March.
- Actions have been identified in 3 cohort areas:
  - Demand management
  - Increasing internal capacity
  - Increasing external capacity
- To support 52-week delivery by the end of March - and maintain delivery from April onwards - S&A have restructured A&C resource to enable greater tracking of ENT's RTT position.

Total Patients waiting more than 65 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. 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:

- At the end of February there were 2 patients waiting over 65 weeks.
- Both of these patients were treated in early March.

Underlying issues:

- ENT's 52-week position is improving and is likely to be in a position where few patients go over 52 weeks by the end of March.
- The specialty will maintain position and limit the risk of any future 65-week risks.

Actions:

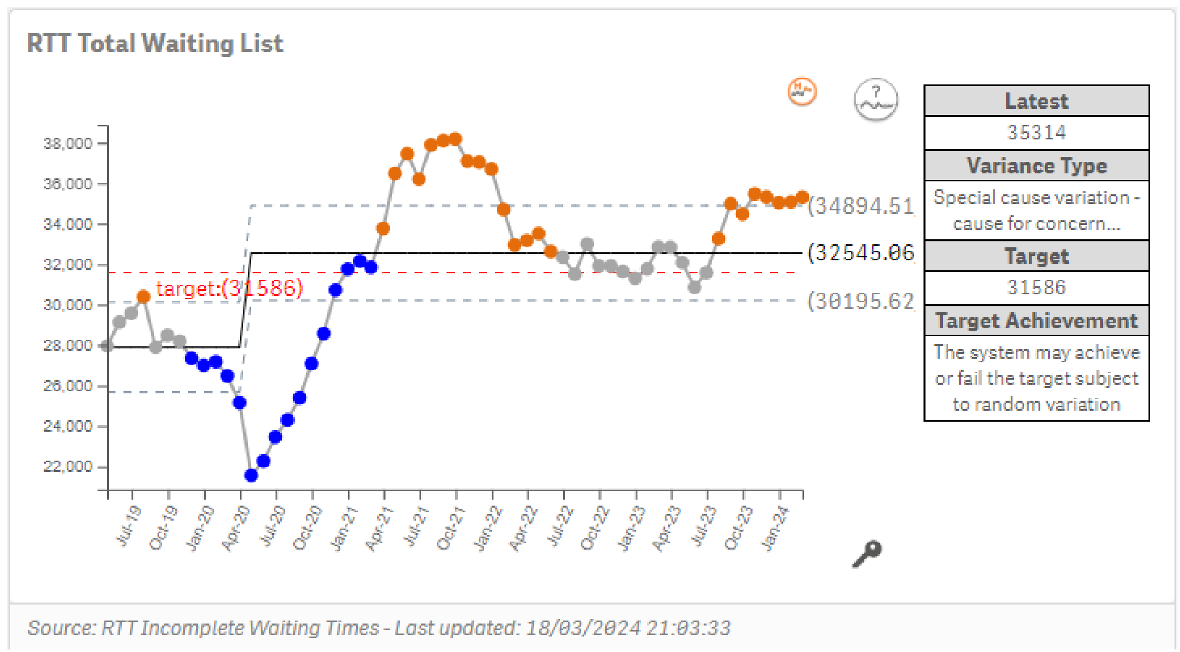
- ENT Task and Finish Group concluded with actions in place.

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:
- The list remains high and stands at 35,314 at the end of February.

Underlying issues:
- We currently have a relatively stable RTT Waiting list position, although it has remained at a higher level than the target of 31,586.
- For ENT and Gynaecology we have seen an increase in ASIs (ENT is a capacity issue whilst Gynaecology has seen an increase in demand).
- Cardiology has seen an increase in wait time for diagnostics (Echo).
- Ophthalmology has increased due to an improvement in data quality which means the inclusion of pathways for those on the portal (EyeV) awaiting triage.
- There has also been a slowdown in elective activity due to industrial action.
- The national position continues to grow monthly. 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 2023/24 target in 9 of the 11 months.
- Performance in February 2024 was above plan at 105% in month.
- Both day case activity and electives were above the planned position for February 2024.
- The YTD performance for the elective activity overall remains above the planned position and currently stands at 106.6%, which is a total of 2,759 spells more than the plan at this stage.
- Both day case and elective activity are tracking above 100% against the planned position YTD.

Underlying issues:

- Impact of industrial action.

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.

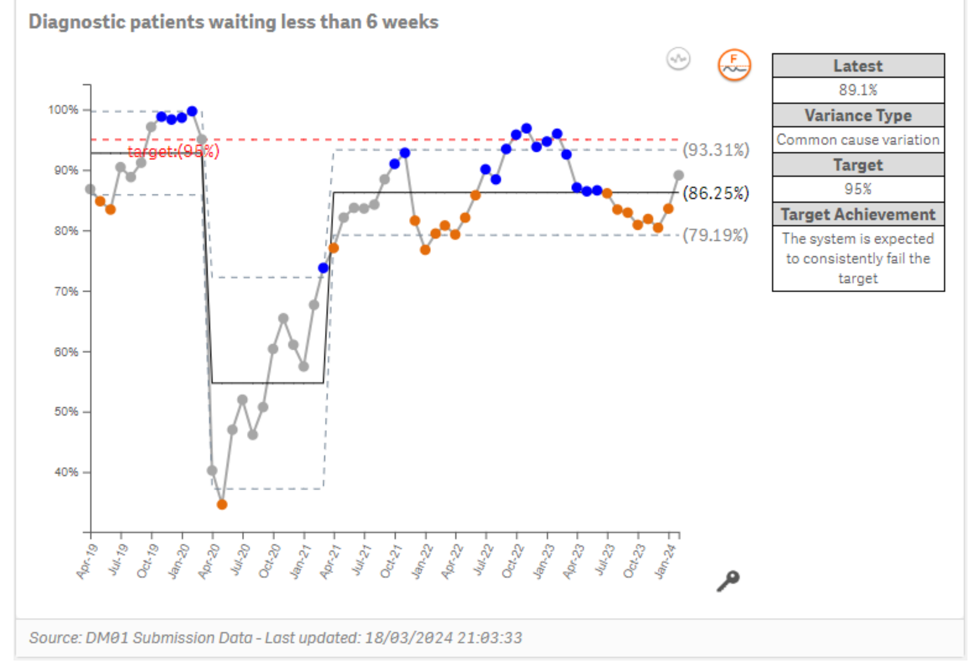
Percentage of patients waiting less than 6 weeks for a diagnostic test

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 80% and 94%

Underlying issues:
- 2 modalities (Echocardiography/Neurophysiology) still have significant numbers of pathways >6 weeks.
- Whilst the Trust performance is meeting the 95% target in most modalities, we are consistently below this for Echocardiography (58.7% up from 47.8%) and Neurophysiology (76.0% up from 48.8%). Both modalities have shown considerable improvements in February.

Actions:
Echocardiography
- Echo recovery stagnated over a period of two weeks due to annual leave as to be expected.
- Further recovery has ensued since and we continue to work towards total recovery of the backlog.
- Weekend clinics running regularly with positive uptake from our staff.
- Reporting backlog now at manageable levels.
- Plan for more trainees to become accredited to run clinics independently towards autumn.

Neurophysiology
- Seen a continued reduction in 6-week breaches and remain on plan to have no breaches by mid-June 2024.
- Funding available for weekend clinics to clear backlog.
- Increase of EMG slots for consultants and doctors, 1/day each.
- Neurophysiology Support Assistant contacting EMG/CTS patients to confirm attendance - mitigating DNAs/last minute cancellations – routine/ongoing.
- Short-notice cancellation list utilised routinely.
- Fully staffed by 1st April 2024, with succession planning already in place.

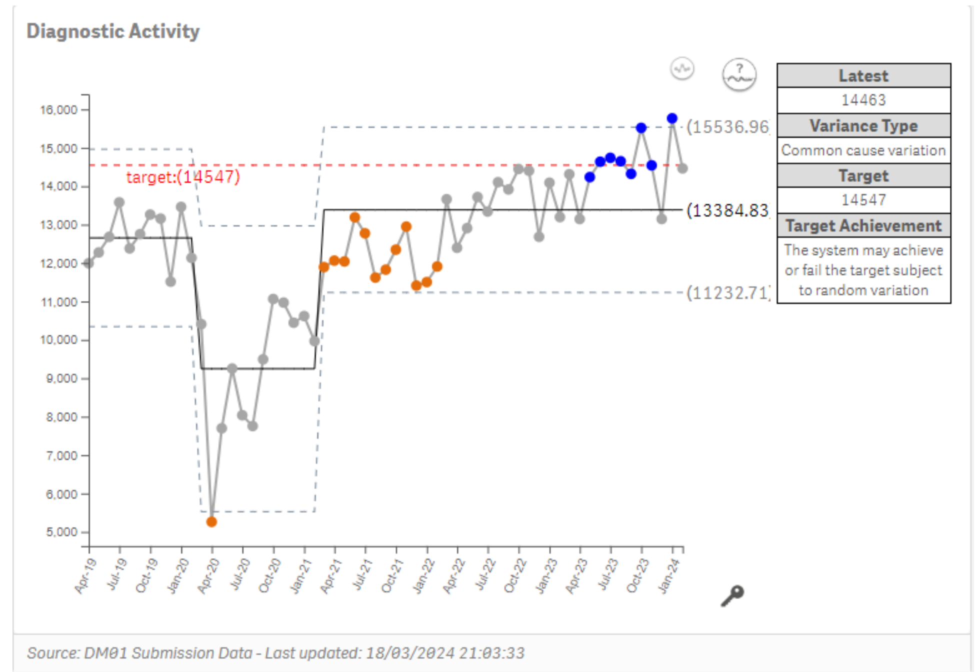
Total Diagnostic Activity undertaken against the activity plan

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 has been achieving levels around the target of 14,547 since May, but it may achieve or fail the target subject to random variation. The activity is close to the target at 14,463.
- Performance can be expected to vary between 11,233 and 15,537. Activity is similar to pre-Covid levels.

Underlying issues:

- Overall, we have been performing around the target level, but since some modalities are already operating at 6 weeks or less from a diagnostic waiting time perspective, 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 below the plan, and we are materially off target against 95% of patients being seen within 6 weeks. February has seen significant improvements in the <6 weeks position.

Actions:

Echocardiography

- Echo recovery stagnated over a period of two weeks due to annual leave as to be expected.
- Further recovery has ensued since and we continue to work towards total recovery of the backlog.
- Weekend clinics running regularly with positive uptake from our staff.
- Reporting backlog now at manageable levels.
- Plan for more trainees to become accredited to run clinics independently towards autumn.

Neurophysiology

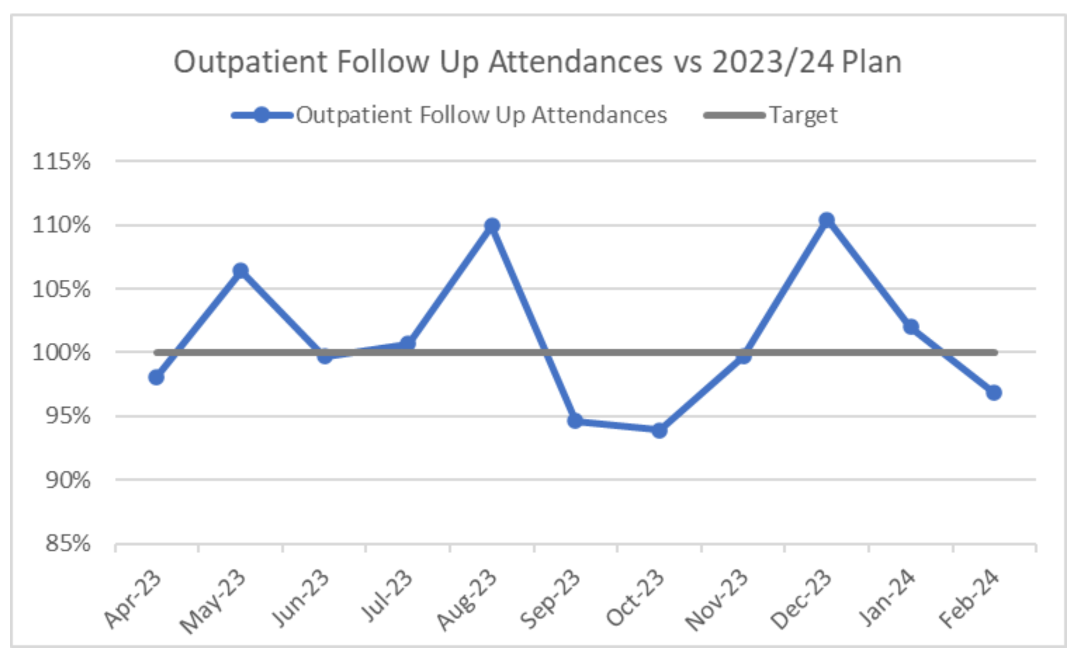
- Seen a continued reduction in 6-week breaches and remain on plan to have no breaches by mid-June 2024.
- Funding available for weekend clinics to clear backlog.
- Increase of EMG slots for consultants and doctors, 1/day each.
- Neurophysiology Support Assistant contacting EMG/CTS patients to confirm attendance - mitigating DNAs/last minute cancellations – routine/ongoing.
- Short-notice cancellation list utilised routinely.
- Fully staffed by 1st April 2024, with succession planning already in place.

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 reduced for month 11 and CHFT achieved 96.8% of the planned position in-month for follow-up attendances.
- The YTD position remains above the planned levels standing at 101%.

Underlying issues:
- Although the national target for follow-up activity is 75% of 2019/20 activity, due to a significant follow-up backlog (27,126), CHFT have not taken this up.
- 50% of the backlog has been waiting less than 12 weeks.

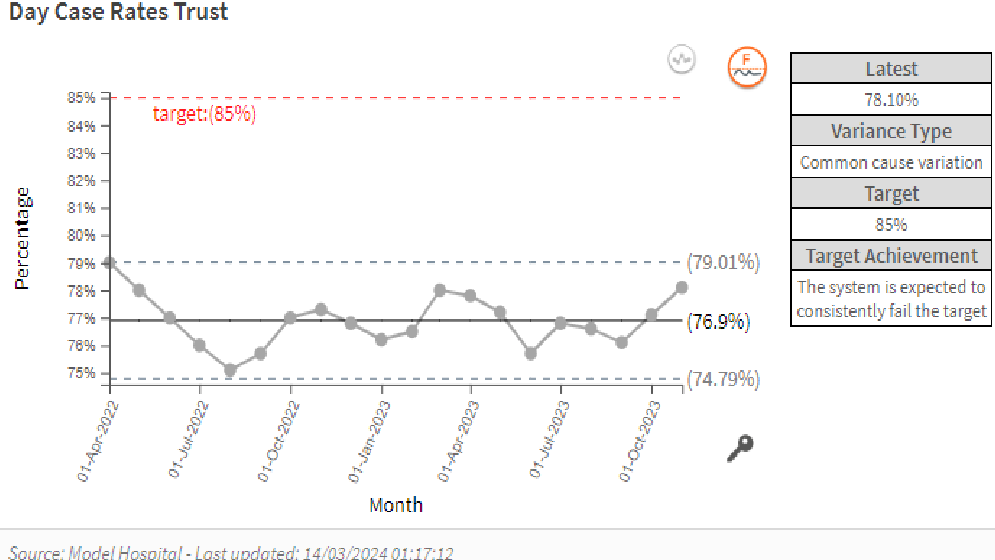
Actions:
- There are currently 9,634 (of the 27,126 backlog) records that are awaiting a clinical prioritisation within CHFT's MPage system, this is a reduction of 500 from last month. Specialties need to have a plan to address this backlog to ensure patients are booked by clinical priority. There are plans to employ the low hanging fruit validation process to the Incomplete Orders on the Mpage to remove any records that do not need to remain open. Specialties will then have a clean Mpage validation list for clinical prioritisation.
- Following the introduction of Targeted Admin Validation of the Holding List (3,500), we now have 27,126 follow-up patients past see by date and this is gradually increasing weekly.
- Deep dives have been undertaken at specialty level, to create a bespoke plan for each specialty to reduce the follow-up backlog and long waiters.
- The first round of the follow-up training programme has now been completed in all specialty areas. The impact was reviewed to identify any further training needs, with a second round of training being proposed to start in the coming months.
- Slot utilisation has now been added as a standing agenda item for customer contact meetings.

Day Case Rates

Executive Owner: Jonathan Hammond   Operational Lead: Tom Strickland   Business Intelligence Lead: Inderjit Singh

Rationale:
Monitoring day case rates is a valuable practice for healthcare organisations aiming to optimise bed utilisation and improve patient experience.

Target: Over 85%



What does the chart show/context:
- Utilising the new Model Hospital measure (which includes those procedures completed in Outpatients) reported day case rate for the 3 months to the end of November 2023.
- CHFT performance reported as 78.1% against 85% target.

Underlying issues:
- Several General Surgery cases that are CEPOD patients are being admitted via SDEC as ‘Elective planned’.
- Data quality challenges around “intended management”. Cases are being listed on Bluespier and completed as day case however currently these are getting captured as elective admission incorrectly on Cerner.
- Reverse conversion are not counted - If a patient is listed for an inpatient stay but is completed as day case this is not reflected in our day case rate.

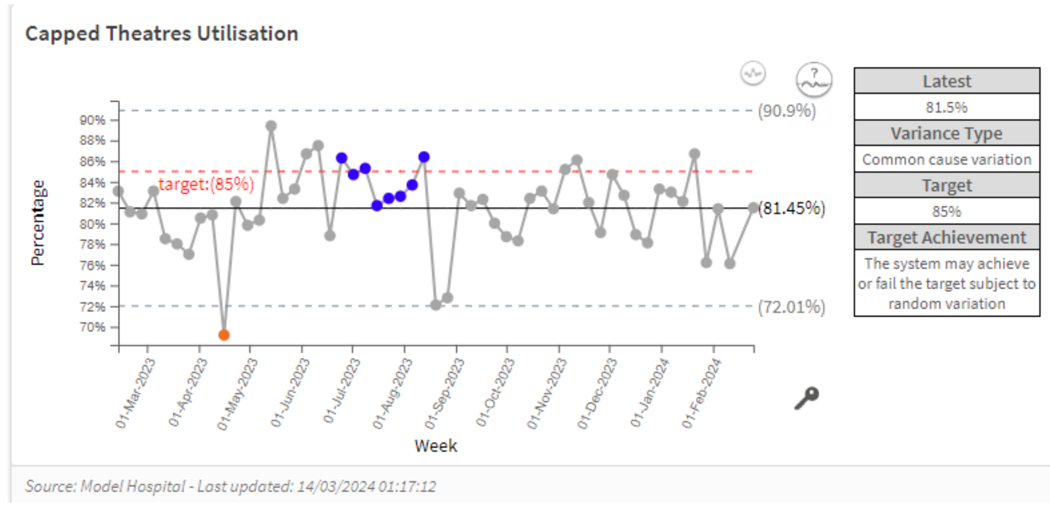
Actions:
- Day case rates are monitored at a specialty level through the monthly STUG meetings.
- Procedure specific data reviewed each month to identify improvement opportunities or data quality challenges.
- Specific actions in development for procedures where CHFT are identified as true outliers e.g. TURBTs.

Capped Theatre Utilisation

Executive Owner: Jonathan Hammond Operational Lead: Gemma Pickup Business Intelligence Lead: Inderjit Singh

Rationale:
Monitoring capped theatre utilisation is a crucial part of optimising surgical efficiency and reducing waiting times

Target: Over 85%



What does the chart show/context:
- Model Hospital Capped theatre utilisation is reported on a weekly basis.
- The report shown being w/e 25th February 2024 – performance at 81.5%.

Underlying issues:
- Regional Go Sees have identified inconsistencies as to how organisations record 'Start' times.
- Lots of work done to improve intercase downtime however there are often large gaps between AM and PM patients due to breaks and staff changes.
- MH unable to explain how they account for 60-minute lunchtime despite this being reported as an 'allowed' gap.

Actions:
- Utilisation is monitored at a specialty list level through the monthly STUG meetings to identify improvement opportunities or data quality challenges. Work with the STUG to identify themes and concerns.
- Issue with scheduling in some specialties. Working to review amount of time being allocated to specific procedures.
- Monthly 6-4-2 Meetings with specialties have now commenced. Theatre transformation leads have met with Consultant body to discuss. Working towards better communication around utilisation and scheduling.

Cancer:

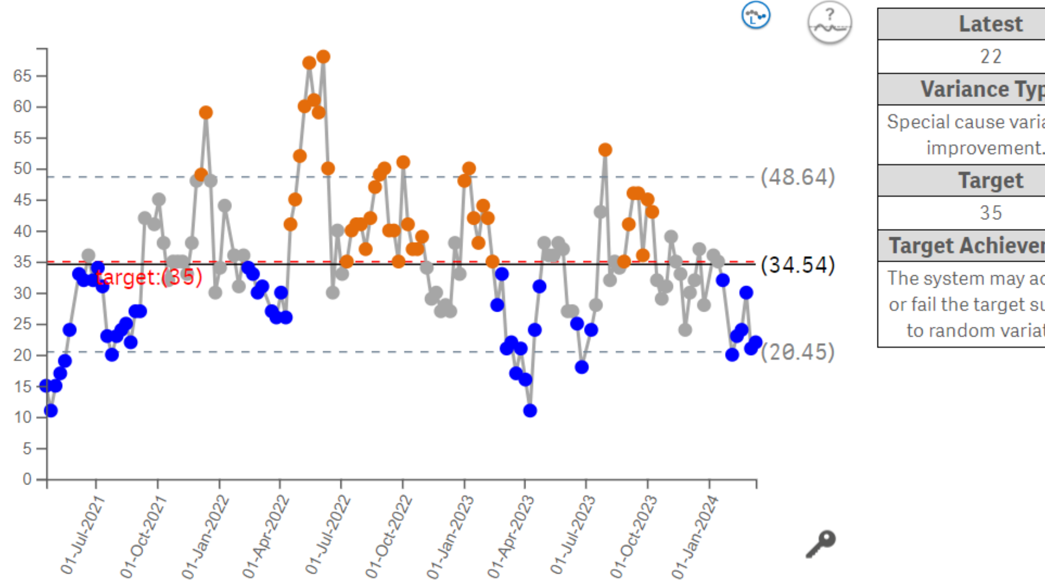
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Total Patients waiting >62 days to begin cancer treatment compared with February 2020 baseline	11th Feb 2024	22	35			34.54	20.45	48.64
Proportion of patients meeting the faster diagnosis standard	February 2024	87.84%	75%			77.1%	67.1%	87%
Non-Site-Specific Cancer Referrals	February 2024	33	25			22.20	6.66	37.74
Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028	February 2024	51.2%	75%			48.7%	33.4%	64.0%

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

Executive Owner: Jonathan Hammond Operational Lead: Maureen Overton Business Intelligence Lead: Courtney Burkinshaw

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.



Latest
22
Variance Type
Special cause variation - improvement...
Target
35
Target Achievement
The system may achieve or fail the target subject to random variation

What does the chart show/context:

- As of Monday 11th March there were 22 patients on the long waiters' report.
- 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.

Underlying issues:

- Continue to be primarily in 2 tumour sites H&N and Lower GI.

Actions:

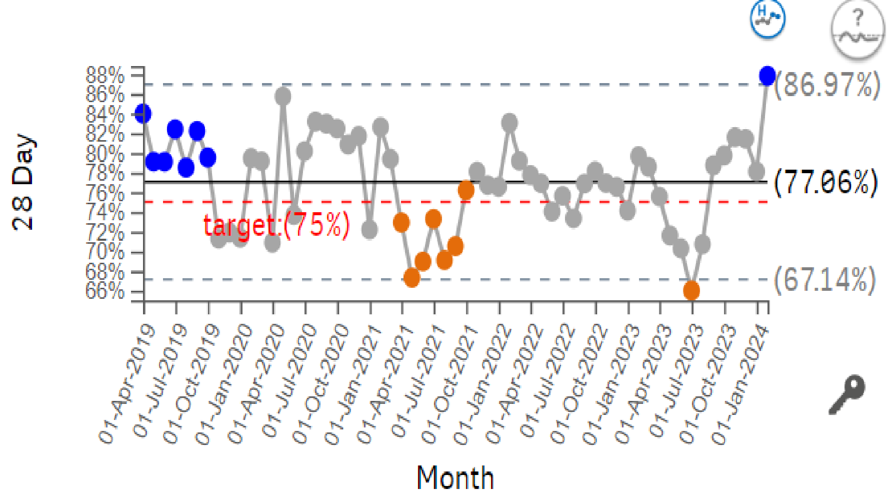
- Over 62-day waiters continuing to be escalated to divisional teams where appropriate. Need to identify changes that can be made to improve performance
- WTGR work ongoing with LGI and review of the pathways – implementation of FIT pathway may aid recovery this will be closely monitored

Proportion of patients meeting the faster diagnosis standard

Executive Owner: Jonathan Hammond Operational Lead: Maureen Overton Business Intelligence Lead: Courtney Burkinshaw

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
87.84%
Variance Type
Special cause variation - improvement...
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 87.84%.
- 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 67% and 87%

Underlying issues:
- Head and Neck were the only tumour site to miss the 28-day target in February 2024.

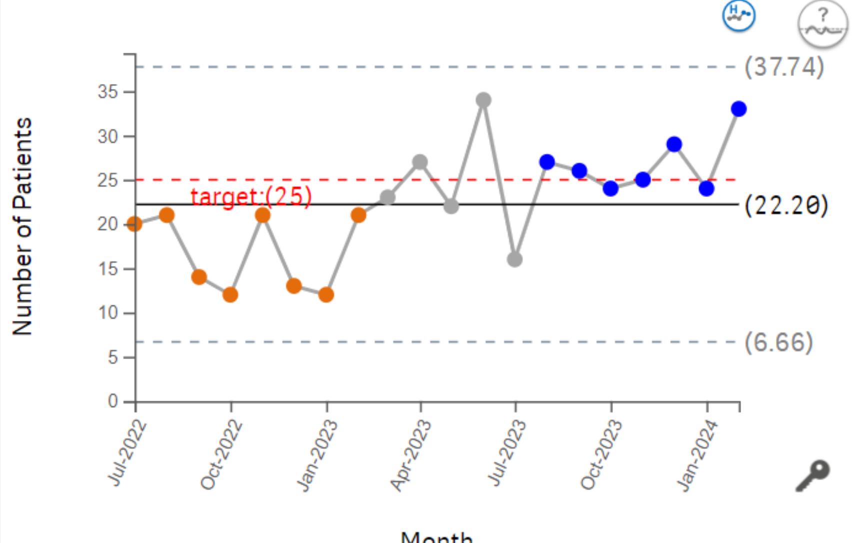
Actions:
- Skin have reverted back to their face-to-face clinics. Skin and the overall 28-day target have improved as a result. However, implementation of Telederm is a National expectation.
- Dedicated on the day MRI reporting for patients on a fast-track prostate pathway, with biopsy slots available across the week will sustain the performance of the FDS for prostate patients.
- Discussions with UGI regarding the use of PAs on the pathway.
- Head and Neck, request for mutual aid from other Trusts and frequently chasing results letters/appointments for results, other Trusts struggling with ENT so mutual aid is unlikely.

Non-Site-specific Cancer Referrals

Executive Owner: Jonathan Hammond   Operational Lead: Maureen Overton   Business Intelligence Lead: Courtney Burkinshaw

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



Latest
33
Variance Type
Special cause variation - improvement...
Target
25
Target Achievement
The system may achieve or fail the target subject to random variation

What does the chart show/context:

- The Trust is unable to consistently meet the target of 25 and may achieve or fail the target subject to random variation. Performance can be expected to vary between 7 and 38.

Underlying issues:

- Referrals continue to be variable.

Actions:

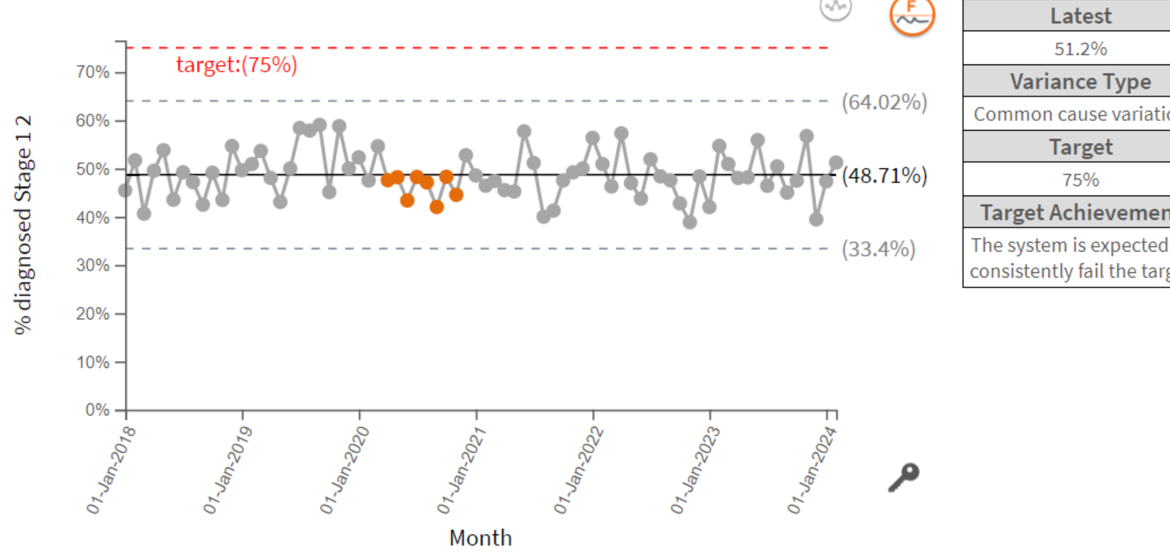
- FIT pathway from 2nd April 2024, with an option to refer patients with a negative FIT (FIT less than 10) to NSS.
- Sharing quarterly NSS referrals data with PCNs, continuing to raise the NSS service profile.
- Sharing community pilot findings with PCNs.
- Rolled out NSS in the community to a second PCN in Calderdale, Calder and Ryburn PCN, Opening up to a second PCN in Kirklees (Viaduct PCN)
- A&E referrals are continuing to grow.

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

Executive Owner: Rob Aitchison   Operational Lead: Maureen Overton   Business Intelligence Lead: Courtney Burkinshaw

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.



Latest
51.2%
Variance Type
Common cause variation
Target
75%
Target Achievement
The system is expected to consistently fail the target

What does the chart show/context:
- The Trust is expected to consistently fail the target of 75%.
- Performance can be expected to vary between 33% and 64%.
- Nationally this metric stands at 49%

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.
- Roll out of self-referral chest x-ray in 2024 and Targeted Lung Health checks will contribute to finding lung cancers at an earlier stage.

Urgent and Emergency Care and Flow:

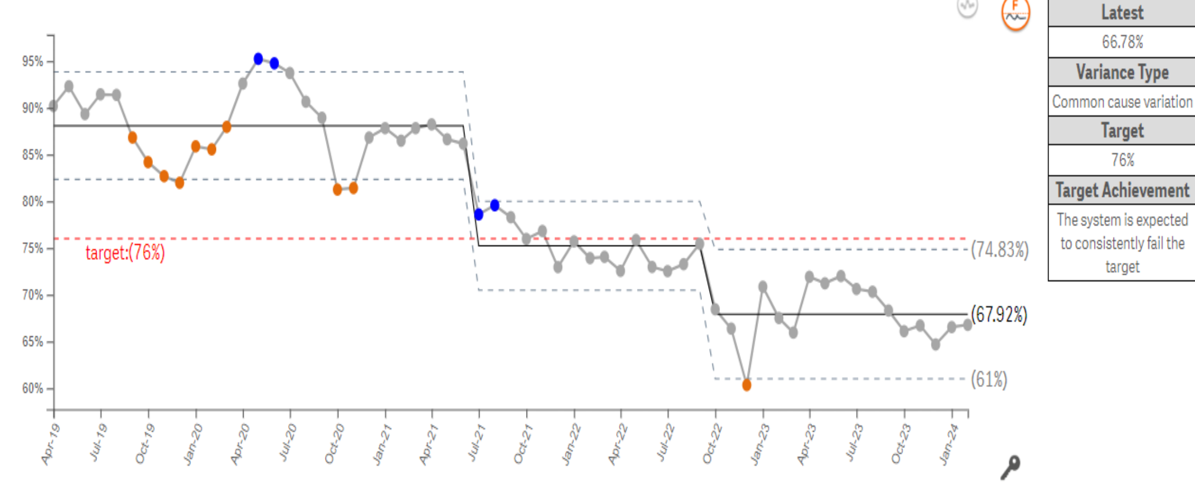
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Proportion of patients seen within 4 hours	February 2024	66.78%	76%		F	68%	61%	75%
Proportion of ambulance arrivals delayed over 30 minutes	February 2024	6.2%	0%	H	F	4%	1%	7%
Proportion of patients spending more than 12 hours in an emergency department	February 2024	4.35%	2%		?	3.08%	0.75%	5.41%
Adult G & A acute bed occupancy adjusted for void beds (Type 1 Acutes Only)	February 2024	99.3%	96%		F	98%	96%	100%
% of beds occupied by patients who no longer meet the criteria to reside	February 2024	20%	14.2%		F	22%	18%	25%
Hospital Discharge Pathway Activity – AvLOS pathway 0	February 2024	4.1	4.1	H	?	4.04	3.65	4.44
Transfers of Care	February 2024	124	50	H	F	94	53	134

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.



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 61% and 75%.
- The performance for February was 66.78%, this is similar performance to the previous month but still below the 76% target. However, most Trusts nationally are not meeting the target.
- Performance has been impacted by a high bed occupancy, high acuity and continuingly high level of attendances.

Underlying issues:

- Increase in occupied beds - long wait for beds.
- Increase in acuity.
- TOC numbers still high.

Actions:

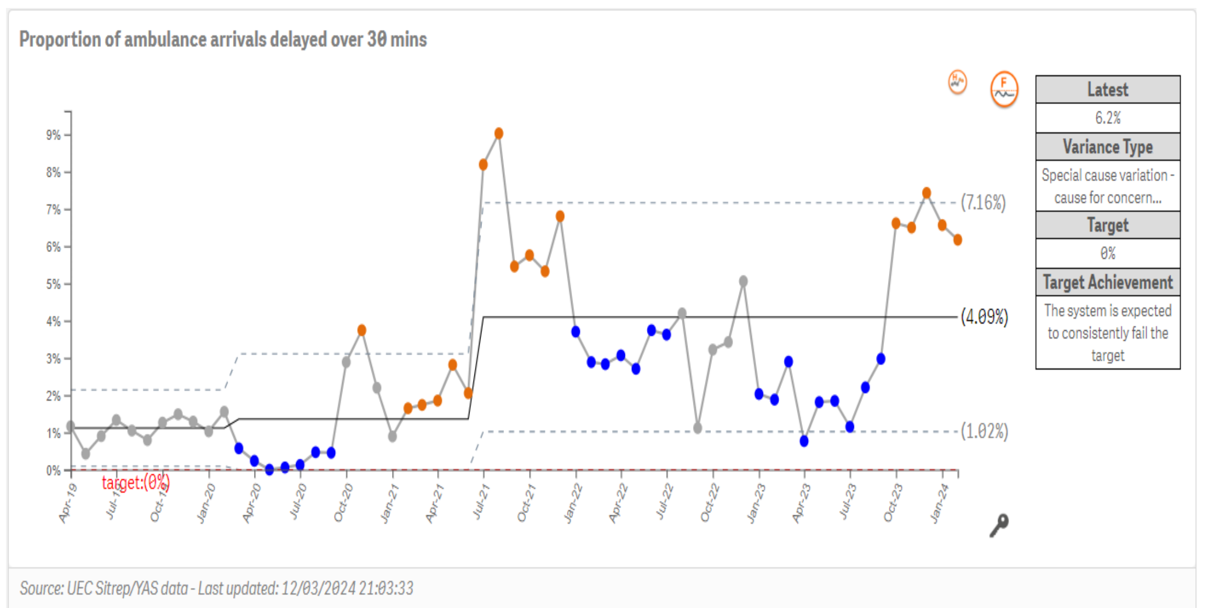
- Recruitment into Medical WFM at interview stage, 22 Consultants as of 01/03/24. We will have Consultant cover 16 hours per day over 7 days by April 2024.
- Evenings into nights is problematic and breach review identifies poor skill/seniority mix in employed medical workforce. Now addressed with 2 ST4+ 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.
- Testing of full capacity protocol is underway, aimed at supporting reducing long waits in ED.

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 performance for February was 6.2%
- The Trust is expected to consistently fail the target of 0%. Performance can be expected to vary between 1% and 7%.

Underlying issues:
- We have seen a deterioration in performance from October and this will continue as the reporting for YAS handovers has changed. The key change is the use of arrival destination as the trigger for when the clock starts. This removes any notify times previously used and as a result we have seen an increase in handover times.
- 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.
- 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).

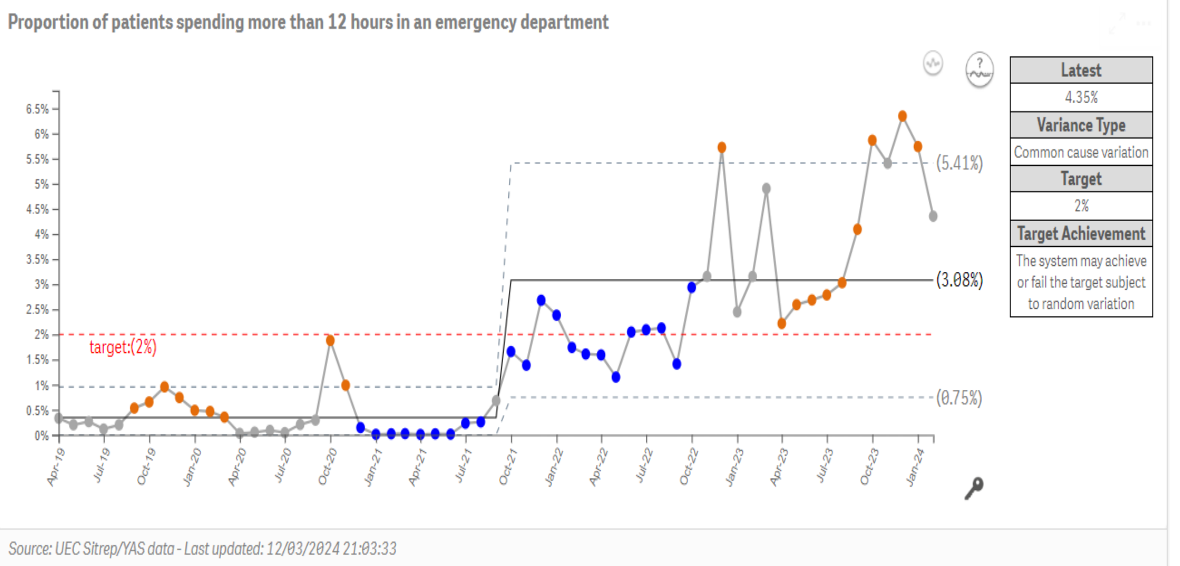
Actions:
- Improvement for all metrics for ambulance handovers - SOP in action that ensures consistent approach to validation.
- Testing of full capacity protocol is underway, aimed at supporting reducing long waits in ED.

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

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:

- In February performance was 4.35% with 615 patients waiting over 12 hours in ED.
- 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 0.75% and 5.41%.

Underlying issues:

- Increase in demand
- Wait for beds
- Increase in acuity

Actions:

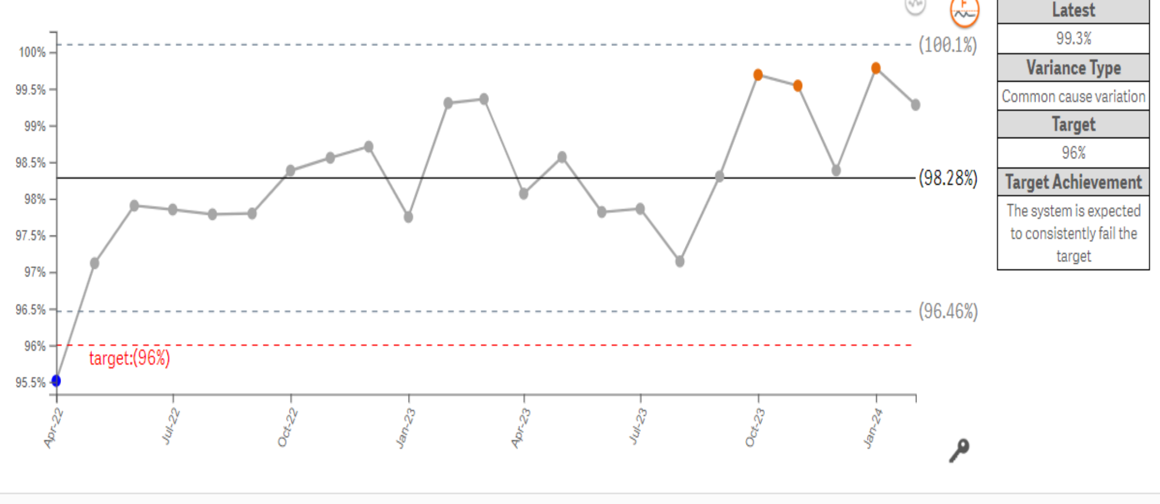
- Continue to monitor all long waiting patients and expedite DTAs to allow for beds to be acquired earlier in the patient pathway.
- We continue to work with Clinical Site Matron teams in early identification of patients who will require admission.
- Testing of full capacity protocol is underway, aimed at supporting reducing long waits in ED.
- Hot meals service now rolled out on both sites for patients with extended LOS in the EDs.

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

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:

- Adult bed occupancy in February was extremely high at 99.3%. The Trust is expected to consistently fail the target of 96%.
- It is important to factor in the bed base when analysing this graph.

Underlying issues:

- Large numbers of surge and super surge beds remain open as well as flexed capacity across the Acute Floor, Respiratory floor and other wards.
- Extra capacity opened to improve ECS and prevent long waits within the Emergency Department.
- Increased acuity increasing LOS.
- High TOC numbers and delays into care homes and EMI beds.

Actions:

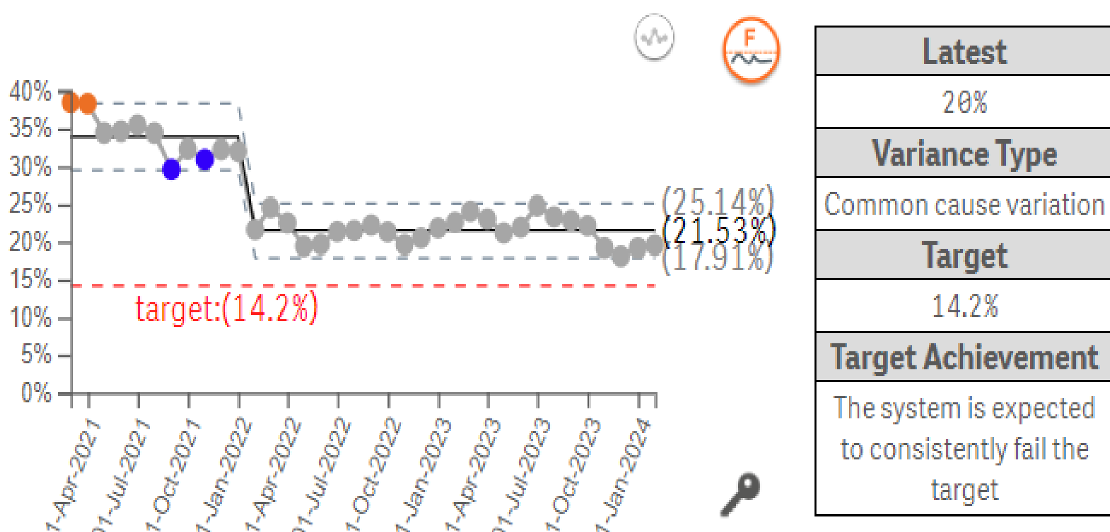
- LOS reference group - targets in place to reduce LOS across wards for TOC and non-TOC patients to help reduce bed occupancy levels.
- Funded and unfunded bed base now established.
- Working with operational site teams to maintain capacity and drop occupancy levels.
- Long length of stay work.
- Trajectory for reducing TOC numbers.
- LOS Improvement Group to change going through January with different data and ward-based discussions to link with WOW work.

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

Executive Owner: Jonathan Hammond | Operational Lead: Michael Folan | 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).



What does the chart show/context:
- In February 20% of patients had no reason to reside.
- Slightly less beds were occupied in February, but this was still in line with the number of patients with no reason to reside, hence the percentage remaining similar to previous months.
- February's data is below 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.
- Confusion around utility and operational use of criteria to reside and relationship to discharge ready date and entry onto TOC

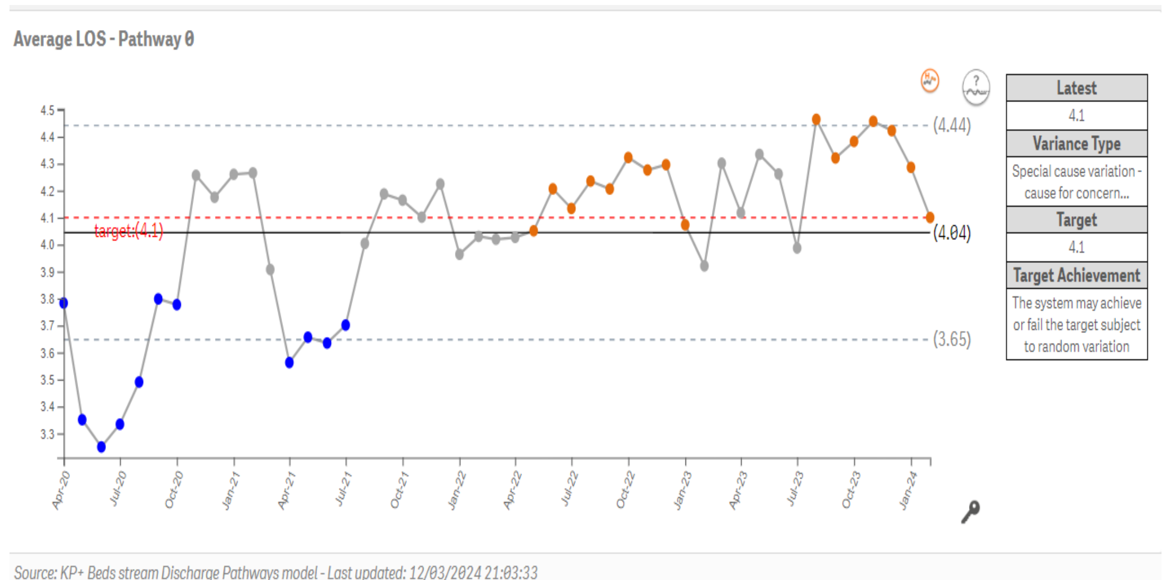
Actions:
- Incorporating in well organised ward work a clear strategic steer around the operational use of discharge ready date for;
  1. Identifying patients ceasing to have a reason to reside
  2. 'Starting' the clock to drive out unwarranted LOS across pathways 0-3
  3. To support accurate reporting of discharge ready date (at the moment using referral date on TOC as a proxy for DRD but not accurate and only covers a subset of patients).
- Joint CHFT, Community and Local Authority dashboard under development which will give greater visibility and focus on the delays to discharge for patients on TOC.

Hospital Discharge Pathway Activity

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.



What does the chart show/context:
- In February average length of stay was 4.1 days.
- Performance can be expected to vary between 3.65 and 4.44 days.

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

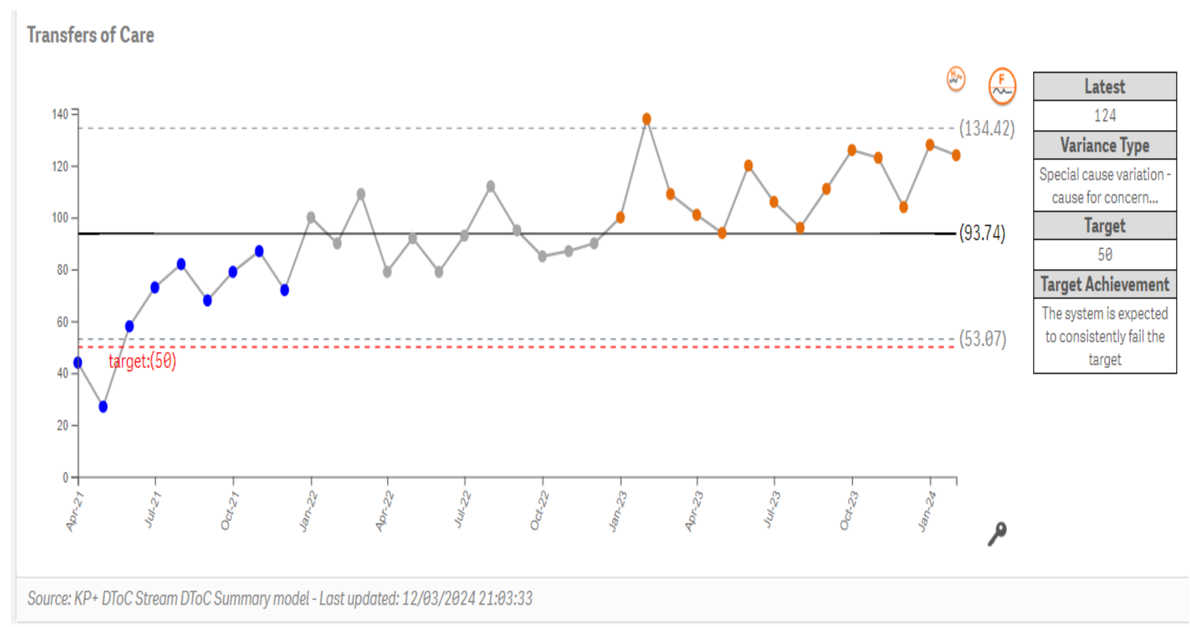
Actions:
- Improvement groups continue with PMO support to develop and improve groups.
- Launch of the Well Organised Ward Programme.
- Approval of funding to reablement and trusted assessors.
- New LOS pack launched in October 2023.
- Governance structures defined within the divisions and through PRMs.

Transfers of Care

Executive Owner: Jonathan Hammond Clinical Lead: Michael Folan 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 February was 124 patients on the TOC list which is 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.

Underlying issues:
- Increasing numbers on TOC
- Increasing referrals to TOC
- Resources to manage TOC have remained the same.
- Increasing need 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.
- Joint CHFT, Community and Local Authority dashboard under development which will give greater visibility and focus on the delays to discharge for patients on TOC.

Maternity and Children's Health:

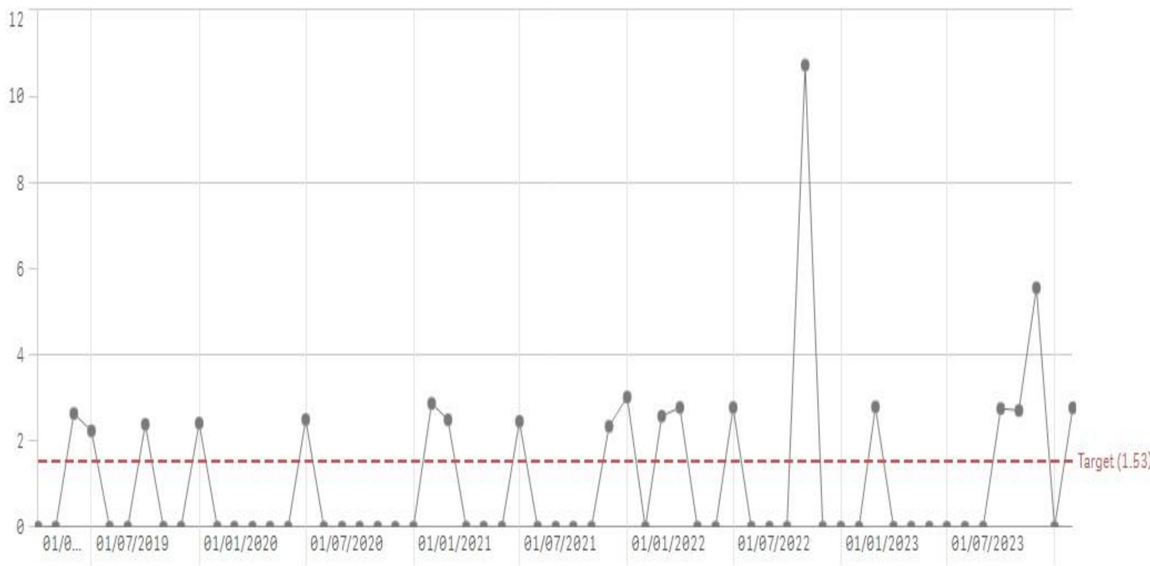
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Neonatal deaths per 1,000 total live births	February 2024	2.5	1.53	-	-	-	-	-
Stillbirths per 1,000 total births	February 2024	13.70	3.33			3.82	0	13.73
Maternity Workforce	February 2024	149.89	tbc	-	-	153.81	147.82	159.80

Neonatal deaths per 1,000 total live births

Executive Owner: David Birkenhead   Clinical Lead: Gemma Puckett   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:
- There was 1 neonatal death in February

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

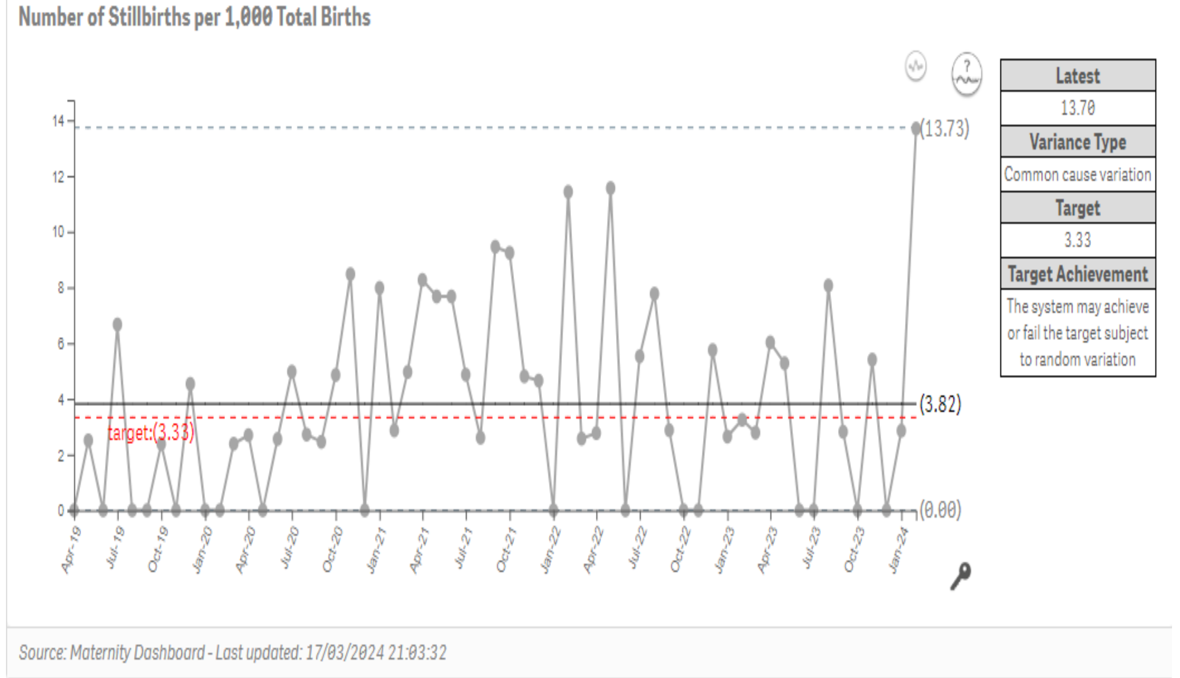
Actions:
- All early neonatal deaths reviewed at Orange Panel and weekly governance meeting.
- All neonatal deaths MDT PMRT (perinatal mortality review tool) completed.
- All early neonatal deaths referred to MNSI (The Maternity and Newborn Safety Investigations Programme).
- Regular quarterly stillbirth/neonatal audit undertaken.
- MDT with tertiary fetal medicine centre for known fetal anomalies.
- Work to develop the maternity and neonatal dashboard is underway including availability on KP+, use of SPC charting and benchmarking against the national maternity ambition.

Stillbirths per 1,000 total births

Executive Owner: David Birkenhead   Clinical Lead: Gemma Puckett   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:
- There were 5 stillbirths in February.

Underlying issues:
- The majority of women who have experienced a loss are from a BME background, English is not their first language and / or live in areas of deprivation. This is reflective of the national picture and there is a national task group taking place to better understand why these women experience poorer outcomes.
- There are no continuity of carer teams currently in place and reinstating these for women from this cohort will be a priority once the workforce position has improved.
- Deaths will continue to be monitored and investigated as required.
- Actions below will ensure performance is maintained.

Actions:
- A deep dive review of the cluster of cases is taking place to review for any learning that is not already being addressed through existing workstreams.
- DOM now a member of the Trust Health Inequalities group and the health inequalities action plan has been refreshed.
- All stillbirths are reviewed at Orange Panel and weekly governance meeting, health inequalities are considered.
- All stillbirths have an MDT PMRT completed (Perinatal Mortality Review Tool - a structured national tool that is used to review all deaths).
- All intrapartum stillbirths are referred to MNSI (The Maternity and Newborn Safety Investigations Programme, previously known as HSIB).
- Regular quarterly stillbirth/neonatal audit is undertaken.
- The structures for learning and sharing within the directorate are currently under review.
- Birthrate plus assessment of workforce commissioned to ensure appropriate workforce model in place and in consideration of continuity of carer.

Maternity Workforce

Executive Owner: Lindsay Rudge Clinical Lead: Gemma Puckett Business Intelligence Lead: Saima Hussain

Rationale:
To ensure the right numbers of the right staff are available to provide safer, more personalised, and more equitable care

Target: No target - awaiting Birth Rate Plus (BR+) report with recommended workforce

What does the chart show/context:
- The FTE rate has decreased from January to February from 152.16 to 149.89.

Underlying issues:
- National Shortage of midwives.
- Attrition rate of student midwives.
- Retention and work/life balance of existing staff.
- Intense scrutiny of maternity services.

Actions:
- Rolling recruitment programme which has also included international recruitment.
- Grow your own workforce pathways: Midwifery apprenticeship, shortened programme.
- Recruitment and retention midwife employed to work alongside and support new midwives in clinical practice.
- Stay conversations implemented.
- DoM/DDoM undertaking all exit interviews.
- Recruitment films commissioned and released on social media and being used in adverts and recruitment open days.
- Use of alternative roles such as registered nurses in maternity service.
- Participate in centralised recruitment programme for newly qualified midwives with the LMNS.
- Robust preceptorship programme.
- Development of the PMA model.
- Implement a programme of attending schools to encourage school leavers to consider midwifery as a career.

Community Services:

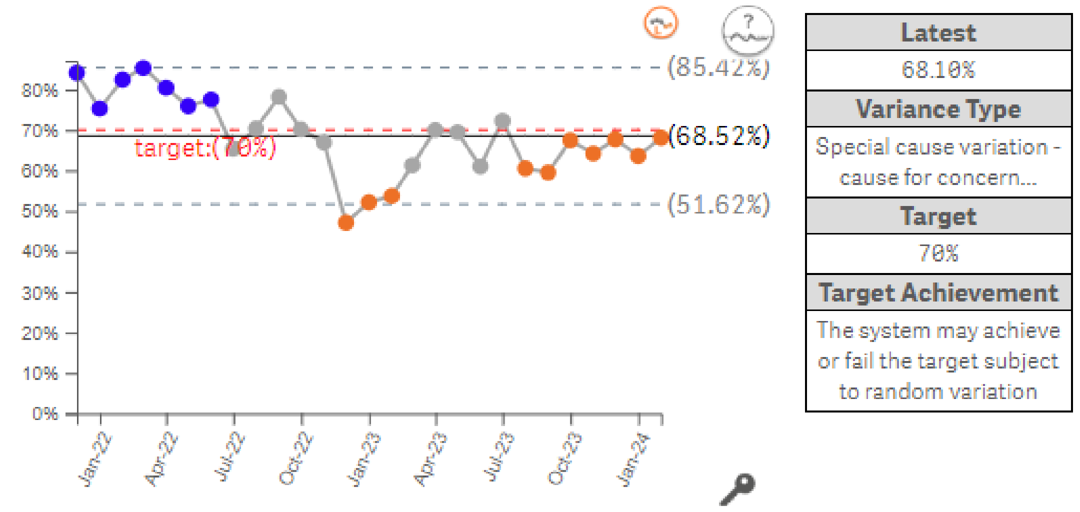
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Proportion of Urgent Community Response referrals reached within 2 hours	February 2024	68.1%	70%	L	?	68.52%	51.62%	85.42%
Community Waiting List	February 2024	6,218	4,387 (end 2023/24)	H	-	5990.7	6294.5	5686.8
Virtual Ward	February 2024	67%	80%		?	96.2%	53.2%	139.3%
Patients dying within their preferred place of death	February 2024	97.7%	80%		P	93.08%	82.38%	103.79%

Proportion of Urgent Community Response referrals reached within two hours

Executive Owner: Rob Aitchison   Operational/Clinical Lead: Michael Folan/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 13/03/2024 13:59:08

What does the chart show/context:
- Current position for February 2024 is at 68.1%.
- 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 51% and 85%.

Underlying issues:
- Change of Service-led SystmOne functionality use in December 2022 resulted in data recording issues with the contact time (Clock stop).

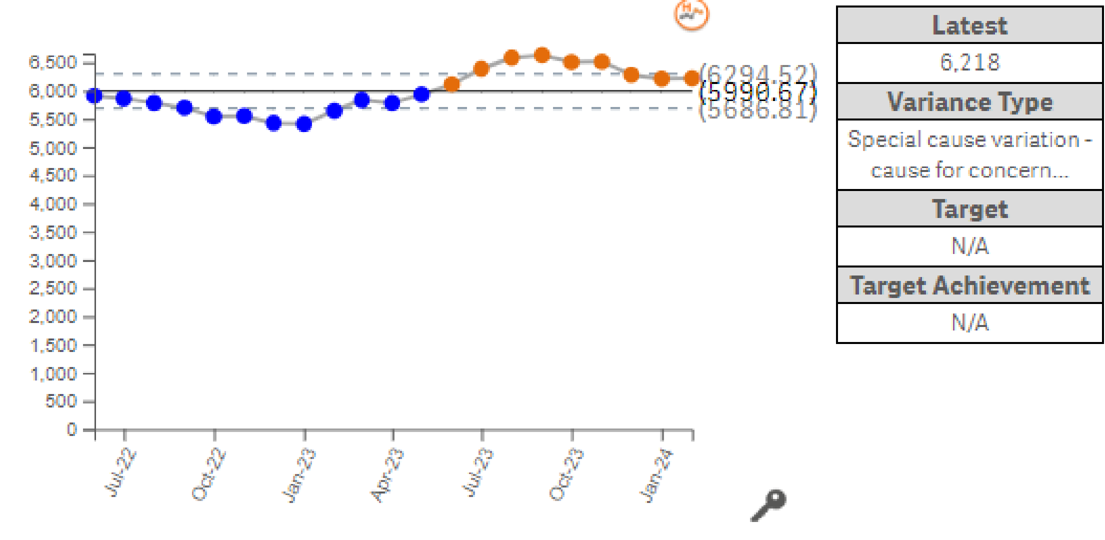
Actions:
- Communications to service leads around accurate data recording.
- Ongoing cases where 2 hours' time is taken by LCD to triage due to their processes therefore is out of the 2-hour window prior to reaching UCR.
- Manual audit being completed to examine the different elements of the 2-hour response.

Community Waiting List

Executive Owner: Rob Aitchison   Operational Lead: Michael Folan/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.



Latest
6,218
Variance Type
Special cause variation - cause for concern...
Target
N/A
Target Achievement
N/A

Source: SR Data. Last updated 21/03/2024 08:00:48

What does the chart show/context:
- 6,218 total in February 2024.
- Nationally MSK and Podiatry have the highest numbers waiting.

Underlying issues:
- Podiatry and Children's SALT are our main concerns.
- The main reasons for current waiting list position in Children's SALT are workforce availability issues, we currently have 1.2 band 6 vacancies in that team having recruited to other outstanding vacancies as well as 2x WTEs on maternity leave. Recent recruitment should support this position but will take a number of months until in post. 1x WTE B7 post to advert and staff member has finished with the Trust. Team Lead is also reducing hours at financial year end.
- Podiatry is appropriately prioritising high-risk patients, therefore the routine waiting list has been reducing. Additional clinics are now happening following some recruitment and the service specification is also under review which will have an impact.

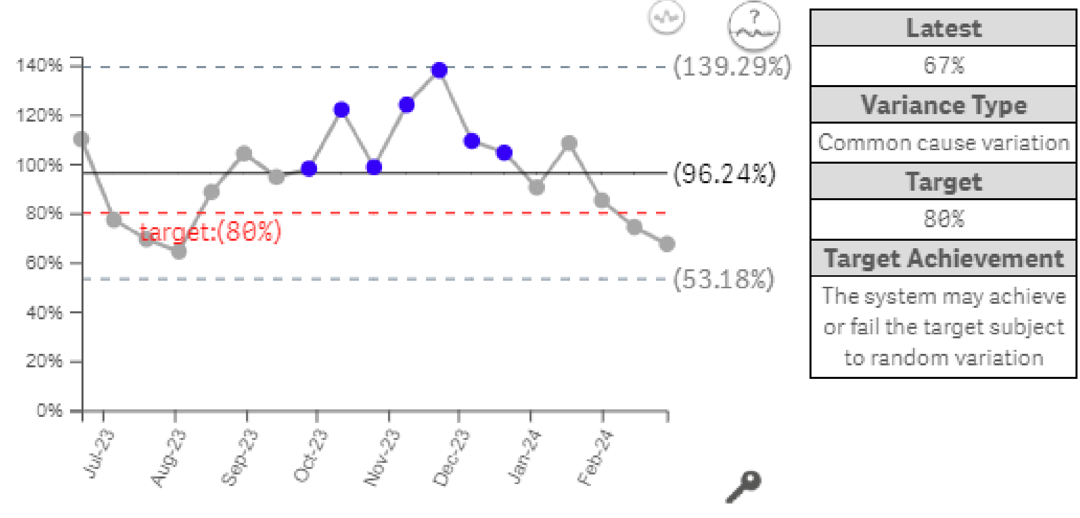
Actions:
- SALT recruitment pressures supported by locum in post and new staff due to start.
- Professional Lead SALT is now is post.
- Transition to new SALT service structure has begun with percentage increase in wait list reducing since this point.
- The Podiatry service is undergoing a review, including workforce modelling and a review of the service specification. The plan is to implement to new service spec in the new financial year.

Virtual Ward

Executive Owner: Rob Aitchison   Operational Lead: Michael Folan/Hannah Wood   Business Intelligence Lead: Gary Senior

Rationale:
Monitor occupancy rate of Virtual Wards - Respiratory and Frailty services.
The CHFT plan currently has a bed base of 42

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



What does the chart show/context:
- Current combined position for February 2024 is 67%.
- February 2024 not achieving target of 80%.
- Admissions and activity remain above trajectory.

Underlying issues:
- 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.

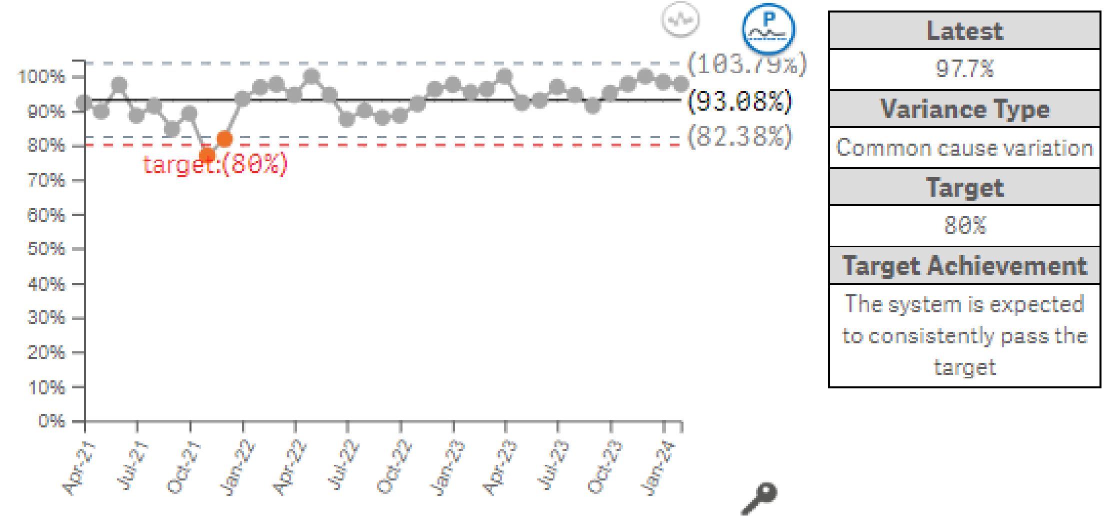
Actions:
- Medical division reviewing medical cover to support a 7-day Multi Discipline Team meeting for Frailty virtual ward. Other organisations have not all been able to recruit consultants but backfilled with a registrar.
- Advanced Clinical Practitioner working on Frailty Same Day Emergency Care 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 Urgent Community Response Service.
- Respiratory - criteria now changed to include patients requiring oxygen weaning.
- Team attend safety huddles each day.

Patients dying within their preferred place of death

Executive Owner: Lindsay Rudge   Operational Lead: Michael Folan/Abbie Thompson   Business Intelligence Lead: Gary Senior

Rationale:
% of patients dying within their preferred place of death – Community Palliative Care.

Target: Over 80%



What does the chart show/context:
- Consistently above 80% target (exception November 2021).
- February 2024 total 97.7% (EOL 100% and Palliative 94.7%) - 95% died at 'home'.

Underlying issues:
- Workload pressures – continual increase in patient referrals per annum.
- Acuity and complexity of need – evidenced by number of low performance scores – patients are increasingly in urgent need of specialist intervention due to late presentation / diagnosis or multiple comorbidity.
- CSPCT continue to work additional hours to keep patients safe – limiting GP call-outs by utilising Independent Prescribing / assessment skills and coordinating care with Acute hospital teams to streamline patient interventions and reduce length of hospital stay (avoiding ED wherever possible).
- OOH EoLC – currently working extended hours for a further 12 months (March 2025) as result of successful Innovation bid. Need to secure funding to facilitate the new Workforce Model to include (in conjunction with existing joint service agreement with Marie Curie) from April 2025.
- Hospital SPCT In-Reach project funded by Calderdale ICB Innovation Bid commenced December 2023 – awaiting dashboard data – significant impact on facilitating patients back to home / care home or hospice – reduced in-patient admission and reduced length of stay improves achieving PPD.
- Care Home Palliative CNS project funded by Cald ICB Innov Bid commenced July 2023 – working alongside QUEST- has improved patient safety and outcomes in ensuring patients not inappropriately admitted to hospital and supported to remain in care home setting.

Actions:
- To ensure continued funding for all teams (with review of WFM for HSPCT) to maintain this strong position of achieving preferred place of death, facilitating the vast majority to die at home, appropriate admission to hospice and reducing deaths in the acute hospital setting.

Health Inequalities: Learning Disabilities

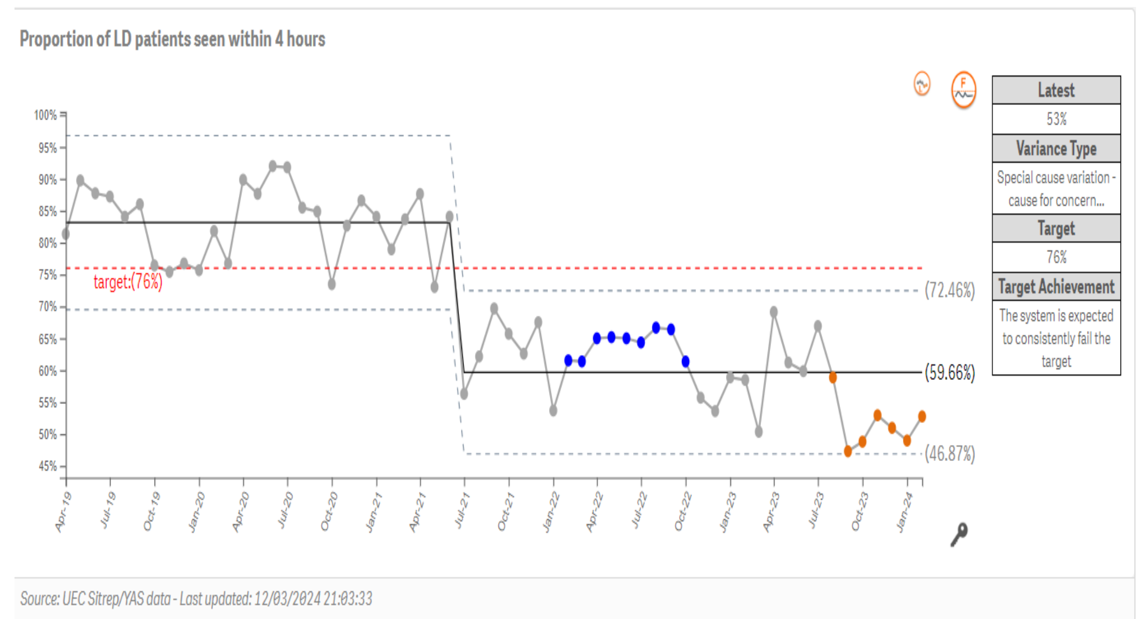
Metric	Latest Month	Learning Disability Measure	Overall Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Emergency Care Standard	February 2024	53%	66.5%	76%			60%	47%	72%
Outpatients DNAs	February 2024	7.2%	6.3%	3%			9.07%	3.17%	14.96%
Cancer Faster Diagnosis Standard	February 2024	66.67%	87.84%	75%			63%	0%	100%
% of patients waiting less than 6 weeks for a diagnostic test	February 2024	68.3%	89.1%	95%			86.05%	71.87%	100%
Patients waiting more than 40 weeks to start treatment	February 2024	6	1,010	0			-	-	-

Emergency Care Standard: Learning Disability

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

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.



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 47% and 72%.
- The performance in February was 53% which is considerably lower than the overall Trust 4-hour standard which was 66.5%. Higher conversion rate to inpatients impacts on performance.

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.
- Audit showed learning disability patients more likely to need admission often due to late presentation and a longer wait as requirement for a side room on admission (reasonable adjustment).
- 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:

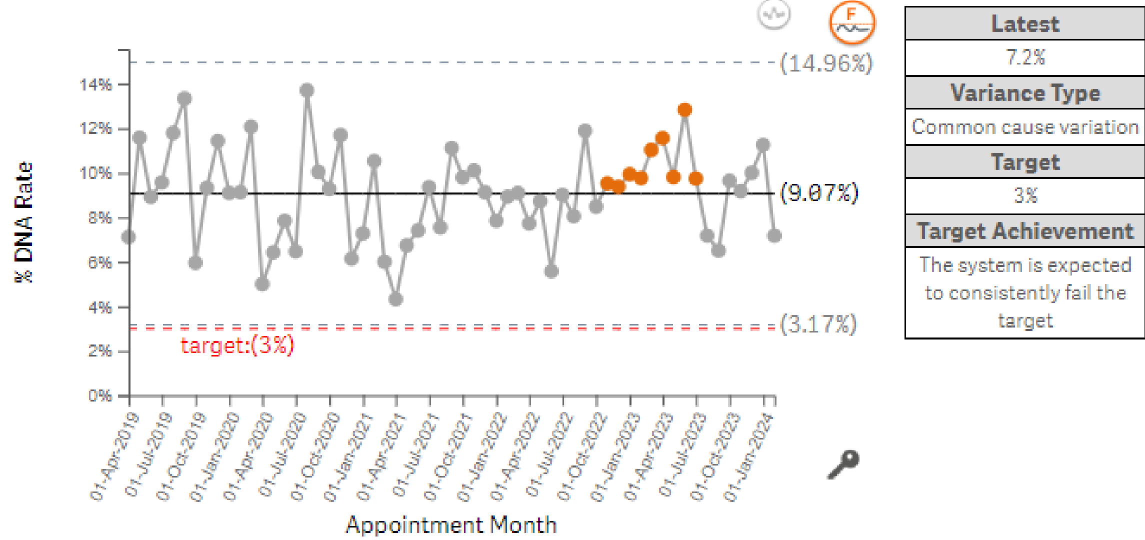
- Health Inequalities Meeting to support learning and actions from Learning Disability audit.

% 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 a Learning Disability improved in February 2024 and stands at 7.2%.
- 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 6.3% for February 2024.

Underlying issues:
- Need to audit DNAs to understand reasons for high DNA rate for patients with a Learning Disability.

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 completed. To be reported to Health Inequalities meeting
- Project to improve patient communication and letters – including new templates and considerations of accessible information standards and health literacy.

Proportion of patients meeting the faster diagnosis standard: Learning Disability

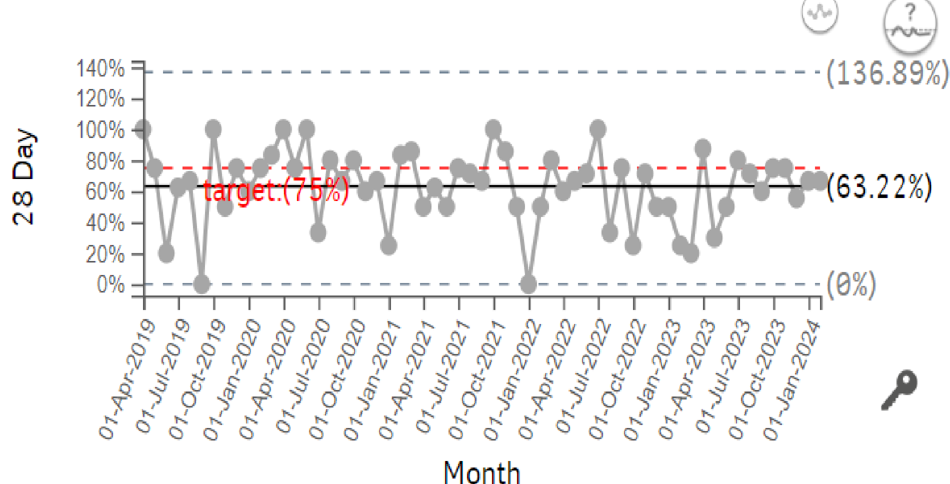
Executive Owner: Rob Aitchison Operational Lead: Maureen Overton/Amanda McKie Business Intelligence Lead: Courtney Burkinshaw

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 excluded. Target 75%.

28 Day Performance SPC

% performance over time for the 28 Day standard



Latest
66.67%
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 66.67% which is below the NHSE target and Trust performance for non-Learning Disability 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:

- 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:

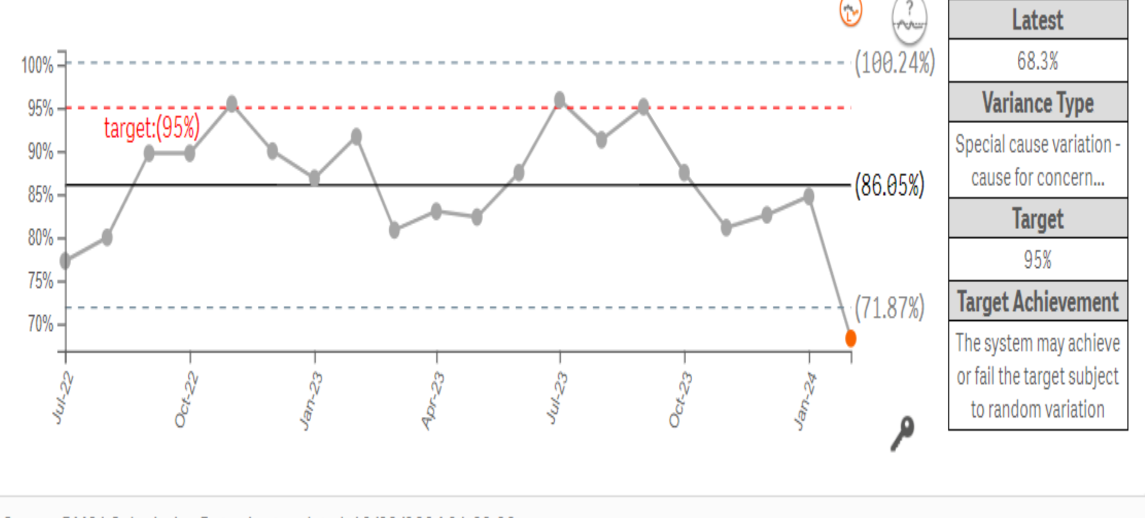
- Audit of patients to understand reasons for high level of breaches to be done March 2024 and is expected to be reported at the April Cancer Delivery Group meeting

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

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

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:
- Latest monthly performance stands at 68.3% which does not meet the NHSE target of 95%. In-month performance is significantly lower than CHFT overall performance which is 89.1%.
- 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 65% and 100%.

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

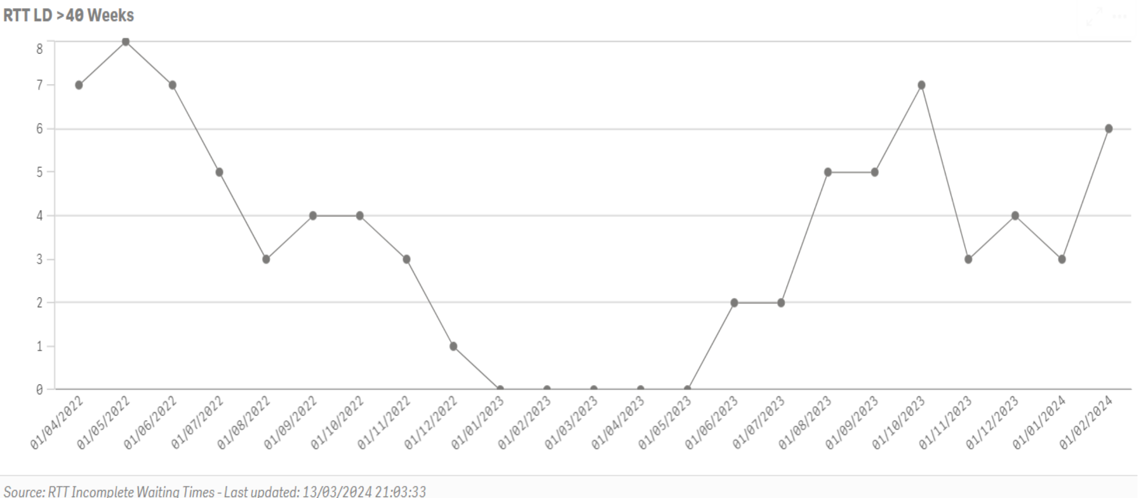
Actions:
- Audit of Learning Disability breaches to check no other reasons for breaches other than capacity completed. To be reported to Health Inequalities meeting.
- Matron for Complex Needs given access to KP+ model to monitor Learning Disability patients on a diagnostic waiting list.

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

Executive Owner: Rob Aitchison Operational Lead: Thomas Strickland/Amanda McKie
Business Intelligence Lead: Rebecca Spencer

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:
- There are currently 6 patients with a Learning Disability who have waited more than 40 weeks

Underlying issues:
- Learning Disability patient performance reflects CHFT performance.

Actions:
- Focus to be given at start of Access meetings for any learning disability patients over 40 weeks.
- Results from audit to be taken to Health Inequalities Meeting for discussion and agreement on any required actions.
- Matron for Complex Needs given access to KP+ model to monitor Learning Disability patients on an RTT waiting list and will be included as part or monthly meetings with Surgical team when reviewing waiting lists for Learning Disability patients.
- Identified issue of patient needing F2F appointments at clinician review but not actioned to be addressed.

Health Inequalities: Deprivation (IMD 1 and 2)

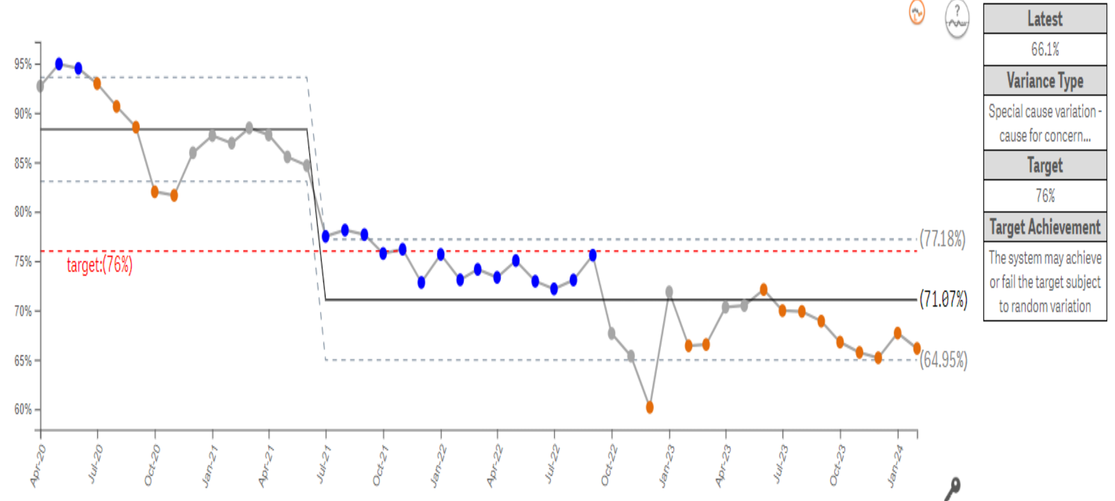
Metric	Latest Month	IMD 1& 2 Measure	Overall Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Emergency Care Standard	February 2024	66.1%	66.78%	76%			71%	65%	77%
Outpatients DNAs	February 2024	8.9%	6.3%	3%			9.6%	8.1%	11.1%
Cancer Faster Diagnosis Standard	February 2024	88.89%	87.84%	75%			76.2%	62.9%	88.5%
% of patients waiting less than 6 weeks for a diagnostic test	February 2024	72.5%	89.1%	95%			85.8%	71.3%	100%
Patients waiting more than 40 weeks to start treatment	February 2024	247	1,010	0			-	-	-

Emergency Care Standard: Deprivation (IMD 1 and 2)

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 65% and 77%.
- The performance for February was 66.1% which is in line with the overall Trust performance 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:
- 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.
- Testing of full capacity protocol is underway, aimed at supporting reducing long waits in ED.

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

Executive Owner: Rob Aitchison

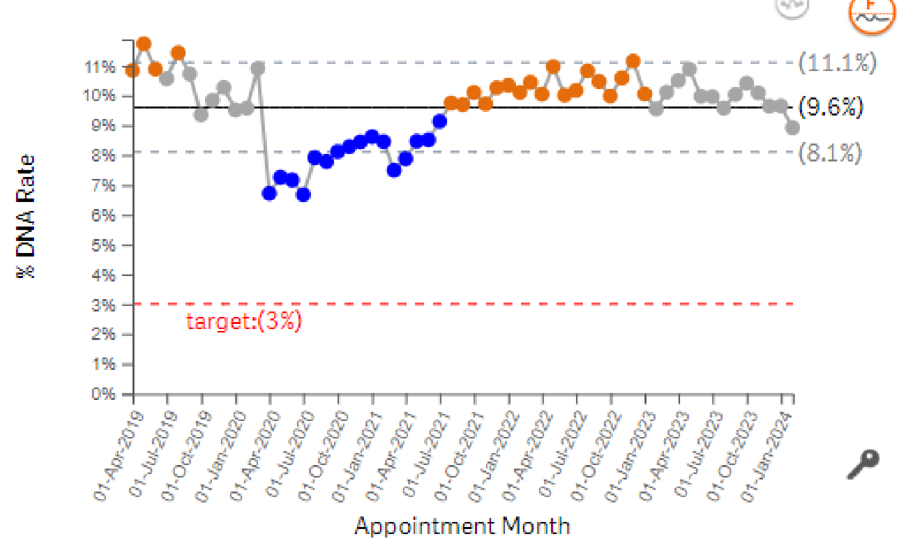
Operational Lead: Kim Scholes

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.

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



Latest
8.9%
Variance Type
Common cause variation
Target
3%
Target Achievement
The system is expected to consistently fail the target

What does the chart show/context:

- The current DNA rate for appointments for patients from the IMD 1 and 2 groups stands at 8.9% for February 2024.
- This performance has remained within the expected range from April 2021 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 6.3% for February 2024.

Underlying issues:

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

Actions:

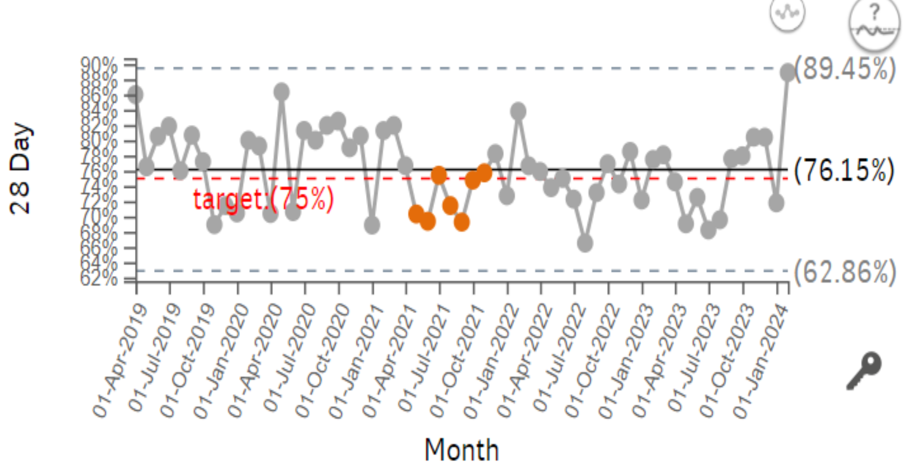
- Project to improve patient communication and letters – including new templates and considerations of accessible information standards and health literacy.
- Stage 2 of trial to commence calling patients from IMD 1&2 who are most likely to DNA and booking appointment to an agreed time/ date with the aim to reduce the DNA rate.

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

Executive Owner: Rob Aitchison Operational Lead: Maureen Overton Business Intelligence Lead: Courtney Burkinshaw

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 excluded. Target 75%.



What does the chart show/context:

- Latest monthly performance stands at 88.89% which is above the NHSE target. Performance for this group of patients and is in line with the overall Trust performance of 87.84%
- 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:

- Nationally, pathways where performance against the 28-day FDS is challenged are; Lower GI, Upper GI and Urology and this is reflected locally. Head and Neck and Haematology are also not meeting the 28-day target.

Actions:

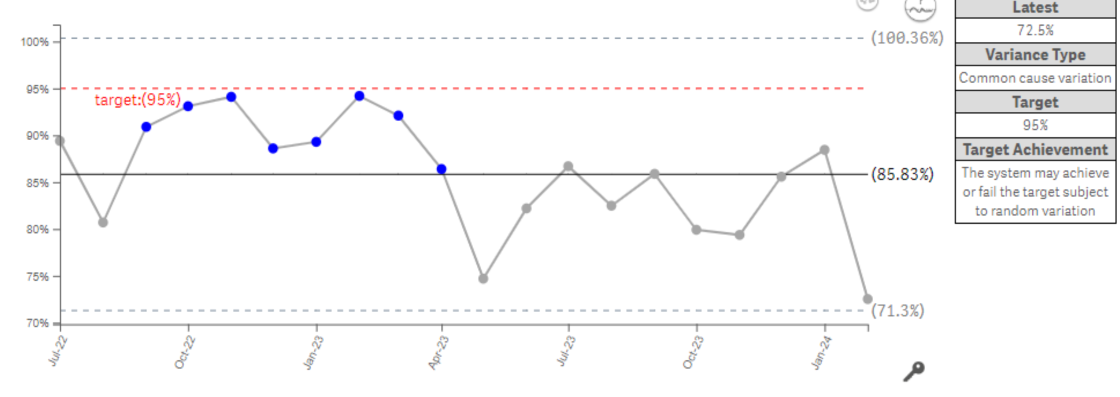
- Dermatology is still struggling with minor ops and biopsies
- Head and Neck, continue to have problems with OPA and diagnostics request for mutual aid from other Trusts.

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

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

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:
- Latest monthly performance stands at 72.5% which is significantly below the NHSE target and overall CHFT in-month performance of 89.1%.
- 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 71.3% and 100%.

Underlying issues:
- 2 modalities (Echocardiography/Neurophysiology) still have significant numbers of pathways >6 weeks.
- Without those modalities, the remaining tests are achieving over 95%.

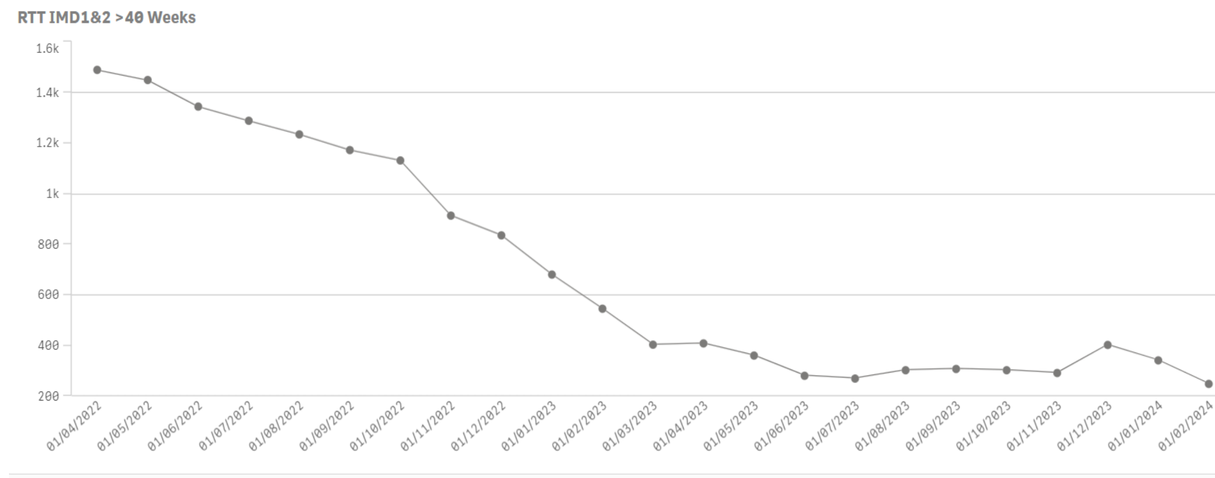
Actions:
- Echocardiography and Neurophysiology - As per overall Trust action plans.

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

Executive Owner: Rob Aitchison   Operational Lead: Thomas Strickland   Business Intelligence Lead: Rebecca Spencer

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:

- Our 40-week position reduced rapidly between April 2022 and April 2023 and has since started to level out.
- We have seen a decrease from last month to 247 patients over 40 weeks. This is a reduction of around 100 patients

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.

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 concluded with actions in place and are working to 52-week compliance by the end of March.
- Actions have been identified in 3 cohort areas:
  - Demand management
  - Increasing internal capacity
  - Increasing external capacity
- Number of >40 week waits impacted by Industrial action is being tracked.

Workforce:

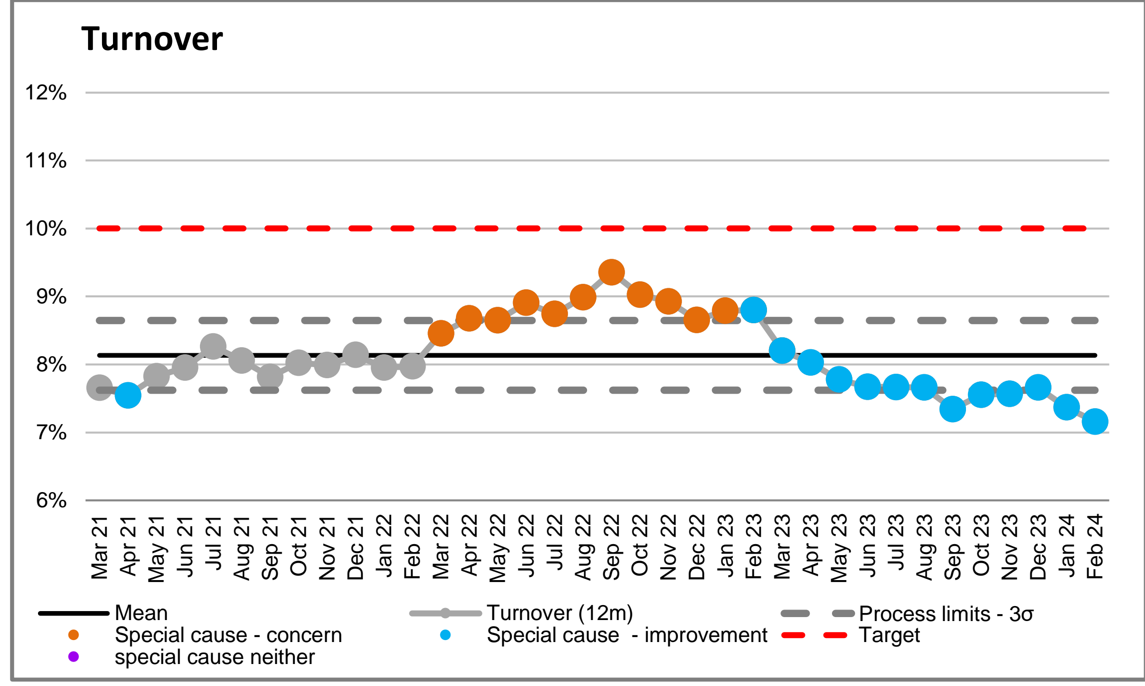
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Staff Movement (Turnover)	February 2024	7.16%	10.0%			8.13%	7.62%	8.65%
Sickness Absence (Non-Covid)	February 2024	4.78%	4.75%			4.84%	4.19%	5.49%
Appraisal Compliance (YTD)	February 2024	83.39%	95.0%	-	-	-	-	-
Core EST Compliance	February 2024	94.82%	90.0%			93.17%	92.09%	94.25%
Bank Spend	February 2024	£3.97M	-			£3.20M	£1.83M	£4.57M
Agency Spend	February 2024	£0.93M	£0.53M			£0.87M	£0.58M	£1.16M

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.

Ceiling: 10.00%   **Current: 7.16%**



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 ceiling of 10.00%.
- Current turnover rate is slightly below the mean average at 7.16%.
- The Trust benchmarks well against other WYAAT organisations.

Underlying issues:
- Directorates with turnover above the 10% ceiling include FSS Management (23.6%), Quality (13.9%) and Workforce and OD (13.1%).

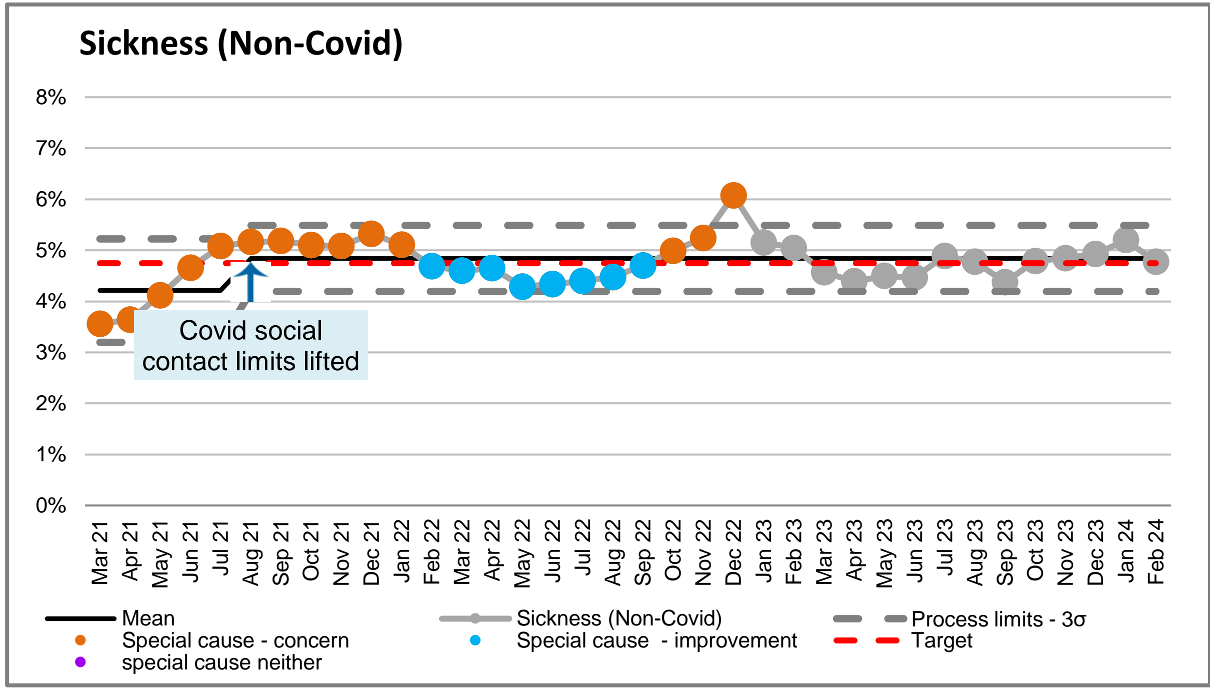
Actions:
- Trust level and local level activities underway to continue to improve the Trust retention, turnover and stability rates. These actions include:-
    - Task and finish group to review approach to exit interviews and questionnaires.
    - Review and improve ‘stay conversation.
    - Review of workforce metrics to identify gaps in retention activity for certain groups
    - Review of recruitment process to embed inclusive recruitment.
    - Communication of revised national approach to retirement options.

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:**	**Total**	**4.78% (in month)**	**4.71% (12m)**
		Long	**2.97% (in month)**	**3.01% (12m)**
		Short	**1.81% (in month)**	**1.70% (12m)**



What does the chart show/context:

- The target for absence is close to the mean and falls between the upper and lower process limits, as such compliance will be unpredictable on a month-by-month basis due to common cause variation.

Underlying issues:

- Top 3 reasons for sickness in February 2024 – Anxiety/Stress/Depression, Other Musculoskeletal and Cold, Cough, Flu – Influenza

Actions:

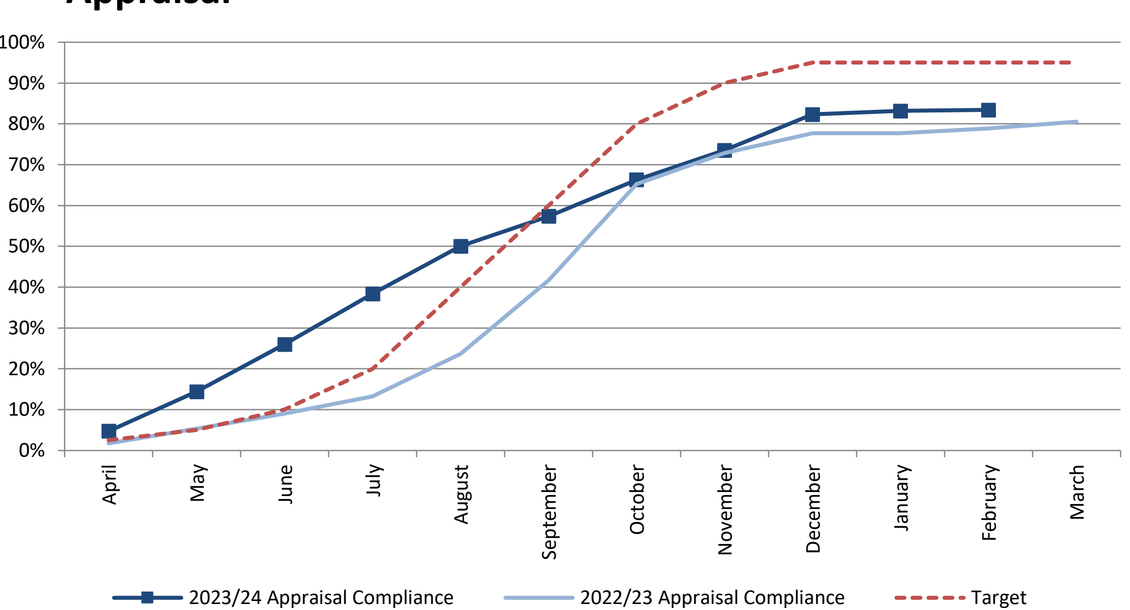
- HR teams review regularly all open ended LTS cases to ensure timely actions are taken and that where for example cases relate to an MSK issue that colleagues are aware of self-referral options for internal physiotherapy.
- Any identified hotspot areas undertake a deep dive to review cases and where any training needs are identified this is managed.
- Absence data remains a key item on directorate and divisional meetings and teams are asked to provide updates via a plan on a page to address areas with absence above target or where absence is increasing.
- Knowledge portal+ has been rolled out across all divisions to allow easier access to absence data and the use of SPC charts is now part of absence reporting within directorate meetings.
- HR teams are reviewing Managing Attendance training with a view to rolling this out as a face-to-face session once HR teams are at full establishment.
- Information regarding the Trust Health Passport, Reasonable Adjustments and Access to work is now accessible on the Workforce and Organisational Development Intranet pages. A communication plan being drafted to support awareness raising.

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), 95.0% (in month)   **Current: 83.39% (in month)**



What does the chart show/context:
- Appraisal compliance has continued to be below the in-month planned position with 83.39% and has not achieved the 95% target set for the end of February 2024.
- 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 especially during the summer and winter holidays.
- Regular strike action impacting priorities.

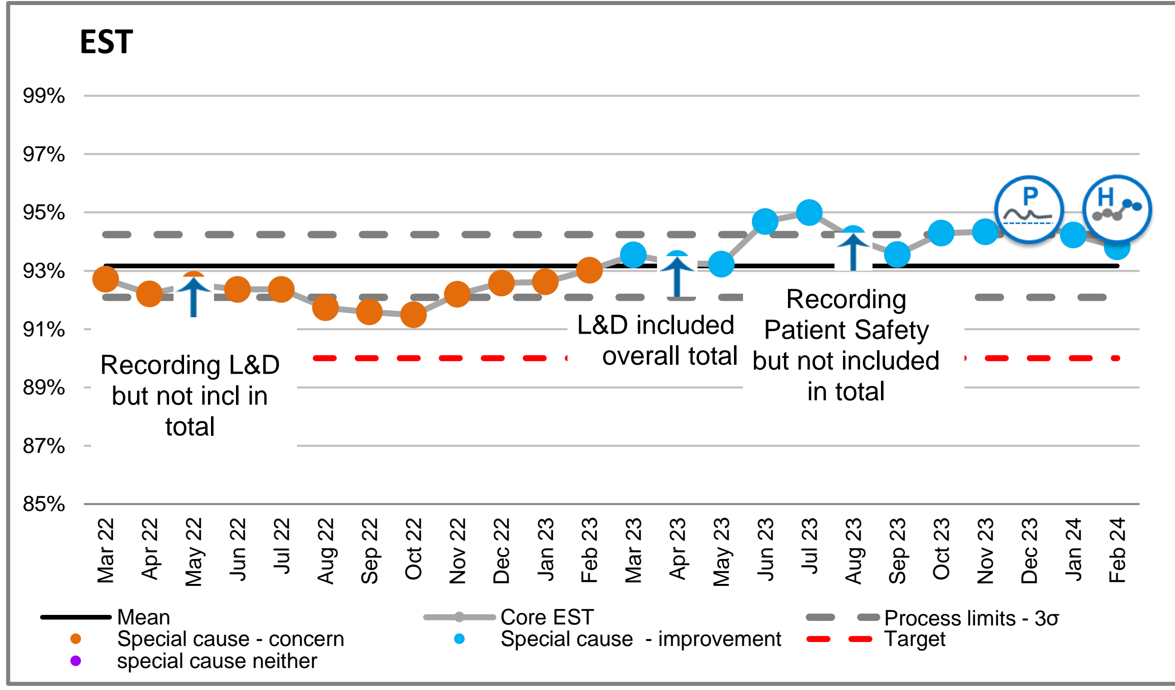
Actions:
- ‘How to’ guide to appraisals video now available as part of our management fundamentals offer, to make it a more people centred conversation.
- New to manager programme launch features appraisals in content.
- ESR recording guidance produced to support managers to ensure all activity is captured.
- Targeted approach to support hotspot areas including Connect & Learn sessions (managers’ and appraisees’ guides) to improve the quality of conversations.
- Connect & Learn sessions ongoing with session attended by 25 managers on 31st August, 58 attendees in October and 41 attendees in November 2023. Additional sessions delivered in February 2024.
- Recent audit from NHS England completed showcasing best practice, impact data and general process.
- Hotspot areas targeted via OCOC charter support workshops that includes appraisal management.

Core EST Compliance

Executive Owner: Suzanne Dunkley | Lead: Nicola Hosty | 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: 93.82%**



What does the chart show/context:

- The Trust is consistently achieving the 90% target; EST compliance is slightly below the 95% stretch target at 93.82%
- Compliance in February 2024 remains above the mean and above the process limits indicating further ongoing improvement since March 2023.
- From April 2023 Learning Disability Awareness is now included in the overall EST compliance rate

Underlying issues:

- Safeguarding Adults and Childrens compliance has dropped below 90%, this is likely due to a review of RST as safeguarding is tiered learning.

Actions:

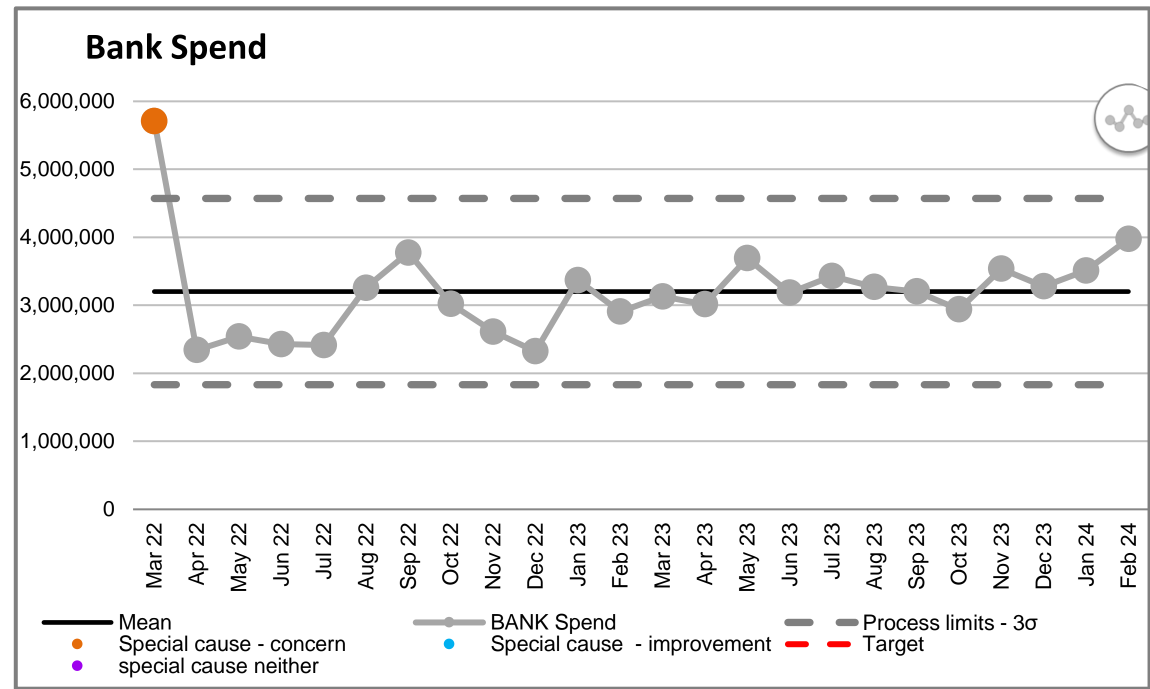
- Compliance rates are shared with Directorates on a weekly basis.
- Enhanced Divisional accountability.
- Local campaigns to focus on mandatory learning in Divisions.
- Task and Finish group is being formed to review RST and progress will be fed back to the Education Committee.

Bank Spend

Executive Owner: Suzanne Dunkley Lead: Samuel Hall 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.

Current: £3.97M



What does the chart show/context:
- 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.
- Bank spend is currently £3.97m in February 2024, a decrease from £3.51m in January.

Underlying issues:
- There is a dependency on bank to support the running of extra capacity areas that flex open and closed.
- Bank and Agency workers support in covering unplanned absences (sickness etc)
- CHFT have been in extra capacity areas throughout the month of January, resulting in an upward trend.

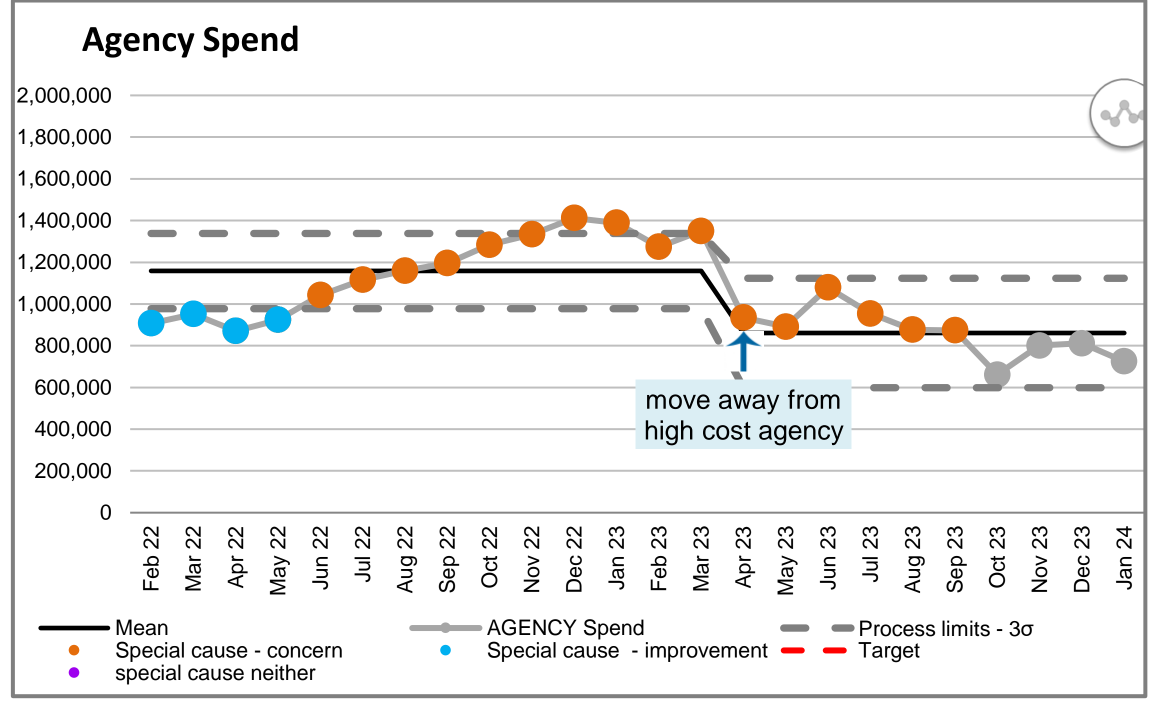
Actions:
- 20% premium for Nursing and ODP colleagues has been successfully removed
- Medical Bank and Agency spend reviewed and regular Bank users sent to Senior Management Teams to confirm plan to remove/recruit to positions.

Agency Spend

Executive Owner: Suzanne Dunkley | Lead: Samuel Hall | 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: £0.53M | **Current: £0.93M**



What does the chart show/context:
- 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 October 2023.
- Spend in February 2024 at £0.93m.

Underlying issues:
- There is a reliance on agency usage in some areas as a result of vacancies and difficulties in recruiting.
- Agency cost has consistently lowered from March 2023 to present due to a structured agency retraction plan.
- Agency spend still remains high and a proportion of that spend can be attributed to Agency Consultants working in hard to fill areas, as well as remaining rota gaps in ED.

Actions:
- Long-term Medical Agency usage to be reviewed in January 2024 with MDO colleagues.
- Nursing Agency lead time reduced to 21 days in October 2023 to allow Bank colleagues more time to fill.
- Promote that CHFT colleagues are a priority for additional shifts and Flexible Workforce can cancel booked agency workers to give shifts to CHFT colleagues (screensaver, email to colleagues).

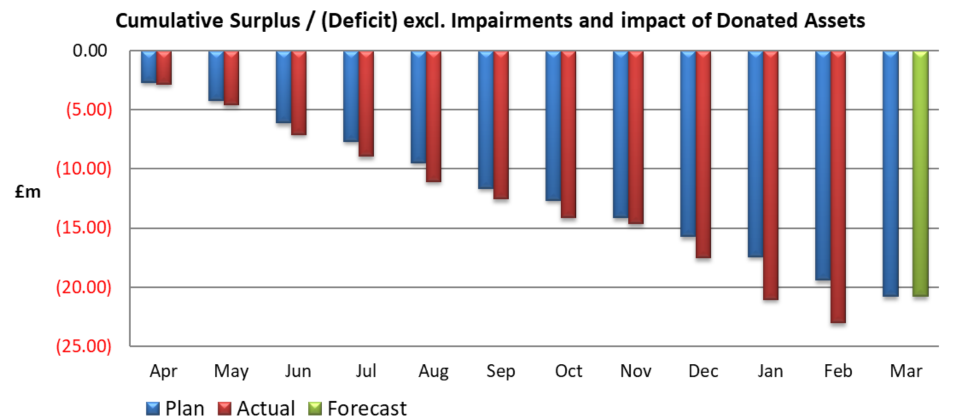
Finance:

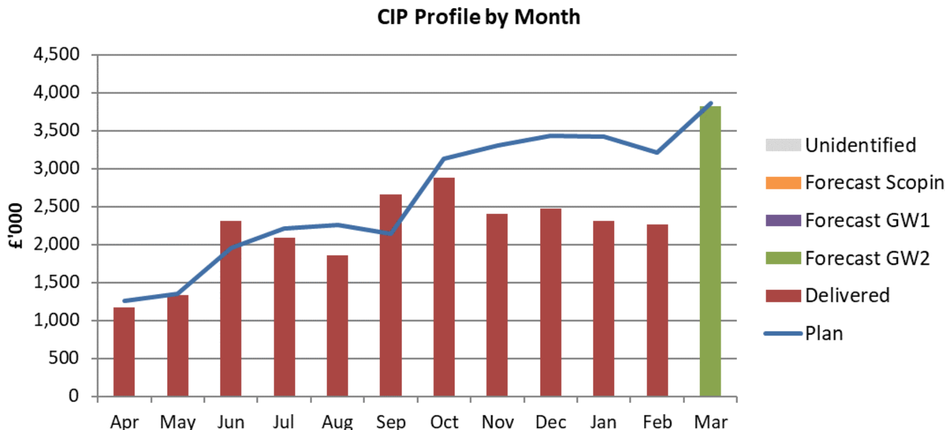
- Cumulative Surplus
- CIP Profile
- Capital Spend
- Cash Balance

Financial Performance

Executive Owner: Gary Boothby

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 Year to Date (YTD) deficit of £23.03m, a £3.60m adverse variance from plan.
- The forecast is to deliver the £20.80m deficit as planned. The Trust delivered efficiency savings of £23.73m year to date, £3.91m lower than planned, and is forecasting a £3.95m shortfall in delivery of CIP.

Underlying issues:

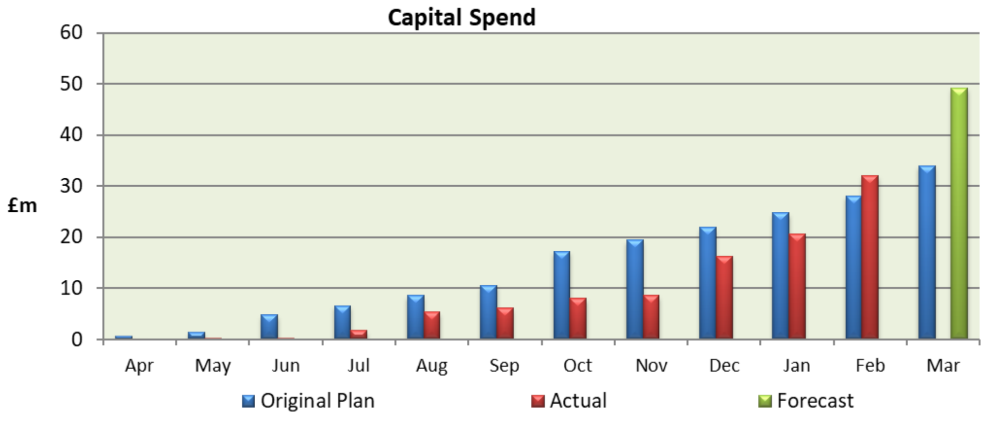
- Key drivers of the adverse variance included: higher than planned bed capacity due to an excess of patients awaiting Transfer of Care (TOC) / higher than planned Length of Stay (LOS), £4.26m impact on associated efficiency plans and surge capacity; Strike costs of £3.17m; and non-pay inflationary pressures. It is assumed Strike costs will be fully funded through additional Integrated Care System (ICS) allocations, (£2.1m received YTD). Other pressures are offset to some extent by the additional Elective Recovery Funding (ERF), some CIP mitigation and higher than planned commercial income.
- The Trust is forecasting to deliver the planned £20.80m deficit, but the 'likely case' scenario is an adverse variance of £0.70m. Forecast pressures include £3.95m slippage on efficiencies, non-pay inflationary pressures, Strike costs and additional bed capacity. Some internal mitigations have been identified alongside the additional allocations to support Strike costs and a further £1.6m of ERF funding expected due to Recovery performance.

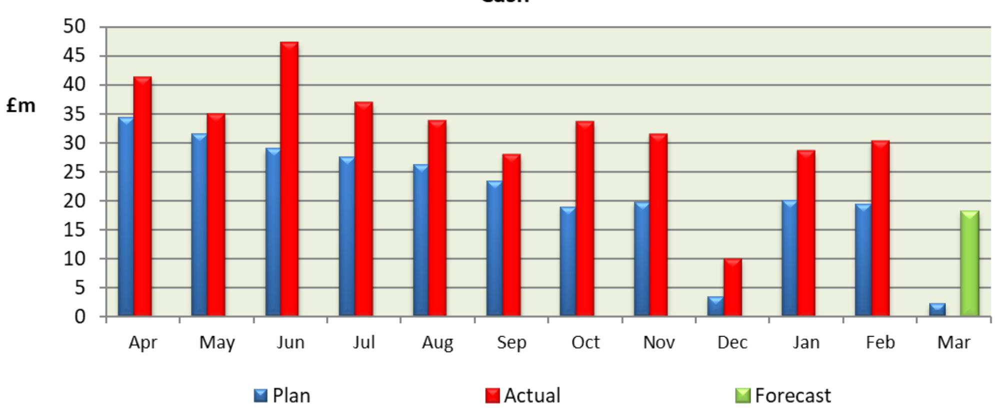
Actions:

- Discussions with the ICS are progressing regarding potential further funding allocations to close the remaining £0.70m gap to deliver on plan.

Financial Performance: Capital, Cash and Use of Resources

Executive Owner: Gary Boothby   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 £32.07m on Capital programmes year to date, £3.99m higher than planned. Capital Forecast is to spend £49.25m, £15.25m more than planned: including additional Public Dividend Capital (PDC) funding awarded to support the Community Diagnostic Centre (CDC) and Pharmacy Manufacturing Unit expansion; and an increased capital allocation for Reconfiguration.
- At the end of February, the Trust had a cash balance of £30.18m, £10.83m higher than planned. Use of Resources (UOR) stands at 3, as planned, with one metric away from plan (I&E Variance from Plan).

Underlying issues:
- The Capital overspend is due to additional allocations agreed in year including CDC (Halifax) and the expansion of the Pharmacy Manufacturing Unit. Leases remain underspent.
- The Trust has revised down its request for Revenue Support PDC to £8.3m, £1.2m less than planned due to an improved working capital position and delays in the capital programme.

Appendix A – Variation and Assurance Icons

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.
H	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?
L	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?
H	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?
L	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.
F	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.
P	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

Metric	Details
Total Patients waiting >40, 52, 65 weeks to start treatment and 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. Measure is number of non-site specific referrals received in a month against target from operational plan for 2024/25
Day Case Rates	Day case surgery, where the patient is admitted, undergoes intervention and is discharged on the same day, is an important aspect of service provision in the NHS. Day case surgery brings recognised benefits for both patients and system-wide efficiencies related to patient quality and experience, reduced waiting times and release of valuable bed stock.

Appendix B (ii) – Metrics Rationale and Background

Metric	Details
Capped Theatre Utilisation	Capped theatre utilisation is a metric used to measure how well the allocated planned theatre session time has been utilised in an individual theatre list. It is calculated by taking the total needle to skin time of all patients within the planned session time and dividing it by the session planned time. High capped utilisation signifies that the allocated planned session time has been well utilised.
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.
% of patients dying within their preferred place of death – Community Palliative Care.	The focus of this indicator is to measure the proportion of patients who die in their preferred place of death. Everyone deserves the best possible experience at the end of their lives. The place where someone's cared for at the end of their life and whether this matches what they want – is an important part of this experience.

Appendix B (iii) – Metrics Rationale and Background

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

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

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	95% of adult patients to receive a MUST assessment within 24 hours of admission/transfer to the ward. Compliance with completion of MUST will ensure we have the majority of our patients at risk identified early and referred to the dietitian team.
Emergency Care Standard - Learning Disability	To monitor waiting times in A&E for patients with a learning disability to ensure equity across all patient groups
Outpatients DNA's - Learning Disability	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 - Learning Disability	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 - Learning Disability	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

Metric	Details
Patients waiting more than 40 weeks to start treatment - Learning Disability	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)

Finance Report – Month 11

Purpose of the Report
To provide a summary of the financial position as reported at the end of Month 11 (February 2024).
Key Points to Note

Year To Date Summary

The Trust is reporting a £23.03m deficit, (excluding the impact of Donated Assets and the PFI remeasurement due to IFRS16), a £3.60m adverse variance from plan. The in-month position is a deficit of £1.98m, a £0.06m adverse variance.

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), £4.26m pressure due to impact on associated efficiency plans and surge capacity; Strike costs of £3.17m; and non-pay inflationary pressures. It is assumed that Strike costs will be fully funded through additional ICS allocations, (£2.1m received YTD). Other pressures are offset to some extent by additional Elective recovery Funding, identification of some CIP mitigation and higher than planned commercial income (HPS).

- Position includes additional Elective Recovery Funding of £0.35m to reflect year to date above plan activity performance. Total allocation year to date is £14.12m.
- West Yorkshire mechanism for allocating Elective Recovery Funding (ERF) focuses on targeting achievement of waiting list performance rather than activity volumes. The original plan was that financial penalties would be imposed for any patients not treated within the 52 week target. This target has been amended to reflect the impact of Strike action. Year to date the Trust has not incurred any penalties and is forecasting to exceed the current target.
- Overall Weighted Elective Recovery Position as a percentage of plan was 109.2%.
- The Trust has delivered efficiency savings of £23.73m, £3.91m lower than planned.
- Agency expenditure year to date was £9.54m, £2.08m lower than the Agency Ceiling, (3.7% of total pay expenditure) but £1.67m higher than planned.

Key Variances

- Income is £10.45m above the plan. Clinical contract income is £4.00m above plan and includes £2.1m additional ICS allocation to support YTD Industrial Action, Covid-19 testing funding (offset to some extent by costs), additional income of £1.40m to support Community Diagnostic Centres; additional ERF funding (£0.35m) and higher than planned NHSE funded high-cost drugs and devices. Other Income is £6.45m above plan including: a favourable variance of £2.30m for commercial income from Health Informatics and HPS; higher than planned Education income of £0.89m; non recurrent funding to support overseas recruitment and a favourable variance on Provider-to-Provider contracts including Non-Surgical Oncology. This additional income supports higher than planned costs in the year-to-date position.
- Pay costs were £7.31m higher than the planned level. Pay pressures are linked: to higher than planned bed capacity (£4.26m) - £0.82m surge capacity, plus £3.44m slippage on efficiency schemes linked to bed closures due to higher than planned numbers of patients requiring Transfer of Care (TOC) and higher than planned Length of Stay (LOS); the impact of strike action (£3.17m impact YTD); supernumerary overseas nurses (£0.90m). These pressures have been offset to some extent by an underspend associated with Elective Recovery, offset in turn by additional costs

incurred on Independent Sector spend (Insourcing and Outsourcing) to support the Recovery plan.

- Non-pay operating expenditure is £9.85m higher than planned year to date including: higher than planned rates, utilities and maintenance costs (£0.60m); the impact of actions required to eradicate Legionella (£0.13m); Health Informatics commercial contracts (£1.36m offset by additional income); costs associated with Community Diagnostic Centres (£0.69m); higher than planned expenditure on clinical supplies including devices, ward consumables, equipment hire, patient appliances and theatre costs (£2.66m); and higher than planned insourcing / outsourcing costs associated with Elective Recovery, Diagnostics and key Medical Staffing gaps (£2.91m).

Forecast

The Trust is forecasting to deliver the planned £20.80m deficit, but the 'likely case' scenario is an adverse variance of £0.70m. Key drivers of this forecast deficit are £3.95m slippage on efficiencies, non-pay inflationary pressures, additional bed capacity and Strike costs (assumes no further industrial action). Some internal mitigations have been identified alongside additional ICS allocations to support YTD Strike costs and a further £1.67m of ERF funding expected due to changes to Recovery performance targets. Discussions with the ICS are progressing regarding potential further funding allocations to close the remaining £0.70m gap and deliver on plan.

Attached:
Month 11 Finance Report
Forecast Scenarios M11

EXECUTIVE SUMMARY: Total Group Financial Overview as at 28th Feb 2024 - Month 11

KEY METRICS

	M11			YTD (FEB 2024)			Forecast 23/24		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Forecast £m	Var £m
I&E: Surplus / (Deficit)	(£1.92)	(£1.98)	(£0.06)	(£19.43)	(£23.03)	(£3.60)	(£20.80)	(£20.80)	£0.00
Agency Expenditure (vs Ceiling)	(£1.06)	(£0.93)	£0.13	(£11.61)	(£9.54)	£2.08	(£12.67)	(£10.49)	£2.18
Capital	£3.35	£11.43	(£8.08)	£28.08	£32.07	(£3.99)	£34.00	£49.25	(£15.25)
Cash	£19.35	£30.18	£10.83	£19.35	£30.18	£10.83	£2.19	£17.94	£15.76
Invoices paid within 30 days (%) (Better Payment Practice Code)	95.0%	94.3%	-1%	95.0%	93.9%	-1%			
Cost Improvement Plans (CIP)	£3.21	£2.26	(£0.95)	£27.64	£23.73	(£3.91)	£31.50	£27.55	(£3.95)
Use of Resource Metric	3	3		3	3		3	3	

Year To Date Summary

The Trust is reporting a £23.03m deficit, (excluding the impact of Donated Assets and the PFI remeasurement due to IFRS16), a £3.60m adverse variance from plan. The in month position is a deficit of £1.98m, a £0.06m adverse variance.

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Total Group Financial Overview as at 28th Feb 2024 - Month 11

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M11

CLINICAL ACTIVITY

	M11 Plan	M11 Actual	Var
Elective	4,251	4,273	22
Non-Elective	49,352	48,825	(527)
Daycase	45,843	48,535	2,692
Outpatient	398,538	417,664	19,126
A&E	159,968	161,987	2,019
Other NHS Non-Tariff	1,813,397	2,010,530	197,133
Total	**2,471,349**	**2,691,814**	**220,465**

TOTAL GROUP: INCOME AND EXPENDITURE

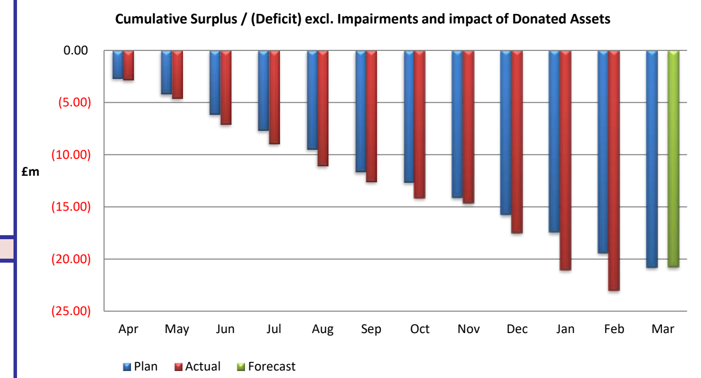
	M11 Plan	M11 Actual	Var
	£m	£m	£m
Elective	£16.23	£17.49	£1.26
Non Elective	£115.34	£120.79	£5.45
Daycase	£33.05	£36.00	£2.95
Outpatients	£40.40	£44.31	£3.91
A & E	£28.84	£30.23	£1.40
Other-NHS Clinical	£201.29	£190.84	(£10.45)
CQUIN	£0.00	£0.00	£0.00
Other Income	£50.63	£56.63	£6.00
Total Income	**£485.78**	**£496.30**	**£10.52**
Pay	(£321.41)	(£328.71)	(£7.31)
Drug Costs	(£43.99)	(£42.24)	£1.74
Clinical Support	(£30.87)	(£32.43)	(£1.56)
Other Costs	(£58.63)	(£69.75)	(£11.12)
PFI Costs	(£14.84)	(£15.18)	(£0.35)
Total Expenditure	**(£469.73)**	**(£488.32)**	**(£18.59)**
EBITDA	**£16.05**	**£7.98**	**(£8.07)**
Non Operating Expenditure	(£35.48)	(£31.01)	£4.47
Surplus / (Deficit) Adjusted*	**(£19.43)**	**(£23.03)**	**(£3.60)**

* Adjusted to exclude items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Revaluations and Impairments & PFI remeasurement

DIVISIONS: INCOME AND EXPENDITURE

	M11 Plan	M11 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	(£95.54)	(£95.83)	(£0.30)
Medical	(£128.63)	(£131.34)	(£2.71)
Families & Specialist Services	(£86.59)	(£86.16)	£0.43
Community	(£30.30)	(£29.63)	£0.67
Estates & Facilities	£0.00	£0.01	£0.01
Corporate	(£52.65)	(£51.65)	£1.00
THIS	£1.23	£1.24	£0.01
PMU	£1.11	£2.10	£0.99
CHS LTD	£0.65	£0.59	(£0.06)
Central Inc/Technical Accounts	£367.47	£368.53	£1.06
Reserves	£3.83	(£0.88)	(£4.70)
Surplus / (Deficit)	**(£19.43)**	**(£23.03)**	**(£3.60)**

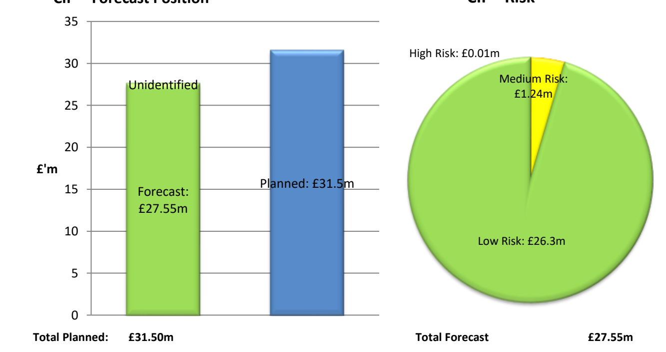
TOTAL GROUP SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast		
	M11 Plan	M11 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£19.43)	(£23.03)	(£3.60)	(£20.80)	(£20.80)	£0.00
Capital	£28.08	£32.07	(£3.99)	£34.00	£49.25	(£15.25)
Cash	£19.35	£30.18	£10.83	£2.19	£17.94	£15.76
Invoices Paid within 30 days (BPPC)	95%	94%	-1%			
CIP	£27.64	£23.73	(£3.91)	£31.50	£27.55	(£3.95)
	Plan	Actual		Plan	Forecast	
Use of Resource Metric	3	3		3	3	

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 23/24

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	4,636	4,676	40
Non-Elective	53,866	53,287	(580)
Daycase	49,935	52,935	3,000
Outpatient	434,259	455,545	21,286
A&E	174,293	176,493	2,200
Other NHS Non- Tariff	1,975,197	2,189,975	214,778
Total	**2,692,185**	**2,932,911**	**240,726**

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£17.69	£19.16	£1.46
Non Elective	£125.90	£131.85	£5.94
Daycase	£36.01	£39.29	£3.29
Outpatients	£44.01	£48.35	£4.34
A & E	£31.42	£32.94	£1.52
Other-NHS Clinical	£219.67	£211.58	(£8.09)
CQUIN	£0.00	£0.00	£0.00
Other Income	£55.28	£61.77	£6.49
Total Income	**£529.98**	**£544.95**	**£14.96**
Pay	(£350.38)	(£355.72)	(£5.34)
Drug Costs	(£47.98)	(£46.22)	£1.74
Clinical Support	(£33.68)	(£35.01)	(£1.33)
Other Costs	(£63.83)	(£77.34)	(£13.50)
PFI Costs	(£16.19)	(£16.57)	(£0.38)
Total Expenditure	**(£512.06)**	**(£530.86)**	**(£18.80)**
EBITDA	**£17.92**	**£14.09**	**(£3.84)**
Non Operating Expenditure	(£38.72)	(£34.89)	£3.84
Surplus / (Deficit) Adjusted*	**(£20.80)**	**(£20.80)**	**£0.00**

* Adjusted to exclude all items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Impairments and Revaluations & PFI remeasurement

DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	(£104.06)	(£104.64)	(£0.58)
Medical	(£141.03)	(£143.76)	(£2.74)
Families & Specialist Services	(£94.20)	(£93.84)	£0.37
Community	(£33.18)	(£32.48)	£0.69
Estates & Facilities	£0.00	£0.01	£0.01
Corporate	(£57.22)	(£56.23)	£0.99
THIS	£1.35	£1.35	(£0.00)
PMU	£1.20	£2.25	£1.05
CHS LTD	£0.71	£0.64	(£0.07)
Central Inc/Technical Accounts	£401.64	£403.04	£1.40
Reserves	£3.99	£2.88	(£1.11)
Surplus / (Deficit)	**(£20.80)**	**(£20.80)**	**£0.00**

Total Group Financial Overview as at 28th Feb 2024 - Month 11

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

WORKING CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Payables (excl. Current Loans)	(£100.75)	(£131.98)	£31.23	●
Receivables	£24.04	£19.12	£4.92	●

Payables

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

£m

Plan 23-24 / Actual 2023-24 / Actual 2022-23

Receivables

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

£m

Plan 23-24 / Actual 2023-24 / Actual 2022-23

BETTER PAYMENT PRACTICE CODE

% Number of Invoices Paid within 30 days

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Actual 2023-24 / Actual 2022-23 / Target

CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Capital	£28.08	£32.07	(£3.99)	●

Capital Spend

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

£m

Original Plan / Actual / Forecast

CASH

	M11 Plan £m	M11 Actual £m	Var £m	M11
Cash	£19.35	£30.18	£10.83	●
Loans (Cumulative)	£13.25	£13.25	£0.00	●

Cash

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

£m

Plan / Actual / Forecast

CASH FLOW VARIANCE

£m

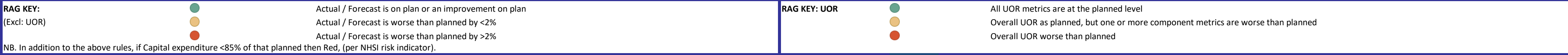
Plan / Capital / Receivables / Stocks / Loans / Other / Payables / I&E / Actual

SUMMARY YEAR TO DATE

- The Trust is reporting a £23.03m deficit, (excluding the impact of Donated Assets and PFI remeasurement IFRS16), a £3.60m adverse variance from plan.
- Year to date the Trust has incurred higher than planned costs due to: higher than planned additional bed capacity of £4.26m (including slippage on associated CIP); Strike costs of £3.17m; and non-pay inflationary pressures. Strike costs are assumed to be fully funded through additional ICS allocations and other pressures were offset to some extent by the identification of some CIP mitigation and higher than planned commercial income (HPS).
- Position also includes additional Elective Recovery Funding (ERF) of £0.35m to reflect year to date above plan activity performance. Total allocation year to date is £14.12m.
- Overall Weighted Elective Recovery Position as a percentage of plan was 109.2%.
- The Trust has delivered efficiency savings of £23.73m, £3.91m below the planned level.
- The Trust has a cash balance of £30.18m, £10.83m more than planned.
- Capital expenditure is higher than planned at £32.07m against a planned £28.08m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3, as planned, with one metric (I&E Margin Variance from Plan) away from plan.
- The Trust is forecasting a UOR of 3 as planned.

NOTES

- The Trust is forecasting to deliver the planned £20.80m deficit, but the 'likely case' scenario is an adverse variance of £0.70m. Key drivers of this forecast deficit are: £3.95m slippage on efficiencies, non-pay inflationary pressures, additional bed capacity and Strike costs (assumes no further industrial action).
  Some internal mitigations have been identified alongside additional ICS allocations to support YTD Strike costs and a further £1.63m of ERF funding expected due to changes to Elective Recovery performance targets.
- Forecast assumes full receipt of £16.66m of Elective Recovery Funding (ERF), £1.63m more than planned.
- The Capital forecast is to spend £49.25m, £15.25m more than planned. Additional PDC funding has been awarded to support the Community Diagnostic Centre and HPS expansion. Internally funded capital is forecast at £22.47m, £5.45m more than planned, including £8.10m for Reconfiguration where the Capital allocation has been agreed in advance of the Public Dividend Capital Funding.
- The total loan balance is £13.25m as planned. Revenue Support Public Dividend Capital (PDC) is forecast to be lower than planned for this financial year.
  The plan was to draw down £9.5m to support the 23/24 deficit plan, using residual carried forward cash balances to minimise this requirement.
  Current forecast is £8.3m due to an improved working capital position. The increase in the capital expenditure plan had led to an expectation the Trust would require an increased drawdown, but associated cash requirements are now expected for the new financial year.
- The Trust is forecasting to end the year with a cash balance of £17.94m. This includes £16m of Capital PDC awarded this year where the cash payment is expected next year.



RAG KEY: (Excl: UOR)		
	●	Actual / Forecast is on plan or an improvement on plan
	●	Actual / Forecast is worse than planned by <2%
	●	Actual / Forecast is worse than planned by >2%

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

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

Summary of Operating Income

Income category	Year to Date Plan (£'m)	Year to Date Actual (£'m)	Year to Date Variance (£'m)	Forecast Outturn Plan (£'m)	Forecast Outturn Actual (£'m)	Forecast Outturn Variance (£'m)
ICB Income (Exc ERF)	381.00	388.97	7.97	415.64	424.53	8.89
NHSE Income (Exc ERF)	35.84	34.28	(1.56)	39.09	37.39	(1.69)
Elective Recovery Funding (ERF)	13.77	14.12	0.35	15.02	16.66	1.63
ICB & NHSE Income	**430.61**	**437.37**	**6.76**	**469.75**	**478.57**	**8.83**
Other Clinical Income	13.40	10.63	(2.76)	14.61	13.60	(1.02)
Total Clinical Income	**444.01**	**448.00**	**4.00**	**484.36**	**492.17**	**7.81**
Out of envelope Covid Funding	0.00	0.00	0.00	0.00	0.00	0.00
Other Non-Clinical income	41.85	48.30	6.45	45.62	52.77	7.15
Total Operating Income	**485.86**	**496.30**	**10.45**	**529.98**	**544.95**	**14.96**

Operating Income:

- The Trust has received block contract income from NHSE and ICB in line with the 23/24 plan.
- Overall clinical income is above plan due to additional £2.1m non-recurrent funding in relation to industrial action costs, Covid-19 testing funding allocation and higher than planned NHSE funded high-cost drugs and devices. The funding is offset by costs.
- Variances at ICB and NHSE level are mainly due to technicalities in how certain funding streams were planned for.
- The Trust has an annual Elective Recovery Funding (ERF) target of £15m. The year-to-date position is inclusive of a further £0.35m above planned levels. The Trust is currently ahead of target on the number of 52-week waiters and in line with the West Yorkshire ERF mechanism, a level of additional funding has been included to reflect this. The forecast ERF position is £1.63m above plan.
- Other Non-clinical income is above plan due to higher than planned commercial income within Health Informatics. This is offset by additional associated costs within the service. Huddersfield Pharmacy Specials (HPS) are also delivering higher than planned income year to date and a higher than planned contribution.

ACTIVITY & CAPACITY (INCLUDING ELECTIVE RECOVERY FUND PERFORMANCE)

CLINICAL ACTIVITY

Activity Summary by Point of Delivery - 2023/24 Plan v Actual

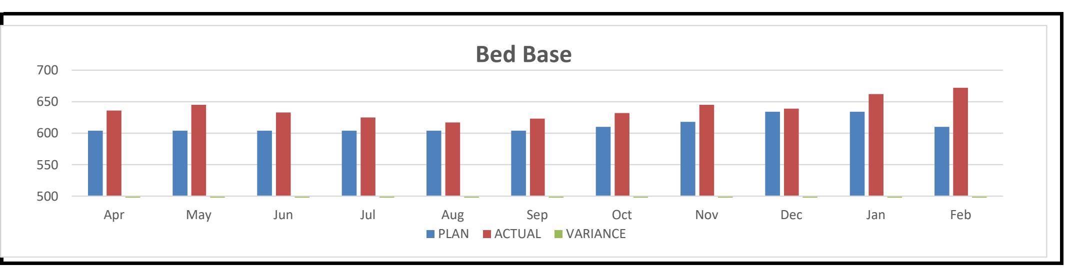
Activity - Point of Delivery	YTD Plan - FEB 2024	YTD Actual - FEB 2024	YTD Variance	% of Plan Delivered
Daycase (Exc. Chemotherapy)	37,263	40,128	2,864	107.7%
Elective	4,251	4,273	22	100.5%
Sub-total Inpatient Activity	**41,515**	**44,401**	**2,886**	107.0%
Outpatient First Attendances	121,441	127,112	5,670	104.7%
Outpatient Procedures	54,258	65,404	11,146	120.5%
Sub-total Elective Recovery (weighted)	**217,214**	**236,916**	**19,703**	109.2%
Daycase Chemotherapy	8,580	8,407	-173	98.0%
Outpatient Follow Up Attendances	222,840	225,149	2,309	101.0%
Non-elective Inpatient	49,352	48,825	-527	98.9%
A&E Attendances	159,968	161,987	2,019	101.3%
Other	1,813,397	2,010,530	197,133	110.9%
TOTAL	**2,471,349**	**2,691,814**	**220,465**	

Elective Recovery - 52 week wait plan

	YTD Plan - FEB 2024	YTD Actual - FEB 2024	YTD Variance
No. of incomplete RTT pathways of 52 weeks or more	**408**	**73**	**-335**

Breakdown of Bed Base (Monthly Average) - Actual versus Plan - 2023/2024

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
PLAN	604	604	604	604	604	604	610	618	634	634	610
ACTUAL	636	645	633	625	617	623	632	645	639	662	672
VARIANCE	32	41	29	21	13	19	22	27	5	28	62



2023/24 Plan vs Actual

- Planned inpatient activity (excluding) chemotherapy is 7.0% above plan (2,886 spells), mainly driven by day case activity.
- Outpatient activity is 4.8% above plan overall, with first attendances 4.7% above plan, outpatient procedures 20.5% above plan and follow-up attendances 1.0% above plan.
- Non-Elective is 1.1% below plan, mainly due to below plan short stay admissions.

Elective Recovery Performance

- A West Yorkshire wide Elective Recovery Funding (ERF) proposal that focuses on delivery of waiting times has now been approved by NHSE. This supersedes the national ERF / Payment by Results scheme.
- The proposal is based upon delivery of the West Yorkshire ICB 52-week plans with elective recovery funding withdrawn at a value of £2,000 per 52-week breach above the planned level. This will be monitored and applied at individual organisational level.
- Following the April strike impact, an adjustment to the 52-week waiting targets has now been agreed with NHSE. The adjustment made for CHFT means that the Trust M11 52-week target is 408 patients.
- The Trust is currently ahead of its 52-week target by 335 patients.
- A further 2% adjustment to ERF targets has been agreed nationally. The impact on the 52-week wait target for West Yorkshire has yet to be fully agreed and so isn't reflected in the current performance.

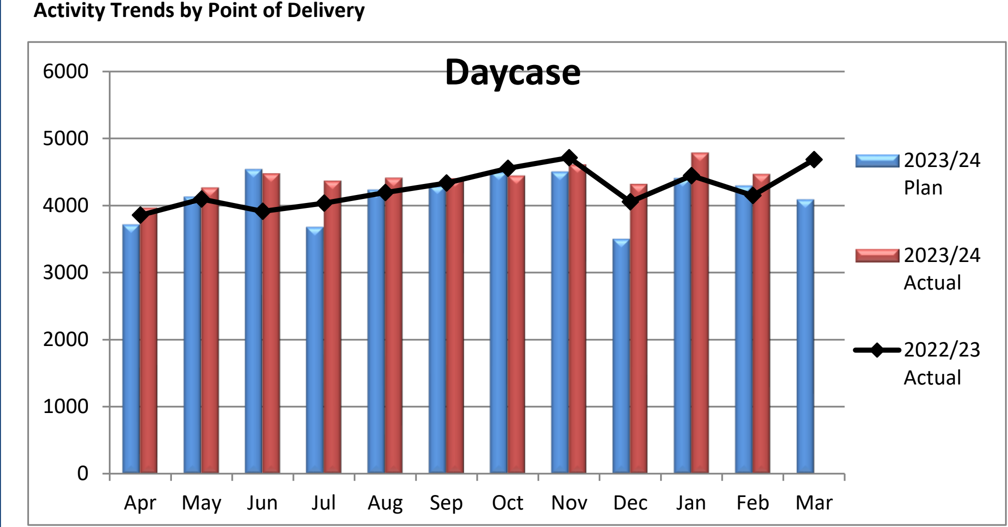
2023/24 Trust Bed Base

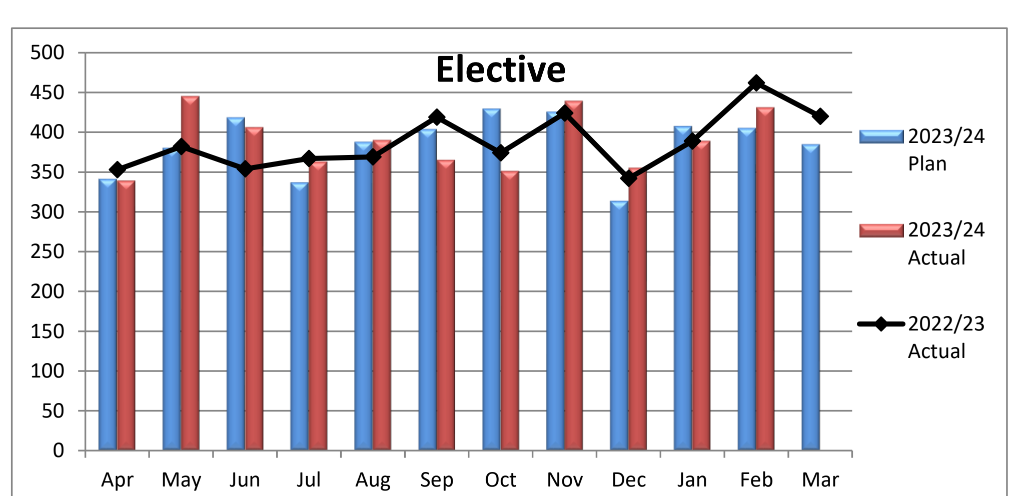
For February the Trust's open bed plan is 610. The actuals for the month were an average of 672 beds open due to additional escalation /surge beds being required to cover operational pressures. Increase of 10 open beds on previous month 662 is within the Medical division.

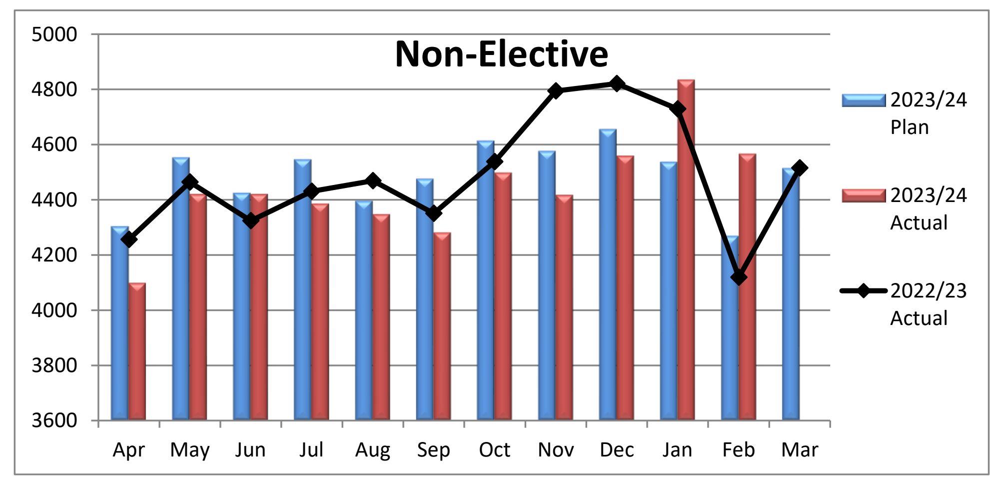
ACTIVITY & CAPACITY (2)

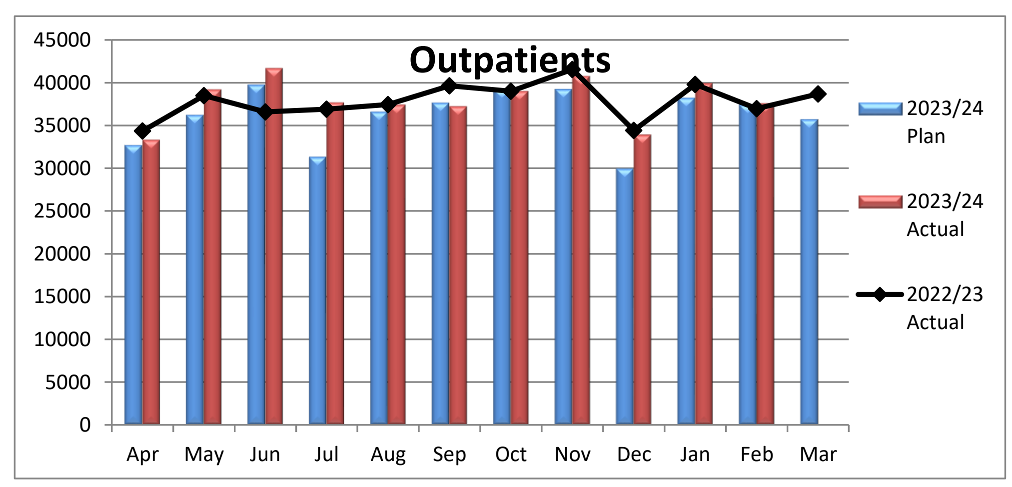
CLINICAL ACTIVITY

Activity Trends by Point of Delivery





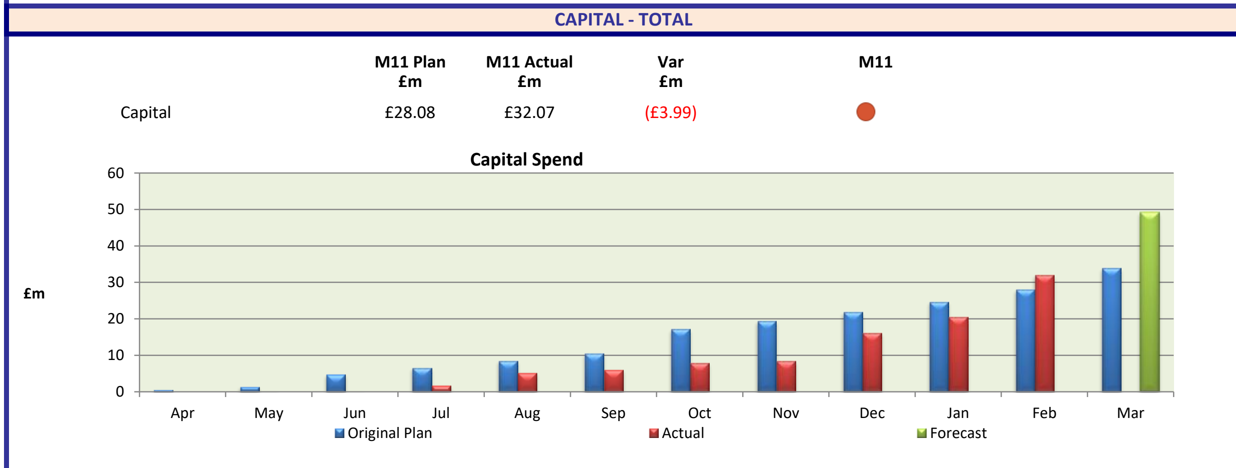




CAPITAL

CAPITAL - TOTAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Capital	£28.08	£32.07	(£3.99)	●



CAPITAL - BY SCHEME

	Year To Date			Forecast		
	M11 Plan £m	M11 Actual £m	Var £m	Plan £m	Forecast £m	Var £m
Internally Funded - Capital						
Built Environment	£0.30	£0.28	£0.02	£0.30	£0.73	(£0.43)
Equipment	£2.66	£1.21	£1.46	£2.76	£2.64	£0.12
Car Park	£1.50	£0.12	£1.38	£2.00	£0.08	£1.92
Cath Lab	£3.00	£2.77	£0.23	£3.20	£2.21	£0.99
HRI ED	£0.50	£0.00	£0.50	£0.50	£0.00	£0.50
Reconfiguration - CRH	£0.00	£1.40	(£1.40)	£0.00	£8.10	(£8.10)
Contingency	£6.07	£4.58	£1.48	£8.26	£8.71	(£0.45)
Total - Internally Funded Capital	**£14.02**	**£10.36**	**£3.66**	**£17.03**	**£22.47**	**(£5.45)**
Externally Funded - Capital						
Community Diagnostics Centres	£0.90	£7.12	(£6.22)	£1.30	£9.82	(£8.52)
CT Scanner	£2.27	£2.27	(£0.00)	£2.27	£2.27	£0.00
Diagnostics Digital Capability	£0.86	£0.19	£0.67	£1.75	£0.89	£0.86
Reconfiguration - CRH	£1.15	£0.00	£1.15	£2.00	£0.00	£2.00
Reconfiguration - HRI	£4.50	£3.38	£1.11	£4.50	£4.50	£0.00
Cervical Screening/AAA	£0.00	£0.04	(£0.04)	£0.00	£0.05	(£0.05)
Cyber Improvement Programme	£0.00	£0.00	£0.00	£0.00	£0.07	(£0.07)
HPS	£0.00	£5.00	(£5.00)	£0.00	£5.00	(£5.00)
Endoscope	£0.00	£0.00	£0.00	£0.00	£0.08	(£0.08)
LED Lighting	£0.00	£0.00	£0.00	£0.00	£0.05	(£0.05)
Donated Assets	£0.07	£0.47	(£0.40)	£0.08	£0.47	(£0.39)
Total Externally Funded - Capital	**£9.74**	**£18.47**	**(£8.73)**	**£11.89**	**£23.18**	**(£11.29)**
Leases	**£4.31**	**£3.24**	£1.08	**£5.09**	**£3.60**	£1.49
Total Capital	**£28.08**	**£32.07**	**(£3.99)**	**£34.00**	**£49.25**	**(£15.25)**

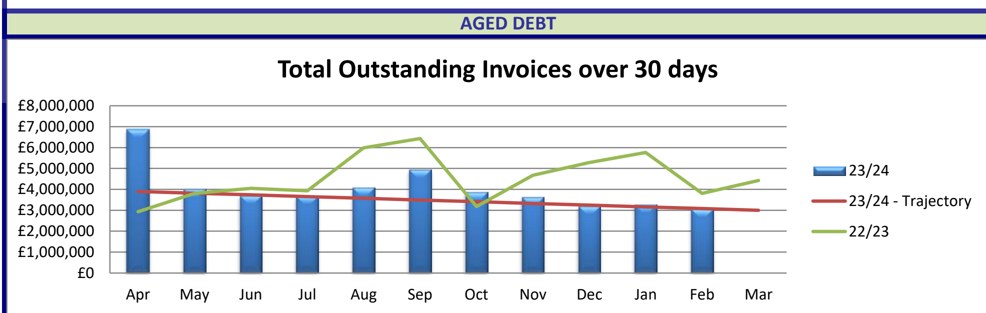
- The Trust total Capital expenditure YTD is £32.07m vs plan of £28.08m.

Variances:
- Capital expenditure was over plan by £5.07 in Month 11, due to additional allocations agreed in year including Community Diagnostic Centre (Halifax) and the expansion of the Pharmacy Manufacturing Unit (HPS).
- Leases were underspent by £1.08m in Month 11, due to some timing delays compared to plan, and the overall forecast for leases has been reduced compared to plan.

Overall Capital plan in 23/24 is £34m.
The year end forecast is now £49.25m with the following variances to plan:
- £0.86m reduction in forecast expenditure for Digital Diagnostics Capability CDC Booking System, following discussions held across WYAAT ref how this funding could be spent in 23/24.
- £8.52m included in the forecast for the Funding awarded for the Community Diagnostics Centre - Halifax.
- £8.10m is now forecast to be spent using internal funding for CRH Reconfiguration. The CDEL allocation has been agreed by NHSE in advance of PDC funding, £2m of PDC funding which was planned has been removed from forecast, net effect on forecast is an increase of £6.10m.
- £5.00m has been added to the forecast for the expansion of the Pharmacy Manufacturing Unit (HPS), to be funded through PDC.
- £0.91m has been removed from forecast which is 5% of CHFT ICS capital allocation for 23/24, to bring the ICS overall capital forecast inline with the ICS capital allocation, (ICS plan was planned at 5% above allocation).
- £0.12m has been added to forecast for PDC funding in relation to Cervical Screening / AAA and Cyber Improvement.
- £0.13m has been added to forecast for PDC funding in relation to Endoscopes / LED Lighting

CASH

AGED DEBT



Data shown above is as at 31st March 22

CASH FLOW

Cash flow variance from plan		Variance £m
Operating activities	Surplus /(Deficit) including impairments	(13.53)
	Non cash flows in operating deficit	5.52
	Other working capital movements	9.63
	Sub Total	**1.63**
Investing activities	Capital expenditure	(6.45)
	Movement in capital creditors / Other	18.68
	Sub Total	**12.22**
Financing activities	Net drawdown of external DoH cash support	(5.06)
	Other financing activities	(0.90)
	Sub Total	**(5.96)**
	Grand Total	**7.89**

KEY METRICS

RECEIVABLES:

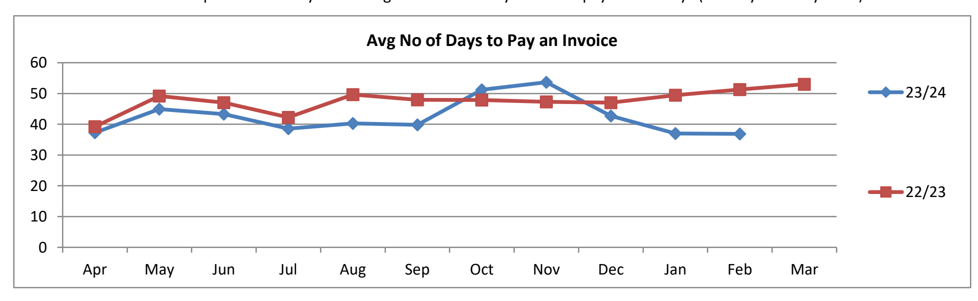
As at Month 11 23/24 aged Debt was as follows

Days	30-60	61-90	91-120	121-180	180-360	360+	Total
HPS	91,615	90,401	14,236	21,512	15,857	748,715	982,336
THIS	224,185	2,468	2,844	278	16,030	36,654	282,459
Other	128,583	122,875	143,723	112,077	261,669	1,048,962	1,817,890
£ Value	**444,383**	**215,745**	**160,803**	**133,867**	**293,556**	**1,834,331**	**3,082,685**
No Invoices	173	126	59	160	250	1,172	1,940

Bad Debt Provision: £2.045k

PAYABLES:

For Invoices paid in February the average numbers of days taken to pay was 37 days (37 days January 2024)



• At the end of February 2024 the Trust had a cash balance of £30.12m, £10.83m higher than planned. This variance is in part due to a higher than forecast year end cash balance (£2.93m); in addition to the favourable variance in cash flow year to date (£7.89m).

Operating activities

• Operating activities - favourable variance of £1.63m against the plan.

- Deficit position, a £13.53m adverse variance from plan (excluding impact of donated assets). Includes £9.86m impact of PFI remeasurement under IFRS16.
- £5.52m favourable variance on non-cash items, (PFI remeasurement offset by adverse movement due to higher than planned Depreciation and Interest receivable).
- £9.63m favourable working capital variance. Receivables are £18.41m lower than planned following receipt of the funding for the 22/23 unconsolidated pay award (accrued both income and expenditure in 22/23 M12) and a reduction in other NHS Receivables. The associated payments have been paid and are reflected in the fact that Payables show an adverse variance year to date of £7.67m. There was also a favourable variance due to an increase in Deferred Income of £1.71m. This was offset by higher than planned prepayments of £2.18m and higher than planned inventories of £0.64m.

Investing activities (Capital)

• Capital expenditure was £6.45m higher than planned (excluding planned donated assets and leases)
• Capital creditors are £17.13m higher than the planned level.
• £1.55m favourable variance on Interest Receivable.

Financing activities

• includes higher than planned Right of Use Lease payments £0.52m, plus higher than planned PDC Dividends paid (£0.31m), and lower than planned PDC Dividend received (£5.06m), £5.10m adverse variance for Revenue Support PDC , (the favourable cash position allowed the draw down of Revenue Support to be delayed), offset by £0.04m higher than planned Capital PDC.

Aged Debt

Aged Debt is £3.08m, £0.12m lower than in Month 10. Debt over 30 days relating to HPS, the Pharmacy Manufacturing Unit (HPS), reduced by £0.03m to £0.98m, with £0.72m of this debt relating to one supplier Nitespharma Uk Ltd. Limited progress has been made in reducing that debt since the last report. Debt relating to the Health Informatics Service increased by £0.10m to £0.28m. Outside of these Divisions, debt reduced by £0.27m to £1.82m with the most material debts remaining relating to Bupa £0.11m and Calderdale Council £0.09m.
Note: HPS (Huddersfield Pharmacy Specials), THIS (The Health Informatics Service)

Borrowing

The Trust received £4.40m Revenue support in February and has requested a further £3.90m for March. Previous forecasts had indicated that increased capital expenditure on Reconfiguration this year using internally generated funding (£8m) would increase the forecast requirement for Revenue Support Public Dividend Capital (PDC) above the planned level of £9.5m, however delays in that and other capital programmes now suggest cash payment for these schemes are likely to be delayed until the new financial year. The Trust has therefore revised down its Revenue support request to £8.3m to support the 23/24 deficit plan, using residual carried forward cash balances to minimise this requirement. The increase in the capital expenditure plan means that the Trust will need to drawdown additional Revenue Support PDC to support the deficit during Quarter 1 of 24/25. The Trust is forecasting to end the year with a cash balance of £17.94m. This includes £16m of Capital PDC awarded this year where the cash payment is expected to cross into the new financial year.

Better Payment Practice Code

Performance was 94.3% in month, just below the target level of 95% of invoices paid within 30 days.

Use of Resource Metric

	Plan YTD	Actual YTD
Capital Service Cover		
Revenue Available for Capital Service	16.37	10.03
Capital Service	22.48	37.02
Capital Service Cover metric	0.73	0.27
Capital Service Cover rating	4	4
Liquidity		
Working Capital balance	(59.57)	(81.71)
Operating Expenses within EBITDA, Total	(459.73)	(488.32)
Liquidity metric	(42.76)	(55.22)
Liquidity rating	4	4
I&E Margin		
Surplus/(Deficit) adjusted for donations and asset disposals	(19.42)	(23.03)
Total Operating Income for EBITDA	475.79	496.30
I&E Margin	(4.08%)	(4.64%)
I&E Margin rating	4	4
I&E Margin Variance From Plan		
I&E Margin	(4.08%)	(4.64%)
I&E Margin Variance From Plan	0.00%	(0.56%)
I&E Margin Variance From Plan rating	1	2
Agency		
Agency staff, total	(11.62)	(9.54)
Agency Ceiling	(11.62)	(11.62)
Agency rating	1	1
Overall Use of Resource score	**3.00**	**3.00**

Compliance regime - Single Oversight Framework

The Single Oversight Framework (SOF) considers 5 themes: Quality of Care; Finance and Use of Resources; Operational performance; Strategic change; Leadership and improvement capability.

The Finance element of this system is the Use of Resources score and the constituent parts of this measure are described below. A score of 1 is the most favourable and 4 the least favourable. The UOR score for the Trust stands at a level 3.

- **Liquidity**: days of operating costs held in cash or cash-equivalent forms (cash in the bank less payables plus receivables, on the presumption these can be immediately converted into cash)

- **Capital servicing capacity:** the degree to which the organisation's generated income covers its financing obligations (a measure of the Trust's ability to afford its debt - in this sense payments against debts include PDC payments, interest and loan repayments and PFI interest, PFI contingent rent and PFI capital repayments.)

- **Income and expenditure (I&E) margin:** the degree to which the organisation is operating at a surplus/deficit (measured on a Control Total basis which excludes impairments and donated assets)

- **Variance from plan in relation to I&E margin:** variance between a trust's plan and its actual I&E margin within the year, (excludes impairments and donated assets)

- **Agency:** measurement of actual agency usage against the agency ceiling set by NHSI at the planning stage. A distance from target of greater than 50% results in the lowest rating of 4 against this metric.

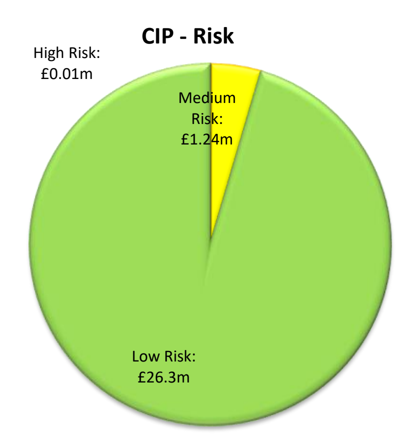
Trust Performance

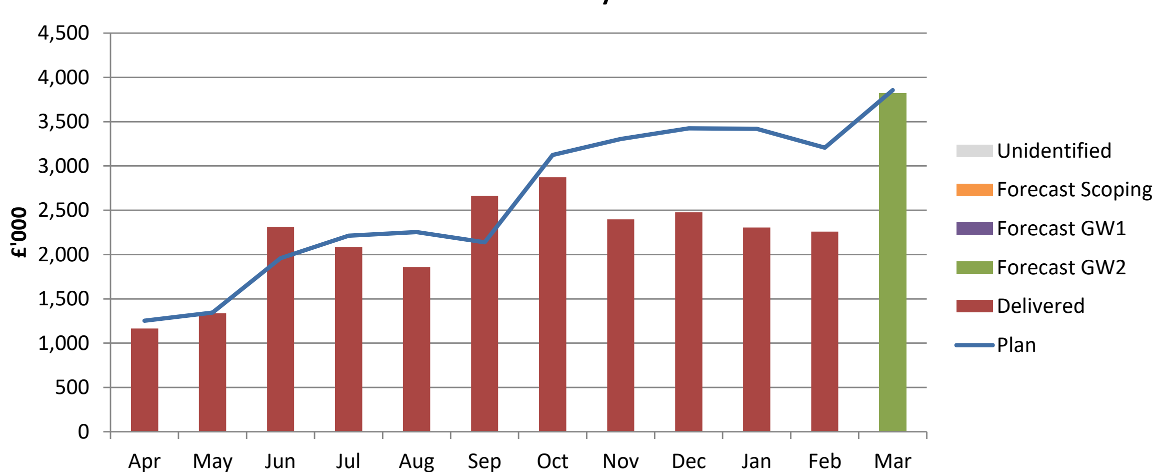
The Trust's year to date performance on the overall UOR and the individual metrics is shown. On a weighted average basis the overall UOR stands at level 3, based upon the average of the scores against the metrics above rounded to the nearest whole number and calculated as follows: 4 + 4 + 4 + 2 + 1 =15 / 5 = 3.0.

If any one metric is scored at a level 4, the maximum overall performance is capped at level 3.

COST IMPROVEMENT PROGRAMME

23/24 CIP						
	Plan[1]	Forecast				
Division	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m	WTE
Corporate Services	**2.60**	0.90	1.66	2.56	0.96	1.00
Health Informatics	**0.45**	0.43	0.12	0.55	0.44	1.20
Medicine	**5.03**	4.86	0.27	5.13	6.66	59.56
PMU	**0.60**	0.33	0.57	0.90	0.33	0.00
Surgery & Anaesthetics	**3.42**	3.00	0.58	3.59	3.28	12.94
Families & Specialist Services	**4.09**	1.01	3.61	4.63	1.02	9.11
Community	**1.58**	0.01	1.57	1.58	0.01	0.00
CHS Ltd	**1.11**	0.58	0.47	1.05	0.58	0.00
Technical Accounting	**1.82**	0.00	1.87	1.87	0.00	0.00
Central Income & Trust Reserves	**10.80**	2.37	3.33	5.70	2.37	0.00
Grand Total	**31.50**	**13.50**	**14.05**	**27.55**	**15.65**	**83.81**





CIP 23/24	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan (£'000)	1,253	1,344	1,959	2,214	2,254	2,138	3,123	3,303	3,426	3,421	3,206	3,856	**31,499**
Delivered	1,166	1,337	2,313	2,084	1,858	2,662	2,873	2,398	2,476	2,304	2,258	-	**23,730**
Forecast GW2	-	-	-	-	-	-	-	-	-	-	-	3,821	**3,821**
Forecast GW1	-	-	-	-	-	-	-	-	-	-	-	0	**0**
Forecast Scoping	-	-	-	-	-	-	-	-	-	-	-	-	-
Unidentified	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Actual / Forecast	1,166	1,337	2,313	2,084	1,858	2,662	2,873	2,398	2,476	2,304	2,258	3,821	**27,551**

- The Trust has an extremely challenging efficiency plan of £31.5m in 23/24, (5.9% of operating expenditure). This includes a £6.5m stretch target that was required as part of the revised plan submission at the beginning of May.
- Total efficiency requirement as reported to NHSE is £32.30m, including £0.83m full year effect of 22/23 schemes.

- Turnround Executive (TE), an Executive led group with responsibility for financial sustainability and the delivery of efficiencies, provides the oversight and leadership to deliver this plan.
- The Trust is forecasting to deliver £27.55m of efficiencies by the end of the year, a £3.95m adverse variance from plan. This is predominantly due to pressures on bed capacity and the slippage on associated efficiency schemes targeting improved Length of Stay (LOS) and reduced levels of patients requiring transfers of care (TOC).
- There is a further adverse variance of £0.50m linked to the full year effect of 22/23 schemes, (total efficiency delivered is £27.85 vs a plan of £32.30m).
- All schemes are now at Gateway 2 / Delivering (fully developed and Quality Impact assessed where appropriate).
- Of the schemes identified , £13.50m of savings are expected to be delivered recurrently, 54% of the original £25m target. The high proportion of non-recurrent savings will create a further financial challenge going into the next financial year. Non-recurrent savings do not reduce the Trust's underlying deficit position.
- Whilst there are very few high risk schemes remaining (£0.01m), there remain £1.24m with a medium risk of not delivering.

Note: Planned CIP, is shown as a blue line on the graph to the left and reflects the plan submitted to NHSI in April.

PLACE / INTEGRATED CARE SYSTEM (ICS) - INCOME & EXPENDITURE POSITION

YEAR TO DATE / FORECAST

Integrated Care System (ICS) Organisation	YTD FEB 2024 Plan £m	YTD FEB 2024 Surplus / (Deficit) £m	YTD FEB 2024 Reported Variance £m	FORECAST Plan £m	FORECAST Surplus / (Deficit) £m	FORECAST Variance £m
WY ICB - Bradford	5.7	(8.8)	(14.5)	6.2	(7.5)	(13.7)
WY ICB - Calderdale	5.1	6.0	0.8	5.6	6.5	0.9
WY ICB - Kirklees	5.2	4.4	(0.8)	5.7	3.4	(2.3)
WY ICB - Leeds	1.5	(23.6)	(25.1)	1.6	(24.9)	(26.5)
WY ICB - Wakefield	5.4	5.5	0.1	5.9	6.3	0.4
WY ICB - West Yorkshire	0.0	49.5	49.5	0.0	57.5	57.5
WY ICB Total	**22.9**	**32.9**	**10.0**	**25.0**	**41.3**	**16.3**
Airedale NHS Foundation Trust	(4.0)	(8.5)	(4.5)	(4.3)	(8.1)	(3.8)
Bradford District Care NHS Foundation Trust	(1.6)	(1.3)	0.3	0.0	0.4	0.4
Bradford Teaching Hospitals NHS Foundation Trust	0.0	(0.8)	(0.8)	(0.0)	0.0	0.0
Calderdale And Huddersfield NHS Foundation Trust	(19.4)	(23.0)	(3.6)	(20.8)	(21.5)	(0.7)
Leeds and York Partnership NHS Foundation Trust	0.1	(0.2)	(0.3)	0.1	2.3	2.2
Leeds Community Healthcare NHS Trust	0.0	0.3	0.3	0.0	0.3	0.3
Leeds Teaching Hospitals NHS Trust	(4.0)	(7.3)	(3.3)	0.0	0.0	0.0
Mid Yorkshire Hospitals NHS Trust	0.0	(18.9)	(18.9)	0.0	(15.1)	(15.1)
South West Yorkshire Partnership NHS Foundation Trust	0.4	0.6	0.2	0.0	0.5	0.5
Yorkshire Ambulance Service NHS Trust	0.0	2.8	2.8	0.0	0.0	0.0
Providers Total	**(28.5)**	**(56.5)**	**(27.9)**	**(25.0)**	**(41.3)**	**(16.3)**
West Yorkshire ICS Total	**(5.6)**	**(23.5)**	**(17.9)**	**(0.0)**	**0.0**	**0.0**

Kirklees & Calderdale Place Organisation	YTD FEB 2024 Plan £m	YTD FEB 2024 Surplus / (Deficit) £m	YTD FEB 2024 Variance £m	FORECAST Plan £m	FORECAST Surplus / (Deficit) £m	FORECAST Variance £m
Calderdale And Huddersfield NHS Foundation Trust	(19.4)	(23.0)	(3.6)	(20.8)	(21.5)	(0.7)
Mid Yorkshire Hospitals NHS Trust (30%)	0.0	(5.7)	(5.7)	0.0	(4.5)	(4.5)
WY ICB - Kirklees	5.2	4.4	(0.8)	5.7	3.4	(2.3)
WY ICB - Calderdale	5.1	6.0	0.8	5.6	6.5	0.9
South West Yorkshire Partnership NHS Foundation Trust (60%)	0.2	0.4	0.1	0.0	0.3	0.3
Total Kirklees and Calderdale Place	**(8.8)**	**(18.0)**	**(9.2)**	**(9.5)**	**(15.8)**	**(6.4)**

- A summary of the West Yorkshire ICS position combined at Month 11 is shown. Year to date the ICS is overspent by £17.9m.
- ICS forecast shows CHFT's likely case of a £0.7m adverse variance rather than the reported forecast position.
- The ICB forecast is a breakeven position as planned.
- Kirklees and Calderdale Places are forecasting a £15.8m deficit, a £6.4m adverse variance from plan. This is driven primarily by the Mid Yorkshire adverse variance to plan (£4.5m).

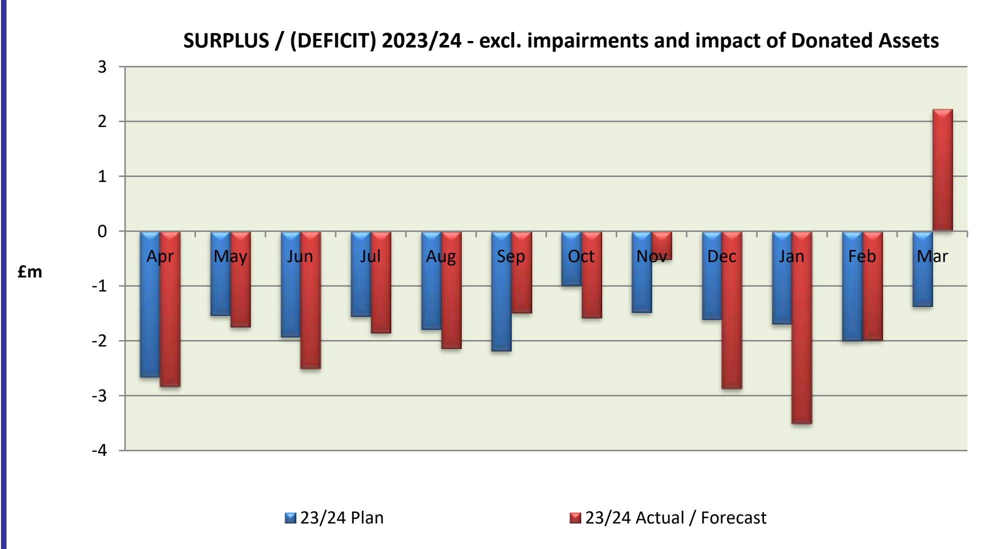
FORECAST 2023/24

23/24 Forecast Position (31 Mar 24)

Statement of Comprehensive Income	Plan £m	Forecast £m	Var £m
Income	£530.07	£545.41	£15.35
Pay expenditure	(£350.38)	(£355.72)	(£5.34)
Non Pay Expenditure	(£161.68)	(£175.14)	(£13.46)
Non Operating Costs	(£39.15)	(£45.11)	(£5.96)
Total Trust Surplus / (Deficit)	**(£21.15)**	**(£30.55)**	**(£9.41)**
Deduct impact of:			
Impairments & Revaluations (AME)[1]	£0.00	£0.00	£0.00
Remeasurement of PFI (IFRS16)	£0.00	£9.57	£9.57
Donated Asset depreciation	£0.43	£0.66	£0.23
Donated Asset income (including Covid equipment)	(£0.08)	(£0.47)	(£0.38)
Net impact of donated consumables (PPE etc)	£0.00	£0.00	£0.00
Gain on Disposal	£0.00	£0.00	£0.00
Adjusted Financial Performance	**(£20.80)**	**(£20.80)**	**£0.00**

Notes:
1. AME - Annually Managed Expenditure - spend that is unpredictable and not easily controlled by departments

MONTHLY SURPLUS / (DEFICIT)



Forecast Position:

Whilst the Trust is reporting the forecast in line with plan, the 'likely case' forecast indicates that the Trust is currently on track to end the year with a deficit position of £21.50m, £0.70m worse than planned. Key drivers of this forecast gap are £3.95m slippage on efficiencies, non-pay inflationary pressures, additional bed capacity and Strike costs (assumes no further industrial action). Some internal mitigations have been identified alongside additional ICS allocations: the ICS has allocated £2.1m of funding to support YTD Strike costs and has confirmed that further funding will be made available to cover the cost of December - February Strikes. A further £1.6m of ERF funding is also forecast due to changes to Elective Recovery performance targets. Discussions with the ICS are progressing regarding potential further funding allocations to close the remaining £0.70m gap to deliver on plan.

The worst case scenario is a £3.35m adverse variance from plan and in addition to the above includes: further slippage on efficiency schemes; the risk that additional ERF is not secured despite strong operational performance, additional 'Surge' bed capacity during the winter months; and commercial income risk.

Adjustments to ERF targets have been agreed nationally as a result of the Industrial Action and should remove any risk of penalties for the Trust and there is now a strong expectation that the Trust will secure additional funding as a result of the higher than planned performance on Recovery.

Other Assumptions and Potential Risks / Opportunities

- £32m of additional funding was provided to the ICS to support Industrial Action and other YTD pressures, of which only £15m has currently been allocated to Providers. Discussions have progressed regarding the allocation of the remaining funds and there is an expectation that further funding will be allocated to the Trust.
- The forecast excludes any further Junior Doctor Strikes.
- Forecast assumes that funding for the Community Diagnostic hubs flows to the Trust in full this year as per the approved business cases.

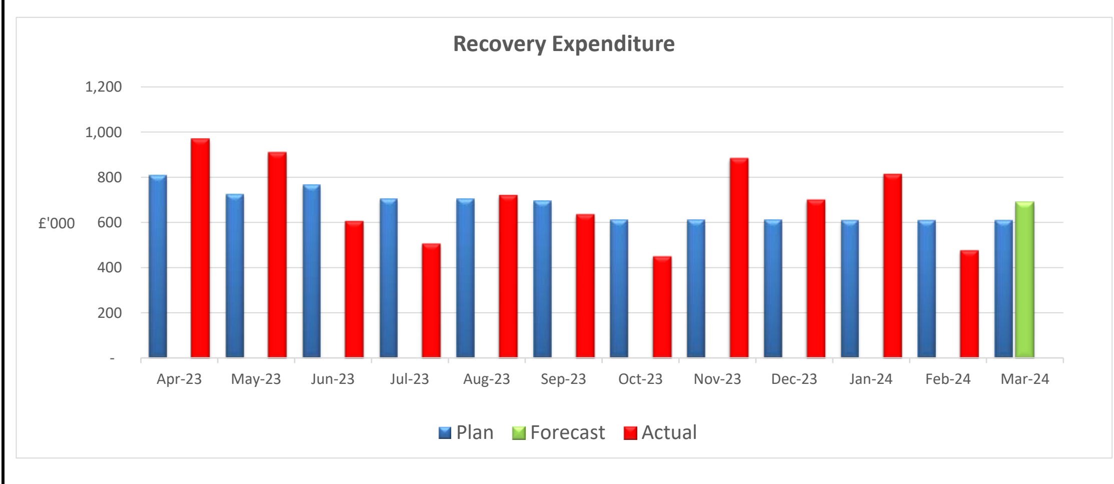
Technical Adjustments due to PFI Remeasurement

Remeasurement of the PFI,(where costs are recognised on an IFRS 16 basis), has resulted in a technical cost pressure in year and has also impacted on the amount of PDC Dividend due to be paid on the Trust's net assets. NHS England have confirmed that both the impact on PFI costs and the reduction in PDC Dividend will be excluded for the purposes of assessing financial performance.

COVID-19 & Recovery

Covid-19 Expenditure YTD FEB 2024	Plan £'000	Actual £'000	Variance £'000
COVID-19 virus testing - rt-PCR virus testing	277	400	123
COVID-19 virus testing - Rapid / point of care testing - all other locally procured devices	261	58	-203
PPE - locally procured	620	156	-464
			0
Total Costs	**1,158**	**615**	**-544**

Recovery Costs YTD FEB 2024	Plan £'000	Actual £'000	Variance £'000
Additional staffing - Medical	4,267	2,384	-1,884
Additional staffing - Nursing	1,137	235	-902
Additional staffing - Other	403	551	147
Enhanced Payment Model - Medical		108	108
Enhanced Payment Model - Other		1,027	1,027
Independent Sector	1,748	3,622	1,874
Non Pay	-102	-282	-180
Total	**7,453**	**7,644**	**191**



Covid-19 Costs

- The Trust has now withdrawn from the majority of Covid-19 costs, but some do still remain. Centrally procured PPE is being withdrawn this year as stocks are run down and the Trust has resumed paying for some items that have returned to local procurement. A reserve of £0.70m was set aside to cover these costs and so far £0.17m has been allocated to Divisions to cover the cost of disposable gloves.
- Funding for Covid-19 testing has also changed this year. Again there has been a return to local procurement and funding has been allocated to the ICB to cover these costs on a cost per case basis. Based on planned volumes across the System, there should be sufficient funding to cover the required volumes and the ICB has allocated the funding to Trusts on a fair shares basis.

Covid-19 Block Funding

The Trust has been allocated block funding by the ICS to cover any ongoing Covid-19 costs and associated impacts totalling £2.3m for the year, (a £3.7m reduction compared to last year).

Recovery

- Year to date Recovery costs are £7.64m, £0.19m higher than planned.
- The overall forecast for Recovery costs is to spend £8.33m, £0.27m more than planned. Associated planned efficiencies are on track to deliver. The main driver of the overspend is the cost associated with Endoscopy WLIs.
- The Trust successfully delivered planned levels of activity despite operational pressures including the Industrial Action.
- £15.02m of Elective Recovery Funding (ERF) has been allocated for the year, with £14.12m released into the year to date position, £0.35m more than planned.
- Adjustments to ERF targets have been agreed nationally as a result of the Industrial Action and should remove any risk of penalties for the Trust. National / ICB discussions continue to confirm the level of slippage in the agreed waiting list targets that will be allowable as a result of the impact of Industrial action and following ICS discussions regarding the likely scale of the benefit, the Trust is forecasting an additional £1.63m of funding in support of the current strong performance on Recovery.

CHAIR'S HIGHLIGHT REPORT

<table>
<tr><td>Committee Name:</td><td>Quality Committee</td></tr>
<tr><td>Committee Chair:</td><td>Denise Sterling, Non-Executive Director</td></tr>
<tr><td>Dates of meeting:</td><td>15 January 2024,12 February 2024</td></tr>
<tr><td>Date of Board meeting this report is to be presented:</td><td>7 March 2024</td></tr>
<tr><td>ACKNOWLEDGE</td><td>The Patient Safety Incident Response Plan (PSIRP) and Patient Safety Incident Response Framework (PSIRF) Policies were reviewed and approved by Committee. Transition work is underway and go live is planned for 1sApril 2024.</td></tr>
<tr><td>ASSURE</td><td>
Naso-gastric tube action plan - good progress has been made, 11 actions closed, plans in place for all outstanding actions.
Dementia screening - Clinical Outcomes Group updated the Committee on improvements in dementia screening
Overview of medication and safety issues was provided by the Medicine Safety and Compliance Group, including the Trust's response to the national patient safety alerts.
Research activity and strong performance continues
Maternity and Neonatal Oversight report in January:
- progress in recruitment, new cohort of newly qualified midwives starting April 2024, however flexible working requests for reduction of hours
- funding identified for two Consultant Obstetrics and Gynaecology posts supports a must-do CQC action to increase antenatal clinic capacity.
Positive report (December 2023) from the Local Maternity and Neonatal System (LMNS) assurance visit. An update on the progress of the maternity and neonatal 3 year delivery plan and challenges to delivery was given at the February meeting.
Learning from Death Q2 Report highlighted an improved position of initial screening reviews between quarter 1 and quarter 2 and 44 out of 45 cases identified for a structured judgement review completed during quarter 2. There will be a change in focus to look at the outcomes from reviews and ensure robust action plans.
Annual Controlled Drugs first formal report summarised the governance arrangements and management of Controlled Drugs (CDs) for the period 1 Jan 23 - 31 Dec 23. This comprehensive report provided an overview of CD safety issues and actions taken, compliance checks with CD standards, quality improvement projects, next steps and workplan 2024/25.
Quality report
- 2 open never events investigations underway, themes have been identified and work is ongoing, Committee to be kept updated on actions taken.
- 94% complaints closed within agreed timeframe (Dec-January)
</td></tr>
</table>

	- next steps in response to the CQC new approach to regulation outlined - Quality Priorities a) Alternative to Hospital admission, virtual ward doing well, proportion of people seen within 2 hours in the urgent community response is below target, focussed work underway regarding recording and accuracy. b) MUST performance at 80% not achieving target but an improvement from previous position. c) NEWS score is proving challenging. - Significant progress has been made with reviewing and updating policies and the clinical repository • Integrated Performance Report – Committee noted the current pressure points such as 52 week waits, achieving the emergency care standards with high attendance through ED, high levels of delayed transfers of care and effective controls for infection prevention and control with high bed occupancy were noted. Positive performance noted for cancer services, complaints, infection prevention and control with no MRSA (meticillin-resistant Staphylococcus aureus) cases. Further work to analyse and understand patient acuity and length of stay required.
AWARE	• Sepsis in ED - Clinical Outcomes Group update to the Committee confirmed ongoing work to improve the position for sepsis for antibiotics given within an hour, against a target of 80%. • Medical Examiner (ME) service is entering the statutory phase expected to become effective in April 2024, with Consultants and GPs responsible for informing the ME service of patients who have died and provide the cause of death. The ME service will have limited capacity and good engagement and proactivity from consultants is key to minimise delays for bereaved families. The community roll out remains a priority to get all 56 practices on board by the end of March. • Quality Account timeline noted to ensure that the Quality account is submitted within the expected time frames. • Noted proposed quality account priorities for 2024/2025 discussed with the Council of Governors at a recent workshop. • Changes to be made to the IPR in the new financial year to increase the focus on quality by pulling through more of the quality of care metrics in the preceding summary. • A Valproate Action Plan has been developed in response to the National Patient Safety Alert. Changes in legislation is now in place and the must do's identified, the task and finish group will continue to meet monthly and report into the Medicines Safety Group who will provide the monitoring. Escalation points will come to Committee.
ONE CULTURE OF CARE	• One Culture of Care is considered as part of the Quality Committee reports and in discussions.

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	17 July 2024	17 July 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	17 July 2024	17 July 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 - Quality - TPB - F&P – to receive - ARC – to receive - Workforce – to receive	✓ Receive update from Non-Executive Directors - F&P - ARC - WC – to receive - Quality – to receive	✓ Receive update from Non-Executive Directors - Workforce - Quality - ARC – to receive - F&P – to receive		✓ Receive update from Non-Executive Directors - F&P - ARC - Workforce – to receive - Quality – to receive	Private meetings: • 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	17 July 2024	17 July 2024 AMM	24 Oct 2024	COMMENTS
Integrated Performance Report (Quality)	✓ Receive 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 23/24 QA detail Year end 22/23 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		✓ Review timetable for election and 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: • Quality Accounts	✓ Receive update on progress		✓Receive updated plan and priorities	✓ Workshop	Review as required
ANNUAL ITEMS						

	25 Jan 2024	25 Apr 2024	17 July 2024	17 July 2024 AMM	24 Oct 2024	COMMENTS
Annual Plan Submission	✓ Annual Plan Discussions	✓ Receive Annual Plan				**Details of annual plan review and** sign off to be planned once guidance for 2023/24 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 shared		✓ Draft – future meeting dates agreed		✓	
Council of Governors Sub Committees					✓ Review allocation of members on all Committees following elections NB – Chairs to be reviewed annually	
Council of Governors Self Appraisal of Effectiveness			✓		✓ Self-Appraisal feedback / outcome	✓ Self-Appraisal process to commence July / August 2024

	25 Jan 2024	25 Apr 2024	17 July 2024	17 July 2024 AMM	24 Oct 2024	COMMENTS
Review Annual Council of Governors Meetings Workplan (this document)	✓ Review	✓ 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 2023/24 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

18. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

a. Finance and Performance

b. Quality Committee

c. Workforce Committee

d. Audit and Risk Committee

e. Charitable Funds Committee

To Receive

Minutes of the Finance & Performance Committee held on
Tuesday 2nd January 2024, 09.30am – 12noon
Via Microsoft Teams

PRESENT

Andy Nelson (AN)	Non-Executive Director (Chair)
Nigel Broadbent (NB)	Non-Executive Director
Karen Heaton (KH)	Non-Executive Director
Rob Aitchison (RA)	Deputy Chief Executive
Gary Boothby (GB)	Director of Finance
Robert Birkett (RB**)**	Managing Director of THIS

IN ATTENDANCE

Rochelle Scargill (RLS)	PA to Director of Finance (Minutes)
Peter Keogh (PK)	Assistant Director of Performance
Philippa Russell (PR)	Assistant Director of Finance
James Houston (JHO)	Shadow Board
Arley Byrne (AB)	Shadow Board
Peter Howson (PH)	Commercial Director THIS - Item 6 only
Stephen Shepley (SS)	Director of Operations – FSS – Item 8 only
Kimberley Scholes (KS)	General Manager – FSS – Item 8 only.
Burrinder Grewal (BG)	Managing Director – HPS – Item 15 only
Stuart Baron (SB)	Deputy Director of Finance

OBSERVERS

Robert Markless (RM)	Public Elected Governor
Brian Moore (BM)	Public Elected Governor
Helen Hirst (HH)	Trust Chair

APOLOGIES

Kirsty Archer (KA)	Deputy Director of Finance
Andrea McCourt (AM)	Company Secretary
Anna Basford (AB)	Director of Transformation and Partnerships
Adam Matthews (AM)	HR Business Partner
Jonathan Hammond (JH)	Chief Operating Officer

ITEM

001/24 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting including members of the shadow board.

002/24 DECLARATIONS OF INTEREST

003/24 MINUTES OF THE MEETING HELD 28th November 2023

The previous minutes were approved as an accurate record.

004/24 MATTERS ARISING

005/24 ACTION LOG

The Action Log was reviewed as follows:

134/23 - 2022/23 National Cost Collection Pre-Submission the report was submitted on Friday 29th December. A final report will be sent to GB in the new year to sign and return. This will come to the February meeting.

191/23 – ENT and Cancer Deep Dive – ENT task and finish group action plan to be shared with the committee.

192/23 – IPR – Is the paediatric virtual ward included in the virtual ward offering? JH was not in attendance. To be deferred to the next meeting.

192/23 – IPR – What would the ambulance wait times look like without the new extra 8.5 minutes? A separate piece of work has been done and can be shared with the committee Then close action.

006/24 THIS COMMERCIAL STRATEGY PRESENTATION

Peter Howson gave a presentation that will be shared with the committee after the meeting. The commercial strategy will enable THIS to align their resources with the digital strategy. Approximately £1.3m of commercial income is contributed to CHFT each year. All CHFT operations are provided at cost.

Last year THIS were nominated for 4 Health Service Journal awards and there are 3 nominations being submitted this year.

Recruitment to specialist areas to meet customer needs continues to be a challenge particularly around project management. As a result, a pathway for in-house development has been put in place. Vacancies for two new account managers will be advertised later this month, following the promotion of two of the existing managers.

KPI's are in place to monitor if the commercial strategy is delivering as planned.

In summary:

- THIS continues to be on target to meet its commercial objectives.
- ICS changes and collaborative working is now becoming a reality offering opportunities for further work
- Commerciality vs Partnership working is coming more and more an important consideration and challenge as the ICB matures.

RB added that the strategy was very positive for THIS however, the committee should be aware the NHS organisations that THIS are selling services into, are having the same financial pressures as CHFT. There may be future commercial opportunities around data and business intelligence (BI) provision.

NB – Asked for clarification on the challenges around the ICS and how decision making and funding could be affected.

PH – THIS currently provide services to 4 out of 5 Places within the ICB. The ICB is appointing a new Chief Digital Information Officer (CDIO) who could potentially decide to move the services elsewhere. The team is working hard to meet all KPI's for the service provided and to complete any projects as efficiently as possible to position THIS as the provider of choice.
Amalgamation of the capital and financial teams means that decision making can be delayed as they decide who will make the decision and who will pay for it. Is it a singular invoice to one Place or is it split across the region? There has been an increase in the amount of activity provided which has incurred extra cost and despite notice being given seems to have been unexpected.

KH – There needs to be a balance between profit and delivering the service.
THIS are comfortable that the balance is correct. The focus is to ensure the teams are resourced effectively in order to provide more services. There are challenges as mentioned particularly around project management, but plans are in place to look at future provision.

KH asked if any business simulations exercises are carried out in relation to cyber security.
Unable to complete an exercise closing all systems down as it would prevent business as usual. Exercises are scheduled twice a year behind closed doors using tabletop exercises as well as physical infrastructure tests. These test backups, systems and software.
There is a new colleague in post as the Cyber Security Manager who is more experienced and will lead the team to complete everything that is a must do.

GB emphasised the challenge commercial and the ICS. There is a balance between THIS being commercially viable while remaining attractive as a supplier to partners.

RB finished the conversation by clarifying that a decision was made a few years ago to prioritise quality of service over profit. If THIS cannot deliver a requested service properly for the price, then the contract will not be taken on. THIS have said no on a couple of occasions to prevent risk to reputation etc. RB also explained that to maintain the ISO certifications, tabletop exercises must be completed which are then audited.

The Committee **RECEIVED** the THIS Commercial Strategy

007/24 PATHOLOGY MANAGER SERVICE CONTRACT

GB asked for approval of Lot 2 of the pathology manager service contract as discussed fully at a previous private meeting of this committee. The Lot has been through a complete tender process to determine the successful supplier. Lot 2 is of lower value than the previous Lot. The committee was asked to approve Lot 2 to go to the next Trust Private Board for approval.

The Committee **APPROVED** Lot 2 of the Pathology Manager Service Contract to go to Trust Private Board.

DRAFT

008/24 OUTPATIENT FOLLOW UPS DEEP DIVE

SS and KS presented an update following a full deep dive at a previous meeting of this committee.

The intention is not to reduce the number of patients to zero, but to return to pre-covid timescales. Patients can wait for 12 weeks before being seen of which 50% of the backlog fits within this timeframe. There are some specialities where patients have been waiting over 39 weeks.

KS listed the actions being undertaken to reduce the backlog including validation of requests which allowed 11,000 superseded requests to be removed. Targeted training has been carried out across all specialties to show colleagues the correct way to book a follow up appointment and ensure appointments are booked in order. Feedback has been very good.

The plan is to reduce the backlog to 24,000 by the end of the financial year, then with the impact of the booking training etc. taking effect, to reduce that number down to 16,000 by March 2025. The new Patient Portal will go live in March 2024 and it also expected to make a positive impact. Performance will be monitored through the Trust Access Delivery Group.

AB asked if there is an opportunity to see what others are doing? There is no benchmarking for follow ups and no national targets. Each organisation is submitting different information. That is why the decision was made to benchmark ourselves against pre-Covid performance.

JH enquired if there are any general actions that can be done to reduce errors or if they are speciality specific. There are general principles such as booking the appointments the correct way, but others have genuine capacity issues. Customer contact meetings with each speciality take place every fortnight.

AN asked if the longest waits are being dealt with first? In principle yes, but each speciality is different.

There is sufficient capacity to see all the follow ups as long as it is used in the right way.

NB If there is no national benchmarking is there anything that can be learned around process from other organisations? Some "Go See" visits have taken place, but they have not highlighted anything so far.

Internal audit days are being used to do some specific work around the booking process.

FINANCE & PERFORMANCE

009/24 MONTH 8 FINANCE REPORT

DRAFT

The Assistant Director of Finance presented the financial position as reported at Month 8, November 2023.

Story similar to previous months. At month end there was a £14.66m deficit which was around a £540k adverse variance to plan.. There has been some slippage within CIP schemes which is linked to bed capacity and length of stay. There were a number of additional capacity areas open in November.
It is worth noting that the ICS as a whole remains off track by £23m year to date.

The Trust is forecasting to deliver the planned £20.80m deficit, but the 'likely case' scenario is an adverse variance of £2.40m. Key drivers of this forecast deficit are £4.36m slippage on efficiencies, non-pay inflationary pressures, additional bed capacity and £0.71m forecast Strike costs for the recently announced Dec and Jan industrial action. The forecast improved by £3.5m in month compared with the position reported in M7. The ICS has allocated £2.1m additional funding to support YTD Strike costs and a further £1.6m of ERF funding is expected due to changes to Recovery performance targets. This improvement has been offset to some extent by an increase in forecast costs associated with winter bed capacity.

Capital is currently underspent £10.96m to date. There have been couple of changes including an additional £5m in plan for the expansion of Huddersfield Pharmacy Specials which will be funded by PDC. The forecast for the reconfiguration spend at Calderdale Royal Infirmary is now at £8.1m and expected to be funded internally.

Cash is ahead of plan with £31.3m in the bank which has delayed the expected draw down of PDC. The plan now is to draw down in February 2024 with a request of £15.3m to support the deficit.

GB asked the committee to note that, while the most likely position shows a variance from plan, West Yorkshire is suggesting they will deliver the plan subject to any additional strike costs. The intention is to negotiate a fair share for CHFT based on activity.

The mitigations within the forecast are now secured within the plan but most of them are non-recurrent. Timing of spend is favourably impacting the cash balance.

The committee were asked to note that the funding for HPS has not yet been awarded but has been forecast to be.
Any differences in CIP between the finance report and the TE report are as a result of the finance report reporting on the month end position and the TE meeting taking place weekly.

The committee **RECEIVED** the Month 8 Finance Report.

010/24 TURNAROUND EXECUTIVE 2023/24 CIP PROGRESS

The Deputy Chief Executive gave a brief update.

The committee were asked to note that while not all the identified schemes have delivered as expected, the highest level of CIP ever has been achieved this year. Deep dives have taken place into the schemes that have not delivered as expected. Planning has commenced for CIP for 2024/25, with some schemes already identified. This will link into the planning work.

NB questioned if there was any assurance that those schemes that were identified this year but did not deliver the efficiencies expected, would be given a challenge for the new year. This year's ED scheme is expected to deliver in full next year. The length of stay scheme is based on getting the bed base correct and this will be affected by other initiatives coming into use such as the virtual ward and SDEC.

The Committee **RECEIVED** the Turnaround Executive update

011/24 2024/25 FINANCIAL PLAN

The Assistant Director of Finance explained to the committee that as of this meeting there has been no national planning guidance issued. The guidance is expected at some point in January. No timetable has been received either.

The planning work is continuing and there are some assumptions such as the core funding allocations that were announced as part of the two-year settlement will stand but be uplifted for the 2023/24 pay settlements. It is yet unclear as to how this will be affected by inflationary pressures.

The expectation is to bring the annual plan to this committee on the 27th February but the timetable might change once the national guidance and timetable has been received.

Activity modelling will be completed by 12th January and planning for pressures, new developments and recovery plans by 19th January. The intention this year is to have a dragon's den style event similar to the ones held for capital planning to discuss pressures and developments.

Activity – the focus is still on reducing waiting lists within the financial constraints. The expectation is that mutual aid will continue and assuming it will be funded.

The local places will also be facing financial challenges next year with both Kirklees and Calderdale councils reporting deficits.

Last month the underlying position was reported as part of the medium-term plan. This was reported at £48.3m but this has now deteriorated to £53.3m. There will be an ICB convergence adjustment of around 1.2%.

£70m is the indicative plan currently absent any cost improvement plan. No target has been agreed for an efficiency target for 2024-25.

Capital has an indicative plan of £62m currently, £42m of which would be externally funded though the PDC and £20m as CHFT's share of the West Yorkshire capital fund. The capital schemes include the Community Diagnostic Centre, HPS expansion,

Calderdale Royal Plant Room expansion, Cath Lab and the Multi-storey car park at Calderdale.

The requirement for borrowing will continue into next year with a forecasted cash balance of £1.9m the beginning of the financial year.

The Committee **RECEIVED** the Planning update.

012/24 NHSE DEEP DIVE ACTION PLAN

The presentation was provided in the meeting pack. The update has come back to this committee for internal governance. We are on track to complete all the actions. Slippage is expected on the estates rationalisation plan. An external provider has been commissioned by West Yorkshire which is not expected to be completed until April or May.

The Committee **RECEIVED** the Deep Dive Action Plan

013/24 IPR

The Assistant Director of Performance highlighted the key points of the November IPR.

- Bed occupancy has been over 99% for the second month running.
- ED proportion of patients seen with 4 hours at 66% for the second month running.
- In general, elective recovery is going very well however ENT is affecting the 40-week position.
- There was one patient waiting over 65 weeks who has now been treated.
- Cancer performance continues to be strong with the faster diagnosis target being achieved for the third month running.
- Ambulance arrivals delayed over 30minutes remained high at 6.5% as expected inclusive of the key change of when the clock starts for measuring the delay.
- MUST assessment and complaints continue to see improvement.
- There were two never events in November.

A target of 76% for ED is in place to be achieved in March 2024.

GB noted that there has been very positive feedback from NHSE on the new IPR and the use of SPC charts. NHSE rated the IPR 5/5 and ranked CHFT at 12th out of 210 trusts. The question has been asked if they could be used for Finance. The financial information does not present as well in SPC format as it does currently and is not as easy to read.

RA highlighted that while this meeting was taking place, operational colleagues had not been able to join due to the pressures being experienced especially at the Calderdale site. The is mirrored across partners who are dealing with the same post Christmas and pre-strike challenges.

ACTION: AN to speak to PK outside of the meeting around other measures which have shown movement in the IPR Performance Matrix Summary.

The Committee **RECEIVED** the IPR for November

014/24 RECOVERY UPDATE

Assistant Director of Performance gave an update starting with the fact that CHFT is still performing well, is ahead of plan and performing better than all other trusts in WYATT.

Strike action has impacted the overall plan for 52 and 40 weeks. The plan for CHFT is to be as close to zero as possible for 52 week waits by the end of March. All specialities are reducing except ENT.

Diagnostics - Echo deteriorated October to November however, Neurophysiology has shown an improvement. JH has been in discussions with colleagues in Mid Yorkshire to explore the possibility of them carrying out work for CHFT. A group has been set up to look at creating a collaborative bank for Echo physiologists.

NB – Is there a possibility that ENT will prevent internal targets for 40 and national 52-week target being reached?

PR Yes there is. CHFT has had small numbers of 52-week waiters for a few weeks now. Strike action has also impacted this.

The Committee **RECEIVED** the Recovery Update

015/24 HPS BUSINESS CASE

The papers were shared prior to the meeting and comments have been submitted directly to RA.
RA shared a brief presentation. There was an opportunity for £15m of funding from the NHS England Infusions and Special Medicines Programme. One of the existing NHS manufacturers has been privatised and extra capacity is required in the market. CHFT already has a pharmacy manufacturing unit which operates as Huddersfield Pharmacy Specials.

Project delivery will be supported by Calderdale and Huddersfield Solutions (CHS) using external support as was the case for the new ED as well as support from HPS. The plan is to use the empty buildings next to HPS to expand and increase the footprint while allowing business to continue as usual.
The money is to be phased over the next two financial years. There may be some additional costs which are not yet known, for example medical records are currently housed in one of the buildings scheduled to be demolished. There will be no financial benefit to Trust until year 3. The majority of growth will come from newly licensed products.

DRAFT

BG – The main strategy for HPS is to licence manufactured products as the existing baseline specials business is in decline as fewer are prescribed. Capital investment is needed to deliver this strategy and manufacture in the volumes required. HPS will expand its footprint and improve the working areas.

KH asked if the £5m that is available 2023-24 can be flexed if we cannot spend it within this financial year? Stuart Baron has reached an agreement from ICB that CHFT can draw down less of the expected capital for reconfiguration this year and use the HPS money then reverse it next year.

HPS has a long history of manufacturing specials. Product lines will continue to sell but will be licensed lines instead of specials which will increase the market.

NB questioned if the business case would be monitored externally to ensure that the case is meeting the financial projections within the case? There is not expected to be any external scrutiny. The case does need CHFT board approval, but the money is being offered to provide resilience of the market. HPS is one of only 2 or 3 units nationally that could provide the NHS manufacturing service. KPI's have been requested as part of the internal governance and these will be monitored through the Transformation Programme board and following completion it will be built into the CHFT financial plans for a return in year 3 onwards. The numbers within the report are prudent based on the work done by Candesic so the benefits could be higher.

RA The worst-case scenario shows the costs of developing and running this development can be covered with an opportunity to provide increased contribution.

NB Earlier in this meeting the THIS commercial strategy spoke of charging a commercial rate for services. Is there any assurance that the kind of surpluses that are projected in the case would fit within the same principles?
BG Every time a medicine is priced it is done at a commercial rate comparing similar items in the market. The plan is based on that going forward. No-one has challenged the prices over the years.

AN Is there assurance that the project can be delivered within the costs quoted in the case?
BG Discussions are taking place with the Trust appointed architects who have provided written assurances that this can be delivered.

ACTION: BG to send metrics to AN.

AN noted that the level of contingency seemed low considering the size of the case. This has been set in line with national guidance but this should prove insufficient the development will be scoped accordingly

There will be some more details to include in the cover sheet and business case itself before it goes to Trust Board for approval. These will address any further detail points raised both within the meeting and in comments provided prior to it.

ACTION: AN/NB and RA to discuss and follow-up outside of the meeting.

The Committee **APPROVED** the HPS Business Case to go to Trust Board.

DRAFT

016/24 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Access Delivery Group
- Business Case Approval Group
- THIS Executive Board
- Urgent and Emergency Care.
- Capital Management Group
- HPS Board
- CHS/SPC Quarterly Meeting

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

017/24 WORKPLAN – 2023/24

Committee **APPROVED** the work plan for 2023/24.

018/24 ANY OTHER BUSINESS

-

019/24 MATTERS TO CASCADE TO BOARD inc. ONE CULTURE OF CARE

- THIS commercial strategy
- Outpatient follow-ups
- Positive performance themes and consistent challenges
- Approval of HPS business case

DATE AND TIME OF NEXT MEETING:

Tuesday 30th January 2024 09:30 – 12:00 MS Teams

DRAFT

Minutes of the Finance & Performance Committee held on
Tuesday 30th January 2024, 09.30am – 12noon
Via Microsoft Teams

PRESENT

Andy Nelson (AN)	Non-Executive Director (Chair)
Nigel Broadbent (NB)	Non-Executive Director
Karen Heaton (KH)	Non-Executive Director
Rob Aitchison (RA)	Deputy Chief Executive
Anna Basford (AB)	Head of Transformation and Partnerships
Kirsty Archer (KA)	Deputy Director of Finance
Jonathan Hammond (JH)	Chief Operating Officer

IN ATTENDANCE

Rochelle Scargill (RLS)	PA to Director of Finance (Minutes)
Peter Keogh (PK)	Assistant Director of Performance
Philippa Russell (PR)	Assistant Director of Finance
Adam Matthews (AM)	HR Business Partner
Christopher Roberts (CR)	Shadow Board
Tom Strickland (TS)	Director of Operations - Surgery

OBSERVERS

Brian Moore (BM)	Public Elected Governor

APOLOGIES

Andrea McCourt (AM)	Company Secretary
Gary Boothby (GB)	Director of Finance
Robert Birkett (RB**)**	Managing Director of THIS
Robert Markless (RM)	Public Elected Governor
Pam Robinson (PR)	Public Elected Governor
Stuart Baron (SB)	Deputy Director of Finance

ITEM

020/24 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting including members of the shadow board.

021/24 DECLARATIONS OF INTEREST

022/24 MINUTES OF THE MEETING HELD 2nd January 2024

The previous minutes were approved as an accurate record.

023/24 MATTERS ARISING

024/24 ACTION LOG

The Action Log was reviewed as follows:

134/23 - 2022/23 National Cost Collection Pre-Submission On the agenda. Close Action.

192/23 – IPR – Is the paediatric virtual ward included in the virtual ward offering? Currently testing models for paediatrics but are utilising the existing community resources district nurse and community therapy. Work in progress for the best model. Close Action.

013/24 – IPR- Conversation outside of meeting around ED measures – Close Action

015/24 – HPS Business Case –Close Action.

025/24 2022-23 NATIONAL COST SUBMISSION REPORT

The Deputy Director of Finance spoke briefly on the report included within the papers. The report has been brought to this committee to provide assurance that it has been submitted in line with expectations. As the committee is aware, there have been delays with the timetable provided by NHS England. All of the validations were passed, and we reviewed any material non mandatory validations. This information will feed into Model Hospital and other benchmarking tools. More of the data is now moving to patient level so more detail is required each time.

The submission was signed by Gary Boothby then for assurance brought to this committee before board.

JH asked if the data has applications in house e.g. CIP or TE. It compares activity and cost year on year.

The comparison in the appendix is misleading because of the re-categorisation of lines which were previously done at an aggregate level and is now done at a patient level.

AB asked if the data could be broken down further for instance, the outpatient spend, how much of it was discretionary activity?

The detail can be obtained whether through this process or separately from the information held.

The Committee **RECEIVED the National Cost Submission Report.**

FINANCE & PERFORMANCE

026/24 MONTH 9 FINANCE REPORT

The Assistant Director of Finance presented the financial position as reported at Month 9, December 2023.

The Trust is reporting a £17.54m deficit (excluding the impact of Donated Assets), a £1.80m adverse variance from plan. The in-month position is a deficit of £2.88m, a £1.26m adverse variance.

Key drivers of the adverse variance include a higher than planned bed capacity, strike costs of £2.4m and non-pay inflationary pressures. Strike costs are assumed to be fully funded through additional ICS allocations.

Overall Weighted Elective Recovery Position remains good at 109.4% despite Christmas and strike action.

Agency expenditure year to date was £7.89m, £1.62m lower than the Agency Ceiling, (3.7% of total pay expenditure) but £1.35m higher than planned. Agency costs have reduced since the start of the year, but bank expenditure remains above plan where we are seeing the biggest impact of the additional bed capacity and strike costs.

Continuing to see higher than planned insourcing and outsourcing.

Capital spend year to date is £16.25m which is £5.6m lower than planned. There is slippage in some schemes CT Scanner, Pharmacy Robot and Cath Lab. Still forecasting to spend £49m. Under IFRS16 the capitalisation of leases, the whole value of the lease comes at once. This along with large amounts for the CDC and reconfiguration projects will increase the amount of capital spend before year end.

Cash is above plan as a result of the slippage on capital. The balance at the end of December was £9.77m. An application for PDC support has been submitted and is expected to be required from February. Awaiting confirmation that it has been agreed.

Aged debt improved in month down to £3.2m, £750k of which belongs to one customer, Nitespharma, as discussed previously. The plan is to meet with debt advisors as to what we do next. This is the company that the Trust use to recover debt. They are subcontracting to a specialist solicitor. The remaining bad debt is primarily smaller debts that have been outstanding for some time e.g. overseas patients.

Better payment practice code was above target at 95.4%.

Forecast – continuing to report on plan with a likely case scenario of an adverse variance of £1.7m which is the same as last month. Discussions are ongoing with the ICS regarding potential further funding allocations to close the £1.7m gap.

KH asked if there was a possibility of any funding to assist with the increase in non-pay expenditure as CHFT will not be the only Trust to have experienced this. Under the block contract payment system, it is not possible to recover any extra costs incurred. We did receive additional inflation funding at the beginning of the year, but

it was not enough to cover everything. Conversations are taking place with the ICB around the allocations of resources where the link to activity can be evidenced for it to be recognised in the distribution of resource.

NB noted the Place and ICS information shows that most of the acute trusts are forecasting a slightly worse position than the original plan. Would any further allocations be expected to be made in this financial year?

The ICS as a whole still has a gap to find. There are still conversations taking place around the equal treatment on elective recovery funding and how strikes have a bearing on that.

The committee **RECEIVED** the Month 9 Finance Report.

027/24 TURNAROUND EXECUTIVE 2023/24 CIP PROGRESS

The Deputy Chief Executive gave a brief update.

Previously we have reported externally full achievement of the planed of £31.5m. From M8 we have accepted the shortfall of £3.9m in order to focus on planning for 24/25. We are now aiming to deliver savings of £27.6m with £27.5m currently forecast.

There is an interdependency with the 2024/25 planning process and the group are currently working through the impact of this years non-recurrent CIP. The aim is to produce a realistic CIP target for the new year with the expectation of the target being around £20-£25m.

Working through the portfolios to make sure they are sensible. There is a balance between housekeeping items and transformational ideas. All schemes to get to Gateway one by the 31st January.

More detail will be added to the schemes over the next few weeks as the teams come forward with their plans.

Recurrent CIP is the big focus for this year. To determine how much is transformational and how much is moving budgets around. As an example, the ED scheme around a changed staffing model has been a success. It has delivered a part year effect in 23/24, is a recurrent saving and will deliver a full year saving in 24/25.

The target for next year has to be realistic in order to get colleagues on board. The current unknown is the value of the pressures and developments requested but there is a session arranged for 9th February.

The Committee **RECEIVED** the Turnaround Executive update

028/24 2024/25 FINANCIAL PLAN

Currently following the internal planning timetable as there is still no national guidance available. Looking at the divisional plans and risks, opportunities for cost cutting across divisions and an aggregate view of elective recovery and bed capacity.

There have been some interim deadlines from the ICB and a submission was made yesterday to give a sense of scale of what some of our early planning is looking like which is not dissimilar to what has been described to the ICB previously. Initially prior to CIP there was a gap of £78.5m. CIP had to be declared and the decision was made to go with the higher estimate of £25m which then reduced the gap to £53.5m.

There is a lot of correspondence around the consistency of assumptions and presently there is no consistency across the ICB in the assumptions that organisations are expecting from the ICB.

The numbers will be more accurate after the pressures and developments day but to fund any developments at scale would worsen the position.

There is a funding expectation of 0.2% growth, but this is eliminated by the ICS conversion adjustment and inflationary pressures. The overall ICS allocations have increased by 1.8%.

NB talked about medium term financial planning. Across the system not just CHFT. Based on the deficit plan for this year, what would the position look like in 2025/26 based on the same assumptions. It would demonstrate that without greater funding the deficits will increase, and the system would be unsustainable.

The Committee **RECEIVED** the Planning update.

029/24 IPR

The Assistant Director of Performance highlighted the key points of the December IPR.

There are still small numbers of 52 week waits. Overall CHFT is in an excellent position both regionally and nationally.

The 40-week internal target will not be reached because of the challenges within ENT, although other specialties are currently expected to meet the target.
Diagnostics still have challenges with Echo and Neurophysiology, though it is expected that the trajectory for Neurophysiology will be reached in in the first quarter of 2024/25.

Ambulance arrivals delayed over 30 minutes reached 7.4% in December, but this has also been impacted by the change to the way the timings are measured.

Bed occupancy slightly reduced in December.

Cancer achieved all targets in December and reached the faster diagnosis target for the 4th month running.

Complaints completed in time reached 100% for the first time ever.

ED performance dropped slightly to 64%.

CR highlighted that there are a number of options being looked at as to how to address the high numbers of follow up backlog. Sharing ideas with other Trusts.

NB highlighted the gap between patients in ED waiting over 4 hours and those patients with learning disabilities. Lots of work is being done around health inequalities but are the correct performance measures in place to reflect this?

Work is being done on the detail for the metrics in relation to learning disabilities. The patient experience is the key factor. DNAs are also being reviewed and the reasons behind patient's DNAs across the organisation. It will take time to see the outcome of all the work.

BM commented DNAs appear to be going up and not down. The new patient portal is due to come online in the next few months which it is expected to be more patient friendly. The wording on the patient letters has also been reviewed to reduce confusion.

JH – The surge escalation plan was implemented through December as part of the full capacity protocol to help reduce the congestion in ED. This consists of three phases designed to free up space in ED and release clinicians to assess new ED arrivals. Other organisations have been doing this for a while and it proved to be a benefit when OPEL 4 was reached. There is a plan to do a focussed week at the beginning of March with the aim of supporting the improved timeliness of assessment in the ED.

The acuity of patients has changed year on year. Overall, there has been a 7% increase in the complexity of patients. More work is needed.

One of the well organised ward principles is do not try new things when the area is under pressure. Feedback from wards is that they are seeing the benefits of the well organised ward work.

The Committee **RECEIVED** the IPR for December.

030/24 RECOVERY UPDATE

The Assistant Director of Performance gave an update. The report this month includes a page from the Northeast and Yorkshire weekly long waiter report. This shows performance across the region and highlights CHFT as the top performing Trust in the region for capped theatre utilisation. With the exception of Leeds all other trusts showed a reduction in month except Leeds. However, CHFT, for the first time, showed an increase in month.

ERF funding 52-week waits have now been given some leeway as a result of the strike action. Internally the plan was to reduce these to being as small as possible. As

of last week, there were 41 patients waiting over 52 weeks, 33 of which are in ENT. There are plans for those patients to come in.

There was an increase in 40-week waits in December, but we are managing to reduce the numbers again. ENT contributed 594 of the 1194 patients waiting over 40 weeks. The internal plan is to reduce all other specialities to zero by the end of March 2024.

Outpatients new ASI's still big numbers and increasing.

JH – The challenges around ECHO are relating to staffing issues. There has been an internal training program, but it has been hard to retain staff. There are rumours that locum agencies are paying £80 per hour. Discussions have been taking place with other Chief Operating Officers across WYAAT, to create an Echo physiologist bank. The Echo physiologists across the region have said they would be on board with this idea if the pay was correct.

The Committee **RECEIVED** the Recovery Update

031/24 DEEP DIVE – ELECTIVE RECOVERY

TS gave a presentation around CHFT's approach to Elective Recovery. Starting with some background TS explained that during the pandemic CHFT made an informed decision to pause elective work for longer than the majority of other trusts across the region. At the same time worsening staffing levels were seen within theatres. At the peak of the back log in March 2021 there were 3970 patients waiting over 52 weeks.

There have been a multitude of tools and processes put in place to improve this position which now stands at very low figures waiting over 52 weeks. There has been a huge theatre staff recruitment campaign which has resulted in 60 new starters since the pandemic. New roles have been put in place and others have been restructured to provide a more consistent workforce. Theatres only reached full capacity 12 months ago. Resource has also been dedicated to theatre productivity and information boards have been created for all theatre suites which show the individual theatre utilisation. Whiteboards outside theatres give staff opportunity to feedback the highs and lows of each day.

The highest profile element of the theatre elective recovery is the cost per case system that has been implemented. Initially insourcing and outsourcing was being used to reduce the backlog, but this is an expensive choice, and both the clinical and operational teams were keen to bring the work back in house. Cost per case was rolled out from April 2022. The scheme is based on paying all theatre staff on the number of patients operated on rather than time worked. This scheme is strictly voluntary and runs only on weekends. Essentially all staff are awarded a 50% uplift for comparable weekend pay. Since April 2022, 1172, patients have been operated on the 149 weekend theatre lists. Other trusts have shown interest in the model. As of December 2023, CHFT was the top performing Trust for capped theatre utilisation at 84.8%.

Cost per case is now being rolled out across ENT and Ophthalmology which are some of the more pressured specialities. Going forward the plan is to reduce the number of cost per case lists and improve the utilisation of lists Monday – Friday. Two knee

surgery locums have been appointed with flexible PA's built into their job plan. They can then be allocated to lists in Orthopaedics where the theatre staff and list are in place, but the consultant is unavailable. This will reduce the need for insourcing at the weekend.

Arguably the biggest positive impact on performance is as a result of the improved tracking of patients on KP+. One of the slides demonstrated the increase in KP+ usage as more colleagues took accountability for their long waiters. THIS have also been instrumental in providing the data used in the access meetings. Everyone involved in the pathways has worked together to make this a success.

AB commented that she would be interested to know if any of the implemented improvements could be used as learning in other areas, for example, outpatients.

AN commented that culture and teamwork have been key to the success of elective recovery – TS agreed with this.

032/24 BAF RISKS

This committee are responsible for reviewing four risks on the register and if we are happy with the updates and the scores on the risks before they go to Trust Board.

The committee discussed risk 18/19 regarding the longer-term financial sustainability of the Trust. Does the score need to be increased? Currently at 16 but does the committee feel the risk is increasing? If the financial plan shows a growing deficit that the reconfiguration work won't improve, then the score would probably have to increase.
Historically this risk has been scored higher, but the score has gradually been lowered over the years.
Does the wording need updating as it is focussed on CHFT, but the position of the system can impact?
The risk description is about CHFT but contextually one of the issues is if there is a gap in the system it would be harder to achieve.

Financial planning for 2024/25 will be complete when the risks next come to the committee and the risk can be updated as required then.

The Committee **APPROVED** the BAF Risks to go to Board.

033/24 TERMS OF REFERENCE REVIEW

The committee noted the following:

- The numbering under point 9 is incorrect.
- Section 4.1 to be re-worded to cover the overview of the system and place position now provided to this committee.
- Section 4.2 to be changed to review all finance and performance risks on the register.
- Spelling error states Non-Executive director instead of directors.

- Section 4.5 refers to procurement, but it is not clear if this is something that is done by this committee. This has not been covered in the last 12 months but has been done historically. A conscious decision was made to stop receiving the procurement reports as procurement falls under the remit of CHS which is discussed in separate meetings.

AB - Where does the Trust owned procurement strategy sit? Who monitors it? CHS are responsible for owning the delivery but the Trust purchasing power could bring benefits to the local system.

KA commented that there is work going on across WYAAT looking at how procurement is handled and if there are and opportunities for structural changes and or efficiencies. Different options are being worked through.

AN – Is there something around the degree to which services are outsourced at CHFT that the committee should review?

AB – Capital spend. CHFT will be capital rich until 2031 and this comes with a big responsibility and a requirement to spend the money efficiently.

ACTION: AN to re-write section 4.5 in draft and bring back to next meeting.

034/24 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Access Delivery Group
- Business Case Approval Group
- THIS Executive Board
- Capital Management Group
- CHFT / CHS Joint Liaison Committee

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

035/24 WORKPLAN – 2023/24

The deep dive for next month is a follow up to the ED deep dive done in May last year.

Committee **APPROVED** the work plan for 2023/24.

036/24 ANY OTHER BUSINESS

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037/24 MATTERS TO CASCADE TO BOARD inc. ONE CULTURE OF CARE

- Committee looked at the Cost Collection Submission.
- Financial position is consistent with previous months but still forecasting to meet plan for 2023/24Financial plan to be reviewed before Board in March.
- Elective Recovery deep dive - key messages on what has been done well.
- BAF reviewed and financial sustainability risk discussed.

DATE AND TIME OF NEXT MEETING:
Tuesday 27th February 2024 09:30 – 12:00 MS Teams

MINUTES APPROVED AT Quality Committee ON MONDAY 15 JANUARY 2024

QUALITY COMMITTEE
Wednesday, 20 December 2023

PRESENT

Karen Heaton **(KH)**	Non-Executive Director **(Chair)**
Nikhil Bhuskute **(NBhu)**	Deputy Medical Director
Lucy Dryden **(LD)**	Quality Manager for Calderdale Integrated Care Board
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Nick Gurbanov **(NG)**	Head of Risk
Jonathan Hammond **(JH)**	Chief Operating Officer
Joanne Middleton **(JMidd)**	Deputy Chief Nurse
Elizabeth Morley **(EM)**	Associate Director of Quality and Safety
Andy Nelson **(AN)**	Non-Executive Director
Victoria Pickles **(VP)**	Director of Corporate Affairs
Gemma Puckett **(GP)**	Director of Midwifery and Women's Services
Lindsay Rudge **(LR)**	Chief Nurse
Elisabeth Street **(ES)**	Clinical Director of Pharmacy
Lorraine Wolfenden **(LW)**	Governor
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

IN ATTENDANCE

Andrea Dauris **(AD)**	Associate Director of Nursing – Corporate **(item 216/23)**
Alison Edwards **(AE)**	Head of Safeguarding **(item 214/23)**
Alexandra Keaskin **(AK)**	Corporate Matron **(Observing)**
Mohammad Maqsood **(MM)**	Finance Manager – THIS & Surgery **(Observing from Shadow Board)**

Elizabeth Morley was welcomed to the meeting and her first week in the role of the Associate Director for Quality and Safety.

STANDING ITEMS

207/23 - WELCOME AND APOLOGIES

Neeraj Bhasin **(NBha)**	Deputy Medical Director
David Birkenhead **(DB)**	Medical Director
Gina Choy **(GC)**	Public Elected Governor
Sharon Cundy **(SC)**	Head of Quality and Safety
Denise Sterling **(DS)**	Non-Executive Director

208/23 - DECLARATIONS OF INTEREST

There were no declarations of interest.

209/23 – MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 20 November 2023, circulated at appendix B, were approved as a correct record. The action log can be found at the end of these minutes.

210/23 – MATTERS ARISING: GOVERNANCE ARRANGEMENTS FOR TRUST PSQB

Lindsay Rudge provided an update that following the Quality Summit, which was held on 11 October 2023, one piece of feedback provided was the duplication seen via divisional Patient Safety and Quality Board (PSQB) meetings and the Trust PSQB. Divisions previously reported directly into the Quality Committee on a quarterly basis and it was felt that this had

been diluted through the Trust PSQB. Divisions also fed back to the Summit that the monthly PSQB agenda was overwhelming, therefore, a rolling divisional PSQB agenda will cover a number of items during the quarter, as well as divisional specific issues, which will then be reported into the Quality Committee on a quarterly basis. Arrangements are being worked through with divisions as to what their quarterly report into the Quality Committee will look like; Groups / Committees which previously reported into the Trust PSQB will now report into the Quality Committee via a different format; and the Patient Experience and Involvement Group will be strengthened.

The last Trust PSQB meeting was held on Tuesday, 19 December 2023, and divisions will report into the Quality Committee either at the end of quarter 4 or the beginning of quarter 1.

A review will take place in six months' time, which will provide a summary of the new reporting into Quality Committee, and **DB** and **LR** will co-chair the Clinical Outcomes Group for better assurance and a better quality improvement process.

ACTION: Report on process to be provided into the next Quality Committee, as well as the inclusion of the updated governance structure.

SPECIFIC REPORTS

211/23 - UPDATE ON NASOGASTRIC (NG) TUBE ACTION PLAN

Joanne Middleton presented the update circulated at appendix C, highlighting the two Never Events regarding nasogastric (NG) Tubes inserted into adults; ongoing actions monitored through the Nutrition and Hydration Committee, with a combined action plan in place from serious incident learning and audit recommendations; a further Never Event declared on 10 November 2023 relating to an nasogastric (NG) tube inserted into a three-week-old baby despite being in the wrong position on Chest X-ray (CXR), and an external review of practice and approach commissioned by the Chief Nurse.

In relation to incidents and training, **KH** asked whether agency workers were still prevented from accessing lines. **JMidd** confirmed this as their training records cannot be confirmed.

OUTCOME: The Committee noted the update.

212/23 – ASSURANCE ON POSITION OF SEVEN DAY SERVICES

Nikhil Bhuskute presented the report as circulated at appendix D, highlighting assurance of compliance with the key standards for seven-day services.

An audit of a sample of 82 acutely admitted patients admitted in February 2023 was carried out, and as in previous audits, CHFT demonstrated continued compliance (90%>) with three standards (standard 2, 6 and 8), however, one standard (standard 5) was not fully met. The detail of the assurance was detailed in the report.

OUTCOME: The Committee approved the report.

SAFE

213/23 – QUALITY AND SAFETY STRATEGY

Lindsay Rudge provided a verbal update on the above.

Engagement is taking place with Aqua and the Improvement Academy in developing a quality and safety strategy. A review of the Clinical Strategy is currently taking place which the quality and safety strategy will align itself to. Updates have been provided to the Board Development

session with discussions on the high-level approaches. The development of the Quality and Safety Strategy is still a work in progress and is envisaged to be available in the new financial year.

214/23 – SAFEGUARDING COMMITTEE REPORT

Alison Edwards was in attendance to present the report circulated at appendix E, summarising key activities of the Safeguarding Team for the reporting period April 2023 to September 2023.

The report has been written in line with the Safeguarding Strategy, under the six key principles; Partnership; Protection; Accountability; Empowerment; Prevention and Proportionality.

The key points to note include:

- Significant progress made in relation to CHFT sharing information with the Local Authority to close Section 42 investigations improving outcomes for patients and their families.
- Further work required to embed the Burns, Bruises and Scalds protocol.
- Increase in activity in relation to serious practice reviews; safeguarding adult reviews and domestic homicide reviews which impacts on team capacity.
- Increasing compliance with receipt and scrutiny training.
- Safeguarding and Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLS) training is fully compliant with the Intercollegiate Documents.
- Compliance with level 2 and 3 MCA / DoLS training has fallen to 87% for level 2 and 86% for level 3.
- Compliance with level 3 safeguarding children and adults training has fallen to 77% for adults and 69% for children.
- Working towards embedding trauma informed practice, and working toward increasing resources to support increasing safeguarding supervision compliance.
- Good assurance that DoLS applications are appropriate.
- A plan in place to ensure the child's voice and making safeguarding personal is embedded.
- Continuing to support the work around discharge improvement.
- A multi-agency response to improving the outcomes for Children Looked After.

In relation to training, **AN** asked what type of responses would be expected from colleagues dealing with safeguarding. **AE** responded that feedback from colleagues regarding training is positive. During the pandemic, there was a move to online training, however, now with the face-to-face, lunch and learn and supervision sessions, colleagues are finding an increase in the quality of safeguarding training. Early indications are that colleagues are feeling more confident, and it also needs to be recognised that there is now a junior workforce which will need to be supported.

In regard to food poverty and increasing mental health issues in young people, **AN** queried whether there is a greater demand for safeguarding issues. **AE** responded that there is an increase in financial abuse, which could be attributed to the cost of living crisis. This will be monitored going forward.

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

215/23 – MATERNITY AND NEONATAL OVERSIGHT REPORT

Gemma Puckett presented the above report, circulated at appendix F, highlighting the key points to note, which included:

- An increase in the midwifery workforce in October 2023, with newly qualified midwives who have now come to the end of their supernumerary introductory period, and now included in the numbers on the ward and settling in well, with positive feedback. A further

8.8 whole time equivalent posts have been offered to these students who are due to qualify in March 2023.

- The Saving Babies Lives care bundle have had two assessments since September 2023, and have reached the threshold of achieving 50% of each element and 81% of the bundle overall in place. This work continues and is one of the safety actions for the Maternity Incentive Scheme (MIS). There was positive feedback on the quality of the evidence provided. In conjunction with the business intelligence team, a saving babies lives dashboard is being developed which will allow data to be reviewed in an easier format and also on the Knowledge Portal +.
- The Local Maternity and Neonatal System (LMNS) assurance visit took place at the end of November 2023, which had positive feedback.
- Evidence for each action of the MIS is under review in a confirm and challenge process. In the last two weeks, it was identified that two cases were not reported to Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (MBRRACE) within the seven working day period. There is mitigation for one case, and a meeting has been arranged with NHS Resolutions regarding reviewing some technical guidance for the other case, however, there was no impact on safety and the cases were reported at 10 working days, rather than seven.

KH commented on the detailed report and asked whether the service is at risk in terms of the MIS. **LR** stated that there is a potential, however, there has never been a late case over the last four years. The worst case is there may be a review with the Board in terms of the technical guidance.

AN asked whether the BirthRate plus review has been scheduled. **GP** reported an initial meeting scheduled for January 2024, then data will be submitted.

With regard to the performance dashboard, **AN** asked about the red scoring bookings by 10 weeks indicator and why it is indicated on the dashboard. **GP** stated that the bookings by 10 weeks indicator is important as early access to midwifery care is better for pregnancy outcomes. There is an LMNS 'Speak to a midwife' campaign that the Trust is part of, regarding accessing maternity care early in pregnancy, and the LMNS have a dashboard which filters into locality and ward areas to see the age profile, ethnicity and location of women who are not accessing care, in order to target early bookings for the right interventions and discussions to take place. It can be challenging, due to cultural reasons or previous history issues. **LR** also stated that **GP** is on the Health Inequalities Group which can be influenced on what the workstream needs to focus on. **LR** also mentioned the deep dive report submitted to the Calderdale Care Partnership Quality Group and part of the Maternity report at the July 2023 Quality Committee meeting (Appendix C2), which also describes the work around access for women and children. Kirklees Place will also be completing a similar report.

In reference to the workforce data submitted to the LMNS and NHSE of 151.39 whole time equivalent midwives in September 2023, **MM** asked about the 13% gap against the new workforce establishment of 174.63 whole time equivalent midwives, and whether there were any problems that this may cause. **GP** stated that midwifery workforce is challenging and is mitigated with a robust escalation process, the utilisation of alternative roles, and looking at how maternity support workers can assist. There have been no serious harms as a result of workforce challenges. **LR** stated that the 174.63 whole time equivalent is the best case scenario and has been up to 190 plus in terms of the budgeted workforce model. It is important that there is a measure of what is accurate at CHFT between the 190 plus and 174.63 whole time equivalent in order to know what needs to be funded going forward.

Following a meeting with the Kirklees Quality Committee, **NBhu** asked whether the LMNS is cited and part of the planning and discussion regarding the ICB and Home Office plans for a potential large settlement of asylum seekers in Kirklees. **LR** stated that there is a strategic intent at West Yorkshire which needs to be understood at Kirklees Place.

As part of the next steps slide for the LMNS visit (appendix F8), **KH** asked about the next 12 months, and asked whether the development of the MVP should have been included, due to changes with the Chair and discussions with the Maternity Champions group. **GP** stated that it is part of the Ockenden immediate essential actions on how families are listened to as part of the three-year delivery plan and part of the MIS safety action 7.

Copies of the Q1 and Q2 Healthcare Safety Investigation Branch referral audit reports for the Ockenden submission; the Transitional Care Action Plan – July 2023; Action plan for Obstetric Workforce December 2023; Action plan for Neonatal medical workforce meeting BAPM standards; and feedback from the Local Maternity and Neonatal System (LMNS) visits were available as additional appendices to the report.

OUTCOME: **GP** was thanked for the update and the Committee noted the content of the report and the progress being made; the national issue with workforce, and the recruitment strategies in place.

216/23 - SAFER STAFFING

Andrea Dauris was in attendance to present the bi-annual report circulated at appendix G, providing an overview of CHFT Nursing, Midwifery and Allied Health Professional (AHP) staffing capacity and compliance, for the reporting period of April to September 2023.

The key points to note include:

- Nursing and Midwifery vacancies remain challenging, with greater emphasis within the NHS Long Term Workforce Plan to grow domestic education, training and recruitment programmes. Overall, vacancies within nursing and midwifery remain aligned to the national position, however, a significant reduction is reported against the band 5 nursing workforce which is the Trust's largest safety-critical resource.
- As of September 2023, the vacancy position was at 155 full-time equivalents, which has been an improving position since the previous report. To note, the band 5 position was 42 full-time equivalents, however, this is anticipated to drop further to approximately 33 whole time equivalents. This has informed a decision to pause the international educated nurse part of the recruitment program temporarily, which will be appraised later in the year.
- A continued reliance on agency staffing, and a task action group looked at retracting high cost agencies across all areas, which was successfully achieved this year. There are some agency staff in areas, however, this is reducing.
- The intention to commission the BirthRate plus to ensure staffing reflects the activity and acuity.
- Monitoring of quality metrics, including the number of incidents reported against nursing and midwifery, and staffing-related incidents. During the reporting period, there were 184 nursing and midwifery incidents, 173 of these were reported as no harm, eight as minor harm and three as moderate. There was appropriate escalation and actions taken in response to those incidents.
- Achievement of the Quality Mark against the national preceptorship framework. This piece of work has been led by the Clinical Educator Team who went through quite a rigorous process to provide evidence and a self-assessment against 10 mandatory standards, of which they had to achieve 80% against each one of those standards. This puts the Trust in a good position and helps toward the retention agenda.
- Support for the Clinical Education Team, which has recognised the growth of the undergraduate workforce, which will continue to be significant going forward.
- The impact of patient experience and the quality agenda. The report details some quality metrics, such as pressure ulcers, Friends and Family Test (FFT) responses and falls.
- Overall good compliance against the developing workforce safeguards, which determines safe, effective and sustainable workforce models.

In relation to Community nursing, **AN** asked how the workforce felt about the demand and whether there was a challenge. **AD** reported that Community nursing used an evidence-based tool which described some pressures within the services and how to manage the growing demand. Whilst the recommendations are to run the evidence-based tool on two cycles before any changes are informed to workforce models within district nursing services, the evidence-based tool provided an opportunity about how to configure the workforce differently to manage those pressures. **EM** reported that an output will not be seen as yet, as this is a work in progress. Once the second set of data collection is completed, at that point, a decision will be made on the next steps, what has been input and how it has helped so far.

The report details the Nursing and Midwifery recruitment and retention strategies and the vacancy position of 155.86 full-time equivalents in September 2023, and potentially increasing by 70.58 full-time equivalents in 12 months' time. **AN** asked whether anything was driving a higher turnover, based on the projections. **AD** stated that the projections are based on the normal attrition rates in the Trust and need to better understand this. A strong piece of work has been done regarding the Band 5 colleagues as there have been a large number of students graduating and coming into the workforce, as well as the international educated nurse programme of work. Something is taking place outside of those grades, but equally, when reviewing the model hospital, colleagues under the age of 25 also have a high turnover, and CHFT are an outlier. There are a number of retention strategies that are nationally steered, however, a focus is required on the local strategies.

If the workforce is looked at as a profile of experience, **AN** asked whether there were any issues with the loss of experienced nursing colleagues. **AD** responded that during a review of the age profile in the report, there are some observations of a growing number of younger colleagues and a loss of experienced staff. Work is ongoing regarding using experienced staff and legacy mentoring to coach new starters, and also supporting the new workforce and developing their skills.

MM mentioned the graph on nursing agency expenditure versus the tier 3 agency retraction plan and asked whether the downward trend is a true reduction in cost, given the pressures in recruitment. LR stated that it is a significant cost reduction, as part of a detailed month on month plan, reported through the Turnaround Executive Group. It has been signed off as a cost improvement plan, is a true efficiency saving, with a better patient experience and patient safety position.

Copies of a presentation on the expansion of the Clinical Education Team and the Nursing and Midwifery Retention Plan were also available as additional appendices to the report.

OUTCOME: **AD** was thanked for the thorough report, and the Committee approved the report.

RESPONSIVE

217/23 - QUALITY REPORT

Lindsay Rudge presented the December report circulated at appendix H, highlighting:

- An improving position in the incident data, with a projected number of six open serious incident reports, after the serious incident panel taking place on Friday, with three of those reports in time. Thanks were conveyed to divisional teams for their efforts. This will allow for transition to the Patient Safety Incident Response Framework (PSIRF) principles around serious incidents. **LR** conveyed thanks to **JMidd** for leading the team and getting to this position.
- A better position with the medical division's backlog with their incidents.
- Continued improvement in response times for complaints.
- Some of the principles of Patient Safety Incident Response Framework (PSIRF) have now started to be adopted and tested, mostly to support improvement work within the medical

division and their backlog of incidents. Tools have been developed for Pressure ulcers, Falls and Infection Control issues. Further work is being done to test other learning responses in the surgical division, which will replace the root cause analysis templates which are currently being used for orange panel investigations, and a learning needs analysis has been completed for a comprehensive picture across divisions as to who requires which training. The Patient Safety Incident Response Plan (PSIRP) has been submitted to the Integrated Care Board for stakeholder consultation, and the current plan and Policy will be circulated following this meeting for comments. A go-live date is envisaged for the New Year.

- The Legal Services team are delivering business as usual, and also undertaking a number of other trustwide activities, against a backdrop of an increase in activity working through the coroners' backlog of inquests. The service is doing an amazing job and also had a benefit in year of a reduction in the Clinical Negligence Scheme for Trusts (CNST) premium as an organisation. **VP** reported that in addition, the service have also seen an increase in supporting and preparing colleagues through criminal cases. **LR** mentioned feedback received from colleagues on the support received from Sarah Mather (Head of Legal Services) through inquests, and work done over and above the usual service.
- Continued work with CQC partners and their new approach to regulation. **VP** mentioned that a slide on other issues of compliance and assurance across the Trust will be included moving forward.
- Quality Priorities: a continued increase in Malnutrition Universal Screening Tool (MUST) assessment compliance; a review of sepsis in the Emergency Department in terms of deteriorating patient, and an Acute Response Team will be going live during quarter 4
- Continued improvement with NICE guidance working with divisional leads.
- The plan for all policies to be reviewed and approved by October 2023 was not achieved, and escalated to divisional directors, along with the clinical repository backlog. It is envisaged that the Clinical Effectiveness post will be appointed to in the New Year, with the role having greater oversight and responsibility for these being kept up to date.
- Metrics from the Clinical Outcomes Group with several indicators still within the hit or miss column of the performance matrix, and continue to increase the dementia screening with a piece of work on person-centred care.

JMidd provided an update on approval to switch Datix, the incident reporting system, into a new system called InPhase, which aligns closely with Patient Safety Incident Response Framework (PSIRF) principles on triangulating data sets from safeguarding, freedom to speak up, incidents, complaints, risk, etc in order to identify emerging themes and manage risks differently. This will go live at the end of quarter 4, and will be run alongside Datix for 12 months in order to be confident with data migration.

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

218/23 - INTEGRATED PERFORMANCE REPORT

A copy of the report, circulated at appendix I, was available for information.

The pressures within the Emergency Department (ED) were noted and now signed off a full capacity protocol, which involves decompressing the ED and placing additional patients into some ward areas for a fixed number of hours, to ensure that patients coming through ambulances, GP, and community and making sure that every patient is treated. A pilot has been running this week and will hopefully be able to update at the next Committee.

ITEMS TO RECEIVE AND NOTE

219/23 - MINUTES

- Minutes from the 22 November 2023 Clinical Outcomes Group were circulated at appendix J, with no comments made.

- Minutes from the 12 October 2023 Infection Prevention and Control Committee were circulated at appendix K with no comments made.

- Minutes from the 12 October 2023 Medicines Management Committee were circulated at appendix L with no comments made.

- Minutes from the 13 September 2023 Calderdale Cares Partnership Quality Group were circulated at appendix M with no comments made

220/23 - ANY OTHER BUSINESS

Lindsay Rudge provided a verbal update on the Medicines and Healthcare products Regulatory Agency (MHRA) Valproate alert which was issued in November 2023.

There will be a change in legislation at the end of January 2024, and an internal task and finish group has been set up with Neurology, Paediatrics and Maternity to look at compliance with standards. An Integrated Care Board group has also been set up.

The biggest concern is capacity with the Neurology team, due to two different requirements within the alert for oral valproate medicines, meaning that:

- Valproate must not be started in new patients (male or female) younger than 55 years, unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply.
- At their next annual specialist review, women of childbearing potential and girls should be reviewed using a revised valproate Risk Acknowledgement Form, which will include the need for a second specialist signature if the patient is to continue with valproate and subsequent annual reviews with one specialist unless the patient's situation change

An action plan and audit will be completed, as well as working with Health Informatics colleagues on how to find annual risk assessments embedded in the Electronic Patient Record.

221/23 - BOARD TO WARD FEEDBACK

There was no feedback.

222/23 - MATTERS FOR ESCALATION TO THE TRUST BOARD

All items on the agenda will be commented on Trust Board.

223/23 - QUALITY COMMITTEE ANNUAL WORK PLAN

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

POST MEETING REVIEW

224/23 - REVIEW OF MEETING

There were no comments.

NEXT MEETING

Monday, 15 January 2024
2:30 – 5:00 pm
Microsoft Teams

MINUTES APPROVED AT Quality Committee ON MONDAY 15 JANUARY 2024

ACTION LOG FOR QUALITY COMMITTEE

Position as at: 20 December 2023

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

DATE DISCUSSED	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
20.12.23	210/23 - Governance arrangements for Trust PSQB	Lindsay Rudge	**ACTION**: Report on process to be provided into the next Quality Committee, as well as the inclusion of the updated governance structure.	15 January 2024	See agenda item 04/24	

MINUTES APPROVED BY QUALITY COMMITTEE ON 12.02.24

QUALITY COMMITTEE
Monday, 15 January 2024

PRESENT

Denise Sterling **(DS)**	Non-Executive Director **(Chair)**
Neeraj Bhasin **(NBha)**	Deputy Medical Director
Nikhil Bhuskute **(NBhu)**	Deputy Medical Director
David Birkenhead **(DB)**	Medical Director
Gina Choy **(GC)**	Public Elected Governor
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Jonathan Hammond **(JH)**	Chief Operating Officer
Karen Heaton **(KH)**	Non-Executive Director
Joanne Middleton **(JMidd)**	Deputy Chief Nurse
Elizabeth Morley **(EM)**	Associate Director of Quality and Safety
Andy Nelson **(AN)**	Non-Executive Director
Victoria Pickles **(VP)**	Director of Corporate Affairs
Gemma Puckett **(GP)**	Director of Midwifery and Women's Services
Lindsay Rudge **(LR)**	Chief Nurse
Elisabeth Street **(ES)**	Clinical Director of Pharmacy
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

IN ATTENDANCE

Renee Comerford **(RC)**	Assoc. Director of Nursing – Acute Pathway Transformation **(item 08/24)**
Thomas Ladlow **(TL)**	Head Nurse for Medicine **(item 07/24)**
Debbie Winder **(DW)**	Deputy Director of Quality - Calderdale Cares Partnership Board
Tracy Wood **(TW)**	Research and Development Lead **(item 10/24)**

STANDING ITEMS

01/24 - APOLOGIES

Jennifer Clark (JC)	Associate Director of Therapies
Sharon Cundy **(SC)**	Head of Quality and Safety
Lucy Dryden **(LD)**	Quality Manager for Calderdale Integrated Care Board
Lorraine Wolfenden **(LW)**	Governor

02/24 - DECLARATIONS OF INTEREST

There were no declarations of interest.

03/24 – MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Wednesday, 20 December 2023, circulated at appendix B, were approved as a correct record. The action log can be found at the end of these minutes.

04/24 – MATTERS ARISING: GOVERNANCE ARRANGEMENTS FOR TRUST PSQB

See action log.

SPECIFIC REPORTS

05/24 - UPDATE ON NASOGASTRIC (NG) TUBE ACTION PLAN

Joanne Middleton presented the update circulated at appendix D.

It was noted that a new approach to secondary testing of position check has been successfully piloted on the Stroke Ward. Further pilot being rolled out on the Respiratory ward and Ward 17.

The Ph readers have not been piloted as previously reported, however, there is a plan to pilot from February 2024, when a training plan has been agreed.

With regard to the actions which are rated Red, **DS** asked if the position remained the same. **JMidd** stated that in relation to the training, there is now an agreed approach, however, this will be verified once compliance is confirmed; and in regard to the copy and paste function in the Electronic Patient Record, this is not being unique to Nasogastric tubes. **NBha** confirmed that this is an unintended consequence of the electronic system, and work ongoing with the Clinical Records Group.

OUTCOME: The Committee noted the update.

06/24 – RECRUITMENT TO EXPERTS BY EXPERIENCE AND PATIENT SAFETY PARTNERS

Lindsay Rudge provided a verbal update on the above proposal, which will be circulated to the Committee following this meeting.

The Proposal has been shared with the Patient Experience and Involvement Group in December 2023 and at the Patient Safety Incident Response Framework (PSIRF) Board last week. A short Task and Finish Group will be set up in January 2024 to move this forward, and will be comprised of colleagues from Communications, Volunteering and Resourcing.

The Patient Safety Partners are anticipated to be recruited by the end of March 2024.

Action: Report to be circulated following this meeting.

OUTCOME: The Committee were in support of the Proposal.

EFFECTIVE

07/24 – CLINICAL OUTCOMES GROUP FOCUSED ITEM: SEPSIS IN THE EMERGENCY DEPARTMENT (ED)

Thomas Ladlow was in attendance to provide a verbal update.

TL stated that there have been peaks and troughs across the year in terms of antibiotics in 60 minutes for patients. From December 2023, compliance against the target of 80% decreased to 36%, however, work has been ongoing with the Sepsis Lead Nurse and Clinical Educators.

It is known that new guidance will be published on 31 January 2024 which will detail how sepsis is flagged within the ED and also change some of the parameters in which antibiotics should be received. The guidance will be a generic approach, where patients will be assessed for sepsis against a National Early Warning Score (NEWS) score rather than different parameters, for example, a source of sepsis plus other issues which the patient may have presented with. This will hopefully provide some understanding between the nursing and medical teams on which patient will be seen as a priority for antibiotics. To improve the knowledge and understanding of the guidance across the department, the launch of a 'Perfect week' will take place in February 2024. The week will be run once a quarter, and will initially focus on ensuring that colleagues within the ED are aware of the new guidance, and also look at the use of different means of communication between teams to highlight patients that need to be seen as a priority. This will be done via the 'bubble' on FirstNet, which is an easy and visible way to communicate and track the time to antibiotic time for each patient. The department is also looking into changing their footprint as in what rooms are available for certain investigations and interventions earlier in the

patients journey, depending on their NEWS scores. Different pathways are also being looked into so patients can directly access resuscitation rooms or High Dependency Unit rooms within the ED depending on what their NEWS scores.

Work is ongoing with other organisations, and there were plans to carry out 'go sees' to other areas to find out what they do and how they manage patients with sepsis differently, however, this has been paused until receipt of the new guidance.

LR informed the Committee on being tasked with setting up the Task and Finish Group to support this work, and further actions on looking at data which could be tracked through quality elements, rather than performance.

LR stated that this will be one of the areas to consider as one of the quality account priorities moving forward.

OUTCOME: The Committee noted the update.

08/24 – CLINICAL OUTCOMES GROUP FOCUSED ITEM: DEMENTIA SCREENING

Renee Comerford was in attendance providing a presentation on dementia screening.

Current compliance with dementia and delirium screening was highlighted, as well as the challenges with screening.

The reality is that at present, the ask if for both medical and nursing teams to carry out a dementia screen. The advantage is that it enables all to carry out this assessment, however, the disadvantages are blurred responsibility; challenges created which cannot be resolved in the Electronic Patient Record related to tasks, and how each profession completes assessments.

Well Organised Wards (WOW) have been introduced which has seen an improvement in dementia screening of around 25%.

The response to move forward is whether an agreement is needed as to which profession completes this screening.

LR reported previously asking that this task moved to the nurses, and queried whether this had been transitioned. **RC** confirmed that both professions; Doctors and Nurses are carrying out this task, however, will ensure that this change is made from today. **LR** also asked that a hard stop takes place on the Acute Floors and that patients were not moved unless the assessment had taken place.

It was confirmed that the change will be made on the Electronic Patient Record, and raised at the Friday briefing with nursing teams.

OUTCOME: The Committee noted the report.

09/24 – Q2 LEARNING FROM DEATHS REPORT

Nikhil Bhuskute presented the report circulated at appendix E, highlighting an improved position of the initial screening reviews between quarter 1 and quarter 2. Following the initial screening reviews, some cases are identified for a structured judgement review.

44 out of 45 cases identified for a structured judgement review were completed during quarter 2, and one is awaiting an imminent second review.

Some examples of good quality of care were detailed in the report, and one theme of sub-optimal care around attention required for end of life care. Over the next few months, the objective is to improve ways to influence the outcome.

Submissions have been made to the regional learning from deaths team, on two themes: end of life care and improving the preventative care package for patients with bone health, and a task and finish group is being created to work with primary care.

AN mentioned the 50% target not being achieved, and asked whether the approach needs to be changed from chasing a target, as the themes are fairly consistent.

DB reported that a change in focus is required to look at the outcomes from reviews and ensure there are robust action plans. There has been a slight change with more reviews coming through as poor or very poor quality of care than previously, which will also require a focus.

In relation to the 88 initial screening reviews (ISRs) where there were four with very poor quality of care and six with poor quality of care, **DB** asked whether they came through serious incident reviews or whether they were discovered through the reviews. **NBhu** responded that they were from the ISRs or the orange panel rather than the medical examiner reviews. **DB** also commented on the 44 structured judgement reviews (SJRs), with 16 poor quality of care and four very poor quality of care, and stated that when this work started, most were already identified through with the serious incident process or the complaints process. **DB** asked whether this was still the case, to which **NBhu** confirmed it was.

DB stated that a paper will be taken through the Clinical Outcomes Group and into the Quality Committee on a different approach to reviewing these.

In relation to the structured judgement review theme on end of life care and DNACPR, **LR** asked whether the transition to Recommended Summary Plan for Emergency Care and Treatment will change the position. **NBhu** stated that it is a multi-variable issue, as the frailty of the out of hours palliative care team also contributes to this, however, the enhanced clarity of the ReSPECT programme may improve the position and have a positive influence, rather than a negative.

Action: Report to be provided to Quality Committee in March 2024 on different approach to structured judgement reviews

OUTCOME: The Committee noted the report.

WELL LED

10/24 – RESEARCH AND DEVELOPMENT REPORT

Tracy Wood was in attendance to provide an update, as circulated at appendix F, on the Trust's research activity and performance through the Research and Development Department.

In terms of the capacity issue, **AN** asked whether the commercial research is a potential route to growing funding and capacity, or whether extra funding is required. **NBha** stated that the commercial finding is non-recurrent, therefore, alternatives are being looked into to expand and restructure the governance team.

LR stated that the Research Committee come across significant challenges around any expansion or the substantive team being maintained on substantive contracts, due to the nature of the funding. Whilst this is a strategic priority and the Research Team constantly over-deliver for a district general hospital of this size, they are operationally challenged by getting the right level of support. **LR** and **DB** agreed to this as an action through the planning cycle corporately, to allow them to be sighted on the request.

LR mentioned **TW's** relationship with the national Nursing Director of Midwifery with the National Institute for Health and Care Research and acknowledged **TW's** national influence and profile.

OUTCOME: The Committee congratulated the team on the good news stories and innovative work, and noted the positive report.

SAFE

11/24 – MEDICATION SAFETY AND COMPLIANCE GROUP REPORT

Elisabeth Street presented the report circulated at appendix G, highlighting serious incidents and medication related Coroner's requests; Quality Improvement work; compliance with medication safety standards, and updates on national patient safety alerts, including an alert on Valproate, which is currently under review with a task and finish group between neurology, paediatrics, maternity and pharmacy.

There are new legislative changes in terms of the initiation of valproate to males and females under the age of 55, and also patients currently prescribed valproate. In terms of the annual review and risk assessment, to ensure that females on pregnancy prevention programme are fully informed. There are some gaps in governance, which is being supported by **NBhu**. An action plan for the alert is due for submission at the end of January 2024.

In relation to the e-medicine management audit, **KH** asked whether this would be re-audited. **LR** commented that a human factors inquiry needs to take place to understand the real cause of non-compliance and understanding the barriers to getting it right. **VP** also stated that the CQC Group will be focusing on this.

OUTCOME: The Committee noted the report.

12/24 – MATERNITY AND NEONATAL OVERSIGHT REPORT

Gemma Puckett presented the above report, circulated at appendix H, highlighting the key points to note, which included:

- *Maternity Incentive Scheme (MIS):* Year 5 was launched in May 2023 with a submission date of 1 February 2024. There is an area of non-compliance in safety action 1 element a. where 2 cases have been reported to MBRACE beyond the required 7 working days (appendix H). This was identified through checking processes.
- *Workforce*: Progress continues with recruitment, however, there is a negative benefit through requests for reduction of hours through flexible working. There has been recruitment from the newly qualified midwifery cohort due to start in April 2024. It is the first year in the region with double output from the university.
- *Funding*: This has been identified for two Consultant Obstetric and Gynaecology posts, which will be advertised shortly, and help to support progress to increase antenatal clinic capacity, which is a CQC must do action.
- *Neonatal staffing*: Qualified in Specialty (QIS) ratios are met and greater than 70% and maintained. The workforce in the unit is being looked into for the coming 6 to 12 months as there are colleagues coming up to retirement age which may impact the QIS ratio
- *Neonates*: This is being aligned under the midwifery portfolio and swapping into the Women's Directorate to join up governance and oversight and strengthen the perinatal working relationship.
- *Dashboard*: Third and Fourth degree tear rates flag as above the expected level, particularly, where there has been an instrumental and medically led delivery. A deep dive took place and is awaiting conclusion.
- *Local Maternity and Neonatal System (LMNS) Assurance visit*: This took place in November, and the report received in December 2023 (Appendix H3), which was positive with good feedback about how committed the team are and good areas to further develop.

LR was in support of the deep dive audit and requested that it returns to Quality Committee in March 2024.

DS commented on the positive Local Maternity and Neonatal System (LMNS) report and mentioned the two risks which have been open for over 12 months. **DS** asked if any support was required. **GP** stated that regular confirm and challenge meetings are set up in the division, as well as the divisional and Trust processes for risks, and feels confident that there is good oversight of the risk register and how it is managed.

LR mentioned that **GP** and her team submitted 'A year in midwifery' to the Nursing and Midwifery Leadership Briefing Forum, and suggested that it is also submitted to the Quality Committee. It highlighted the vast amount of work undertaken by the team in the last year.

LR also thanked **KH** for being an incredible Maternity Board Safety Champion.

OUTCOME: **GP** was thanked for the update and the Committee noted the content of the report.

13/24 – Q3 INFECTION PREVENTION AND CONTROL REPORT

David Birkenhead presented the report circulated at appendix I, highlighting the Clostridium difficile ceiling of 37, which has been breached. The cases are sporadic and not associated with outbreaks, however, the Trust, comparable to peer organisations, is still seeing higher rates of Clostridium difficile cases pre-Pandemic.

OUTCOME: The Committee noted the report.

14/24 – PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF) UPDATE

Joanne Middleton presented the report circulated at appendix J, highlighting what will be changing; what it means for CHFT; progress made to date; the training plan; patient safety priorities, and the Trust's local and national priorities.

Colleagues were asked for any further comments on the Patient Safety Incident Response Plan (PSIRP).
Action: Deadline for comments extended to Friday, 26 January 2024

LR stated that a lot of work has gone into this and much more going forward, and acknowledged **JMidd's** contribution.

Due to the late circulation, the presentation is also available at the end of these minutes.

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

RESPONSIVE

15/24 - INTEGRATED PERFORMANCE REPORT

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

LR reported on the static performance of the safety metrics and the positive continued performance around complaints and the serious incident process, and incidents are now much improved. By the end of January, there should be no outstanding serious incidents that are out of time.

LR also reported on a concern of the operational indicator of patients with a learning disability seen within 4 hours in the ED, which is significantly lower than other patients seen within 4 hours.

Never Events also remain a concern in terms of the number and variance, and keen to undertake a review, particularly around human factors which may be contributing to those.

In relation to quality priorities, **DB** commented on the Care of the Acutely Ill Patient (CAIP) target of 'no more than 30% of patients scoring NEWS of 5 or more go on to score higher', which is seeing a deteriorating position. This may be related to pressure in the organisation and morbidity of patients, however, there is some focused work which will go through the CAIP programme.

JH reported that bed occupancy remains a significant challenge, at over 99% for the second month running. Transfers of care also remain high and is a continued area of focus.

A joint CHFT and Community dashboard is being pulled together across Kirklees and Calderdale to better see the pinch points in patient's pathways, and to understand where there are capacity shortfalls.

Risks are held with patients with long waits on the elective care pathways, and although elective care is well overall, there are some particular pinch points, for example, ENT patients waiting over 40 and 52 weeks. There is an action plan in place around ENT looking at capacity, ongoing recruitment and actively participating in the West Yorkshire programme and on ENT.

DS mentioned a statement on falls in relation to compliance and follow through with falls prevention measures that are not standardised across all wards, and asked whether the Well Organised Ward work will pick this issue up. **LR** confirmed that it would, but also stated that this will be monitored.

OUTCOME: The Committee noted the report.

ITEMS TO RECEIVE AND NOTE

16/24 – MINUTES FROM CLINICAL OUTCOMES GROUP

A copy of the minutes from Monday, 11 December 2023 were circulated at appendix L.

NBhu highlighted the Hospital Standardised Mortality Ratio position, which has slightly deteriorated due to 16 excess deaths in the pneumonia coding section in August 2023. A review of 10 cases which were low risk, did not identify any trends, however, a further deep dive into the excess deaths will take place for further assurance. The impact of the surge of deaths may see an elevated Hospital Standardised Mortality Ratio for a few months.

17/24 - ANY OTHER BUSINESS

Lindsay Rudge reported that proposed quality account priorities for the next year will be circulated for the next meeting.

Action: Proposed priorities to be circulated.

18/24 - BOARD TO WARD FEEDBACK

Good work from the Well Organised Ward (WOW) despite challenges, and good learning from discharge processes and knowledge around community services which are now available.

Processes have been adapted to bring people out of ED onto wards where there are discharges. Site and ward teams have responded very well to doing the right thing for patients and allowed a decongestion in the ED during busy times.

Despite industrial action, there has been positivity and the base kept safe with medical colleagues working alongside advanced practitioners.

19/24 - MATTERS FOR ESCALATION TO THE TRUST BOARD

- Focused discussion on sepsis in the ED
- Focused discussion on dementia screening
- Medication Safety and Compliance Group update
- Research and Development Committee Update
- Maternity and Neonatal Report update
- Learning from Deaths update
- Nasogastric tube action plan update

20/24 - QUALITY COMMITTEE ANNUAL WORK PLAN

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

It was noted that the workplan will change, due to upcoming amendments to the governance structure.

POST MEETING REVIEW

21/24 - REVIEW OF MEETING

Good meeting with very useful information provided.

NEXT MEETING

Monday, 12 February 2024
2:30 – 5:00 pm
Microsoft Teams

MINUTES APPROVED BY QUALITY COMMITTEE ON 12.02.24

ACTION LOG FOR QUALITY COMMITTEE

Position as at: Monday, 15 January 2024

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

DATE DISCUSSED	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
15.01.24	**06/24 – RECRUITMENT TO EXPERTS BY EXPERIENCE AND PATIENT SAFETY PARTNERS**	Lindsay Rudge	**ACTION - 15 Jan 2024:** Report to be circulated following the meeting *(see attached)*	Monday, 15 January 2024		Tuesday, 16 Jan 2024
15.01.24	**14/24 – PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF) UPDATE**	All	**ACTION - 15 Jan 2024:** Comments on Patient Safety Incident Response Plan (PSIRP) deadline extended to Friday, 26 January 2024 See agenda item 26/24	Friday, 26 January 2024		
15.01.24	**17/24 - ANY OTHER BUSINESS: QUALITY PRIORITIES**	Lindsay Rudge	**ACTION - 15 Jan 2024:** Proposed Quality Account Priorities for 2024/2025 to be circulated See agenda item 33/24	Monday, 12 February 2024		
15.01.24	**09/24 – Q2 LEARNING FROM DEATHS REPORT**	David Birkenhead / Nikhil Bhuskute	**ACTION - 15 Jan 2024:** Report to be provided to Committee in March on a different approach to structured judgement reviews	Monday, 11 March 2024		
20.12.23	**210/23 - GOVERNANCE ARRANGEMENTS FOR TRUST PSQB**	Lindsay Rudge	**ACTION - 20 Dec 2023**: Report on process to be provided into the next Quality Committee, as well as the inclusion of the updated governance structure. **UPDATE - 15 Jan 2024:** Work still ongoing on final document. Report to be submitted in March.	Monday, 11 March 2024		

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE: HEALTH AND WELLBEING CHAPTER

Held on Monday 18 December 2023, 2.00pm – 4.30pm
VIA TEAMS

PRESENT:

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:

Arley Byrne	(AB)	Shadow Board
Mark Bushby	(MB)	Workforce Business Intelligence Manager (for item 121/23)
Andrea Dauris	(AD)	Associate Director of Nursing (Corporate) (for items 138/23 and 139/23)
Laura Douglas	(LD)	Shadow Board
Laura Earle	(LE)	Sister, SAU and SDEC (for item 136/23)
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Terry Gamble	(TG)	Staff Side Chair
Nikki Hosty	(NH)	Assistant Director of HR (for item 137/23)
Kam Khera	(KK)	Shadow Board
Simon Riley-Fuller	(SRF)	Associate Director of Nursing, FSS (for item 135/23)
Jackie Robinson	(JR)	Assitant Director of HR (for item 143/23)
Lis Street	(LS)	Clinical Director, Pharmacy
Beckie Yeates	(BY)	Workforce Psychologist (for item 133/23)

128/23 **WELCOME AND INTRODUCTIONS**

The Chair welcomed members to the meeting. The Committee noted Kate Wileman is a new Governor member.

12923 **APOLOGIES FOR ABSENCE**

David Birkenhead, Medical Director

130/23 **DECLARATION OF INTERESTS**

There were no declarations of interest.

131/23 **MINUTES OF MEETING HELD ON 17 OCTOBER 2023**

The minutes of the Workforce Committee held on 17 October 2023 were approved as a correct record.

132/23 **ACTION LOG – DECEMBER 2023**

The action log was received.

The December 2023 fire safety training figures had been circulated to Committee members to provide assurance that compliance remains on track.

133/23 **WORKFORCE PSYCHOLOGY**

BY provided an overview of the critical incident peer support debriefing, a new service developed by the team to provide a semi-structured approach to facilitate reflection on what happened, the effect on colleagues involved and how staff can approach coping individually and in their teams. She explained Critical incident stress management (CISM) debrief, a 90 minute group based meeting facilitated by two peer support debriefers, has become a widely used method of group debriefing. The Trust's charity is funding training for 14 peer support debriefers. The peer support debriefing services will be piloted in ED and maternity services between February and August 2024.

DS recognised the important work and asked how it aligns to PSIRF. BY explained the two frameworks will sit alongside each other and will be continually monitored during the pilot. NB noted the university research project and asked about outcomes of debriefs trialled elsewhere in the country. BY confirmed a control arm has been added to test effectiveness and CHFT will be the first trust to trial the improved design.

OUTCOME: BY was **THANKED** for the presentation and the Committee **NOTED** the new debriefing service.

134/23 **MEN'S HEALTH**

NH explained Dominic Bryan intended to attend the Committee meeting to share his personal circumstances however was unable to attend today. She shared DB's thoughts on how the Trust would benefit from a peer support network and resources dedicate purely to men's mental health. A task and finish group has been established to develop a framework for the peer support network.

OUTCOME: The Committee **NOTED** the efforts of the task and finish group and looks forward to hearing from the support network in 2024.

135/23 **FSS WELLBEING BOARD**

SRF began by providing background information to the FSS division. He explained the Division provides a broad mix of services via its 6 directorates and over the last two years has seen change of senior leaders particularly in the divisional management team. SRF described how the Wellbeing Board was established and its purpose to enhance colleague experience at work by providing opportunities that support colleagues to be proactive in supporting their own wellbeing and mental health. He shared examples of initiatives and next steps to scale up activity.

SD congratulated the FSS Division on the success of the Board. She recommended this as a case study to present to NHS England. KH agreed this is a real positive story.

OUTCOME: The Committee **THANKED** SRF for the presentation and **NOTED** the work of the Wellbeing Board.

136/23 **WELLBEING AMBASSADOR**

LE commenced at the Trust in 2011 as a staff nurse developing to a sister role in 2021. In 2020 LE took time off work as she faced a difficult time in her life, which led her to evaluate life. During this time she learnt many ways to imbed self-care into daily routine. LE developed a great passion for wellbeing and to champion her vision for everyone to be able to access resources and help with their own wellbeing. In 2021 she became a well-being ambassador.

LE doesn't want anyone to feel alone, she shares her experiences with colleagues and encourages others to talk. LE described the themes colleagues are currently experiencing and went on to give examples of support methods she promotes. She has seen enormous positive impact. LE now speaks about health and wellbeing at Trust preceptorship events.

SD highlighted understanding what people are going through before making a judgement is really important. SD has heard directly from colleagues this is really making a difference. The Committee recognised LE's compassion and resilience and thanked her for the brilliant work.

OUTCOME: The Committee **THANKED** LE for sharing her story.

137/23 **PEOPLE STRATEGY**

NH rounded up the health and wellbeing theme highlighting how Workforce and OD and local teams are working together to make initiatives a reality. She presented a spotlight on financial wellbeing and described the new initiatives to support colleagues.

NB asked for more detail on the WageStream initiative. WageStream is a bolt-on product to our rostering system that provides functionality for colleagues to draw down any money already earned. The package also provides functionality to track earnings to support financial planning. JE added there are safeguards so that the scheme works positively for colleagues.

NB asked how the Neighbourly scheme fits with community schemes already in place. NH confirmed there is no conflict with other arrangements such as food banks.

KH commented on the hard work making a difference, all contributing to one culture of care and hopes to see recognition in the staff survey.

OUTCOME: The Committee **NOTED** the overall progress made.

138/23 **NURSING AND MIDWIFERY SAFTER STAFFING REPORT**

AD presented the report to the Committee for its assurance and approval prior to submission to the Board of Directors. The key points were:-

- Greater emphasis within the NHS Long Term Workforce Plan (NHSE,2023) has been placed on growing domestic education, training and recruitment. Overall, Nursing and Midwifery vacancies at CHFT remain aligned with the national position, however a significant reduction is reported against the band 5 nursing workforce which is our largest safety-critical resource.
- A continued reliance on agency staffing across all clinical areas continues. However, the overall trajectory for 2023 continues to positively reduce and indicative of the strategic focus work being undertaken with agency expenditure.
- Staffing fill rates continued to fluctuate between 84% - 87% during the day. A position reflective of vacancies, ongoing sickness/absence and additional capacity 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.
- CHFT have recommissioned a New Birthrate Plus to be undertaken in quarter 4 to ensure that staffing reflects the activity and acuity and the changes to the national maternity agenda.
- During the reporting period 184 Nursing and Midwifery staffing related incidents were reported through the Datix reporting system. 173 of these incidents were reported as no harm to patients, 8 as minor harm and 3 moderate harms. There was appropriate escalation and actions taken at the time.
- Achievement of the Quality Mark against the national preceptorship framework
- The continued focused leadership to support this agenda.

- The Trust's commitment to recognise and support the growth in undergraduate activity through investment in the Clinical Education Team.
- The impact upon patient experience and the quality agenda if the Trust fails to provide safe staffing numbers across all clinical areas.
- The recommendation from the Chief Nurse is that there is good compliance with the Developing Workforce Safeguards.
- The Chief Nurse has confirmed they are satisfied that staffing is safe, effective and sustainable.

LR stated this is a pleasing report and highlighted the examples of significant improvements that will allow us to concentrate on 'grow your own'. Focus continues on newly qualified nurses and colleagues under 25 to manage turnover. DS recognised the outputs of the work and commented on the significant improvement in vacancies in AHPS, she had recently been fortunate to meet some newly qualified occupational health therapists.

OUTCOME: The Committee **NOTED** and **APPROVED** the Nursing and Midwifery Safer Staffing report for submission to the January 2024 Board of Directors.

139/23 **NURSING, MIDWIFERY AND AHP STEERING GROUP PROGRAMME UPDATE**

AD provided an update on the progress of strategic initiatives to establish safe and effective nurse, midwifery and AHP staffing. The key updates were:-

- A robust methodology is used to establish workforce requirements.
- Business Intelligence data is used to inform recruitment strategies.
- There has been a significant reduction in band 5 nursing vacancies.
- Model Hospital Data indicates nursing cost per WAU now reduced to quartile 2.
- Enhanced Dashboard Metrics are used to evaluate and monitor nursing quality.
- Successful International Recruitment Campaign.
- Decision to temporarily pause the International Nurse Recruitment programme.
- Ongoing Recruitment to Apprentice Trainee Nursing Associate programme.
- Ongoing Recruitment to Apprentice Registered Nurse Degree programme.
- The Clinical Placement Expansion Project (CPEP) programme is expanding.
- HCSW Recruitment Programme.
- E-Rostering effectiveness.
- Retention Strategies focussing on early career retention.

LR thanked Mark Bushby and the Business Intelligence team for their input to the programme. LR stated the national ask of recruiting 50K nurses has been achieved largely through international recruitment. Subsequently there is a national pause, however from an ethical point of view, LR highlighted CHFT's intention to continue to progress any job offers and also filter recruits into other organisations that may not have plans in place.

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

140/23 **FREEDOM TO SPEAK UP – PROGRESS REPORT**

This paper provides information to the committee in respect of the Freedom to Speak Up (FTSU) arrangements at CHFT and FTSU activity in the Trust from the 1 April 2023 to the 30 September 2023.

- The number of concerns raised in Q1 and Q2 2023 and the number of concerns raised as per the NGO's submission categories.
- The current priorities of the Freedom to Speak Up Guardian.
- The work being undertaken to create a culture where staff feel safe to speak up and make FTSU business as usual at CHFT.

The Committee is asked to note the contents of the report, the number of concerns raised in Q1 and Q2, 2023 and the work of the FTSU Guardian and Ambassadors. The report will be presented to the January 2024 Board of Directors. SD commented how proud she is of our processes. The Committee noted FTSU is transferring to the Chief Executive's Office. The FTSU Guardian will report to the Director of Corporate Affairs.

Andrea Gillespie, the FTSU Guardian was unable to attend the meeting. Any questions regarding the report should be emailed to Andrea.

OUTCOME: The Committee **NOTED** the report and number of concerns raised during the reporting period.

141/23 **QUALITY AND PERFORMANCE REPORT (WORKFORCE) OCTOBER 2023 DATA**

MB presented the highlights:-

- Staff in post figures for headcount and FTE have seen in month increases by 47 and 46.35 FTE respectively. September/October intake of graduate/IR nurses mainly contributing to this.
- FTE increases to actuals and lower Turnover rates (7.5%) have seen a continued drop in overall Trust vacancies to 6.05%.
- Low numbers of Nursing Band 5 vacancies have led to a retraction of international recruitment in 2024.
- Recent recruitment has brought in month actuals closer to the planned position for 2023-24; Expected reduction in Bank/Agency FTE usage remains to be seen.
- Reconfiguration Target Operation Model activity is ongoing, further work is underway to translate changes into FTE/£'s.
- Operation planning for 2024/25 has been announced with guidance expected to be provided late December 2023 – initial early planning has commenced in preparation for the return.
- Turnover (rolling 12m) has seen a period of continued improvement between February 2023 (8.8%) and September 2023 (7.3%) and has since levelled out in October 2023 (7.5%).
- Actions within the AHP group have seen significant improvements to the group's turnover rate. Now the lowest turnover group at 4.8%. Actions to be shared across other groups for consideration.
- In month sickness increased by 0.37% in October 2023 to 4.73%. This is expected movement as we move in to winter. Long term sickness (2.93%) increased to just below the Trust target, while short term sickness (1.79%) is now just above the target of 1.75%.
- 17.3 Average FTE Lost per FTE, increase of 0.8 from October 2022.
- Top 3 reasons for absence during October 2023: Anxiety/Stress/Depression (30.7%), Cold/Cough/Flu (13.4%), MSK (10.9%).
- Actions to combat sickness absence are ongoing (Absence monitoring meetings, review of open cases, early escalation to Trust Psychologist of ASD cases, focus on MSK absence etc.)
- 67.6% of appraisals have been completed as at 31 October 2023, an increase of 7.5% from September 2023 (60.1%), this is 2.4% higher than the same point last year. However, at the time of reporting uptake was currently 12.4% behind the planned trajectory of 80%. Based on the current position it is unlikely the 95% target by end of December 2023 will be achievable.
- Continued overall strong Core EST compliance, improved position at 94.28%. However, Safeguarding Children has slipped just below 90%.
- Patient Safety compliance increased to 71.5%.
- Role Specific EST is undergoing work to cleanse target audiences, this will impact compliance rates as colleagues are added/removed; at the time of reporting compliance rates had seen a further declining position moving overall RST to 82.66%.

- National staff survey closed, preliminary response rate of 43.4%.
- Bank spend decreased by £0.26M in October 2023 to £2.94M. Bank spend continues to follow common cause variation around the mean.
- Agency spend dropped by £0.11M to £0.66M. October sees the sixth month of common cause in the variation; however, agency spend is currently at the lowest point seen in the last 24 months.
- Plan to review M&D Bank/Agency spend in early December 2023 which will allow for the development of a plan to retract.

ES commented on work being undertaken in Pharmacy in relation to workforce data and equality standards and noted the disparity in BAME colleagues at Bands 7 and 8. MB confirmed a similar picture in other staff groups in those bandings. JR stated the disproportion has been identified in the workforce data monitoring meetings and is being looked at as part of the retention programme work around both promotion and retention of colleagues. JE confirmed that in response to the national ED&I Improvement Plan there is a requirement from next year to look at pay gap analysis for ethnicity and disability and confirmed the Inclusion Group had commenced some initial analysis.

In terms of widening employment data, DS asked if the 75 residents employed at CHFT could be shown as a percentage of the overall group. MB confirmed this would be included in future reports.

NB asked if any link had been identified between MSK related sickness absence and RST for moving and handling. MB responded this is difficult to triangulate as not all colleagues complete the field to declare a work related MSK issue. JE took the opportunity to highlight the MSK injury physiotherapy service is attributing to reduction in sickness absence.

KH invited comments on the 7.5% turnover position. SD responded the overall figure is quite low and that overall 10% is optimal. She referenced the people heat map as a useful tool to triangulate data particularly against low turnover, high absence and low EST compliance. JE also recognised the importance of good appraisals and conversations between line managers and colleagues to identify personal and professional development needs.

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

142/23 **AGE PROFILE REPORT**

MB reported since the review of 2022 data there have been no significant changes to the data at Trust level. The slow trend of small proportional increases continues in colleagues aged 31-45, a similar reduction in the age ranges spanning 46-55, and further slight increases in the proportion of colleagues remaining/returning aged 61+. The Trust has very few staff starting before age 21, though numbers have started to increase over the reporting period. The Trust continues to develop the Employability and Widening Participation programme, with schemes focused on new to work. Divisions are actively focussing on these actions to support 'growing our own', retention, skilling up, and succession planning as part of workforce planning.

LR stated the nurse related special class status that allows the pension to be taken at age 55 will end in the next couple of years. She also highlighted the current long day shift pattern may be a disadvantage to those wanting to carry on working and suggested a fresh eyes approach to working patterns.

ES asked what programmes are in place to attract young people into healthcare. JE will connect ES to Liam Whitehead, Head of Apprenticeships and Widening Participation. AB invited Pharmacy to join him at school visits.

NB commented on the high level of admin and clerical turnover. MB agreed turnover is high in the younger age group and this is more likely due to the easier access into these roles then used as a steppingstone to other careers. JR confirmed this area has been identified for further work. JE added the turnover may be advantageous as we move further towards electronic systems.

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

143/23 **QUARTERLY VACANCY DEEP DIVE (Q2)**

JR presented the report. The Trust turnover has decreased from 9.36% in September 2022 to 7.30% at the end of September 2023 (excludes Trainee Doctor rotations and employee transfers). The majority of the vacancies sit within the Medical division followed by FSS. HCSW vacancy position remains high despite progress in recruitment as turnover remains high offsetting progress. Expansion in the budgeted establishment for Medics has increased by 65 FTE posts currently showing as vacancies, however large volume of recruitment activity means we have a pipeline of new starters at consultant level within ED, Histopathology, Interventional Radiology, Urology and Neuro physiology all shortage specialties nationally. Nursing vacancy position has improved significantly with 32.34 B5 across the organisation, a further 10 are due to commence in January 2024.

An Admin and Clerical Trustwide review is underway which will look at any potential efficiencies to be made within this staff group. In other staff groups International recruitment has proved successful for Radiographers to support the CDC model with 7 offers made and a further 4 in the pipeline. Vacancies within Pathology are likely to increase given the on-going New Pathology Partnership NPP with Leeds and MidYorks.

KH thanked JR for the detailed report.

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

144/23 **COLLEAGUE RETENTION PROGRAMME**

JR presented a report that set out the Trust's current position and activity to support retention. The NHS People Promise describes the actions that Trusts should take to make the NHS a good, modern employer of choice and improve staff experience. The NHS Long Term Workforce Plan builds on the seven elements of the People Promise and sets out the strategic direction and the short to medium term actions to be undertaken. The CHFT People Strategy describes the workforce activity to support and retain our colleagues and deliver one culture of care. Through the People Strategy, we embed activity across the Trust which ensures that we are known as the best place to work, demonstrate one culture of care to our colleagues and support the health and wellbeing of colleagues.

To showcase all the good work described at today's meeting JE proposed a library of case studies is developed.

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

145/23 **EDUCATION COMMITTEE (EC) UPDATE**

The EC met on 7 December 2023. JE confirmed the EC has moved to monthly, face to face meetings from 2024. The terms of reference are being updated and will be shared with Workforce Committee for sign off.

146/23 **INCLUSION GROUP UPDATE**

At the meeting on 11 December 2023 the network chair and sponsor role descriptions were signed off. The next meeting will focus on delivery of the national improvement plan actions. JE highlighted this will be an ongoing programme of work that will span into 2024/2025/2026.

147/23 **WORKFORCE COMMITTEE TERMS OF REFERENCE**

An amendment had been made to the core membership.

AC highlighted that in removing the Director of Corporate Affairs from the membership, the Company Secretary will attend meetings. The terms of reference will be further amended to reflect this.

OUTCOME: The Committee **AGREED** the terms of reference.

148/23 **2024 WORKFORCE COMMITTEE MEETING DATES**

OUTCOME: The Committee **RECEIVED** the 2024 meeting dates.

149/23 **2024 WORKFORCE COMMITTEE WORKPLAN**

NB queried there is only an annual review of the Workforce Strategy. KH responded the elements of the Workforce Strategy are reviewed on a rotation basis at each meeting.

OUTCOME: The Committee **REVIEWED** the 2024 Workplan.

150/23 **MEETING REVIEW**

SD stated the meeting had been a phenomenal meeting. Bringing in colleagues to tell stories and case studies is excellent. One culture of care ran all the way. KH commented on the high quality of reports.

151/23 **ANY OTHER BUSINESS**

No other business was discussed.

152/23 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

All items will be highlighted to the Board.

153/23 **DATE AND TIME OF NEXT MEETING:**

Workforce Committee Hot House:
6 February 2024 2.30pm – 4.30pm
Theme: Workforce Design

Workforce Committee:
19 February 2024, 2.00pm – 4.30pm
Chapter: Improvement

Draft minutes of the Audit and Risk Committee Meeting held on Wednesday 31 January 2024, 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

Andrea McCourt (AM)	Company Secretary
Kirsty Archer (KA)	Deputy Director of Finance
Shaun Fleming (SF)	Local Counter Fraud Specialist
Rob Birkett (RB)	Chief Digital and Information Officer
Leanne Sobratee (LS)	Internal Audit Manager, Audit Yorkshire
Amber Fox	Corporate Governance Manager *(minutes)*
Matt Moore	Senior Manager, KPMG
James Boyle (JB)	External Audit Director, KPMG
Jodie Holderness	Assistant Information Governance Manager
Anna Basford	Deputy Chief Executive/Director of Transformation and Partnerships
Nikhil Bhuskute	Deputy Medical Director and Consultant Radiologist
Helen Higgs	Managing Director and Head of Internal Audit
Amina Phiri	KPMG
Liam Stout	Public Governor, *Observer*

01/24 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the Audit and Risk Committee, in particular James Boyle and Amina Phiri from KPMG as it was their first meeting and a welcome to Nikhil Bhuskute for attending to share an update on a previous limited assurance report.

02/24 APOLOGIES FOR ABSENCE

Apologies were received from Gary Boothby, Director of Finance and Victoria Pickles, Director of Corporate Affairs.

03/24 DECLARATIONS OF INTEREST

There were no declarations of interest and members were reminded to make any declarations at any point in the agenda.

04/24 MINUTES OF THE PREVIOUS MEETING HELD ON 24 OCTOBER 2023

The minutes of the meeting held on 24 October 2023 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 24 October 2023.

05/24 MATTERS ARISING AND ACTION LOG

The action log was reviewed and updated accordingly. An update on the timeline for the fire compartmentation survey was outstanding and would be shared with the Chair outside the meeting.

Internal Audit – Limited Assurance Report – Naso Gastric (NG) Tubes

Nikhil Bhuskute, Deputy Medical Director was in attendance to provide an update on the previous limited assurance report on NG tubes and give the Committee assurance that recommendations were being implemented. The following updates were provided:

DRAFT

NG Tubes Recommendation 2 – Timely review of X-rays

- There is no national recommendation for when an Xray should be reviewed.
- The Trust try to report X-rays within the working day as much as possible.
- NG Tubes should not be placed out of hours – this adds an additional safety net.
- If an Xray is in the Radiology department and the tube is in the wrong place, then it will be removed by the team. In the event that this is missed or there is a delay in reviewing the X-ray the length of the tube should be measured and the pH aspirate completed before the tube is used even if the x ray review has taken place and states safe to use. Evidence that this is done is being collated through the Matron audits and monitored through the nutrition and hydration group.

NG Tubes Recommendation 7 – Agency Staff

- Bank and agency staff that are not substantive employees of the organisation are not permitted to use the NG tube.
- Work is ongoing between Matrons and the Business Intelligence team to understand the training compliance on ESR for staff that are not substantive e.g., bank.

NG Tubes Recommendation 5 – NG Training compliance calculations

- This issue has been resolved for substantive staff. Data is on ESR and pulled through to safe care for assurance and oversight by Matrons and Ward managers who can access training compliance through KP.

DS provided assurance that Quality Committee has oversight and receives progress reports in terms of this work monthly. DS asked for an update on the position for junior doctor compliance. Nikhil confirmed the compliance for junior doctors is recorded on ESR and they are not permitted to use the NG tubes until they have completed the training.

Nikhil informed the Committee they have commissioned an external review from the Improvement Academy in relation to the NG tube never events and the date is to be confirmed. The outcome of this will be brought back in due course.

The Internal Audit Manager confirmed all limited assurance reports have a follow up audit and dates for a re-audit have been arranged with the Chief Nurse. The outcome of the external review will be considered as part of this review and the Internal Audit Manager agreed to review the timing of reviews with the Chief Nurse so the re-audit is scheduled for after the external review has taken place as an extra level of assurance.

NB asked if what the Trust is putting into place for a review of X-rays is common practice across other acute Trusts given there is no national recommendation, and if the process is being clearly communicated to all involved in the process. Nikhil confirmed that a standard tube length assessment and pH testing was common practice and the process was currently being audited by the nutrition care team on the wards.

NB clarified that the first two recommendations were complete and further work is to be undertaken on training compliance with the Business Intelligence team.

OUTCOME: The Committee **NOTED** the updates to the Action Log and assurance provided on the Limited Assurance Report relating to NG tubes.

06/24 DEEP DIVES

PARTNERSHIP GOVERNANCE BOARD ASSURANCE FRAMEWORK (BAF) RISK 3/23

Anna Basford, Deputy Chief Executive/Director of Transformation and Partnerships presented an overview into the partnership working BAF risk 3/23. The key points to note were:

- Integrated Care Systems (ICS) were legally established as statutory bodies across England in 2022.
- The Provider Licence for Foundation Trusts was updated in 2023.
- These changes introduced new requirements for partnership working to:
    - Improve population health outcomes
    - Tackle health inequalities
    - Enhance value for money and Productivity
    - Support Social and Economic Development
- Several Board workshops have taken place to review partnership working and understand the structures and partnership groups.
- BAF risk is that decision making processes and capacity of Trust colleagues is impacted due to the evolving nature of partnership governance across the system and emergent governance arrangements.
- In 2022-23 the initial BAF score was scored 16 (4x4) 'major' impact and 'likely'
- The Trust's five year strategic plan addresses the requirements of partnership working
- Good progress is being made with the five year strategic plan objectives
- The Trust is pro-actively engaged in partnership working with Kirklees, Calderdale, West Yorkshire Integrated Care Board (ICB) and West Yorkshire Association of Acute Trusts.
- Over the past two years there has not been significant impact on the Trust's capacity or a delay in decision making and the new ways of partnership working have been embedded.
- CHFT is working as an 'Anchor Partner' in Calderdale and Kirklees.
- It is therefore recommended to reduce the BAF risk related to partnership working from 16 to 8.
- Subject to this agreement, this would mean the BAF risk has reached its target score and could be removed from the BAF.

PW asked if there was any benchmarking from other ICBs, agreed with reducing the risk score and asked if there are any risks associated with this in the future. The Deputy Chief Executive/Director of Transformation and Partnerships responded that no benchmarking has been undertaken and that West Yorkshire has demonstrated strong partnership working that was established prior to statutory changes. In terms of risk, she explained the ICS's have just implemented a 30% reduction in their capacity which could potentially create gaps later in the year. This was also one of the most challenging financial years and the new way of working across the system. The West Yorkshire financial position could impact partnership working in 2024/25.

The Company Secretary supported the reduction in score; however, suggested keeping this risk on the Board Assurance Framework to quickly respond to the changing position. DS agreed with keeping this risk on the BAF.

NB asked if the 30% reduction in ICB capacity is from 2024-25. The Deputy Director of Finance responded the staff restructuring is being implemented now which will see an impact in 2024.

OUTCOME: The Committee **SUPPORTED** the reduction in score for BAF risk 3/23 from 16 to 8 and agreed this risk would remain on the BAF for a further review in 6-12 months.

INFORMATION GOVERNANCE
Jodie Holderness, Assistant Information Governance Manager presented a deep dive into Information Governance, highlighting the priorities, what is going well and areas for improvement. The four priorities were:
- Data Security and Protection Toolkit (DSPT) Compliancy
- Data security awareness across the Trust
- Corestream implementation
- Reducing incidents due to inappropriate access

NB asked if the new priority to reduce incidents due to inappropriate access was related to accessing patient records as there were more incidents of information being given to the wrong recipient. The Assistant Information Governance Manager confirmed this related to inappropriate access to patient records for which the Trust could be fined by the ICO. Awareness campaigns are taking place to ensure letters are sent to the correct recipient and disciplinary procedures where staff are accessing records inappropriately.

DS asked if there have been any reductions in incidents in response to last year's campaign. The Assistant Information Governance Manager explained there has been no reduction and this has been flagged to the Data Protection Officer. A report is received which shows how many individuals should be accessing a patient record to flag any concerns.

The Deputy Director of Finance highlighted the new patient portal could help reduce incidents where information is being sent to the wrong recipient. It was flagged some of this is due to manual processes in place.

The Company Secretary asked if inappropriate access to records is on the risk register.
Action: Assistant Information Governance Manager to review if inappropriate access to patient records is on the risk register.

NB highlighted data security training was doing well. The Assistant Information Governance Manager explained previously the Trust needed to be 95% compliant; however, this has been changed to 90% which is in line with mandatory training across the Trust and the training compliance was currently at 93%.

OUTCOME: The Committee **NOTED** the deep dive into Information Governance.

07/24 BOARD ASSURANCE FRAMEWORK – UPDATE 3

The Company Secretary shared a presentation on the final update of the Board Assurance Framework (BAF) for 2023/24. The key points to note were:

- An effective BAF is a fundamental component of good governance.
- The Committee reviews and reports on the relevance and rigour of the governance structures in place and the assurances the Board receives and satisfies itself that the systems and processes underpinning the BAF are effective.
- Audit and Risk Committee has oversight of risks 16/19 Health and Safety and 5/23 cyber security.
- BAF risks overseen by Board – 3/23 partnership governance and 7/20 reducing health inequalities.
- Oversight of BAF risks by Committee is now included in the BAF.
- BAF risk profile was presented, out of the 22 risks in total, keeping the base safe strategic objective has the highest number of risks.
- Top three risks on the BAF remain the same – 1/19 approval relating to hospital services reconfiguration, 1/23 demand and capacity and 18/19 long term financial sustainability.
- Movement in BAF risks – 3/23 partnership governance risk score reduced from 16 to 8, 10b/19 nurse staffing risk score reduced from 16 to 12 and 6/23 midwifery staffing (separated from joint nursing/midwifery staffing) risk score remains at 16.
- PWC benchmarking report issued July 2023 reviewed Board Assurance Frameworks across 43 NHS Trusts
- Top risk themes from the PWC benchmarking report were patient care, workforce, financial performance, IT infrastructure, partnerships, estates infrastructure, strategic objectives, Covid-19, regulatory action and sustainability.
- A comparison of the Trust BAF with the PWC common risks on the BAF provided re-assurance the Trust is in line with other organisations.

DS thanked the Company Secretary for the presentation and stated the benchmarking information was informative and provides assurance that the BAF is in a good place and confirms CHFT was not an outlier.

NB thanked the Company Secretary for the presentation which he said brought the subject to life and highlighted a movement to scores which evidences the BAF is a dynamic document.

NB stated in terms of triangulation from the benchmarking report, themes around research and Business Continuity appear on other Trusts BAF's and asked if these had been considered. The Company Secretary stated there has not been a discussion yet; however, emergency preparedness and resilience focus has been on the core standards and a testing exercise is scheduled in April 2024. The Company Secretary explained business continuity as such does not feature heavily in Trust strategic objectives; however, whether a risk was needed on either the BAF or the risk register could be informed by discussion of the EPRR Annual Report being received by the Committee in April 2024.

The Internal Audit Manager confirmed they are undertaking a thematic review report on the BAF this year and common themes against all clients will be picked up in this report.

OUTCOME: The Committee **APPROVED** the updates to the Board Assurance Framework, including those for risks 16/19 health and safety and 3/23 partnership arrangements and **NOTED** the top three risks and **DISCUSSED** and confirmed the BAF is focused on the key risk areas that impact on the Trust's ability to meet its strategic objectives.

08/24 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. **Review of Losses and Special Payments**
   The Deputy Director of Finance presented the losses and special payments in adherence to the Standing Financial Instructions (SFI) of the Trust. The key points to note were:
   - Total for the quarter £95k
   - Seen a lower value on loss of personal effects; however, the number of instances remains steady.
   - Special payments employers and public liability related to the excess paid out for legal claims which reflects a point in time – subsequently received a credit of £52k to apply against this, which will drop down to £32k once this credit applied.
   - No bad debt write offs at Quarter 3.

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

2. **Bad Debt Write Offs**
   The Deputy Director of Finance presented the bad debt write-off report and recommended to the Committee write-off of £23.1k debts and provided the breakdown of these:

   - Overseas visitor - £9.9k
   - Salary overpayments - £7.37k – an element have been through the debt collection process; however, some relate to old payments that were not handled correctly dating back to 2015 and 2016 – due to the age and change in provider of the salary overpayments it has now been deemed unreasonable to pursue these further and to focus on the more recent debts and improvements to process to ensure that this does not happen again.
   - Remaining amount relates to old Clinical Commissioning Group debt that was no longer in existence.
   - Majority will not have a new financial impact as there is provision for these debts with exception of the CCG debt as we do not make provision for non-payment of other NHS debt.

NB asked if there is a new process for salary overpayments in place or is it a case of more regular checking. The Deputy Director of Finance confirmed this is not a new process, it is making sure every stage of the process is effective.

PW asked for an update on the previous high number for overseas visitors from the last report. The Deputy Director of Finance confirmed this is a common theme across Trusts and the Trust's overall aged debt is circa £3m, a significant sum within this relates to overseas visitors. The Trust assume a high level of non-payment against this debt and take an approach of passing these debts onto debt collection partners at a very early stage to support this chasing. She acknowledged there could be further attention on maximising the collection of payments whilst overseas visitors were on the premises.

The Deputy Director of Finance explained the pro-active approach in relation to aged debt before moving to a write-off.

OUTCOME: The Committee considered the debts and **APPROVED** the proposed write-off.

3. **Waivers of Standing Orders Report**
   The Director of Finance presented the waivers of standing orders report and highlighted the total value of activity and total value of purchase orders. The positive news is there is no single source procurement over the financial threshold. There were five single source procurements under the threshold which total £104k. A few are exempt from the regulations as they are NHS to NHS procurements and total £102k for the period.

OUTCOME: The Committee **NOTED** the waivers of standing orders.

09/24 INTERNAL AUDIT

1. **Review Internal Audit Follow-up Report**
   The Internal Audit Manager presented the follow up report and highlighted the positive progress in implementing the overdue recommendations in the last quarter. Three recommendations were past their original target date which all relate to NATSIPPS and LOCSIPPS, a limited assurance audit last year. A follow up audit will take place in Q4 to start the beginning of March 2024. The six recommendations that have passed their original target date and are still overdue have some assurances that they will be closed, three related to NG tubes.

   The Internal Audit Manager attended Executive Board recently and stressed that management need to be realistic with revised target dates and not set a date of 31 March 2024 or beforehand unless they are 100% positive it can be completed by year end. Internal Audit comment on the implementation of recommendations as at 31 March 2024 in their Head of Internal Audit Opinion. The Internal Audit Manager confirmed they have started an independent check of moderate and high recommendations to provide some additional assurance when the opinion is being made.

2. **Internal Audit Progress Report**
   The Internal Audit Manager presented the progress report, the key points to note were:

   - 60% of planned audit days completed.
   - On track to complete by 30 April 2024.
   - Six audits in planning – one related to the Board Assurance Framework (BAF) which is a mandated audit and forms the Head of Internal Audit Opinion and the DSPT audit mandated by NHS Digital – these will commence 19 February 2024.
   - Expecting all audits to be completed within the next few weeks.

- Six finalised reports were available in the review room – two high level assurance reports (Health Informatics ISO audit and a quality structure re-audit which was previously a limited assurance report now all 14 recommendations have been fully implemented).
- Four significant assurance reports.
- No limited or low assurance reports this quarter.
- Three cancelled audits – theatre stocks due to delays in implementing a new system, infection control and productivity which will take place in quarter 1, 2024/25 and elective care, with further work on outpatient bookings and a new scope of work has been agreed.

A benchmarking report on salary overpayments will be shared at the April 2024 meeting.

OUTCOME: The Committee **NOTED** the progress made with the 2023/24 Internal Audit Plan and progress against completing Internal Audit recommendations.

3. **Internal Audit Monthly Insight Report October – December 2023**
The Monthly Insight Reports were provided for information.

The implementation of internal audit recommendations benchmarking report was circulated for information. NB highlighted from the benchmarking information that the report reflects positively on the Trust in terms of proportion of recommendations completed and that on average 30% of all Trusts meet their original target dates for completing recommendations which reinforces the point about being realistic in setting targets for 31 March 2024.

10/24 COMPANY SECRETARY BUSINESS

1. **Self-Assessment of Audit and Risk Committee Effectiveness**
The Company Secretary confirmed an annual self-assessment of the Committee will be circulated on MS Forms which provides anonymity for Committee members and an action plan will be developed and shared at the meeting in April 2024. A separate checklist will be shared with the Chair and Director of Finance to complete.

The draft objectives of the Audit and Risk Committee for next year will be shared on the bottom of the MS Form for comment.

OUTCOME: The Committee **NOTED** the process for the self-assessment of the Audit and Risk Committee.

2. **Audit and Risk Committee Work Plan**
The workplan for 2024 was shared which will require the addition of the meeting to sign off the annual report and accounts in 2024.

There is scope in the workplan to schedule deep dives relating to any emerging risks. NB suggested a deep dive focused on procurement e.g. equipment supply and pricing, changes to the procurement regulations and collaborative procurement.

OUTCOME: The Committee **NOTED** the Committee Workplan for 2024.

3. **Draft Annual Accounts Timetable 2024**
The Company Secretary shared the draft annual accounts timetable for 2023/24 for information, noting that the Annual Reporting Manual for Foundation Trusts for 2023/24 has not yet been issued.

It was planned to seek delegation from the Board of Directors for Audit and Risk Committee to sign off the annual report and accounts, as in previous years as Board meeting dates do

not align with sign off timescales. The proposal for the extra-ordinary meeting date to sign off the annual report and accounts had been discussed with KPMG and Tuesday 25 June 2024 had been proposed.

Action: Corporate Governance Manager to issue the extra-ordinary meeting date to sign off the annual report and accounts to Committee members (Tuesday 25 June 2024).

OUTCOME: The Committee **NOTED** the draft accounts timetable for 2023/24 annual report and accounts.

4. **Review Audit and Risk Committee 2024 Meeting Dates – extra-ordinary meeting in June 2024**
   The 2024 Audit and Risk Committee meeting dates were enclosed for information and the extra-ordinary meeting on Tuesday 25 June 2024 will be circulated in due course.

   OUTCOME: The Committee **NOTED** the Committee meeting dates for 2024, including the extra-ordinary meeting date scheduled for Tuesday 25 June 2024.

11/24 LOCAL COUNTER FRAUD

LOCAL COUNTER FRAUD PROGRESS REPORT

The Local Counter Fraud Specialist presented the Progress Report. The Counter Fraud newsletter was available in the review room which highlights international fraud awareness week and the fraud awareness work.

Audit Yorkshire benchmarking for Q3 was circulated which highlights the comparison with other client organisations and types of frauds and a summary will be provided at the next meeting. In terms of the benchmarking report, the Deputy Director of Finance stated it was evident larger organisations had higher reporting of fraud and this seemed relevant to scale.

NB raised concern in attendance at master classes and asked if the counter fraud awareness sessions in November and December were well attended. The Local Counter Fraud Specialist confirmed the presentations were well attended and these advertised the master classes available for departments within the Trust.

The Deputy Director of Finance suggesting raising awareness amongst community service colleagues would be a positive next step.

OUTCOME: The Committee **RECEIVED** the local Counter Fraud progress report and newsletter.

12/24 EXTERNAL AUDIT

Sector Update

James Boyle, External Audit Director, KPMG presented the technical and sector update.

Draft External Audit Plan for 2023-24 Annual Accounts

The External Audit Director presented the indicative audit plan for the financial year ending 31 March 2024. The key points to note were:

- Detailed plan and risk assessment work is ongoing.
- Introduction of ISA 315 revised last year
- Final audit plan will be brought back before the final accounts starts in May 2024.
- Auditing standards considers the following significant risks:
    1. Fraud risk associated with expenditure recognition
    2. Management override of controls

3. Value of land and buildings - due to the level of uncertainty involved.

- IFRS 16 will be adopted for all PFI / PFI type arrangements for the first time in 2023/24.
- Independence confirmation on page 22 discloses matters relating to external audit's independence and objectivity including any relationships that may bear on
- the firm's independence and the integrity and objectivity of the audit engagement partner and audit staff.
- Fees are included in the report, the charity fee is non-applicable as revised audit arrangements are due to be put in place for the charity.
- Meetings with Trust management has taken place this week to make the audit process more efficient.

The Deputy Director of Finance highlighted page four of the plan refers to 2023, rather than 2024.

The Deputy Director of Finance explained the scale of fees for the charitable funds audit has been around £3k per year, the latest proposal for this year would see a significant increase based on the number of hours being attributed to it. It is proposed an independent assessment of the accounts takes place as opposed to a full audit process, as happens in other organisations. The Deputy Director of Finance asked where approval for this should be sought. The Company Secretary explained the scheme of delegation was updated to allow the Charitable Funds Committee to sign off the annual report and accounts and this change should be approved by the Charitable Funds Committee.

The Deputy Director of Finance highlighted the additional complexity with the wholly owned subsidiary to avoid duplication during the audit progress and positive progress has been made on this.

OUTCOME: The Committee **NOTED** the update from KPMG, External Audit.

13/24 REVIEW SUB-COMMITTEE TERMS OF REFERENCE

The Resilience and Safety Group terms of reference were received for approval. The Company Secretary described the work of the Chief Operating Officer in streamlining a number of groups into this group which has been operating for a few months.

NB provided feedback on the terms of reference that there was less about the purpose, function and scope of the group. The Company Secretary agreed and offered to feed this back to include the main duties of the group in the terms of reference.
Action: Company Secretary to provide feedback on the Resilience and Safety Group terms of reference to include the main duties of the group.

OUTCOME: The Committee **REVIEWED** the Resilience and Safety Group Terms of Reference and asked for a further update describing the main duties of the group.

14/24 SUMMARY REPORTS

A summary report of work undertaken since October 2023 for the following groups, including minutes of these meetings were made available in the review room:

1. Information Governance and Risk Strategy Group
2. Resilience and Safety Group
3. Risk Group
4. Data Quality Board

A Compliance Group summary report will be provided to the next meeting as this Group now has divisional reports coming to the group.

OUTCOME: The Committee **NOTED** the summary reports and minutes for the above groups.

15/24 ANY OTHER BUSINESS

There were no other items of business.

16/24 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- Internal Audit benchmarking information was provided by Audit Yorkshire on the Trust's position and reflects well on the completion of recommendations.
- All six audit reports completed since the last meeting which were high or significant assurance.
- Assurance provided on the previous limited assurance report on NG tubes.
- The Committee received a presentation on a deep dive into the BAF risk on partnership governance arrangements and agreed that the risk should be reduced from 16 to 8.
- The Committee approved updates to the BAF and reviewed a benchmarking report on the key BAF risks in other Trusts which provided further assurance about the coverage of the Trust BAF.
- Deep dive on Information Governance which highlighted the updated priorities over the next 12 months.
- Received report on local counter fraud and new approach for training.
- Update from external audit on plan for this year's audit and key changes within this.
- Considered the Resilience and Safety Group Terms of Reference and requested a update on the scope of the Group within these Terms of Reference.

17/24 REVIEW OF MEETING

The Deputy Director of Finance provided feedback the BAF presentation presented by the Company Secretary made it feel more real.

The Company Secretary found the discussion on the partnership governance BAF risk helpful given it has met its target score. DS asked if the presentation on the partnership governance BAF risk could be circulated.

Action: Corporate Governance Manager to circulate the presentation on the partnership governance BAF risk.

DATE AND TIME OF THE NEXT MEETING

Tuesday 23 April 2024, 10.00 – 12:15 pm via Microsoft Teams.

The meeting closed at approximately 12:00 pm.

Minutes of the Charitable Funds Committee meeting held on Tuesday 6 February 2024, 10:30 am via Microsoft Teams

Present

Helen Hirst (HH)	Chair
Nigel Broadbent (NB)	Non-Executive Director
Lindsay Rudge (LR)	Chief Nurse
Gary Boothby (GB)	Director of Finance
David Birkenhead (DB)	Medical Director

In attendance

Vicky Pickles (VP)	Director of Corporate Affairs
Emma Kovaleski (EK)	Charity Manager
Sanna Samateh (SS)	Charitable Finance Officer
Zoe Quarmby (ZQ)	Assistant Director of Finance – Financial Control
Helen Rees (HR)	Director of Operations for Medicine (Deputy for Jonathan Hammond)
Amber Fox	Corporate Governance Manager *(minutes)*

01/24 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and introductions were made, Sanna Samateh was welcomed into his first Charitable Funds Committee meeting.

Apologies were received from Lyn Walsh and Jonathan Hammond.

02/24 DECLARATIONS OF INTEREST AND INDEPENDENCE

All present declared their independence and there were no declarations of interest.

03/24 MINUTES OF THE PREVIOUS MEETINGS HELD ON 9 AUGUST 2023 & 11 NOVEMBER 2023

The minutes of the previous meetings held on 9 August 2023 and 11 November 2023 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meetings held on 9 August 2023 and 11 November 2023.

04/24 ACTION LOG

The action log was reviewed and updated accordingly.

VP explained the financial forecast will be influenced by a report expected from Gifted Philanthropy which will set out the next two years.
Action: Vicky, Nigel, Emma, Lyn / Sanna to meet to agree what the financial forecast should look like on the back of the Gifted Philanthropy report.

OUTCOME: The Committee **NOTED** the updates to the action log.

05/24 CHARITY STORY: CHILDRENS DIABETIC NURSING FUND

EK shared a charity story to highlight progress linked to the people behind the Charity and put a spotlight on the Children's Diabetic Nursing fund.

EK and her family have fundraised for years at HRI in aid of the children's diabetic fund and she shared some of her personal experience and key supporters of the fund, some of the key points to note were:

- Tree of Memories – Offered Gerry, a key supporter of the Charity a leaf on the Tree of Memories at CRH after all her support and donations of just over £8k, this was greatly received.

Lindsay Rudge joined the meeting.

- Annual Christmas Parties for patients and families are funded through the Charitable Fund, patients and families are fundraising to ensure the Christmas parties and other projects can continue.
- Another fundraiser, Jude, has registered for the skydive event in May 2024, to raise funds for the Children's Diabetes Team.
- Tickle Flex – able to use the donations to fund medical devices to support needle phobic children called Tickle Flex. This is having such an impact and they are looking at how to roll this out further to Acre Mills Outpatients.

The Chair thanked the Charity Manager for sharing the story relating to the Children's Diabetic Nursing fund.

The Director of Corporate Affairs highlighted the importance of creating relationships with businesses which can make a real difference and personal invitations or introductions into businesses works well for the Charity. The Chair highlighted partnerships are also important. EK explained they are looking at networks within the Trust as well as in the communities. EK attended the Chaplaincy team meeting and has been invited to the next monthly regional Mosque leaders meeting ahead of Ramadan and explained one of the mosques pro-actively fundraise for the Trust throughout Ramadan.

06/24 CHARITY MANAGER'S REPORT INCLUDING PROGRESS AGAINST STRATEGY

EK presented the report and highlighted it has been a successful year to date which has seen growth. She explained that fundraising has been increasingly challenging, and the Gifted Philanthropy report will be very insightful and will support future fundraising plans.

EK highlighted that operationally they have been stronger than ever before at the end of the year. A few points to note were:

- the majority of key performance indicators (KPIs) are on track and several fall in line with the development grant and plans to re-launch the charity in May 2024.
- CHFT Charity's activity shows a visual snapshot of what the Charity has achieved month on month which is positive.
- October was a positive month, hosted an event in partnership with Project Search to host a virtual balloon race, the Charity were also invited to host an engagement stand at the Huddersfield Town Football Club and Huddersfield Town continue to be supportive in raising the profile of the Trust Charity.
- Started developing a wellbeing garden at HRI for patients, colleagues and visitors with an aim to finish this by Spring at the re-launch of the Charity.
- In November, My Forever Boxes were funded by the Specialist Palliative Care Fund to help children process death - this was supported by the raffle and additional funds were able to be raised outside of the raffle, in support of the project.
- December was an incredible month which saw impact through experience with the Choir attending a ward and the main entrance.

Fundraising Projects include:

- **Orthopaedic Outpatients.** £35,000 to enhance the experience of children and young people who visit the Orthopaedic Outpatients department at HRI. The

Orthopaedic Outpatients Department are actively trying to rise these funds as a public appeal.

- **CAMHS patients.** £15,000 to enhance the inpatient experience for patients who require Child and Adolescent Mental Health Services, or support through the Paediatric Mental Health Liaison Nurse.
- **Dementia support.** £2,000 to enhance the waiting area and one dedicated cubicle in the A&E at Calderdale Royal Hospital.

EK described an exciting opportunity coming up to raise funds for cancer services. Several meetings have taken place with a local business who are looking at a significant contribution towards the cancer services team. This will be shared at the next meeting.

An analysis of where income is coming from has been undertaken and over the course of four years, an average of 59% of funds raised have been received through general giving and third party events. The Charity will be focused on raising the profile to uplift the funds raised through general giving, in memoriam and third party events.

The key performance indicators for 2024-25 have been drafted.

NHS Charities Together – two separate documents were circulated with the report.
EK shared the NHS Charities Together grant intentions documents for this coming year and explained she will be submitting a proposal for an *innovation grant*. EK is keen to ensure the right project is supported for this application. EK has taken the decision not to apply for the Volunteering Health Fund.

GB explained they may be considering doing something different in orthopaedic outpatients and suggested a conversation takes place with operational colleagues before the Charity invest any funds. HR flagged that the orthopaedics location issue is at CRH.

GB asked if the two objectives for next year highlighted below were the same as if the charity delivered an income of £209k this would cover the operational and staffing costs.

1. Deliver all planned events to a target income of £209k.
2. Cover all operational and staffing costs, with an adequate and agreed surplus.

VP agreed that this should be a single number and the charity will manage the break down.
Action: EK to include one figure in the financial sustainable funding KPI.

NB suggested the charity agree a budget to set performance measures against, including the amount of income the Charity are hoping to raise through donations, grants, events and staffing costs for the year etc. HH agreed this would be a more useful way of presenting the finance report. VP agreed separating the finance report to the activity report.
Action: VP / EK / SS to work together to provide a separate finance report and activity report for the Charity.

07/24 FUNDING / FUNDRAISING REQUESTS

EK shared a funding request of £5,280 to continue the funding for the A&E care bags that has been an impactful project the Charity committed to previously. EK explained they will be looking at a funding and fundraising opportunity for these projects and the team are already planning fundraising later in the year.

GB agreed this is a good thing to do and expressed his support. He raised concern in the limited number of resources left.

NB asked if there was any evidence of the impact and the outcome of the first 100 care bags. EK agreed to pull this together and circulate.
Action: EK to circulate a document which shows the impact / outcome of the 100 A&E care bags.

LR suggested the request should be more explicit to look at what the demand is per year and how long they will last as it is not based on admission data from ED which states how many are required. She asked if there are any other specialised charities that would be willing to supply in this area with an application submitted which would free resources up to fund elsewhere.

DB suggested the charity invite applications into the Charitable Funds Committee to make a collective decision. He explained the ad hoc approach is not satisfactory and does not reflect the broader hospital community.

VP expressed her support for this request as it meets the Trust's strategic objectives and overall Trust objectives around health inequalities. She suggested charity material is included in the care bags to advertise they are funded by the charity.

VP asked that those who apply for funding attend future Committee meetings to support their application.

HH explained the Committee approved the funding in principle and requested further information to show the evidence and impact of the care bags.

HH suggested a bidding window could be introduced two or three times a year with a bidding window for the Committee to consider at its quarterly meetings. VP suggested that this could be linked with the timings of Dragons Den.

EK highlighted the new scheme of delegation and over course of the last two months, almost 100 funding applications have been processed through the charity through departmental funds.

From 1 April 2024, the steering group will be established with monthly meetings to review applications into both departmental and general funds.

HH asked the Charity to consider the general funds process and which funds are approved outside the charity in terms of their value. HH also suggested the funding form includes value versus impact and scale and what other funding has been explored.

NB highlighted under the new scheme of delegation, anything up to £50k can be agreed without coming to the Committee, he explained this creates a potential problem with how the Charity control the totality of funds and individual approval amounts. EK agreed to pick this up as part of the forecasting conversation i.e., only release x% of funds. EK asked for NB's support with this.

08/24 FINANCE REPORT – ACCOUNTS 2023/24 OVERVIEW

ZQ presented the Finance Report at Q3. The key points to note were:

- Fund balance has dropped by £2.6k - spent more income than has come in.
- Total income of £196k and spent £336k.

- Donations from Sovereign Health Care in December 2023, including the largest being £15k.
- To cover off some of the expenditure, had to liquidate some the investment which has seen the investment value drop.
- Revaluation loss as at Q3.
- Moved from £2.5m at year end, now at £2.2m, predominantly expenditure outweighing the income.
- Total of 822k approvals - some covering a few years
- Forecasting – understanding when this will be spent.
- Funds available with no approval against and are outstanding.

VP suggested it would be helpful to look at when approvals were made and how long they have been outstanding. VP highlighted there are a few posts in the report which need an exit plan e.g. MMD co-ordinator non pay costs.

NB asked for further information on the donation from Sovereign Healthcare. EK confirmed this is an annual donation from Sovereign Health care and is usually half this value. They recognised a special anniversary of the organisation and distribute funds to several charities across the region. EK confirmed that 50% went into the nursing fund and 50% went into the general fund. LR meets with Sovereign Healthcare every year and can update the Committee on what the spend is and explained the commitment this year is on patient experience and involvement.

VP asked Sanna to undertake a piece of work looking back historically which items have been paid for annually. i.e. hospital radio charity insurance for HRI and NHS retirement fellowship payment. This will then be reviewed to put a process in place and build in discipline and controls.
Action: Sanna Samateh to undertake an audit looking at which items are paid for annually across general purpose funds or all different funds.

09/24 COMMITTEE EFFECTIVENESS REVIEW

The Director of Corporate Affairs explained each Committee undertakes a self-effectiveness review to see if any improvements can be made and if the committee are meeting their terms of reference.

Committee members are asked to complete the checklist which will be circulated separately, by 29th February 2024. The feedback will be reviewed in March and will report back to the next meeting in May with an action plan on how to improve the effectiveness of the Committee.

10/24 FEASIBILITY STUDY FINDINGS REPORT

VP explained this report is part of NHS Charities Together assessment of the development of the Trust. The Trust commissioned a company called Gifted Philanthropy to undertake a stock take on where the Trust are and what the potential is for the charity moving forwards. Gifted Philanthropy have completed this with lots of NHS Charities, most recently Mid Yorks.

The report was due by December; however, the report was finished last week and includes lots of detail.
Action: Amy, Chief Executive of Gifted Philanthropy to present the findings of the report to the Committee in a separate session.

11/24 MINUTES OF STAFF LOTTERY COMMITTEE MEETING HELD ON 19TH DECEMBER 2023

The minutes of the Staff Lottery Committee held on 19th December 2023 were received for information.

12/24 ANY OTHER BUSINESS

Audit of the Annual Report and Accounts

ZQ explained following discussions with the external auditors, KPMG have significantly increased their audit fees. She explained VP shared information from Airedale who investigated whether an audit was required of their charity or if an independent examination could take place. ZQ confirmed the rules required for an audit and clarified the Charity would not require an audit for 23/24 and would need an independent examination. Previously the Trust paid £3.5k for an audit and the new set rate would cost £35k. KPMG explained if the Trust went back as new business they would be looking at around £50k to undertake an audit. ZQ confirmed the Trust will explore a local accounting firm to undertake an independent examination. In terms of timescale, the accounts will need to be submitted to the Charities Commission by January 2025.

NB commented that the proposal from KPMG is disproportionate with the scale of the charity and agreed with an independent examination route by a qualified accountant.

GB agreed with the proposal for an independent examination which would be better value for money due to the scale of the charity.

VP explained it was Airedale's auditors who recommended an independent route and supported Airedale with the process in how to do this.

EK is working with the League of Friends at CRH and engaging in discussion around a step-down plan for them. Recommendations have been made to their treasure and chair to set up a designated charitable fund called League of Friends (£325k). They would annually transfer a lump sum into the charitable fund and EK will liaise with them on a monthly basis to review any applications that would draw down from the League of Friends charitable fund. The Chair praised EK for this good way forward with the League of Friends at CRH.

EK shared feedback following a positive meeting with new general manager for reconfiguration, Sophie Box, where they are looking at how to maximise opportunities, for example supporting stroke rehab through power assisted wheelchairs.

DATE AND TIME OF THE NEXT MEETING

Tuesday 7 May 2024, 10:30 - 12:00, Meeting Room 3, 3rd floor, Acre Mills Outpatients or via Microsoft Teams.

Attendance Log 2023/24

	10 May	9 August	14 Nov	6 Feb	Total
Member					
Helen Hirst (Chair)	✔	✔	✔	✔	4/4
Nigel Broadbent	✔	✔	✔	✔	4/4
Kirsty Archer	✔	x	-	✔	1/2
Gary Boothby	-	-	✔	✔	2/2
David Birkenhead	x	✔	x	✔	2/4
Lindsay Rudge	x	✔	✔	✔	3/4

Adele Roach	✔	x	-	-	1/2
Jonny Hammond	-	-	-	x	0/1
Attendance					
Carol Harrison	✔	✔	-	-	2/2
Emma Kovaleski	✔	✔	✔	✔	4/4
Victoria Pickles	✔	✔	✔	✔	4/4
Zoe Quarmby	✔	✔	✔	✔	4/4
Helen Rees	-	-	-	✔	1/1

19. Any Other Business

20. DATE AND TIME OF NEXT MEETING:

THANK YOU LUNCH FOR ALL COUNCIL OF GOVERNORS
(INSTEAD OF PRIVATE MEETING)
Time: 1:00 – 1:45 pm
Venue: Boardroom, Learning Centre, Huddersfield Royal Infirmary

Council of Governors Meeting
Date: Thursday 17 July 2024
Time: 2:00 – 4:00 pm
Venue: Boardroom, Learning Centre, Huddersfield Royal Infirmary

Annual Members Meeting (AMM)
Date: Thursday 17 July 2024
Time: 5:00 – 6:30 pm
Venue: Rooms 3 & 4, Acre Mills Outpatients
To Note
Presented by Helen Hirst